Published in final edited form as:

J Am Psychiatr Nurses Assoc. 2012 ; 18(3): 146–155. doi:10.1177/1078390312440595.

Altruism in Survivors of Sexual Violence: The Typology of Helping Others

Andrea Warner Stidman, Claire Burke Draucker, and Donna S Martsoff

Kent State University, Laura Paisley Mullen, Department of Veteran Affairs

Abstract

Background—Sexual violence is a significant and prevalent problem that affects many people in the United States. Helping others is one way people cope with, or heal from, sexual violence. **Objective.** To develop of Typology of Helping Others describing how survivors of sexual violence engage in altruism.

Design—Qualitative descriptive methods were used to describe how survivors of sexual violence engaged in altruism in response to their experiences with violence.

Results—Helping others was a salient concern for most participants who experienced sexual violence. Participants indicated multiple and varied ways of helping others. Results also indicated that participants experienced some healing from their experiences before they were able to actively engage in, or be effective in, helping others.

Conclusions—Clinicians working with survivors of sexual violence should be attuned to the different ways survivors engage in altruism and the potential influences of race and gender on helping others.

Keywords

altruism; helping others; abuse; sexual; qualitative description

Sexual violence is a significant problem in the United States that affects a substantial portion of the population. Sexual violence is defined as any sexual act (physical, psychological, or verbal) forced against someone's will (DHHSa, 2008). Approximately 10 percent of women and 3 percent of men reported being sexually assaulted at some time in their lives (DHHSb, 2008; Tjaden & Thoennes, 2006). Current data suggest that approximately 25% of the population experiences some type of sexual violence in their lifetime (Basile et al., 2007). Survivors of sexual violence often experience persistent negative effects that include PTSD, low self-esteem, physical and psychological health problems, and interpersonal difficulties (Feldman & Meyer, 2007; Goodkind, Ng & Sarri, 2006; Liang, Williams & Siegel, 2006).

Sexual violence survivors use a variety of coping strategies to ameliorate the negative effects of trauma. Researchers have found that survivors who use positive forms of coping, such as seeking information about recovery or increasing social support, experience less distress than those using negative forms of coping, such as abusing substances or withdrawing from others.

Researchers have also focused on survivors' reports of positive change following trauma (Calhoun & Tedeschi, 2006). Positive change following trauma was described in ancient writings and has been considered an outcome of religious and spiritual practices for centuries (Calhoun & Tedeschi, 2006). Systematic study of growth prompted by adversity, however, has taken place only during the last two decades (Calhoun & Tedeschi, 2006). Tedeschi (1999) has defined posttraumatic growth (PTG) as the tendency of some

individuals to report important changes in the perception of self, philosophy of life, and relationships with others in the aftermath of traumatic events. The concept of posttraumatic growth does not negate the pain or distress experienced by the trauma survivor, but rather acknowledges the negative and positive outcomes of the experience.

Several studies examining responses to sexual violence have described how survivors use helping behaviors as means to heal from or make sense of their experiences (Draucker, 1992; 2001; 2003; Draucker & Madsen, 1999; Draucker & Petrovic, 1996; Draucker & Stern, 2000; Grossman et al., 2006). Helping behaviors may include advocating for the victimized or oppressed, speaking out against violence, and becoming better parents by using lessons learned from violence. Some researchers report that engaging in helping behaviors following sexual violence experiences contributes to increased psychological adjustment and decreased depression (Frazier, Conlon & Glaser, 2001; Martsof & Draucker, 2008; McMillen, Zuravin & Rideout, 1995; Wright et al., 2007). Survivors who engage in these helping behaviors tend report experiencing greater healing from their sexual abuse experiences. No study, however, has examined the specific ways in which these survivors of sexual violence use helping others as a means of achieving post-traumatic growth. This study examined ways in which survivors of sexual violence engage in altruism as a way of coping with their experiences of sexual violence.

Methods

Description

This study was a secondary analysis of data from a study of “Women’s and Men’s Responses to Sexual Violence” funded by the National Institute of Nursing Research (RO1, NR008230-01). The parent study used grounded theory methods in order to develop a midrange theory that described, explained, and predicted men’s and women’s responses to sexual violence as a basis for guiding clinical interventions for individuals who have experienced sexual violence.

Sample

The parent study included 121 men and women age 18 and older who experienced sexual violence at some point in their lives. Adaptive sampling techniques, a set of procedures used to recruit a hidden and vulnerable population, were used to recruit the sample (Martsof, Courey, Chapman, Mims & Draucker, 2006). Nineteen targeted zip codes in a midsize Midwestern metropolitan area were identified. Members of the research team canvassed each zip code area and met with local businesses and community service agencies to obtain permission to place participant recruitment flyers in their locations. Each flyer had numerous tear off stubs with a toll free number to contact the investigators. The flyer contained information about the study, assured confidentiality, and indicated there would be a \$35 compensation for time and travel for participating in the study. Institutional Review Board approval from Kent State University and a Certificate of Confidentiality from the U.S. Department of Health and Human Services (NINR 04-19) were obtained.

