The Role of Coping Self-Efficacy, Coping Strategies, and Resiliency Following Sexual Assault

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The Role of Coping Self-Efficacy, Coping Strategies, and Resiliency Following Sexual Assault

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A dissertation submitted in partial fulfillment
of the requirements for the degree of
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2022
DEDICATION

For Bella.
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ABSTRACT

Lauren Hirsch

342 words

Sexual assault is a pervasive problem in the United States that affects people of all genders and sexualities. Due to fears of negative consequences, many victims of sexual assault do not legally prosecute the perpetrator. Those who do risk experiencing secondary victimization. The use of legal advocates during prosecution can help to guide individuals through the legal process and add a layer of social support that can minimize feelings of secondary victimization and help increase resilience in the victims. In this dissertation I examined a model predicting resilience from coping self-efficacy, mediated by four coping strategies. Participants were at least 18 years old and were clients of a local legal advocacy clinic ($N = 136$) following an experience with sexual assault. Results indicated that roughly 40% of the variance in resilience was accounted for by the model of coping self-efficacy through the four coping strategies on resilience. Only one indirect effect (coping self-efficacy to resilience through problem focused engagement) was statistically significant ($B = 0.069$, 95% CI[0.013, 0.140]). The remaining variables in the mediator role resulted in were non-significant indirect effects. These included problem-focused disengagement ($B = 0.019$, 95% CI[-0.054, 0.002]), emotion-focused engagement ($B = -0.019$, 95% CI[-0.022, 0.060]) and emotion-focused disengagement ($B = -0.007$, 95% CI [-0.072, 0.051]). The direct effect was statistically significant between coping self-efficacy and resilience ($B = 0.408$, $p < 0.000$, 95% CI [0.277, 0.540]). Results suggested that coping strategies did not significantly impact the level of resilience appraisals the victims had. That is, if the victims believed that they could cope with the process (i.e., high coping self-efficacy), they had higher resilience appraisals. This result could be due to assessing these variables at the beginning of
legal advocacy, when participants could be realizing their current coping strategies may not be functioning as efficiently as they’d like, thus initiating legal advocacy services where they can receive support and resources for prosecution. Future research would benefit from assessing these variables throughout the legal process and how it may change once prosecution begins and following the verdict.
CHAPTER I

Introduction and Literature Review

Sexual assault in the United States is one of the more commonly experienced crimes that impacts people of all genders and sexualities. According to the National Sexual Violence Resource Center (NSVRC, 2018), roughly 18.3% of women and 1.4% of men in the United States will experience sexual assault at some point in their lives (Black et al., 2011). In 2018 alone, an estimated 734,630 individuals experienced threatened, attempted, or completed sexual assault (Morgan & Oudekerk, 2019). Despite this large number, police reports for sexual assaults have been decreasing, with roughly 40% of sexual assaults being reported in 2017 and 25% of sexual assaults reported in 2018 (Morgan & Oudekerk, 2019). This is likely due to the negative consequences from the assault, such as feelings of guilt, depression, and distrust of others, as well as the inherent difficulties related to the legal system (Campbell, 2006). Research has shown that post-assault contact with the legal system can contribute to secondary victimization, or negative victim-blaming attitudes from community resources, such that individuals are less motivated to make a report (Campbell, 2006).

One avenue for reducing the likelihood of secondary victimization is to utilize a sexual assault legal advocacy agency. Agencies that specialize in legal advocacy help to reduce victim’s distress when they interact with legal and medical systems. Legal advocates provide resources such as counseling and housing and guide victims through the legal process if they decide to report the assault (Bell & Goodman, 2001; Campbell, 2006).
Legal advocates also provide emotional support throughout the process. Bell and Goodman (2001) reported that individuals experience emotional support when someone is concerned for their safety and well-being such that they feel they do not need to cope with their experience alone. The researchers posited that this can be more important for individuals who do not have support networks or those whose relationships have been altered due to the assault. Campbell et al. (2001) found that many individuals who have experienced sexual assault have been denied help by their communities and feel blamed or were questioned about their role in the assault. Thus, when these individuals present to law enforcement or medical professionals, they place trust in these systems to help them (Campbell et al., 2001). By utilizing legal advocates, individuals may perceive an increase in social support and decrease in secondary victimization (Campbell, 2006); this could lead to an effect on an individual’s coping self-efficacy and resiliency.

The purpose of this study is to investigate the relationship between resilience, coping strategies, and coping self-efficacy of individuals who have experienced sexual assault and sought services at a local legal advocacy agency.

**Sexual Assault**

The World Health Organization defines sexual violence as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” (WHO, n.d., p. 149). Within this dissertation, the term sexual assault will be used to encompass both sexual violence and sexual assault. According to the National Intimate Partner and Sexual Violence Survey (CDC, 2015), roughly 21.3% of
women and 2.6% of men in the US have experienced a completed or an attempted sexual assault in their lifetime (Smith et al., 2018). Of these individuals, roughly 70-80% reported that their first experience occurred prior to age 25 (CDC, 2015). Because of the negative emotions associated with sexual assault, such as shame, feelings of guilt, and/or worries about others’ perceptions of them, sexual assault incidents are often underreported, with only 65% of sexual assaults in the US being reported from 2006 to 2010 (Langton et al., 2012). As such, many individuals seeking help post-assault, whether it be within the legal system, medical system, or their support system, see both short-term and long-term changes to their mental health and their ability to utilize coping strategies (Crome & McCabe, 1995; Morrison et al., 2007). Not only is the process of reporting and prosecuting sexual assault mentally taxing, but it can also lead to substantial financial costs (Mayhew & Adkins, 2003). Therefore, having agencies that can help individuals navigate these post-assault occurrences can greatly fulfill a need within this population.

By utilizing legal advocacy or support services to help navigate the process of reporting sexual assault, individuals can see improvements in social support, effectiveness in obtaining resources (i.e., housing, therapy, legal support), and lower instances of mental health concerns such as depression and anxiety (Bell & Goodman, 2001).

