Resilience in the Context of Sexual Violence: A Scoping Review

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Abstract

Purpose Much attention has been offered to the deleterious health impacts of sexual violence (SV) and for the most part, research has adopted a strengths-based perspective, focusing on resilience after SV. However, this research is hindered by inconsistencies regarding the conceptualization of resilience. The purpose of this study is to address these inconsistencies by parsing out current definitions and measurements of resilience to construct a definition that can be applied universally in SV research.

Method We conducted a scoping review of three databases following PRISMA guidelines that elucidates an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. Hand searching of relevant journals and citation chaining were also conducted. We included fifteen empirical studies that were conducted in North America with women-identifying survivors of SV and that centered the concept of resilience. We extracted the following information: a) definitions of resilience, b) assessments of resilience, c) correlates of resilience, and d) interventions to promote resilience.

Results Our findings suggest there is no uniform definition of resilience. Regarding measures, the Connor-Davidson Resilience scale was the most commonly used. Despite differences in how resilience was conceptualized, resilience was consistently found amongst survivors.

Conclusions We propose the following definition of resilience: "Resilience is a dynamic, nonlinear socio-emotional process that occurs continuously after SV victimization. It refers to the capacity to cope, adapt to, and construct one's life after SV in ways that are culturally relevant and guided by the survivor's own preferences and desired outcomes." Overall, resilience is a living, breathing, moving concept that can shift in how it manifests over time and look different for each survivor.

Keywords Sexual violence · Resilience · Scoping review · Violence against women

Introduction

Sexual violence (SV) is a prevalent public health and human rights concern, encompassing a range of nonconsensual behaviors such as rape, sexual coercion, and other forms of unwanted sexual contact. According to the 2016/2017 National Intimate Partner and Sexual Violence Survey, 54.3% women in the United States report a form of contact SV. More specifically, one in four (26.8%) of women have experienced attempted or completed rape, and 23.6% have experienced sexual coercion (Basile et al., 2022). For the purpose of this scoping review, contact SV is defined as completed or attempted rape or being forced to penetrate someone, completed or attempted rape under the influence of alcohol, sexual coercion, and any other unwanted sexual contact such as fondling (Chen et al., 2020). Considering women report significantly higher rates of SV than men, this scoping review focuses exclusively on women-identifying survivors (Smith et al., 2018).

Over the last forty years of research, SV emerged in the literature as a large detriment to physical and mental health. For women, SV is associated with post-traumatic stress disorder (PTSD), depression, and anxiety symptoms, as well as issues with sleeping (Thurston et al., 2019). Furthermore, the deleterious effects of SV also include substance use, sexually transmitted infections, and unwanted pregnancies (Chen et al., 2010; Martin et al., 2011). However, these negative mental health outcomes are not inevitable. Studies

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demonstrate that there are opportunities for posttraumatic growth and healing. Posttraumatic growth (PTG) refers to the positive psychological changes that individuals experience after a traumatic event, such as SV, occurs (Tedeschi & Calhoun, 2004; Tedeschi et al., 1998). In a longitudinal study of women SV survivors, Kirkner and Ullman (2020) found that PTG was associated with positive coping skills, less PTSD symptoms, as well as a greater perception of control regarding an individual's recovery. Furthermore, women are more likely to experience PTG if they identify as a woman of color, have less education, and are older (Ullman, 2014). It is important to note, then, that SV survivors can and often do experience distress and healing simultaneously, rather than one negating the other (Anderson et al., 2012; Kleim & Ehlers, 2009).

Related to PTG, resilience receives considerable attention in the literature. Of importance is that there is no universal definition of resilience across most disciplines (Luthar et al., 2000; Park et al., 2020). Within the field of SV research, there are a variety of ways in which researchers conceptualize and measure resilience. For the most part, resilience is largely considered to encompass the concepts of positive adaption and adversity (Fletcher & Sarkar, 2013). Within the field, there are researchers that focus on individual characteristics as factors impacting resilience, whereas others conceptualize resilience as a process of mitigating stress and/or trauma (Anderson, 2019; Luthar et al., 2000; Masten, 2018). Ecological systems theory is useful to understand the interchanges between individuals, communities, and sociopolitical contexts that facilitate the development of resilience (Bronfenbrenner, 1999; Masten, 2018). From this perspective, resilience is viewed as a result of the interactions between individuals', families', and communities' systems, and these interactions are influenced and shaped by sociohistorical, cultural, and political contexts (Anderson, 2019; Bronfenbrenner, 1999; Bronfenbrenner & Morris, 2006; Masten, 2018; Ungar, 2013). Resilience in the context of SV can be understood as a consequence of inherent personal characteristics, emotional support from loved ones, advocacy from a community, societal validation of SV victims' experiences, accessible resources for SV victims, and others (Anderson, 2019; Campbell et al., 2021; Corcoran et al., 2020; Gómez et al., 2020; Hirai et al., 2020; Murphy-Oikonen et al., 2021). All of these factors from interacting systems hold potential to support high levels of resilience for a SV victim.

Ideas of resilience have been critiqued for being based on racist, classist and heterosexist ideas of strength and normalcy (Anderson, 2019; Park et al., 2020; Ungar, 2013). Many of the foundational studies addressing resilience are based on White, middle-class samples (Luthar et al., 2000). As such, outcomes frequently used to define resilience are often determined by society's historically dominant values,

that reflect White, male, heteronormative populations (Mohaupt, 2009). Therefore, it is crucial for researchers to understand that markers of resilience may look different for people of different cultures, experiencing different stressors (Anderson, 2019). For example, SV victims who are members of historically marginalized groups. may experience the effects of infrastructural and societal stressors that facilitate a need for resilience to survive, only to have this stress compounded by an experience of SV (Gómez et al., 2020; Park et al., 2020; Anderson, 2019). Related to this, a major criticism of historical and current conceptualizations of resilience are their proclivity in holding individuals responsible for overcoming adversity, rather than addressing the larger contexts, such as societal inequities and oppression, that allow these adversities to occur (Bottrell, 2009; Garrett, 2016; Park et al., 2020). We argue that definitions of resilience should be guided by survivors to reverse this narrative and hold accountable the social inequities that impact women survivors' vulnerability to harm in the first place.