Data Collection—Individuals who contacted investigators were screened by a master’s prepared advanced practice psychiatric/mental health nurse. The nurses used a telephone screening guide that assessed for issues that would make participation risky, such as acute psychotic symptoms, current suicidality and active substance abuse. Appropriate community mental health and social service referrals were given to individuals who were screened out of the study. No participants were screened out of the study.

Research team members conducted interviews with eligible participants at sites in their communities, including churches, social service agencies, and community health centers. Prior to the interviews, participants provided informed consent and were asked to complete a brief demographic questionnaire. Open-ended interviews were used to encourage participants to describe their experiences of, and responses to, sexual violence. Interviews began with the statement: "Tell me about your experience with sexual violence." Follow up questions included: "What else was going on in your life at the time of the violence?", "What were the high and low points of your life during this time?", "What was your experience with healthcare providers?", and "How does your community view sexual violence?" Based on the initial analysis, questions that were later added included: "Tell me about an experience of getting help from a healthcare provider", and "Tell me about a time when you told someone else about your experiences." At the conclusion of the interview, a community resource guide was made available to participants who requested it and referrals were made as needed. Interviews were typically 60–90 minutes in length, and field notes were made by the researchers following the interviews.

Analysis

Data were drawn from the transcripts of the entire parent study sample (N=121). Early in data analysis for the parent study, we observed that participants discussed helping others spontaneously in many of the transcripts, and therefore, the team deemed it appropriate to develop it as a category that explained how survivors healed. Qualitative descriptive methods, as described by Sandelowski (2000), were used to describe the ways survivors of sexual violence engaged in altruism in response to their experiences with violence. The team sought to provide a comprehensive summary and straightforward description of how survivors of sexual violence engaged in altruism in their everyday lives. Because the research team determined that the surface language used by the participants, without a high degree of abstraction by the researchers, was most useful in creating the summary, and because the aim of this project was to develop a categorical typology, qualitative description was used.

The team members (the principal investigators of the parent study, a doctoral student, and an advanced practice psychiatric/mental health nurse) began the analysis by identifying the types of altruism described in qualitative and quantitative studies that addressed sexual violence and helping others as part of the healing process (Draucker, 1991, 1992, 2001, 2003; Draucker & Madsen, 1999; Draucker & Petrovic, 1996; Draucker & Stern, 2000). Based on the review of literature, altruism was operationally defined as thoughts or behaviors aimed at helping others, expressions of understanding or compassion for others, and feelings of concern for the welfare of others as a result of having experienced sexual violence. Content analysis, as described by Miles and Huberman (1984), was used to develop a typology of helping others. Initially, narrative data were coded in the six categories that represented the ways of helping others that had been identified in the literature. The six categories, however, were used only as a starting point for coding data. The researchers sought to develop a typology that was primarily based on the data rather than on the predetermined categories. Double coding procedures, using two coders to code the same data set, were used to enhance reliability and to ensure definitional clarity. The coders were the first and fourth authors of this study. Six types of helping others were identified in the sexual violence literature and these served as categories for a preliminary coding system to organize the data for the current study. Categories were: 1) treating others with understanding and compassion, 2) providing guidance or advice about avoiding or healing from abuse, 3) choosing or performing well in a helping profession, 4) becoming involved in advocacy organizations, 5) speaking out publicly on violence and abuse, and 6) taking actions to stop perpetrators.

Results

Sample

Of the 121 participants who had experienced sexual violence at some point in their lifetime, 64 were women and 57 were men. Forty-nine were African American and 52 were Caucasian; 20 reported more than one race or did not report their race. Participants ranged in age from 18 to 62; 22 were married, 21 were separated or divorced, 70 were single, and 8 did not report marital status. A majority of the participants (59%) had children. Sixty-three reported an income less than \$10,000/year; 22 reported incomes between \$10,000 and \$30,000/year; 14 reported incomes between \$30,000 and \$50,000/year; 16 reported incomes above \$50,000/year, and 6 did not report yearly income information.

Over two-thirds of the participants (N=84) described helping others in some way. Participants' responses varied from brief references to in-depth descriptions of engaging in altruism. The content analysis yielded a typology of nine categories reflecting different ways in which the participants had engaged in altruism. The categories were: *protecting children, participating in the study, being understanding, thinking about helping, choosing a helping profession, providing guidance, providing advocacy, stopping perpetrators, and speaking publicly*. Table 1 presents the categories, the definition for each category, the number of participants reporting each category, and the number of text units contained in each category. The order in which the categories appear in the typology is based on the number of participants in the category. The categories of the typology are discussed below. All participants are referred to with pseudonyms to protect their identity.

The Typology

Protecting Children: An important goal for many participants (N=39) was to keep children safe in order to avoid or stop the cycle of sexual violence. For many participants, the primary way to achieve this was to treat children, often their own, in drastically different ways from the way they had been treated by adults during childhood. Participants took a variety of actions that they believed would keep children safe. Some were effective in protecting children from abuse, some were ineffective, and some were overly protective, possibly hindering children's development.