*Sexual Assault Legal Advocacy*

Legal advocacy is “the act of pleading for or arguing in favor of something or actively supporting a cause of proposal” (US Legal, n.d., n.p.). Legal advocates help to guide and support an individual through various legal processes. The goals of the legal
advocate are to help individuals process their post-assault experience, help reduce secondary victimization, navigate the legal process, and connect them with various resources like housing and individual counseling (Campbell, 2006). The development and implementation of community-based rape crisis centers and legal advocate services began following the feminist social movement in the 1970s (Campbell, 2006). Over time, local and federal laws have increased resources and funds available for sexual assault services. Of these changes, the most beneficial was the passage of the 1991 Violence Against Women Act, which increased federal funds available to help individuals utilize law enforcement and prosecution resources (Bell & Goodman, 2001). One such agency that supports individuals who have experienced domestic violence and/or sexual assault is the King County Sexual Assault Resource Center (KCSARC) located in King County, Washington.

The King County Sexual Assault Resource Center was founded in 1976, during the height of the feminist movement, to respond to sexual assaults across King County (KCSARC, n.d.-b). Over time, KCSARC expanded to include multilingual services, youth programs, legal advocacy services and resources, outreach programs, and trauma-informed classrooms that help work with educators to identify and respond to sexual assault (KCSARC, n.d.-b.). On average, the majority of KCSARC’s clients are females under the age of 18 (KCSARC, 2015); most of these individuals come from low socioeconomic status (SES) backgrounds (KCSARC, 2015). In 2018, KCSARC provided legal advocacy services to 2,287 individuals and their families, and on average provides 90% of the sexual assault legal advocacy in King County, Washington (KCSARC, n.d.-a). In the wake of the #MeToo movement, KCSARC saw a 19% increase in service
demand compared to the previous year (KCSARC, n.d.-b.). As such, the need for a comprehensive agency to not only offer services but also help alleviate the stress of coming forward increased following this movement.

Agencies like KCSARC can not only help individuals with navigating the legal system and offering supplementary social support, but by also offering additional resources that client’s may not be able to access on their own. KCSARC legal advocates describe the criminal justice system and what to expect, attend interviews alongside the client, help to obtain protective orders, aid in preparation for trial and other criminal proceedings, provide access to resources such as housing and counseling, and support the client throughout the legal process (KCSARC, n.d.-a). Their legal advocacy program is one of the largest sexual assault advocacy programs in the United States and offers services in English and Spanish, free of charge (KCSARC, n.d.-a). Because prosecuting a sexual assault can be complex, stressful, and costly, the services KCSARC offer help to reduce the impact these factors have on the individual who is simultaneously processing the aftermath of their assault.

**Coping and Stress**

Many theories on stress have been developed over the years. In the late 17th century, Robert Hooke, a physicist and biologist, described stress by analyzing man-made structures such as bridges and how they resisted collapse (Lazarus, 2006). He described three concepts: load, stress, and strain. Load referred to external forces affecting the structure, stress referred to the areas in which load was applied, and strain referred to the changes in the structure that resulted from the dynamic between load and stress (Lazarus, 2006, p. 31). This more fundamental and physical focus on stress influenced later
descriptions of stress as related not only to physical aspects of stress, but also psychological. In the 20th century, load became more broadly understood as a stimulus related to external stressors, whereas strain was related to the stress response (Lazarus, 2006).

These two theories continued to influence research regarding stress. In 1974, Hans Selye, a physiologist, posited that stress consisted of two subtypes: distress and eustress (Lazarus, 2006). Selye described distress generally as a damaging type of stress that negatively impacts one’s health whereas eustress was defined as being focused on positive emotions and protective of health (Lazarus, 2006). This theory became widespread in its definition of stress, yet many researchers felt there was further room for improvement in understanding stress and its various factors.

Using both these theories as a basis, Lazarus (1966) argued that there were three distinct types of psychological stress: harm/loss, threat, and challenge, and that these various types all warranted different appraisals and responses (Lazarus, 2006). He defined harm/loss as a negative experience that has already taken place, threat as something that has not yet occurred but is likely or possible to occur, and challenge as an experience in which obstacles occur but there is likelihood for them to be overcome leading to increased confidence (Lazarus, 2006, p. 32-33). Lazarus (2006) posited that coping is an important part of emotional arousal and stress responses. By separating coping and emotion, he theorized that this eliminates the complexity of processing stressful events, in that stress, emotion, and coping, come together in one cohesive concept (Lazarus, 2006).
It is from this presupposition that social cognitive processing theory (SCPT) originated. SCPT is a framework used to understand the relationship between an external social environment and how it affects psychological adjustment by looking at the impact that cognitive and emotional processing has on a stressor (Adams et al., 2017). Specifically, Adams and colleagues (2017) examined the impact of social constraints on cancer survivors’ use of coping strategies and reported that avoidant coping strategies were associated with more negative mental health outcomes that were associated with reduced coping self-efficacy. Thus, understanding the relationship between stress experiences and coping strategies can also reveal the impacts on self-efficacy, confidence, and resilience.

Frameworks of posttraumatic stress reactions are also important to consider in understanding how sexual assault experiences can impact coping self-efficacy, resilience, and coping strategies. Of the many people who experience traumatic events in their lifetimes, most do not develop severe stress reactions, or posttraumatic stress disorder (PTSD), following the trauma (Benight & Bandura, 2004). For one to fit a diagnosis of PTSD, they must experience symptoms from four categories following a traumatic event: (a) presence of intrusive symptoms, such as recurrent distressing dreams or memories of the traumatic event, (b) persistent avoidance of reminders of the trauma, (c) negative alterations in cognitions, such as changes in beliefs about themselves or the world, and (d) alterations in arousal associated with the trauma, such as hypervigilance, all occurring for at least one month (APA, 2013).

It is especially within traumatic experiences that people’s beliefs surrounding their ability to manage their stressors, functioning, and responses to situations that can
affect both their mental state and future confidence in their abilities (Benight & Bandura, 2004). These beliefs, termed self-efficacy, influence their vigilance towards stressful stimuli and their emotional and physical responses to them (Benight & Bandura, 2004; Lazarus & Folkman, 1984). Therefore, for the purpose of this dissertation, understanding the distinctions between coping self-efficacy, coping strategies, and resilience, is important in further exploring their relationship post sexual assault.