As previously mentioned, there is a lack of consensus regarding the conceptualization of resilience within the context of SV. This scoping review attempts to address this gap by synthesizing the existing literature on resilience as it explicitly relates to adult women's experiences of SV. The purpose of this paper is to assess current definitions of resilience, understand how resilience is measured in SV research, identify correlates related to resilience in SV, and to identify any interventions that promote resilience within the context of SV. After assessing these components, our aim is to generate a concise definition of resilience for use in future SV research.

Methods

We conducted a scoping review to assemble the existing, peer-reviewed literature on the experiences of resilience within the context of SV as experienced by adult women. Scoping reviews are particularly efficient in "systematically searching, selecting, and synthesizing existing knowledge" (Colquhoun et al., 2014, p. 1294). For this scoping review, our steps aligned with those outlined by Arksey and O'Malley (2005). The first step consisted of developing a research question before identifying the available literature relevant to our scope. Our formulated research questions are as follows: How is resilience defined and operationalized in the context of sexual violence? What are correlates of resilience among women survivors of sexual violence? Are there evaluated, evidence-based interventions to promote resilience for survivors of sexual violence? The proceeding steps were utilized to assess literature for eligibly, chart the data, and finally, to collect and summarize results.

Search Strategy

To gather literature for our scoping review, we consulted with a university librarian to ensure we followed PRISMA guidelines (Page et al., 2021). The librarian assisted the research team on confirming the key words used for the search strategy. In January 2020, we conducted a comprehensive search of Web of Science, PubMed, and Psych Info to retrieve articles that were generated by the following terms and Boolean logic: resilien* AND ("sexual violence" or "sexual assault" or "gender-based violence" or "sexual misconduct" or GBV or rape). No limits were set regarding the publication year. This search strategy resulted in 918 results. Search results were uploaded to Covidence software, that resulted in identifying 328 duplicates and thus allowed for efficient reviewing of the compiled literature.

In February 2022, the lead author conducted a variety of hand searching methods to confirm that all available literature was included in this scoping review. First, we selected seven of the most relevant articles from our database search to conduct citation chaining. Backward and forward citation chaining of these sentinel articles was performed using Web of Science and the reference lists of said articles. This process yielded 507 results and the removal of 57 duplicates once uploaded to Covidence. After citation chaining, the lead author conducted hand searching of five relevant journals. We searched the keyword resilien* in the following journals: *Violence against Women, Journal of Family Violence, Journal of Interpersonal Violence, Psychology of Violence,* and *Trauma, Violence, and Abuse.* This search resulted in the addition of 32 articles. Twelve were determined to be duplicates and were therefore removed. One study was added after bibliographic review of the added articles, for a total of 471 studies compiled via the depicted additional methods.

Study Selection

Studies eligible for conclusion contained the following characteristics:

a) Resilience was required to be a central component of the paper. Studies were excluded if resilience was only passively mentioned as a construct in favor of including literature that featured it as forefront in the analysis.

b) Studies needed to link the concept of resilience explicitly to SV. Intimate partner violence (IPV) papers were only included if the results differentiated SV from other forms of violence and examined the separated results directly in relation to resilience. Although sexual harassment is considered under the umbrella of SV (RAINN, 2022), we narrowed our sights to focus specifically on contact SV.

c) We focused exclusively on women, cisgender and transgender, survivors of SV. If studies mixed cohorts of men and women, it was required that women participants were discussed separately from men. Data was retained only if it could be determined as representing the experience of a woman.

d) Women survivors of SV needed to have experienced this violence during adolescence or adulthood (ages 14 and older), that aligns with the cutoff established by Campbell and colleagues (2009) to distinguish between survivors of child sexual abuse (CSA) and adult SV. Papers that included CSA were only included if they separately discussed adult SV in relation to resilience.

e) The study was conducted in the United States and Canada. This criterion was established to respect resilience as a concept that will differ across cultural contexts.

f) The study was required to be peer-reviewed and empirical, including qualitative and quantitative works.

g) The study was written in English as the research team only consisted of native English speakers.

Overall, the database search conducted in 2020 yielded 918 studies, with 328 duplicate studies being automatically removed by Covidence. This resulted in the abstract screening of 590 studies. After reviewing abstracts, a total of 538 studies were deemed irrelevant for not meeting the inclusion criteria. An additional article was rejected due to the full text not being retrievable. This left 51 studies of which the authors read the full text. An additional 41 studies were then excluded for various reasons, including not featuring resilience as a central concept and not explicitly linking it to SV. This resulted in 10 studies being eligible for extraction. In addition to the database searching, the handsearching conducted in 2022 yielded 540 additional studies, with 69 duplicates being removed for a total of 471 articles. After reviewing abstracts for relevance, 63 full texts were assessed for eligibility. During this screening, 56 articles were removed for not meeting inclusion criteria. This resulted in seven studies being eligible for inclusion, with two of these studies removed for being duplicates of those found during the database search. Overall, from the hand searching and the database searching, 15 studies were included in this scoping review. The PRISMA flow diagram displaying these results are displayed in Fig. 1.