One way participants kept children safe was by questioning or talking to them about violence. Participants felt this was important because adults in the participants' lives had not been aware they were being abused or had not warned them of the dangers of abuse. Several participants wanted to ensure that children would be comfortable telling them about any danger the children encountered. Martha, a woman who had been sexually abused by a cousin at a young age, said, "[I] question my children, my friend's children, to make sure that they are sexually safe, to make sure they know boundaries within their family." She also said, "I don't want them to be in an incestual situation, or anything that could harm them." Participants educated children about how to recognize, avoid, or report abuse and talked with them to keep lines of communication open. Rob, a man who had been sexually abused as a child by his cousin, taught his daughters that "nobody should touch their private parts...." He said, "I teach them how to defend themselves, not just physically, but mentally, how to be aware." Other participants shared their own experiences of violence with children in order to provide examples of how abuse can occur and how to avoid it. Gina, a 35-year-old woman who had experienced date rape at age 13, stated:

I just want to make it better, I don't want my kids to feel bad because of what happened to me, but I don't want my kids to ever be in a situation where something like that could happen to them.

Some participants, despite their best intentions, were ineffective in protecting children from abuse. While they described themselves as “overprotective,” they had left their children with untrustworthy people or failed to monitor their children’s behaviors or whereabouts. Amy, a woman who had been sexually abused by a cousin at age 8, said she was “very overly protective” of her young daughter. However, her daughter had been abused by an 11-year-old male cousin while in the care of Amy’s sister. Some participants recognized that the violence they had experienced adversely affected their own children, and they wished to ameliorate these effects but were unable to do so. Christa, a woman who experienced childhood sexual abuse and rape by an ex-husband, was in a long-term abusive relationship witnessed by her young son. At age 5, he began acting out sexually and physically. She said, “I’m trying to teach my son not to be abusive and that sex is OK when your older, but not at five.” Other participants assumed abuse was an inevitable part of life and focused on making sure children reported abuse when it occurred. These participants had not considered that abuse could be prevented. Roxy, a 46-year-old woman who was raped at age 14 by an acquaintance, stated, “I told my daughter, this man is not your father, if anything [abuse] occurs, let me know immediately and we’ll deal with it.”

Some participants, in their attempt to keep children safe, took actions that were counterproductive, such as severely restricting children’s activities. Participants even reported keeping children home-bound in order to ensure their safety. Sherri, a woman who had experienced sexual abuse at age 7 by a family member and was raped at age 18, stated, “My son is 10 and I am very overprotective of him. I don’t want him to go anywhere by himself and I’m always thinking someone is going to hurt him.” Several participants never left their children with other adults, while others avoided intimate relationships because of concern that a partner might harm their child. Ben, a man who had experienced sexual abuse for most of his childhood, ended all relationships with women. He accompanied his son to most activities and rarely allowed him to be alone with others. Although his son was not abused, he did require therapy for anxiety problems. Ben said, “I’m very, very protective of him...I haven’t been in a relationship at all in over 4 years...I don’t know, I am more scared for him than for me.” He continued, “Hopefully [therapy] will help a little bit...but I can tell he misses having a woman in his life.” Participants reported that children often resisted and resented these decisions, and this impaired the relationship between the participants and their children.

Participating in The Study: Many participants (N=23) shared their personal experiences with violence with the researchers as a way to better the lives of others. Several participants indicated that they had a deep desire to help others, and the research afforded them an opportunity to do so. Many encouraged the research team to learn from their stories and use these lessons to educate others about sexual violence. A few participants stated that sharing their stories and helping someone else would help them in their own healing.

A few had never, or rarely, shared their stories prior to the interview. They felt it was important to participate even if it was uncomfortable for them to talk about their experiences so that others could be helped and sexual violence could be prevented. Frank, a man who had been gang raped by drug dealers, said, “I do these things [participate in studies] every chance I get because I want help for those coming behind me.” Several people participated in the hopes of ensuring that others could get better professional help than they had received. Gina, a 19-year-old woman who had been sexually abused throughout childhood by several family members, had sought healthcare and was called a “nut job” by the physician. She participated in the study to “tell what has happened to me so that it won’t happen to other people.”

Being Understanding: Participants who described *being understanding* (N=21) believed, based on their own abuse experiences, that they had special insight into peoples' pain or suffering. Participants described *being understanding* in three ways: (a) being particularly compassionate towards others, (b) attentively listening to others who had experienced violence, and (c) showing special insight into others' abuse experiences. Several participants often thought about others in pain and felt compassion and empathy for them. After hearing on the local news station about particularly tragic cases of abused children, one participant spent a great deal of time thinking about the children's parents. Some felt particularly concerned when their own family members were in pain. One woman said, "When my kids hurt, I hurt."