**Coping Self-Efficacy**

Individuals who experience sexual assault may be particularly prone to changes in their coping self-efficacy (Benight & Midboe, 2002). Coping self-efficacy is defined as “a belief in one’s ability to cope with posttraumatic stress demands” (Cieslak et al., 2008, p. 789). Higher coping self-efficacy helps to manage mental health symptoms following a traumatic event (Cieslak et al., 2008), and one’s level of coping self-efficacy can be influenced by factors such as access to resources, social support, and optimism surrounding their recovery from the traumatic event, which influences their likelihood of developing PTSD (Cieslak et al., 2008; DeCou et al., 2019). According to Foa and Rothbaum’s (1998) emotional processing theory, there are two categories of negative cognitions that are present in individuals with PTSD: (a) negative beliefs about the world and (b) negative beliefs about the self. A healthy sense of self-efficacy is important in maintaining healthy physical and psychological health and is thought of as “the foundation of human agency” (Benight & Bandura, 2004, p.1131). Self-efficacy beliefs impact not only one’s emotional and cognitive processes, but also one’s motivational and decisional processes, in that they influence the way individuals motivate themselves, respond to stress, deal with adverse experiences, and impacts decision making (Benight
& Bandura, 2004). Thus, self-efficacy is essential in the appraisal of stress reactions and the quality of coping responses in stressful and threatening situations (Bandura, 1997).

Returning to Lazarus’ (1966) theory of stress, specifically his focus on the stress subtype, threat, and its relation to coping self-efficacy, Benight and Bandura (2004) theorized that individuals who feel confident in their coping self-efficacy, and ability to navigate stressful and potentially threatening situations appraise the situation more benignly than those who have lower self-efficacy. Thus, those who have lower coping self-efficacy note increased distress and impairment in their functioning and ability to cope with the stressor (Benight & Bandura, 2004). Additionally, in cancer patients, greater social constraints are associated with lower coping self-efficacy due to decreased engagement in stressor/symptom management strategies (Adams et al., 2017). Thus, integrating Lazarus’s (1966) model with social cognitive processing theory (SCPT; Benight & Bandura, 2004), people are affected, and commonly enabled, by their social supports and environments when coping with stressful or traumatic experiences.

However, for individuals who have experienced traumatic experiences, being able to access and continue to build social supports and networks can be difficult. Social support is not formed in isolation, and thus people must continue to reach out, seek support, and build those relationships prior to, during, and following traumatic or stressful events (Benight & Bandura, 2004). Possessing and utilizing positive social relationships can help reduce stress and stress responses, reduce depression, and increase physical and mental health (Benight & Bandura, 2004). Further, those acting as supports for individuals who have gone through a traumatic experience can model positive coping
skills and continue to further engagement for that individual in both social and individual beneficial activities (Benight & Bandura, 2004).

Sexual assault adds an additional layer of complexity to the role of coping self-efficacy. Feelings of lack of control around sexual assault, often due to the intimate nature of the assault, can lead to an inability to cope with the experience after the traumatic event occurs (Benight & Bandura, 2004). One study examined the influence of the severity of the assault on the development of posttraumatic stress disorder, and how this affected the beliefs of the survivor of the assault. The researchers found that, although the severity of the assault had a significant part in the development of PTSD, it was the individual who experienced the assault’s beliefs surrounding their ability to cope and the perceived lack of control over their assault experience that contributed the most to their development of PTSD (Kushner et al., 1993). In a separate study, Lerner and Kennedy (2000) found that women who had higher coping self-efficacy were more likely to leave an abusive relationship and continue to live separately from the abusive partner (Lerner & Kennedy, 2000). Further, they found that higher self-efficacy allowed the women to focus more on problem-solving and that there was less of an emphasis on reducing emotional distress. Based on these findings, higher self-efficacy beliefs can help an individual focus on more problem-focused coping and less on avoidant coping strategies, increasing self-esteem and their belief in their ability to deal with stressors in the future (Benight & Midboe, 2002).

Coping self-efficacy perceptions account for roughly 8-27% of the variation in posttraumatic stress symptoms because of the influence on both their immediate reaction to the stressful event and the continued effect on an individual’s response style into the
future (Bosmans et al., 2015). Thus, coping self-efficacy beliefs affect both the initial appraisal of the traumatic event, and the secondary appraisal, where the individual assesses which coping strategies are available and will likely be beneficial in alleviating their distressing symptoms (Bosmans et al., 2015; Lazarus & Folkman, 1984).

**Coping Strategies**

Coping is the ability of an individual to effectively deal with a stressful or threatening event (Lazarus & Launier, 1978). Lazarus and Launier (1978) define coping within two concepts, (a) that coping is the response to either a real or imagined stressor, and (b) that it focuses on the strategies an individual uses to reduce the negative impact of the event. Many measures that examine coping strategies and the way individuals cope with various situations identify four strategies within two dimensions: (a) problem versus emotion-focused and (b) engagement versus disengagement (Addison et al., 2007; Speyer et al., 2016). Problem-focused coping is defined as managing a stressful situation through practical and concrete strategies whereas emotion-focused coping is regulating one’s emotions and responses to the stressful event (Speyer et al., 2016). Within the other dimension, an engagement strategy is directly taking actions that address the stressful symptoms; disengagement strategies are avoidant and individuals try to limit their exposure to the stressful symptoms or event reminders (Speyer et al., 2016).

One way researchers look at coping following a traumatic event is through post-traumatic growth (PTG), defined as “cognitive and behavioral changes that engage with adaptive resources of survivors” (Ersahin, 2020, p. 2). When a person experiences PTG they have a greater appreciation of life, a better sense of personal strength or connection to their support system, and an ability to focus more on priorities within their lives.
following a traumatic event (Ersahin, 2020). Individuals who experience PTG may see changes in their core-beliefs (e.g., having a more positive perspective) and utilization of current coping strategies (e.g., engaging in more healthy and balanced behaviors; Ersahin, 2020; Park, 2010). In a study examining the relationship between coping strategies, religion, and PTG in Syrian refugees, Ersahin (2020) found that those who expressed stronger religiosity, or belief in a higher power, reported greater PTG. In addition, he found that religion in general was more predictive PTG over general strength of religiosity, however, the author posited that this may be due to inconsistencies in the definition of religiosity (Ersahin, 2020). Thus, people who utilize coping strategies that are more engagement focused and rooted in social support or religion may see greater gains in PTG and decreased post-traumatic symptoms.