Selecting Evidence and Data Charting

All the literature identified through hand searching and database searching were uploaded to Covidence software. The research team independently reviewed the compiled abstracts, with researchers indicating "yes," "no," or "maybe," with regard to whether an article's abstract reflected inclusion criteria. Any discrepancies between
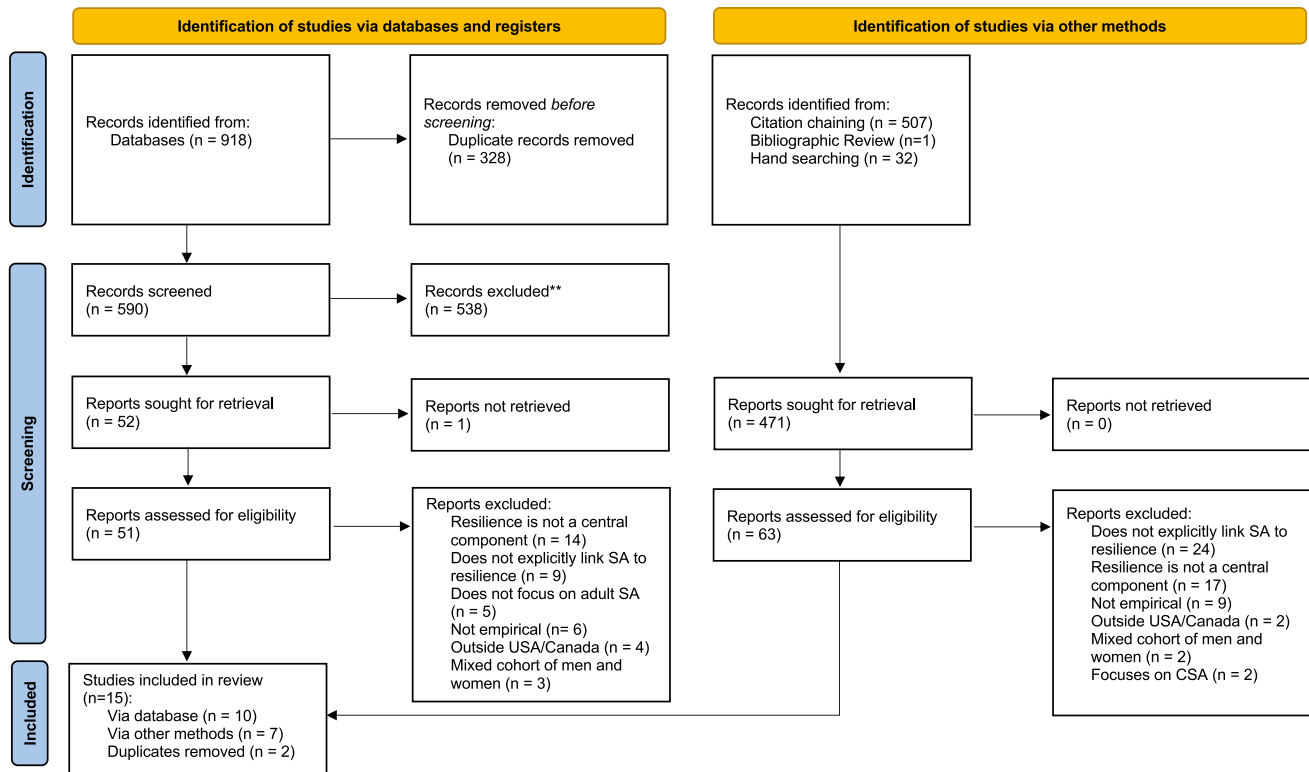
Fig. 1 PRISMA flow diagram

coders were thoroughly discussed and resolved by consensus. Next, the full text of the articles deemed potentially relevant to the inclusion criteria (marked with "yes" or "maybe") were retrieved for further review. Those deemed to fully reflect inclusion criteria were retained for analysis. We then reread the full texts extracting data in the following categories: a) definitions of resilience, b) measures/assessments of resilience, c) correlates associated with resilience, and d) interventions to promote resilience. We additionally collected study demographics and research methodologies used. Any discrepancies during data extraction were resolved via consensus.

Data Analysis

To analyze data, thematic analysis was chosen to explore the commonalities and differences in the ways in which the field defines and measures resilience in SV survivors. Themes were also used to examine how these findings of these studies correlated with resilience. A thematic analysis of charted data was conducted, influenced by the six phases outlined by Braun and Clarke (2006). This method was also used in a previous scoping review to analyze quantitative and qualitative data (van der Westhuizen et al., 2022). First, the extracted data gathered from literature were reviewed and re-reviewed by researchers to become familiar with the

most salient terminology. Data were organized by definitions of resilience, measurements of resilience, correlates of resilience, and interventions promoting resilience. Each of these categories were coded separately. Initial ideas about potential themes based on the terminology were documented within vivo coding. Similar codes were collated, then these preliminary codes were organized into broader themes. Themes and codes were defined through consensus. To examine the frequency in which these themes occurred throughout the array of literature included in the review, tallies were used to number the occurrences of these themes. It was deemed important to document frequencies in order to determine the saliency of each theme. For the extracted measurements of resilience, tallies were also used to determine the frequency of the specific utilized measures for each article.

Results

The purpose of the following sections is to outline the relevant themes that emerged related to how the 15 studies included in this scoping review conceptualized resilience. First, we review the important characteristics from each article (such as methodology) to establish context. We then discuss the salient themes for definitions of resilience,

measurements of resilience, correlates of resilience, and interventions promoting resilience.

Study Characteristics

A thorough overview of study characteristics can be found in Table 1.