Several participants even felt compassion for their perpetrators. John, a man who experienced sexual violence as a child, said, "I try to like grow a compassion for him [the perpetrator] and an understanding that maybe somebody had done something like that to him." Some participants believed that their experiences with sexual violence made them a "better, stronger" person because of the compassion and empathy they felt towards others who suffered. They said, "I hate seeing others in pain" or "I can't stand to see anybody hurt." Some participants noted that sexual violence had "a rippling effect" and affected not only individuals, but families and communities as well.

Several participants listened to others who had experienced abuse in a particularly attentive way. These participants felt that their abuse had rendered them good listeners. Some listened to others because "no one had done that for me." These participants saw themselves as people "who care and are willing to listen" to others who experienced violence. Mark, a coach who had experienced childhood sexual abuse, paid close attention to his players. He said, "It helps you understand...the different things I understand, but if you haven't been there you can't understand what they're going through." Many participants, however, felt that they did not know what to do beyond listening. Jack, man who had been raped by a female acquaintance, listened to a friend who had been raped. He said, "I would listen to whatever he had to say, but as far as what do you do about it, I mean, you don't want to say anything."

A few participants described having special insight because they could pick up on cues indicating that another person might have experienced sexual violence. These participants were more "in tune" to signs of sexual violence or "saw what the average person didn't see" because they had experienced violence firsthand. Jerry, a survivor of rape who worked in a college environment, stated, "What I can see with some of the students here, and some of my friends, the ones that are really self abusive, a lot of times you'll find out in the long run they were abused at some point." Other participants "looked into eyes and saw hurt" or "noticed facial expressions and knew something was happening." Some participants thought the ability to detect signs of abuse as troubling, while others viewed it as a gift.

Thinking About Helping: Many participants (N=20) thought about helping others both in order to help themselves and because they felt that they could be uniquely useful to other survivors. Several participants believed that helping others could be a step forward in their own healing. Mary, a woman who had experienced childhood sexual abuse by her father and grandfather, thought helping others was the "only way I could truly get help." She remarked, "I feel like, if I felt like I was helping, that would help me get rid of all the stuff that just keeps me down." Todd, a man who had experienced childhood sexual abuse, thought helping others would be "another step to getting better." These participants did not provide any indication, however, of whether they had taken actions to help others.

Several participants thought about helping others because they felt they were especially suited to it based on their personal experiences with sexual violence. Keshia, a woman who had experienced date rape, thought about “speaking to others and being an encouragement to somebody else who had been raped or had gone through sexual abuse in order to help somebody else out.” Mary, the woman who had experienced childhood sexual abuse by her father and grandfather, suggested that sexually abused people could best help children who have been abused because they were “in the same boat.” She explained, “We know exactly where they are coming from, we know what it feels like, we know what they are talking about.” However, while these participants felt that they had learned something from abuse that would enable them to help others, they had not actually done so.

Choosing a Helping Profession: Participants (N=15) chose helping professions as a way to help those in challenging situations. Some participants chose professions that allowed them to work with survivors of sexual or domestic violence or with marginalized people, such as the mentally ill. They became nurses, social workers, counselors, coaches, caseworkers, teachers, or ministers. In their professional roles, they valued spending time listening to others. A few participants felt grateful that their experiences had not been as bad as the experiences of others whom they encountered in their work.

Several participants chose helping professions as a way to return the help they had received from others. They felt they could truly understand the struggles of their clients, patients, or students. John, a caseworker who had experienced childhood sexual abuse by his mother and foster brothers, related to his clients with mental illness in a sensitive way because of his “upbringing.” He also made sure they had access to all the community services available to them. Several participants identified their past experiences as the sole reason for choosing their current careers, and others believed their experiences had influenced their career decisions. Juanita had experienced childhood sexual abuse by a cousin and was raped by an ex-husband.

She said:

I went back to school for social work and listened to other people’s experiences and let them know that it could be better, that they could move beyond that with proper counseling and someone they could trust...they would understand they don’t always have to be the victim and they don’t have to believe for the rest of their lives that they made those things happen to them.

Providing Guidance: Participants (N=13) provided guidance to others by giving them advice on how to heal from past abuse or encouraging them to end current abusive relationships. Participants who encountered others who had experienced sexual violence often suggested to them that sharing the experience with others was the best way to heal or “move on” with life. Richard, a man who had experienced sadistic abuse by a male acquaintance at age 14, did not disclose his abuse to others until he was older, and he felt that this had prevented his healing. He said, “And that’s why I tell people, anybody that I know who has experienced abuse...you have to talk about it, because the longer you keep it in, the more you hurt yourself.” John, a man who had experienced childhood sexual abuse by a babysitter, used his experiences with healing from abuse to help his sister along the path to healing. He said, “I slowly make little statements to her...I can’t really bombard her with a heart to heart, let’s open this can of worms and sort it all out, but I try to get her thinking along the right path.” Other participants spoke of encouraging others to join support groups in order to heal.

A few participants provided guidance to others by encouraging them to leave abusive relationships. Jordan, a man who had experienced child sexual abuse in the context of child prostitution, explained, "If I talk to somebody who has been hurt sexually or who is in an abusive relationship, I tell them to end it because I know what would have happened to me, because I've been there."