Another potential factor that can influence coping strategies is SES. Individuals who fall into a lower SES category are potentially exposed to a higher frequency of stressors in addition to the stressors being more severe and chronic because of their limited access to resources (Reife et al., 2019). Concomitantly, access to social support for low-SES individuals can be restricted because many of their peers are experiencing similar types of stressors (Reife et al., 2019). Understanding what types of coping strategies individuals from a lower SES utilize can be important in understanding what resources they would most benefit from, especially from a legal advocacy perspective.

**Resilience**

Resiliency has been variously defined by different researchers as the ability to adapt to stressful situations in a beneficial manner (Luthar, 2006) or the ability to return to baseline after the stressor (Bonanno, 2005; Garrido-Hernansaiz et al., 2020). Garrido-
Hernansáiz et al. (2020) argued that resilience is most accurately defined as an outcome measuring how successful an individual was at adapting to a stressor. In thinking of resilience as an outcome, it can be helpful to utilize degrees to determine the level of resilience a person has (Garrido-Hernansaiz et al., 2020). Using participants from the general population, cancer patients, HIV-infected individuals, and loved ones of those with cancer, Garrido-Hernansaiz and colleagues (2020) found that the various populations had similar levels of resilience, but the ways in which they used coping strategies were different. As well, they found that not only were the coping strategies different, but that the different coping strategies were associated with different degrees of resilience within each population (Garrido-Hernansaiz, 2020). For example, parents of children with cancer had higher resilience when utilizing positive thinking, in line with Lazarus and Folkman’s (1984) theory of coping (i.e., different strategies tend to be used depending on the type of stressor that is being experienced). These findings show that resilience not only differs based on population specifics and stressor types, but also in the way that people cope with those stressors.

Resilience is made up of both environmental factors and individual factors that influence an individual’s ability to weather a traumatic experience. Individual factors are commonly defined as beliefs, appraisals, and emotion regulation strategies whereas environmental factors are things such as SES and access to support systems (Ressel et al., 2018). Thus, resilience factors differ depending on the individual based on their unique internal factors and their environmental circumstances (Bogar & Hulse-Killacky, 2006). In a study examining resiliency in women who experienced childhood sexual abuse, Valentine and Feinauer (1993) found five determinants of resiliency, including being
interpersonally skilled, having high self-regard, belief in their competency, identifying as spiritual and/or religious, and experiencing helpful life circumstances. Furthermore, they identified four factors that helped develop resiliency in participants: (a) coping strategies, (b) focusing on moving forward, (c) active healing, and (d) ability to achieve closure (Valentine & Feinauer, 1993). Together, these determinant factors, in combination with the factors that help individuals develop resiliency, were found to be present at times of difficulty and opportunity (Bogar & Hulse-Killacky, 2006). Researchers noticed that as the participants had more exposure to stressful experiences, over time, these factors developed and they became more confident in their ability to respond to these events (Bogar & Hulse-Killacky, 2006). Based on these findings, resilience is not only a consideration in traumatic events, but also in positive opportunities, that can influence the development of resiliency over time.

One factor in the development and maintenance of resiliency that has been extensively researched is the influence of social support. Researchers investigating the role of social support on the development of PTSD in women who experienced sexual and/or physical assault (Glass et al., 2007) found that having more social support moderated the relationship between the number of traumas and PTSD symptoms, essentially acting as a buffer against the trauma experience (Glass et al., 2007). With these findings in mind, Bryant-Davis and colleagues (2011) posited that social support played such a key role because of the interpersonal nature of the traumatic experience so the ability to feel safe and supported helped diminish part of the violating experience.
Purpose of Dissertation

Given that sexual assault can influence mental health and knowing that mental health can influence coping self-efficacy, coping strategies, and resilience, it is important to understand the relationship between these three variables in the context of sexual assault legal advocacy (Cieslak et al., 2008; DeCou et al., 2019; Ersahin, 2020; Bogar & Hulse-Killacky, 2006). Past research has shown the significance of all three variables in the post-traumatic process (Adams et al., 2017; Benight & Bandura, 2004; Bosmans et al., 2015; Cieslak et al., 2008; Ressel et al., 2018; Bogar & Hulse-Killacky, 2006; Bryant-Davis, et al., 2011; Ersahin, 2020; Tilley et al., 2019; Roesch & Weiner, 2001). Thus, it appears that these are integral aspects of how an individual can cope with the sexual assault. However, very little research has examined the relationship between all three variables in the context of sexual assault.

In my dissertation, I propose to help fill this gap in the literature by investigating the relationship between resilience, coping strategies, and coping self-efficacy of individuals who have experienced sexual assault and sought services at a local legal advocacy agency. I will be looking at whether four different coping strategies mediate the relationship between coping self-efficacy and resilience in those presenting for legal advocacy services. The data that will be used for analysis is currently being collected as part of a larger program evaluation and partnership with KCSARC.
CHAPTER II

Method

Participant Characteristics

Participants were clients who received legal advocacy services offered by KCSARC between 2019 and 2021 ($N = 136$). Only participants who identified as over the age of 18 were included in the data analysis. Those under the age of 18 were not included in the analysis due to concerns about developmental stages and the effect these may have on the variables being studied.

Participants were predominantly cis-female (89.9%), with 5.1% identifying as cis-male and 2.9% identifying as other. Participants self-identified as 56.5% White, followed by 11.6% Hispanic or Latino, 10.9% as Asian, 8.0% as Mixed or Biracial, 7.2% as Black or of African descent, and 0.7% as American Indian or Native American. Additionally, 4.3% identified as “other.” Participants ages ranged from 18 to 67 ($M = 31.74, SD = 12.28$).

Most participants identified as heterosexual or straight (73.9%), 13.8% identified as bisexual, 2.2% identified as gay or lesbian, 2.2% preferred not to say, and 7.2% identified as “other.” Of the participants who identified as “other,” three identified as pansexual and two identified as biromantic asexual.

Roughly 79.7% of participants identified as the client receiving legal advocacy services from KCSARC and 18.1% identified as other, which included being the parent of the client or other family member. Other family members often would complete the measures for the client in cases such as the client finding the questions too triggering. This leads to a potential limitation, as it could impact the internal validity of the analyses.
when the measures are being answered by those other than the individual who experienced the sexual assault.