Definitions of Resilience

The articles included in this scoping review were primarily analyzed based on the definitions of resilience used, with four main themes being identified to summarize these definitions. From the 15 eligible articles, 13 included definitions of resilience. One article published an original definition (Firehammer, 2001), while the other 12 referenced definitions of resilience from previously published articles. For further information on the works that the included articles cited to conceptualize resilience, refer to Table 2. In their efforts to define resilience, five articles emphasized the difficulty in operationalizing resilience by acknowledging the existence of multiple definitions for the construct (Bowland, 2015; Combs, 2016; Fedina et al., 2021; Hamrick & Owens, 2021; Olson, 2015). At times, the presence of multiple definitions within one article contrasted the other. In particular, Hamrick & Owens, 2021 compared the idea that resilience is defined by some authors (e.g., Bonanno et al., 2011) as an undisturbed continuation of normal functioning, while others (e.g., Agaibi & Wilson, 2005) defined it as positive adaption after trauma exposure. These are nuanced differences that influence how resilience is conceptualized and thereby, also influence the measures and correlates of resilience.

As aforementioned, four emergent themes arose from the data regarding definitions of resilience. The most salient theme (n = 9) was the conceptualization of resilience being synonymous with adaption and the process of adapting to adversity (Boatler, 2001; Bowland, 2015; Catabay et al., 2019; Combs, 2016; Fedina et al., 2021; Frey, 2018; Hamrick & Owens, 2021; Olson, 2015). In order to be considered adaptive, definitions within this theme often emphasized positive outcomes following exposure to trauma or distress (Combs, 2016; Frey, 2018; Hamrick & Owens, 2021, Olson, 2015). Resilience was also characterized as a positive adaption despite the presence of stressors or adversity (Bowland, 2015; Combs, 2016; Fedina et al., 2021; Frey, 2018; Hamrick & Owens, 2021).

The second theme (n = 7) was the concept of returning to relative normal functioning, or otherwise never leaving normal functioning, as a signifier of being resilient. The term "bouncing back" in relation to previous emotional functioning was present in four articles (Fergerson & Brausch, 2022; Hamrick & Owens, 2021; Hirai et al., 2020; Steenkamp, 2011). Notably, the articles with this definition most often

cited Bonanno's, 2004 work to argue that resilience is signified by stable levels of functioning after adversity (Combs, 2016; Olson, 2015; Steenkamp, 2011; Steenkamp et al., 2012). This was referred to as an "equilibrium" (Bonanno, 2004. p. 20). However, there was a variation in how Bonanno's definition was summarized, particularly in Steenkamp's work. For instance, Steenkamp (2011) defined a resilient trajectory as "a rapid return to baseline functioning or "bouncing back" quickly after a traumatic event" (p.1). However, Steenkamp and colleges (2012) slightly modified this definition and characterized resilience as "an initial period of mild symptoms and disruption in functional abilities, followed by a return to adaptive functioning" (p. 469). There is a difference in whether normal functioning is achieved immediately following adversity or whether any disruption is allowed before identifying resilience in an individual.

Three articles defined resilience as a "capacity to cope" (Boatler, 2001; Firehammer, 2001; Hamrick & Owens, 2021). According to the definition presented by Hamrick & Owens, 2021, resilience is the ability to "successfully cope" with adversity (p. 157; derived from Connor & Davison, 2003), while Boatler emphasized the need to cope in a "healthy, adaptive way" (p. 53; adapted from Foy et al., 1993). Firehammer (2001) presented the only original definition of resilience and defined it as the "capacity to cope with rape" (p.114).

The final theme that emerged in the articles (n = 3) stated that resilience derives from physical and emotional attributes, as well as environmental factors (Bowland, 2015; Fedina et al., 2021; Frey, 2018). For example, Fedina and colleagues (2021, p.4) defined resilience as "a modifiable state, where various cognitive, environmental, and cultural factors contribute to and increase a person's resilience and resistance to illness despite encounters with stressful or adverse events" (derived from Bonanno & Mancini, 2008; Tummala-Narra, 2007). Also notable regarding Fedina's definition is the inclusion of culture as an attribute with impacts on resilience. From Masten's (2001) definition, Frey (2018) also identified support systems as an important factor in promoting resilience.

Measurements of Resilience

Of the 15 reviewed articles, a measurement of resilience was used in seven of them (Catabay et al., 2019; Combs, 2016; Fedina et al., 2021; Fergerson & Brausch, 2022; Frey, 2018; Hamrick & Owens, 2021; Hirai et al., 2020). Three of the other articles measured resilience using proxies of resilience, such as mapping trajectories of PTSD symptoms over time (Firehammer, 2001; Steenkamp, 2011; Steenkamp et al., 2012).

The most common assessment tool was the Connor-Davidson Resilience Scale (CD-RISC; Connor & Davison,

Table 1 Summary of Methodology and Sample Demographics of Articles in Scoping Review

Author, year	Study design	Study purpose	n	Type of sample	Geographic location	Age of participants	Participants' race / ethnicity	Participants' sexual orientation
Boatler, 2001[a]	Quantitative	To evaluate a theoretical model of PTSD through structural equation modeling	202	Community	North Texas	18–66	63% White, 10% Black, 13% Hispanic, 1% Asian, 3% Other	95% Heterosexual, 4% Bisexual, 1% Lesbian
Bowland, 2015[b]	Qualitative	To explore the life histories and coping resources of Black women who were trauma survivors	29	Community	City in United States	49–77	100% Black	Not reported
Catabay et al., 2019	Quantitative	To examine the association between stress and mental health issues, and to examine resilience and social support as potential mediators for this association	310	Clinical	Baltimore, Maryland	18–44	100% Black	Not reported
Close, 2013[a]	Quantitative	To examine a relationship between indicators of mental health selfcompassion	141	Community and clinical	North America	18–61	48.9% Euro-Canadian, 7.1% Asian-Canadian, 4.3% Caribbean-Canadian, 3.5% Métis, 2.8% First-Nations, 2.8% Indo-Canadian, 2.8% Hispanic, 2.1% African-Canadian, 30.5% Other	Not reported
Combs, 2016[a]	Quantitative	To examine the stressors faced by women in the military, examine mental health symptoms, and test the role of protective factors as mediators for these stressors on mental functioning	116	Military	United States	21–81	71.6% White, 11.2% Black, 4.3% Hispanic, 3.4% Asian, 5.2% Other, 4.3% No response	Not reported