Providing Advocacy: Several participants (N=8) provided advocacy to children by volunteering with youth service organizations or to adults by volunteering in community service venues. Most participants provided advocacy to children by volunteering as coaches or mentors in youth service organizations. Several provided advocacy for marginalized children who had been abused. A few participants volunteered for children's organizations because they felt the involvement of concerned adults would have helped them when they were younger. Jeff, a man who had experienced childhood sexual abuse by a babysitter, worked with impoverished children and "became a Big Brother to a couple of kids." Max, a man who was molested as a child by an older male neighbor, was a coach who volunteered for a local community center. He said, "Even when I coach, I look at kids and wonder what's going on in their life, and you know what I might do, what this might have done for me."

A few participants provided advocacy for adults by volunteering with community service organizations. Participants viewed this as way to help others and give back to the community for help they had received in the past. Jeff, a man who had experienced childhood sexual abuse at age 5 by a babysitter, described how he had been "down on his luck" and received help from a woman through a local church organization. In return, he chose to volunteer. He said:

She took me under her wing and every time I look around I'm doing volunteer work and I'm not getting paid for it and I'm broke, but I don't mind, you know, because I figure I'll get my blessing somewhere down the road.

Other participants used past experiences to help educate others. Loretta, a woman who had experienced childhood sexual abuse and adult sexual assault, belonged to the National Organization for Women in order "to do a local, good, strong women's group." She was invested in educating black women about the benefits of the women's movement.

Stopping Perpetrators: Some participants (N=7) stopped perpetrators by reporting the violence and/or the perpetrator to authorities, or by taking action themselves against perpetrators. Participants reported violence or abuse to authorities, including police officers, campus security officers, healthcare workers, and/or school officials, in order to obtain justice for the crimes committed against themselves or others. Linda, who had experienced childhood sexual abuse and rape as an adult, tried to make sure her perpetrator remained in prison so he could not hurt others. She recalled, "I did write to the parole board, and I said, I know the statute of limitations; however, this happened to me when I was 11, and I don't want this to happen to anybody else." Additionally, she contacted school authorities after her young daughter disclosed that she had been touched inappropriately by an older male student at school. Linda said, "I believed her and I contacted the school and the boy was arrested, and he was convicted." A few participants took action if they suspected that their perpetrator continued to abuse others. Todd, a man who had experienced childhood sexual abuse by a father, foster parent, and a residential treatment center employee, did not report his own abuse to authorities as it was happening. Years later, however, he viewed a local news report showing that one of his perpetrators was being charged with molesting children at the same treatment center he had attended. Todd recounted, "I wanted him to pay for what he did to me and the other kids he got caught with...it's wrong... and he's still doing it, so I'm going to try to help put him away."

Several participants took it upon themselves to stop perpetrators from abusing others. Some threatened perpetrators or warned other people that the perpetrator posed a danger. Jason, a man who experienced childhood sexual abuse, said, “So he [his perpetrator] knows that I know it happened... and anybody around me, as long I know he is going to be around them, I’m going to warn them of something [the abuse]...and doing that has scared him away.”

Speaking Publicly: Participants (N=7) described using their experiences to educate others and increase awareness of the problem of sexual violence in both local and state/national venues. Some participants spoke to others in local venues about their experiences in order to help themselves heal, provide support to others, or give back to their communities. A few participants, for example, shared their personal experiences with students enrolled at a local university. Others described their experiences with violence to local community groups in order to offer hope or support for those currently experiencing violence. Kate, a woman who had been raped at age 16, spoke with local rape support groups. She said, “I’m able to speak about my rape, I can talk and I’m comfortable with it and you know maybe I can be some help to somebody else.” Rob, who had experienced childhood sexual abuse by a babysitter, also abused his own brother. He was removed from his home and placed in a boys’ residential treatment center until age 18. Upon leaving the treatment center and attending college, he was asked to return to the treatment center and speak to the boys in order to “give them hope” that they could be successful and heal from past experiences of abuse and violence.

Some participants spoke or wrote about their experiences in national or state venues. They told their stories in television/radio broadcasts, in news print articles, and for government agencies. Jackson, a man who had experienced a lifetime of violence, traveled around the country and appeared on nationally syndicated television programs in order to educate people about sexual violence and HIV. George had experienced childhood sexual abuse by several of his brothers, delivered “motivational speeches” for people living with HIV/AIDS as a spokesman for a state department of health. George gave his speeches in order to “teach somebody about life, to tell them about my life, and to give back something to others.”

Discussion

Though participants were not asked specifically about altruism, over two-thirds of the study sample engaged in, or considered, altruistic behaviors. The nine categories of the *Helping Others Typology* reflect the variety of ways in which these survivors of sexual violence engaged in altruism. Participants indicated that they were concerned about helping others avoid or heal from sexual violence. Some shared their personal experiences with violence so that others would not have to experience violence. Many shared the “lessons” they had learned while healing, to help others heal from violence. Others offered their time and talents to give back to the people who had helped them heal from their experiences with sexual violence. Many took actions to help others and were successful in that. Some had altruistic intentions, but were not able to take action to help others or were ineffective in their attempts. Nonetheless, many participants indicated that helping others was an important concern to them, and for some, helping others was related to healing.