**Sampling Procedures and Survey Administration**

The current study was conducted in the context of a larger, longitudinal research project that consists of six measures to be completed at three separate time-points, intake, 3 months post-intake, and 6 months post-intake. An online Target gift card incentive ($5) at intake was offered. For this study, only the first time-point and three of the six measures was used for analysis. The decision to use a single timepoint was made for several reasons. First, there is a great deal of attrition across waves and, at this time, the sample size is insufficient for longitudinal modeling. Second, the cross-sectional timepoint does allow modeling of the relation between these variables as the client begins legal advocacy services. The survey was distributed and completed online via Qualtrics. Participant information was de-identified by the agency prior to being sent to the researchers for analysis.

**Sampling Size, Power, and Precision**

To achieve a power of 0.80 (α = 0.05) for a 0.15 effect, G*Power (Faul et al., 2009) was utilized to determine an appropriate a priori sample size of 68 for this study. The initial sample included 253 participants, however, once removing participants with extensive missing data and those younger than 18 years old, 136 participants remained.

**Measures**

**Coping Strategies.**

The Coping Strategies Inventory – Short Form (CSI-SF; Speyer et al., 2016) was adapted from the 16-item Coping Strategies Inventory that was developed by Addison et
al. (2007) which measures a person’s utilization of various coping strategies. The CSI-SF features four coping strategies within two dimensions within the 14-item inventory: problem-focused versus emotion-focused and engagement versus disengagement. An engagement strategy is described as actions that help an individual to confront their stressors, whereas disengagement strategies often are avoidant in nature. As well, problem-focused coping utilizes management of the stressor whereas emotion-focused coping focuses on the regulation of the individual’s emotional response to the stressor (Addison et al., 2007). Responses are provided on a 5-point Likert scale, ranging from 1 (never) to 5 (almost always). The total score is calculated by summing each of the four factors and averaging those scores by the number of items per subscale. A sample item from the problem-focused disengagement subscale is: “Hope the problem will take care of itself.” Instructions for scoring the CSI for this study were obtained from the Speyer and colleagues (2016) article, as the article by Addison and colleagues (2007) had the incorrect items listed under each subscale.

Cronbach’s alpha was assessed and showed that three of the four scales were internally consistent in English, French, and German, ranging from 0.56 to 0.80 (Speyer et al., 2016). A confirmatory factor analysis was also performed to determine goodness of fit for the items within the CSI-SF, which showed a CFI ≥ 0.90, GFI ≥ 0.90, and RMSEA ≤ 0.08 (Speyer et al., 2016). In the current study, the Cronbach alpha was assessed to be 0.71.

**Resilience Appraisals.**

The Resilience Appraisals Scale (RAS; Johnson et al., 2010) is a 12-item inventory that assesses a person’s resilience to stressful situations. The RAS has three,
four-item subscales that measure social support, emotion coping, and situation coping. The items are rated on a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The total score is calculated by the summation and then averaging of the items within each subscale. A confirmatory factor analysis was performed and indicated a chi-square that was non-significant, $\chi^2 (51, n = 118) = 55.12, p = 0.322$, and a CFI >0.95, indicating adequate fit (Johnson et al., 2010). Alpha coefficients were determined to be 0.88 for the overall scale, 0.92 for the situation coping subscale, 0.92 for the emotion coping subscale, and 0.93 for the social support subscale (Johnson et al., 2010). The Cronbach alpha for resilience appraisals within this study was determined to be 0.94.

**Sexual Assault Coping Self-Efficacy.**

The Sexual Assault Coping Self-Efficacy Measure (SACSEM; Gebregiorgis et al., 2021) was adapted from the 30-item Domestic Violence Coping Self-Efficacy Measure (DV-CSE; Benight et al., 2004) that assesses a person’s coping self-efficacy in relation to their domestic violence recovery. The original measure utilized a 100-point Likert scale ranging from 0 (not at all capable) to 100 (totally capable), with the total score being calculated by the summing of the ratings. The DV-CSE showed an internal consistency coefficient of .97.

Of the original 30 items, 19 were chosen to include themes that were based on information from the agency. Twelve items were modified by replacing “domestic violence” with “sexual assault”, “abuser” or “abuse” with “assailant” or “assault,” and deleting the phrases “since the most recent attack” and “since the latest assault.” The rating scale was also modified to a 5-point Likert scale, ranging from 1 (completely
incapable) to 5 (completely capable) in relation to their capability to manage situations following their sexual assault. Sample items include: “Dealing with nightmares/flashbacks concerning the assault” and “managing my feelings of guilt and self-blame about the assault” (Gebregiorgis et al., 2021). For coping self-efficacy, the Cronbach alpha in this study was assessed to be 0.97.

Research Design

Study Approval

The data used for this dissertation was part of a larger study that was approved by the Seattle Pacific University Institutional Review Board (IRB), #181908002R (expiration date 2/09/2022). The overall longitudinal project examined legal advocacy service satisfaction, social support, sexual assault coping self-efficacy, secondary victimization, coping strategies, and resilience over three time-points. For my dissertation, only sexual assault coping self-efficacy, coping strategies, and resilience measures from intake were used.

Data was analyzed utilizing a simple mediation analysis performed using SPSS and PROCESS. The outcome variable for analysis was resiliency, the predictor variable for the analysis was coping self-efficacy, and the mediator variable for analysis was coping strategies.
CHAPTER III

Results

Data Preparation and Missing Data

Data preparation was completed using IBM’s SPSS version 27.0. This dissertation included data only from the first wave of data from the larger KCSARC program evaluation project. The original data set consisted of 253 cases. One hundred percent of variables and 47.43% of cases had missing data; 60.6% of the values in the model had complete data. Cases were included in the multiple imputation if no more than 24% of the data was missing. One hundred and seventeen cases were dropped because they had more than 24% missing and/or included participants younger than 18, resulting in 136 cases.
being included in the final data set. A visual inspection of missing value patterns of all the data items indicated a haphazard pattern of missingness described by Enders (2010). This pattern was likely facilitated by the Qualtrics design. That is, measures were presented in random order to balance out missingness that could be caused by respondent fatigue. Another inspection of missingness was conducted on just the scored scales, which indicated that 45.06% of cases, 39.39% of values, and 100% of variables had missing data. To manage missing data, the available item analysis (AIA; Parent, 2013) strategy was used, which utilizes available data for analysis and excludes cases with missing data points only for analyses in which data points would be directly involved (i.e., pairwise deletion). AIA has been suggested as an alternative equivalent to multiple imputation across several variations of sample size, magnitude of associations among items, and degree of missingness (Parent, 2013).