Table 1 (continued)

Author, year	Study design	Study purpose	n	Type of sample	Geographic location	Age of participants	Participants' race / ethnicity	Participants' sexual orientation
Fedina, et al., 2021	Quantitative	To examine whether the association between interpersonal violence and mental health symptoms are moderated by resilience	932	Online	Baltimore, New York City, Philadelphia, Washington, D.C	18–84	55.5% White, 32.6% Black, 10.9% Hispanic, 5.6% Other	89.3% Heterosexual, 10.7% Lesbian, gay, or bisexual
Fergerson et al., 2022	Quantitative	To assess the mediating effect of resilience on the association between PTSD symptoms and disordered eating	312	University	United States	18–25	81.4% White, 9.9% Black, 2.9% multi-ethnic, 3.5% Hispanic, 1.6% Asian, 0.6% Other	77.9% Heterosexual, 15.7% Bisexual, 2.2% Homosexual, 3.2% Other
Firehammer, 2001[a]	Quantitative	To use Taylor's model of naturally occurring coping responses to examine resilience in women survivors of SA	88	Community and online sample	United States	18–56	89% White, 11% Multi-Racial	77.01% Heterosexual, 14.94 Bisexual, 8.05% Lesbian
Frey, 2018[a]	Qualitative	To examine the factors that support women survivors of military SA	11	Military/United States		18–56	82% White, 9% Hispanic, 9% Multiracial	72.7% Heterosexual, 9.0% Bisexual, 18.2% Lesbian
Hamrick et al., 2021	Quantitative	To examine whether post-SA internal processes were associated with resilience and distress	253	Online/United States		18–71	85% White, 8% Hispanic, 5% Multiracial/Other, 1% Asian/Pacific Islander, 1% Native American/First Nations/Native Alaskan, 1% Black	Not reported

Table 1 (continued)

Author, year	Study design	Study purpose	n	Type of sample	Geographic location	Age of participants	Participants' race / ethnicity	Participants' sexual orientation
Hirai et al., 2020[b]	Quantitative	To examine how resilience and coping serially mediated the association between perceived social support and severity of PTSD symptoms	255 (106 ASA only)	University/United States		18–41	42.7% White, 41.6% Hispanic, 8.2% Black, 3.5% Asian, 0.4% Native American, .4% Pacific Islander, 3.1% Mixed Race	Not reported
Murphy-Oikonen et al., 2021	Qualitative	To examine the experiences of Indigenous women who reported their SA to the police and were not believed	11	Secondary data analysis		36.4% 24–34; 45.5% 35–44; 18.2% 45–54	100% Indigenous	Not reported
Olson, 2015[a]	Qualitative	To explore how women understand the impact of their SA experiences, as well as the process of positive adaption	12	Community		19–61	41.7% White, 33.3% Multiracial, 8.3% Taiwanese American, 8.3% Japanese American, 8.3% Chinese	75% Heterosexual, 25% Bisexual
Steenkamp, 2011	Quantitative	To examine trajectories of PTSD symptoms, including a resilience trajectory	126	Online		18 +	62% White, 21% Black, 10% Hispanic, 6% Asian American	93% Heterosexual, 11% bisexual, 6% homosexual
Steenkamp et al., 2012	Quantitative	To examine trajectories of PTSD symptoms after SA	119	Online		18–65	63% White, 20% Black, 8% Hispanic, 6% Asian American	85% Heterosexual, 10% Bisexual, 5% Homosexual

[a]Denotes dissertation

[b]Denotes that sample characteristics are a mixture of CSA and adult SA survivors

Table 2 Works Cited for Definitions of Resilience

Author, year	Was resilience defined?	Works cited to define resilience
Boatler, 2001	Yes	Foy et al. (1993)
Bowland, 2015	Yes	Bronfenbrenner (1989); Connor and Davidson (2003); Luthar et al. (2000); Windle (2011)
Catabay et al., 2019	Yes	Southwick et al. (2014)
Close, 2013	No	N/A
Combs, 2016	Yes	Bonanno (2004); Masten (2001)
Fedina et al., 2021	Yes	Bonanno and Mancini (2008); Tummala-Narra (2007)
Fergerson and Brausch, 2022	Yes	Smith et al. (2008)
Firehammer, 2001	Yes	Included a definition of resilience original to the article
Frey, 2018	Yes	Masten (2001)
Hamrick and Owens, 2021	Yes	Agaibi and Wilson (2005); Connor and Davidson (2003); Bonanno et al. (2011); Windle (2011)
Hirai et al., 2020	Yes	Carver (1998)
Murphy-Oikonen et al., 2021	No	N/A
Olson, 2015	Yes	Bonanno (2004); Dutton and Greene (2010); Lepore and Revenson (2006); Masten and Wright (2010)
Steenkamp, 2011	Yes	Bonanno (2004)
Steenkamp et al., 2012	Yes	Bonanno (2004)

2003). The full scale was used by three articles (Combs, 2016; Frey, 2018; Hirai et al., 2020). This scale yielded a Cronbach's alpha of 0.89 for a general population (Connor & Davidson, 2003). When assessed in the articles included in this scoping review, the Cronbach's alpha ranged from 0.93 to 0.94 (Hirai et al., 2020). Two other articles used a revised, 10-item version of the CD-RISC (CD-RISC-10; Campbell-Sills & Stein, 2007; Catabay et al., 2019; Hamrick & Owens, 2021). The scale had high internal reliability in these articles, with Cronbach's alpha ranging from 0.89 (Hamrick & Owens, 2021) to 0.93 for women exposed to trauma (Catabay et al., 2019).