The finding that these participants engaged in a variety of ways of helping others in response to their experiences with sexual violence is consistent with the literature on coping (Koss et al., 2004; Krause et al., 2008; Taft et al., 2007), post-traumatic growth (Calhoun & Tedeschi, 2001), and meaning-making as a response to trauma (Park & Ai, 2006). Many participants employed strategies for helping others that were consistent with traditional coping models. They used problem-focused coping (Lazarus & Folkman, 1984), such as taking action to help others, emotion-focused coping (Lazarus & Folkman), such as wishful

thinking about helping others, and behavioral coping (Holahan et al., 1996), such as becoming better parents in response to their experiences with sexual violence.

However, while traditional coping models suggest that people respond to stressors using either problem-focused or emotion-focused coping (Lazarus & Folkman, 1984), approach or avoidance coping (Snyder & Pulver, 2001), or cognitive and behavioral coping (Holahan et al., 1996), the findings of this study suggest that participants' coping responses were not dichotomous, but rather fell along a continuum that was related to their healing or recovery from sexual violence. Participants who were most successful at helping others believed they were able to help others because they had healed or become stronger from their own experiences of violence. Participants who had not yet done much healing were less effective in altruistic pursuits, although they often wished they might help others. Participants also suggested that the process of helping others furthered their healing or recovery. The findings of this study thus indicate that helping others and healing from sexual violence are complex and interrelated processes.

Several previous studies on sexual violence (Draucker, 1992; Draucker, 2001; Draucker & Petrovic 1996; Draucker & Stern, 2000; Grossman, Sorsoli & Kia-Keating, 2006; Thomas & Hall, 2008; Wright, Crawford & Sebastian, 2007) and altruism (Hwang et al.; Lipford & Yandle, 2009) indicate that people help others because they feel compassion for those in need, identify with those who are suffering, or want to offer hope to the disadvantaged. This study extends this work by categorizing the varied ways survivors of sexual violence engage in helping others. The study shows how survivors engage in altruism in their everyday lives and provides examples of how they actualize their need to use their experiences with sexual violence to help others.

The study findings are consistent with the literature on post-traumatic growth and meaning-making; participants stressed that helping others helped them make sense of their experiences with sexual violence (Calhoun & Tedeschi, 2006; Draucker, 1992; Draucker, 2001; Draucker & Petrovic 1996; Draucker & Stern, 2000; Grossman, Sorsoli & Kia-Keating, 2006; Park & Ai, 2006; Thomas & Hall, 2008; Wright, Crawford & Sebastian, 2007). The ways of helping in this study were often rooted in participants' desire to have something good come from their painful and traumatic experiences. Their actions to help others reflected meaning-as-significance (Nolen-Hoeksema & Davis, 2005): they helped others to create benefit from their trauma, rather than merely reframe it as less traumatic.

The findings of this study support Park and Ai's (2006) *Meaning Making Framework of Coping with Trauma*. This model suggests that by adjusting global and situational meanings of traumatic events, individuals make meaning from their traumatic experiences and thereby ameliorate the distress. Helping others restored these participants' beliefs that goodness exists in the world, even if it was goodness they themselves created, and the violence served some purpose by rendering them better able to make a positive difference in the lives of others.

As noted in several prior studies (Draucker, 1992; Draucker & Petrovic, 1996; Grossman et al., 2006; Wright et al., 2007), protecting children was most the most important example of engaging in finding meaning-as-significance. Participants attempted to create meaning from, or find benefit in, their traumatic experiences by using the lessons they had learned to try to make life better for their children. While not all participants who spoke of protecting children were effective in doing so, many sought to turn their own horrific experiences into something good by becoming better parents.

Limitations

There are several limitations to this study. While the sample size allowed for the construction of a *Helping Others Typology*, the sample did not allow for examination of ethnic or gender differences in the typology. Further, most participants were not asked directly about helping others. Had this study not relied on a secondary analysis of existing data, the role of altruism in their healing could have been explained in more depth with questions specifically aimed at helping others. Because the relationship between helping others and recovery has not been fully explored, examining this relationship in a longitudinal, prospective study would be beneficial. Although a majority of the participants in this study thought about helping others, relatively few of the participants actually engaged in helping others. Therefore, it remains unclear whether individuals need to find meaning in their experiences in order to effectively help others, or whether helping others facilitates meaning-making.