Once missingness was managed, mean scores were calculated for each of the three measures, coping self-efficacy (SACSE), coping strategies (CSI), and resilience appraisals (RAS). The mean scores for these variables can be found in Table 1 below. These mean scores were then used to run the simple mediation model. As well, descriptive statistics were run for the demographic data of each participant. This data can be found below in Table 3.

Table 1
Descriptive Statistics and Correlations for Study Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. EFE</td>
<td>2.726</td>
<td>0.896</td>
<td>-</td>
<td>0.546**</td>
<td>-0.078</td>
<td>-0.098</td>
<td>0.224**</td>
<td>0.318**</td>
</tr>
<tr>
<td>2. PFE</td>
<td>3.388</td>
<td>0.872</td>
<td>0.546**</td>
<td>-</td>
<td>-0.035</td>
<td>-0.150</td>
<td>0.367**</td>
<td>0.448**</td>
</tr>
<tr>
<td>3. PFD</td>
<td>3.015</td>
<td>0.913</td>
<td>-0.078</td>
<td>-0.035</td>
<td>-</td>
<td>0.278**</td>
<td>-0.171*</td>
<td>0.035</td>
</tr>
<tr>
<td>4. EFD</td>
<td>2.819</td>
<td>1.172</td>
<td>-0.098</td>
<td>-0.150</td>
<td>0.278**</td>
<td>-</td>
<td>-0.390**</td>
<td>-0.176*</td>
</tr>
<tr>
<td>5. SACSE</td>
<td>3.381</td>
<td>0.928</td>
<td>0.224**</td>
<td>0.367**</td>
<td>-0.171*</td>
<td>-0.390**</td>
<td>-</td>
<td>0.558**</td>
</tr>
<tr>
<td>6. RAS</td>
<td>3.809</td>
<td>0.785</td>
<td>0.318**</td>
<td>0.448**</td>
<td>0.035</td>
<td>-0.176*</td>
<td>0.558**</td>
<td>-</td>
</tr>
</tbody>
</table>
Primary Research Model

Data was analyzed using Hayes’ PROCESS package for SPSS version 27.0. A parallel multiple mediation was analyzed examining the degree to which importance of four coping strategies (problem-focused engagement, problem-focused disengagement, emotion-focused engagement, and emotion-focused disengagement) mediated the relation of coping self-efficacy on resilience appraisals. Hayes (2013) recommended this strategy over simple mediation as it allows the mediators to be assessed simultaneously rather than sequentially. Values for the direct, indirect, and total effects presented in Table 2 and illustrated in Figure 2.

Model Coefficients Assessing PFE, PFD, EFE, and EFD as Parallel Mediators between SACSE and RAS.

<table>
<thead>
<tr>
<th>IV</th>
<th>M</th>
<th>DV</th>
<th>B (for a and b paths)</th>
<th>=</th>
<th>B</th>
<th>SE</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>SACSE</td>
<td>EFE</td>
<td>RAS</td>
<td>0.216** x 0.088</td>
<td>=</td>
<td>0.019</td>
<td>0.020</td>
<td></td>
</tr>
<tr>
<td>SACSE</td>
<td>PFE</td>
<td>RAS</td>
<td>0.345*** x 0.200**</td>
<td>=</td>
<td>0.069</td>
<td>0.033</td>
<td></td>
</tr>
<tr>
<td>SACSE</td>
<td>PFD</td>
<td>RAS</td>
<td>-0.168* x 0.110</td>
<td>=</td>
<td>-0.019</td>
<td>0.014</td>
<td></td>
</tr>
<tr>
<td>SACSE</td>
<td>EFD</td>
<td>RAS</td>
<td>-0.492*** x 0.013</td>
<td>=</td>
<td>-0.007</td>
<td>0.031</td>
<td></td>
</tr>
</tbody>
</table>

Effect: $B$, $SE$, $p$

Total indirect effect: 0.063, 0.043
Total effect of $X$ on $Y$ (c path): 0.472, 0.061, 0.000
Direct effect of $X$ on $Y$ (c’): 0.408, 0.066, 0.000

Indirect Effects: $B$, $SE$, 95% CI

<table>
<thead>
<tr>
<th>EFE</th>
<th>0.019</th>
<th>0.020</th>
<th>-0.022</th>
<th>0.060</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFE</td>
<td>0.069</td>
<td>0.033</td>
<td>0.013</td>
<td>0.140</td>
</tr>
<tr>
<td>PFD</td>
<td>-0.019</td>
<td>0.014</td>
<td>-0.054</td>
<td>0.002</td>
</tr>
<tr>
<td>EFD</td>
<td>-0.007</td>
<td>0.031</td>
<td>-0.072</td>
<td>0.051</td>
</tr>
</tbody>
</table>

Note: SACSE = Sexual Assault Coping Self-Efficacy; RAS = Resilience Appraisals Scale; PFE = Problem-Focused Engagement; PFD = Problem-Focused Disengagement; EFE = Emotion-Focused Engagement; EFD = Emotion-Focused Disengagement. The significance of the indirect effects was calculated with bias-corrected confidence intervals (.95) bootstrap analysis. *$p < .05$, **$p < .01$, ***$p < .001$
Results suggest that 40.2% of the variance in RAS is accounted for by the model. As shown in Table 2, three of the four specific indirect effects (SACSE to RAS through PFD, EFE, and EFD) were not statistically significant. However, there was a statistically significant indirect effect predicting RAS from SACSE through PFE (PFE: $B = 0.069$, $SE = 0.033$, 95% CI (0.013 to 0.140). Consistent with many nonsignificant single indirect effects, the total indirect effect (i.e., the sum of the specific indirect effects) was not statistically significant. A pairwise comparison of the specific indirect effects noted that the strength of PFE compared to PFD was statistically significantly different from each other ($B = 0.104$, $SE = 0.042$, CI 95 0.030 to 0.196). This indicates that the indirect effect

*Note: SACSE = Sexual Assault Coping Self-Efficacy; RAS = Resilience Appraisals Scale; PFE = Problem-Focused Engagement; PFD = Problem-Focused Disengagement; EFE = Emotion-Focused Engagement; EFD = Emotion-Focused Disengagement

*Figure 2. Complete parallel mediation model*
passing through PFE, compared to PFD, is statistically stronger. The direct effect \((B = 0.408, SE = 0.066, p < 0.000, CI 95 0.277 to 0.540)\) was statistically significant.