In addition to the CD-RISC, Combs (2016) used the Deployment Risk and Resilience Inventory (DRRI-2; Vogt et al., 2013). For this scale, the Cronbach's alpha is 0.92 for service members and veterans. The two other articles used the Brief Resilience Scale (BRS; Fergerson & Brausch, 2022; Fedina et al., 2021; Smith et al., 2008). Initial analysis of this scale's psychometric properties revealed a high internal consistency reliability, as the Cronbach's alpha ranged from 0.80 to 0.91 (Smith et al., 2008). Studies in this review had similar findings, with Cronbach's alpha ranging from 0.83 (Fergerson & Brausch, 2022) to 0.85 (Fedina et al., 2021).

Correlates of Resilience

All the reviewed studies included findings that explicitly linked SV to the concept of resilience. While many of these studies featured a multitude of rich findings, we only extracted the correlates that linked SV to resilience.

These findings can be categorized into two primary themes: internal processes and external processes of resilience. The subsequent themes are organized by their frequency in the literature.

Internal Processes

Mental health outcomes/PTSD-related outcomes The most salient correlates of resilience were related to mental health outcomes (Catabay et al., 2019; Comb, 2016; Firehammer, 2001; Fergerson & Brausch, 2022; Hirai et al., 2020, Steenkamp, 2011; Steenkamp et al., 2012). Overall, resilience was found to be associated with better mental health outcomes in women who experienced SV (Catabay et al., 2019; Combs, 2016). In particular, PTSD symptoms were commonly considered in relation to resilience (Hirai et al., 2020; Steenkamp, 2011; Steenkamp et al., 2012). In both Steenkamp articles, trajectories of PTSD were used to determine whether resilience was the modal course of adaption for women survivors of SV. According to Steenkamp (2011), a resilience trajectory was conceptualized as having the initial lowest level of PTSD followed by consistent declines. This was the second most common trajectory, with 29% of participants following it (Steenkamp, 2011). Based on participant's PTSD symptoms, Steenkamp and colleagues (2012) reported that resilience trajectories were not observed.

Compassion/lack of compassion for self Two articles considered the role that harboring self-compassion had on resilience (Close, 2013; Hamrick & Owens, 2021). The more

self-compassion a person has, the higher levels of resilience they report (Close, 2013; Hamrick & Owens, 2021).

Survival In two of the reviewed articles, survival played a key role in how participants viewed their resilience in the aftermath of SV promoting feelings of strength (Murphy-Oikonen et al., 2021; Olson, 2015). Mental health nor spirituality was specified; however, "strength" could refer to their internal strength increasing or the victim surviving the assault.

Spirituality In one article, women survivors of sexual military trauma discussed the important impact of spirituality on their levels of resilience (Frey, 2018). Using the CD-RISC scale, half of the women in this sample endorsed religiosity and/or spirituality.

External Processes

Previous experiences of victimization Participant's prior victimization had impacts on their degree of resilience. Overall, Fedina and colleagues (2021) find that resilience was lower in those who reported nonpartner SV compared to those who had not experienced nonpartner SV. However, findings conflicted regarding how previous experience of trauma influenced resilience for SV survivors. While Olson (2015) described participants as having increased resilience due to previous trauma, Boatler (2001) found that multiple trauma experiences created more vulnerability rather than resilience.

Social support Three studies considered the role of social support on resilience (Bowland, 2015; Fedina et al., 2021; Frey, 2018; Hirai et al., 2020). Women who reported SV had lower resilience and lower social network scores than those who did not experience SV (Fedina et al., 2021). For adult SV survivors, resilience and perceived social support is significantly negatively correlated with symptoms or post-traumatic stress (Hirai et al., 2020). In qualitative works, participants discussed reaching out others as a form of promoting their resilience (Bowland, 2015; Frey, 2018).

Interventions to promote resilience

In the 15 studies included in this scoping review, interventions to promote resilience were neither included nor proposed.

Discussion

The purpose of the present scoping review was to understand how resilience in the context of SV is operationalized in the literature to inform a more consistent approach to operationalization and assessment of this construct to inform prevention and intervention efforts. Similar to literature on resilience in regard to other types of experiences, we found that there was no universal definition or consensus regarding the definition of resilience after SV, that limits how resilience is measured and what we can glean from studies on the correlates of resilience in the context of sexual assault. With the development of a concise definition and an improved measurement of resilience, researchers will be able to center the diversity of survivor experiences and inform future interventions to promote resilience among survivors of SV.

With regard to defining resilience, many of the studies summarized in our review conceptualized resilience as returning to or never leaving a baseline functioning, or otherwise "bouncing back." This implies that survivors should maintain or quickly return to a state of being "normal." This conceptualization is limiting as "normal" is often centered in hegemonic power structures, such as Whiteness, and is potentially ableist, disregarding what survivors, themselves, identify as important outcomes after sexual assault (Anderson, 2019; Luthar et al., 2000; McCauley, et al., 2019; Ungar, 2013). Aligning with research on post-traumatic growth, the focus should be on creating a new normal instead, one that accounts for the occurrence of SV and the capacity that individuals have to cope in the aftermath of violence victimization. Drawing from social epidemiologic theories, and specifically the concept of embodiment, SV "gets under the skin" resulting in very real physiological changes (Krieger, 2005; van der Kolk, 2014). Thus, it is unlikely for SV survivors to return to a state of "normal," assuming this refers to how they functioned prior to the traumatic event. Indeed, rather than returning to "normal," it is instead recognizing that SV survivors develop a new sense of self, which realistically will be different than how they previously defined themselves prior to the assault (Draucker et al., 2009; Duma, et al., 2007a, 2007b). Furthermore, the definitions of resilience also emphasized adapting positively to adversity. This is perhaps not inherently harmful; however, it must be recognized that healing exists on a continuum of emotions that can fluctuate from day to day (Sinko et al., 2020). This perspective acknowledges the individualistic process of healing that survivors undergo after SV rather than expecting them to conform to a single trajectory of resilience. Rather than "bouncing back," then, survivors should be allowed the freedom to redefine normal and heal in a process that is as linear or nonlinear to fit their individual needs.