Clinical Implications

Despite the limitations, the study has useful implications for clinical practice. First, the *Typology of Helping Others* can be used to inform nurses and other clinicians of the variety of ways in which survivors of sexual violence might engage in helping others. Clients in treatment might be involved in helping others in ways that are not readily apparent to clinicians working with this population. The *Typology of Helping Others* can be used to identify altruistic endeavors of clients and serve as a springboard to explore ways in which clients may wish to help others. The timing of helping others is important, however, and needs to follow some degree of healing. As this study pointed out, some degree of healing is necessary for participants to be effective in helping others. For participants who are helping others early in the healing process their altruistic endeavors may be impeding their own or other survivors' healing. Given these findings it is important for clinicians to assess clients' altruistic approaches and explore with their clients whether or not their approaches are facilitating recovery. Clinicians may also assist clients in actualizing their wish to help others as healing progresses. The variety of ways in which these participants helped others suggests that different ways of helping may be suited to different individuals. For some, passing on life lessons may be most satisfying, whereas others may find that engaging in advocacy or public speaking is the best way to ensure that good comes from their trauma. Clinicians can help clients explore different paths to helping others. The majority of these participants identified protecting children as a way to help others. Many believed they were taking appropriate actions to protect children, although in reality, they were ineffective in keeping children safe from harm. Because this study found that some participants effectively helped children and some did not, clinicians working with survivors of sexual violence might need to explore parenting issues as they relate to a history of sexual violence.

In conclusion, while previous research has identified that survivors of sexual violence help others in response to their experiences, The *Helping Others Typology* is the first categorization of the multiple and varied ways of altruistic approaches used by survivors. The findings of this study show that helping others is important to survivors and is related to healing and recovery. Survivors who help others are able to find some meaning or benefit from the trauma they have experienced. Helping others, however, is a complex, multifaceted response to trauma. Nurses and other healthcare providers need to consider how helping others relates to recovery from sexual violence in clients who seek their counsel. The *Helping Others Typology* provides clinicians with examples of how survivors actualize their need to use their experiences to benefit others.

Acknowledgments

This study is funded by the National Institute of Nursing Research [R01 NR08230-01A1, C. Draucker, PI]

References

- Basile K, Chen J, Black M, Saltzman L. Prevalence and characteristics of sexual violence victimization among U.S. adults, 2001–2003. *Violence and Victims*. 2007; 22:437–448. [PubMed: 17691551]
- Calhoun, LG.; Tedeschi, RG. Post traumatic growth: The positive lessons of loss. In: Neimeyer, R., editor. *Meaning reconstruction and the experience of loss*. Washington, D.C: American Psychological Association; 2001. p. 157-172.
- Calhoun, LG.; Tedeschi, RG. The foundations of posttraumatic growth: An expanded framework. In: Calhoun, L.; Tedeschi, R., editors. *Handbook of PostTraumatic Growth: Research and practice*. New York: Routledge; 2006. p. 1-23.
- Draucker CB. The healing process of female adult incest survivors: Constructing a personal residence. *Image: Journal of Nursing Scholarship*. 1992; 24:4–8.
- Draucker CB. Knowing what to do: Coping with sexual violence by male intimates. *Qualitative Health Research*. 1999; 9:588–601. [PubMed: 10558369]
- Draucker CB. Learning the harsh realities of life: Sexual violence, disillusionment, and meaning. *Health Care for Women International*. 2001; 22:67–84. [PubMed: 11813797]
- Draucker CB. Unique outcomes of women and men who were abused. *Perspectives in Psychiatric Care*. 2003; 39:7–16. [PubMed: 12724961]
- Draucker CB, Madsen C. Women dwelling with violence. *Image--the Journal of Nursing Scholarship*. 1999; 31:327–332. [PubMed: 10628098]
- Draucker CB, Martsof D. The life course typology of adults who experienced sexual violence. *Journal of Interpersonal Violence*. (In press).
- Draucker CB, Martsof D. Storying childhood sexual abuse. *Qualitative Health Research*. 2008; 18:1034–1038. [PubMed: 18650560]
- Draucker CB, Petrovic K. Healing of adult male survivors of childhood sexual abuse. *Image--the Journal of Nursing Scholarship*. 1996; 28:325–330. [PubMed: 8987279]
- Draucker CB, Stern PN. Women's responses to sexual violence by male intimates. *Western Journal of Nursing Research*. 2000; 22:385–406. [PubMed: 10826251]
- Feldmen M, Meyer I. Childhood abuse and eating disorders in gay and bisexual men. *International Journal of Eating Disorders*. 2007; 40:418–423. [PubMed: 17506080]
- Finkelhor D, Hotaling G, Lewis IA, Smith C. Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse and Neglect*. 1990; 14:19–28. [PubMed: 2310970]
- Frazier P, Conlon A, Glaser T. Positive and negative life changes following sexual assault. *Journal of Consulting and Clinical Psychology*. 2001; 69:1048–1055. [PubMed: 11777108]
- Goodkind S, Ng I, Sarri R. The impact of sexual abuse in the lives of young women involved or at risk of involvement with the juvenile justice system. *Violence Against Women*. 2006; 12:456–477. [PubMed: 16617171]
- Grossman F, Sorsoli L, Kia-Keating M. A gale force wind: Meaning making by male survivors of childhood sexual abuse. *American Journal of Orthopsychiatry*. 2006; 76:434–443. [PubMed: 17209711]
- Holahan, C.; Moos, R.; Schaefer, J. Coping, resilience, and growth: Conceptualizing adaptive functioning. In: Zeidner, M.; Endler, S., editors. *Handbook of Coping: Theory, research, and applications*. New York: Wiley; 1996. p. 24-43.
- Hwang M, Grabb E, Curtis J. Why get involved? Reasons for voluntary association activity among Americans and Canadians. *Nonprofit and Voluntary Sector Quarterly*. 2005; 34:387–403.
- Koss M, Figueredo A. Change in cognitive mediators of rape's impact on psychosocial health across 2 years of recovery. *Journal of Consulting and Clinical Psychology*. 2004; 72:1063–1072. [PubMed: 15612852]