Both the total effect (i.e., the sum of the direct and indirect effects) and the direct effect of SACSE on RAS were statistically significant. This means that even in the presence of competing mechanisms, SACSE remained predictive.

Regarding the specific paths within the indirect effects, all four \(a\) paths were statistically significant. That is, SACSE had a statistically significant impact on PFE, PFD, EFE, and EFD. The lack of significance of indirect effects is likely owing to the largely non-significant \(b\) paths. Of the four paths, only PFE had a statistically significant effect on RAS.

CHAPTER IV

Discussion

Summary of Findings

In the current study I examined the relationship between coping self-efficacy, coping strategies, and resilience among individuals who have experienced sexual assault. The results indicated that, even in the presence of potential mediators, the strongest effect on resilience was coping self-efficacy. Four coping strategies were modeled as mediators. Of those, there was one significant indirect effect. Specifically, problem-focused engagement provided a statistically significant mediation between coping self-efficacy and resilience.

One clear finding (i.e., the direct path in the mediated model) was that if someone believes they have a high ability to cope (i.e., high coping self-efficacy), they are more likely to be resilient, regardless of the coping strategies they utilize. This result fits with
previous research indicating that higher coping self-efficacy leads to better mental health outcomes following a traumatic event (Cieslak et al., 2008). This result could also be influenced by the participant’s decision to seek out legal advocacy services. Previous researchers have noted that an individual’s coping self-efficacy can be influenced by factors such as access to resources and social support, all of which the participants received through a legal advocate (Cieslak et al., 2008; DeCou et al., 2019).

Only one coping strategy – problem-focused engagement – mediated the relationship between coping self-efficacy and resilience. A close inspection of the paths in the model provides additional information. Regarding the $a$ path, coping self-efficacy had a positive statistically significant relationship on problem-focused engagement, and the $b$ path, problem-focused engagement also had a positive statistically significant relationship on resilience. The significant indirect effect means that the effect of coping self-efficacy on resilience occurred through problem-focused engagement (i.e., through action and future-oriented behaviors). This result makes sense as these participants are presenting to legal advocacy services to cope through action (i.e., prosecution of the sexual assault perpetrator) and are therefore tackling their concern more directly. Problem-focused engagement strategies utilize action to manage the stressor, with items such as “I make a plan of action” and “I tackle the problem head on” (Speyer et al., 2016).

Three of the mediated paths had non-significant effects. This means that none of the effect of coping self-efficacy on resilience was mediated by these variables. In the first, emotion-focused engagement strategies did not mediate the relationship between coping self-efficacy and resilience. Emotion-focused engagement strategies utilize
actions to regulate one’s emotions, with items such as “I talk about it with a friend or family” and “I let my feelings out to reduce the stress” (Speyer et al., 2016). In this model, the $a$ path indicated a significant effect of coping self-efficacy on emotion-focused engagement. Although the relationship between emotion-focused engagement and resilience ($b$ path) was positive in valence, it was non-significant.

Additionally, the proposed mediation between coping self-efficacy and resilience, mediated by problem-focused disengagement, was not statistically significant. Those who utilize problem-focused disengagement coping strategies tend to avoid their emotions and wish away the problem rather than tackling them head on (Speyer et al., 2016). These items included “I put the problem out of my mind” and “I hope the problem with take care of itself” (Speyer et al., 2016). In this model the $a$ path, showed a negative statistically significant relationship between coping self-efficacy and problem-focused disengagement, whereas the $b$ path, had a positive non-significant relationship with resilience. Problem-focused disengagement strategies are those that are avoidant; they often do not address the stressor directly.

Finally, the indirect effect between coping self-efficacy and resilience through emotion-focused disengagement was not statistically significant. Emotion-focused disengagement strategies often involve self-critical statements and isolation, such as “I tend to blame myself” and “I keep my thoughts and feelings to myself” (Speyer et al., 2016). Regarding the $a$ path, there was a negative statistically significant relationship between coping self-efficacy and emotion-focused disengagement, and a positive non-significant relationship ($b$ path) between emotion-focused disengagement and resilience.
Comparing the $a$ paths, coping self-efficacy was positively related to the problem-focused and emotion-focused engagement strategies, and negatively related to the corresponding disengagement strategies. Comparing the $b$ paths, a similar pattern was noted; the engagement strategies were positively and significantly related to resilience whereas the disengagement strategies had a non-significant effect on resilience.

Throughout the mediation analysis (comparing the total to the direct effect), the effect of coping self-efficacy on resilience remained strong and positive. That is, if an individual had higher coping self-efficacy (i.e., they had a higher belief in their ability to cope), they were more likely to have higher resiliency. The result of this direct effect is consistent with Benight and Bandura’s (2004) theory that people will appraise potentially threatening situations more benignly when they feel confident in their ability to navigate the stressful situation (i.e., higher coping self-efficacy). This is important for building resilience, as resilience is made up of individual factors, like beliefs and appraisals of stressful situations, as well as environmental factors (Ressel et al., 2018).

Based on previous research indicating the legal advocates provide both resources and social support, one would expect that coping strategies that utilized social engagement (e.g., EFE; Bell & Goodman, 2001; Campbell, 2006) would be more likely to significantly influence resilience appraisals in this population. Additionally, it would be expected that those utilizing coping strategies higher in social engagement would be significantly different than those who utilized avoidant coping strategies (Bell & Goodman, 2001; Campbell, 2006), and based on my results engagement strategies were statistically significantly related to resilience. Drawing from research that examined levels of resilience in various populations (e.g., general population, cancer patients, HIV-
infected individuals, loved ones with cancer), Garrido-Hernansaiz and colleagues (2020) reported that the levels of resilience were similar, however, the ways in which they used coping strategies were different. Furthermore, not only were the coping strategies they used different, but the different coping strategies themselves were associated with different degrees of resilience (Garrido-Hernansaiz et al., 2020).