Moreover, definitions of resilience must be culturally sensitive. Normative beliefs of resilience are centered in White, cisgender, hegemonic norms (Anderson, 2019; Park et al., 2020). Instead, we should create spaces for people to find resilience. Despite an influx of SV literature featuring college samples, the articles in this scoping review are unique in that they encompassed a large variety of ages.

The youngest participants within the studies reviewed were 18, while the oldest participants were in their eighties. It is important, then, to understand how the participants' ages affect their trajectories of resilience. Research on adults aged 50 and older shows that older age is associated with increased resilience (Hildon et al., 2010; Jeste et al., 2013; Netuveli et al., 2008; Scali et al., 2012). Greater resilience in older adults is found to be supported by more adaptive coping styles (Golant, 2015; Martin et al., 2015; Wu et al., 2013), positive emotions (Smith & Hollinger-Smith, 2015), and social support and community involvement (Gooding, et al., 2012; Lamond et al., 2008; Netuveli, et al., 2008).

Another essential component when considering resilience is the survivor's race and culture. However, as the SV literature is rooted in White women's experience (McCauley et al., 2019), so too is the resilience literature, with very few exceptions. This is problematic for a variety of reasons, not the least being that culture and context shape resilience (Ungar, 2013). Promisingly, an article included in this scoping review centered on the experiences of Indigenous women who survived SV (Murphy-Oikonen et al., 2021). Indigenous people harbor historical trauma from colonization, which causes additional stress among other adverse health outcomes (Hartmann et al., 2019). The oppression of their identity forces them to display resilience daily, as opposed to White people who do not suffer from intergenerational trauma. Moreover, Indgienous women suffer from the highest rates of SV in the United States (Eichenberg, 2014). Their expreiences with colonization and racism further deter their experiences with seeking justice for their assault (Bubar, 2009). These added stressors need to be considered when conceptualizing resilience in this community.

Black people in North America are another oppressed community minimally included in the SV and resilience literature. In this scoping review, Catabay and collegues's 2019 article and Bowland's, 2015 article specifically focused on Black people in regard to their experiences with SV and resilience. Black people endure systematic and cultural forms of racism that force them to display identity-based resilience (Anderson, 2019). Like Indigenous people, they also suffer from historical trauma due to living in a country that has a long history of dehumanizing their existence (Sotero, 2006). This persistent exposure to racism causes Black people to be particularly vulnerable to all forms of violence victimization (Santilli et al., 2017; Voisin et al., 2015). Despite their increased exposure to violence, the Black communtiy harbors high resilience (Cunningham & Swanson, 2010; Francois et al., 2011). The way in which Black people perceive their experiences and cope with adversity has important implications for their resilience (Anderson, 2019). Black adolescents, in particular, have a buffering effect against violence when they have a firm racial identity (Cunningham et al., 2018).

Overall, it is vital for researchers to understand that people belonging to racial minorities will have different experiences and interpretations of resilience than their White counterparts. Moreover, resilience as it is currently understood often has deleterious impacts on racial minroities and other marginalized people. Indeed, traditional frameworks of resilience are particularly harmful for Black girls, because they promote unfair expectations. Black girls and women are expected to be more resilient than other populations and this becomes a basis for survivial (Abrams et al., 2014). Furthemore, the adaptive behaviors that have been historically defined as resilient, such as persistence, have negative impacts on marginalized people. For example, margianlized comumuntiies, including Black people in particular, who are charazterized as resilient, often experience severe deterirooation in their physical health (Brody et al., 2013, 2016; Harrison, 2013). Rather than expecting marginalized people to be resilient, research and practice should focus on dismantling the social inequities and oppression that allow trauma and violence to continuously occur in these communities.

As for the measurements of resilience, CD-RISC and its variations were the most prominently used to measure for assessing resilience. It is important to note that this scale was created for men and women with PTSD, but not specifically for SV survivors. While a global marker is certainly helpful, it might not capture the nuanced experiences of resilience after sexual trauma. There are other limitations of CD-RISC. Example items include, "under pressure, I stay focused and think clearly" and "I am able to handle unpleasant or painful feelings like sadness, fear, and anger" (Connor & Davidson, 2003). Both of these items are vague and do not necessarily indicate any healthy form of coping. For instance, the first item is very dependent on what the pressure stimulus referred to is, considering it is difficult to stay focused and think clearly in a triggering situation. Indeed, a situation that has a SV survivor feeling "under pressure" could be a situation that reminds them of their trauma, regardless of whether they are actually under threat in that moment. A stimulus that serves as a trauma reminder for survivors triggers the fear circuitry in the brain (Moser et al., 2015; Rothbaum & Mellman, 2001). There are notable impacts on SV survivors when trauma impairs their normal hippocampal functioning, such as their memories being implicity stored and activated from sensory stimuli (van der Kolk, 2014). When triggered, this stimuli causes the survivor to experience the psychological and physical responses that also occurred during their assault. These responses are meant to be adaptive and protective; however, they also cause stress hormones that takes a signigicant toil on the survivor's body (van der Kolk, 2014). Furthermore, sexual assault has more prominent instances of activated trauma reminders than other forms of trauma (Gola et al., 2012). In other words, SV survivors can literally be retraumatized when triggered

from a trauma reminder, and as such, we should refrain from expecting the manifestion of their resilience to be immune from such biological reactions.