- Krause E, Kaltman S, Goodman L, Dutton M. Avoidant coping and PTSD symptoms related to domestic violence exposure: A longitudinal study. *Journal of Traumatic Stress*. 2008; 21:83–90. [PubMed: 18302182]
- Lazarus, R.; Folkman, S. *Stress, appraisal, & coping*. New York: Springer; 1984.
- Liang B, Williams L, Siegel J. Relational outcomes of childhood sexual trauma in female survivors: A longitudinal study. *Journal of Interpersonal Violence*. 2006; 21:42–57. [PubMed: 16399923]
- Lipford J, Yandle B. Determinants of purposeful voluntarism. *Journal of Socioeconomics*. 2009; 38:72–79.
- Martsolf D, Draucker C. The legacy of childhood sexual abuse and family adversity. *Journal of Nursing Scholarship*. 2008; 40:333–340. [PubMed: 19094148]
- McMillen C, Zuravin S, Rideout G. Perceived benefit from child abuse. *Journal of Consulting and Clinical Psychology*. 1995; 63:1037–1043. [PubMed: 8543707]
- Miles, M.; Huberman, A. *Qualitative data analysis: A sourcebook of new methods*. Sage; London: 1984.
- Nolen-Hoeksema, S.; Davis, C. Positive responses to loss: Perceiving benefits and growth. In: Snyder, C.; Lopez, S., editors. *Handbook of Positive Psychology*. New York: Oxford University Press; 2005. p. 485-498.
- Park C, Ai A. Meaning making and growth: New directions for research on survivors of trauma. *Journal of Loss and Trauma*. 2006; 11:389–407.
- Sandelowski M. Whatever happened to qualitative description? *Research in Nursing and Health*. 2000; 23:334–340. [PubMed: 10940958]
- Snyder, C.; Pulvers, K. Dr. Suess, the coping machine, and “oh, the Places You’ll go”. In: Snyder, CR., editor. *Coping with stress: Effective people and processes*. Oxford: Oxford University Press; 2001. p. 3-29.
- Taft C, Resick K, Panuzio J, Vogt D, Mechanic M. Coping among victims of relationship abuse: A longitudinal study. *Violence and Victims*. 2007; 22:408–418. [PubMed: 17691549]
- Tedeschi R. Violence transformed: Posttraumatic growth in survivors and their societies. *Aggression and Violent Behavior*. 1999; 4:319–341.
- Thomas S, Hall J. Life trajectories of female child abuse thriving in adulthood. *Qualitative Health Research*. 2008; 18:149–186. [PubMed: 18216336]
- Tjaden, P.; Thoennes, N. *Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Survey*. Washington: US Department of Justice; 2006. Publication No. NCJ210346
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2007*. Washington, DC: U.S. Government Printing Office; 2008a.
- U.S. Department of Justice, Bureau of Justice Statistics. *National Crime Victimization Survey, Criminal Victimization 2007*. Washington D.C: Government Printing Office; 2008b.
- Wright M, Crawford E, Sebastian K. Positive resolution of childhood sexual abuse experiences: The role of coping, benefit-finding and meaning making. *Journal of Family Violence*. 2007; 22:597–608.

Table 1

The Helping Others Typology

Category Name	Category Definition	Number of Participants	Number of Text Units
Protecting Children	Taking actions to prevent children from being abused, harmed, or unhealthy.	39	113
Participating in the Study	References to participating in the project to help others.	23	26
Being Understanding	Being generally kind, compassionate, understanding, or sensitive toward others.	21	33
Thinking about Helping	General references to helping others without any specificity about how one helped or would do so.	20	26
Choosing a Helping Profession	Choosing a helping profession such as nurse, teacher, or social worker, in order to help those who have been abused OR being able to do such jobs better based on their own experiences.	15	25
Providing Guidance	Providing guidance or advice about what one needs to do – or to think – to avoid, or heal from, violence or abuse	13	18
Providing Advocacy	Becoming involved in advocacy organizations (domestic violence, rape crisis, victim assistance) or groups (Incest Survivors Anonymous) as a way of helping others.	8	9
Stopping Perpetrators	Taking actions to stop perpetrators from abusing others by reporting the abuse or taking actions to bring them to justice (e.g., testifying in court).	7	11
Speaking Publicly	Speaking out publicly on violence and abuse by making speeches, giving talks, writing, producing music, or doing public appearances.	7	12