**Implications**

The implications of this study show the importance of understanding where clients coming into legal advocacy services are, in terms of their own self beliefs and confidence in their ability to cope. These results may cause practitioners, in psychology, social work, and law, to pause and reflect on what types of coping may be useful at what point in time for the individual. As mentioned earlier, participants at the beginning of legal advocacy may be more likely to utilize problem-focused coping strategies that are action-oriented versus emotion-focused strategies. By learning about a client’s initial styles of coping and resilience at intake, advocates could potentially address what level of involvement and resources the client may need throughout the process of prosecution. This, in turn, could hopefully help reduce chances of secondary victimization and may lessen dropout of the legal process. While not addressed in this study, it may be helpful to further investigate how these coping strategies change over time as well as how they change in relation to the types of resources being accessed. By helping address a client’s coping strategies, advocates can also help to decrease the participant’s chances of developing PTSD following both the sexual assault and the legal process (Cieslak et al., 2008; DeCou et al., 2019).
The literature review completed in preparation for this study highlighted the importance of access to resources during the time immediately after a sexual assault, and despite not assessing this in the current study I feel it is important to mention. Langton and colleagues (2012) noted that only 65% of sexual assault incidents in the US are reported, often due to negative emotions associated with the sexual assault and worries about the reactions from both medical and legal providers. Additionally, the process of reporting a sexual assault can be extremely stressful for individuals (Mayhew & Adkins, 2003). By integrating resources at the initial point of contact for sexual assault survivors, hopefully providers can increase the individual’s coping self-efficacy and thus their resilience to the legal process of prosecution and reduce the likelihood of secondary victimization.

**Strengths and Limitations**

Although the COVID-19 pandemic did not alter the research methods of this study, it may have influenced the participants completing the survey during that time and their stress, coping self-efficacy and resilience, and access to resources related to both the legal process and coping with a worldwide pandemic. As such, the results of this study should be interpreted with this in mind, as we did not control for the effect of the pandemic in this study. Other limitations of this study include a self-selection bias of the participants. Everyone 18 and older receiving sexual assault legal advocacy services at KCSARC were eligible to complete the survey, however, not everyone who came through KCSARC completed the survey. Additionally, some participants chose not to complete the survey.
Future Directions

Future research would benefit from investigating the relationship between these three variables across time, specifically, at the beginning, during and after legal advocacy. The current results could be due to lack of data across these time-points, therefore diving further into the relationship between legal advocacy services and these three coping variables could illuminate how these results came to be. Additionally, once these variables were tested over time, further program evaluation could be considered to then integrate the findings in a way that would provide additional services and/or support to legal advocacy clinics and their clients.

Conclusion

Sexual assault is a growing concern in the United States for both men and women (NSVRC, 2018). Understanding the ways in which these individuals cope with and are resilient towards their assault can be key in identifying the resources necessary to help them process their experience, especially in circumstances in which they are pursuing legal action. In this study I sought to understand how individuals who are at the beginning of the legal process feel they can cope with and be resilient toward their assault and the upcoming legal case. Previous research has indicated the importance of coping strategies and coping self-efficacy in developing higher resiliency towards traumatic events (Cieslak et al., 2008; Ersahin, 2020; Park, 2010). Specifically, higher coping self-efficacy can help manage mental health symptoms following a traumatic event through access to resources, social support, and optimism surrounding their recovery from the traumatic event, which in turn influences their likelihood of developing PTSD (Cieslak et al., 2008; DeCou et al., 2019). As well, individuals who experience PTG may see
changes in the core beliefs and utilization of current coping strategies that can impact their resilience towards later traumatic event (Bogar & Hulse-Killacky, 2006; Ersahin, 2020; Garrido-Hernansaiz et al., 2020; Park, 2010). Thus, it was expected that coping strategies that utilized engagement would be associated with higher resilience appraisals in those individuals upon meeting their legal advocate. The results of my dissertation yielded that, in fact, if individuals believed they had the ability to cope with the legal process, they had higher resilience appraisals. This is helpful information, as it can help influence legal advocacy programs in what they offer up front to clients starting the legal process. One idea is that legal advocates can utilize the first session to discuss with the client how they will cope during this process and help them find healthy ways of coping. Some limitations of this dissertation are that it only examines the beginning of the legal advocacy process, evaluating the additional two waves of data in a multilevel manner would help to assess how these variables change over time. Additionally, limitations include attrition throughout completing the surveys, limited variability in participant demographics, and self-selection bias. Future research could help to address these limitations, as well as continue contributing to the research, and thus could help influence the resources available at legal advocacy clinics across the country.
References


Garrido-Hernansaiz, H., Rodríguez-Rey, R., & Alonso-Tapia, J. (2020). Coping and resilience
are differently related depending on the population: A comparison between three clinical
samples and the general population. *International Journal of Stress Management.*
https://doi.org/10.1037/str0000156.

Gebregiorgis, D., Coyer, C., Sparrow, J., Gibbs, R., Vranjin, J. A., Cantorna, E., Hirsch, L.,
designed to evaluate a legal advocacy service program. *Women’s Health Research, 3*(1),
16. https://doi.org/10.1057/whr000013

support on post-traumatic stress disorder symptoms in urban women survivors of

Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A
regression-based approach*. Guildford Press.


King County Sexual Assault Resource Center. (KCSARC, n.d.-a). *Legal advocacy.*
https://www.kcsarc.org/legal-advocacy
King County Sexual Assault Resource Center (KCSARC, n.d.-b.). *About us.*

https://www.kcsarc.org/aboutus

King County Sexual Assault Resource Center. (KCSARC, 2015). *2015 statistics.*


https://doi.org/10.1007/978-1-4613-3997-7_12


https://doi.org/10.1023/A:1005450226110


Australian Centre for the Study of Sexual Assault, Australian Institute of Family Studies, 7, 1-32.


https://doi.org/10.1002/car.2508.


http://dx.doi.org/1016/S0022-3999(01)00188-X


https://doi.org/10.1016/j.jpsychores.2016.08.015.


https://doi.org/1080/01926189308250920