While CD-RISC was the primary assessment of resilience in the reviewed studies, additional scales were included that come with similar limitations. For example, the Brief Resilience Scale, created by Smith and colleagues (2008), also features an item, "I tend to take a long time to get over my setbacks in life," that assumes recovery and resilience is a linear process. This is problematic, because trauma recovery should never be assumed to be a linear process. Rather, it can be re-triggered at any point, which is not a sign of regression or lack of progress. Indeed, research shows that recovery from SV exists as a continuum of moments defined by positive (e.g., healing) and conflicting (e.g., guilt) emotions that occur nonlinearly (Dos Reis et al., 2017; Sinko et al., 2020).

Definitions and measurement of resilience are also important to understand how to *promote* resilience among (i.e. develop interventions for) survivors of sexual violence. As previously stated, the correlates of resilience are dependent on the definition and measures of resilience used. In the studies included in this review, mental health was the most salient outcome that was considered for SV survivors. However, SV has impacts that expand far beyond poor mental health outcomes, such as additional impacts on education and professional achievements. To date, the main findings regarding educational outcomes focus on adolescent dating violence, that has shown that exposure to abusive relationships results in decreased rates of high school graduation. This, then, negatively effects a survivor's chances of pursing a degree in higher education (Adams et al., 2013). Survivors of abuse, as a result, have lower incomes than their counterparts (Adams et al., 2013), and they are also less likely to be employed five years after the abuse has occurred (Lindhorst et al., 2007). Future research should therefore consider associated additional deleterious outcomes when studying resilience related to SV survivors, because there is the large potential that more than their mental health is being impacted.

Limitations

This scoping review must be considered within the context of its limitations. First, our inclusion criteria only qualified studies within North America for assessment within this review. The decision to exclude other geographic locations was made in order to offer more concise and culturally relevant insights about resilience in SV survivors. As discussed extensively in this review, resilience is shaped by cultures and experiences; thus, it was necessary to narrow our consideration to a single geographical location, which in itself boasts various cultures. Secondly, our review only included studies written in the English language, possibly causing

other relevant studies to be overlooked. Finally, this scoping review encompassed articles published in 2001 from 2022. This is a large time frame, and the historical context may have, and likely did, shift what resilience looks like over time. In other words, the cultural contexts are different in the present day than they were twenty years ago. For instance, the #MeToo movement is a recent social media campaign that has shed new light on sexual assault and has perhaps impacted how survivors experience resilience.

Implications

To our knowledge, this scoping review is the first to synthesize the current body of literature on women's experiences of resilience within the context of SV. In addition to offering a synthesis of available literature, we offer a definition of resilience for use in future work with survivors of SV. Specifically, resilience is a dynamic, nonlinear process that occurs continuously after SV has been experienced. It refers to the capacity to cope and adapt to life after SV in ways that are culturally sensitive and guided by the survivor's own preferences and desired outcomes. Overall, resilience is a living, breathing, moving concept that can shift in how and where in the social ecology, it manifests over time.

Our revised definition has implications for future theoretical concepts and practices. The overall aim of this definition is to encourage future studies built on resilience to be informed by survivors' voices. Indeed, a key component of our definition is that resilience will manifest differently for each survivor. Therefore, in future work, this definition should guide researchers and practitioners in exploring each survivors' own conceptualizations of resilience, including how they measure their individual progress. However, it is still imperative to have an inclusive, universal definition for well-known concepts, such as resilience, because it provides clarity for researchers and practitioners regarding the meaning and implications of the word (Auburn et al., 2016).

In this scoping review, none of the studies included interventions aimed at SV survivors that were built on resilience. Other scholars have also noted that there is a dearth in interventions for survivors that promote resilience (Anderson et al, 2022; Herman et al., 2011). This is a notable gap in the literature that future researchers should address by implementing these prevention and intervention efforts. Furthermore, despite the high frequency of SV survivors experiencing revictimization (Boskovic & Gordana, 2022; Wager et al., 2021), there is also a dearth of knowledge regarding how resilience can impact revictimization. The research on the revictimization of IPV survivors has long identified resilience as an area where further investigation is needed (Kuijpers et al., 2011). Of particular importance is the high revictimization that occurs in the criminal justice system and social and health care systems. When seeking

formal help, survivors report that medical professionals and law enforcement often subject them to victim-blaming, which elevates their feelings of distress and deters them from seeking additional help (Campbell & Raja, 2005; Campbell et al., 1999; Konradi, 2007; Logan et al., 2005). Therefore, future prevention efforts built on resilience should address revictimization, especially as it occurs within these formal systems. Indeed, resilience has been an important factor in other trauma-focused interventions (Reyes et al., 2018). As previously discussed, however, research regarding resilience must shift away from focusing solely on the individualistic experiences of resilience and instead focus on dismantling the social inequities that allow violence to occur. In other words, resilience should be promoted, while researchers and practitioners strive to change the environments that require people to be resilient.

Future research can also benefit from our review and critique of current measures of resilience. In light of our findings, we are calling for new ways to measure resilience that are more survivor focused and dynamic, reflecting by our expanded definition. Finally, the overarching aim of this review is to urge other scholars and researchers to involve SV survivors in their research and measurement studies beyond the scope of participation. SV survivors have valuable voices that deserve to be driving our research.

Declarations

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The asterisk indicates that the particular article was one of the articles included in the scoping review

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