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**CULTURE OF SHAME: AN EXPLORATION OF SHAME AMONG
MEXICAN AMERICAN SURVIVORS OF SEXUAL VIOLENCE**

Dissertation

By

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Abstract

CULTURE OF SHAME: AN EXPLORATION OF SHAME AMONG MEXICAN AMERICAN SURVIVORS OF SEXUAL VIOLENCE

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Sexual violence is a common experience among women in the United States that can have a number of negative sequelae, including heightened feelings of shame (Feiring & Taska, 2005; Smith et al., 2018). While literature has started to document the effects of shame on some aspects of survivors' lives (Bhuptani et al., 2019; Kim et al., 2009), less is known about how shame is experienced by survivors in their daily lives. Mexican Americans constitute a notable segment of the U.S. population and are affected by unique contextual factors such as their immigration history, cultural values, religious experiences, and acculturation processes. Yet, there is limited literature examining the experiences of Mexican American survivors of sexual violence. Using Campbell and colleagues' (2009) ecological model and a *mujerista* research paradigm (Bryant-Davis & Comas-Díaz, 2016), this study sought to develop a qualitative understanding of the experience of shame among 1.5 and 2nd generation Mexican American women who are survivors of sexual violence, while considering how cultural values and beliefs shape their experience of shame across ecological levels.

Twelve 1.5 and 2nd generation Mexican American survivors of sexual violence participated in semi-structured interviews for this qualitative descriptive study.

Conventional content analysis of the data yielded eight broad domains: (1) influence of immigration and cultural context on shame; (2) impact of shame on mental health; (3)

relational impacts of shame; (4) impact of shame on daily functioning; (5) impact of shame on disclosure; (6) *marianismo* increased feelings of shame after sexual violence; (7) healing from shame; and, (8) challenges to healing from shame.

Results indicate that the effects of shame are pervasive for survivors across multiple areas of their lives (i.e., mental and physical health, relationships, academic and professional lives), religious and cultural messages foster a context of shame for survivors, and survivors' healing process is shaped by their bicultural context. Limitations and theoretical implications of these findings are discussed, along with implications for culturally responsive clinical practice and future research directions.

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Chapter 1: Introduction

Violence against women is an ongoing and global epidemic. The World Health Organization (2013) estimated that 35% of women worldwide experience physical and/or sexual violence in their lifetimes. Within the United States, over 1 in 3 women experience sexual violence involving physical contact in their lifetime, with 1 in 5 women experiencing a completed or attempted rape (Smith et al., 2018). Exposure to sexual violence has significant and lasting impacts on survivors. Survivors may experience effects on their psychological health (Chen et al., 2010), physical health (McFarlane et al., 2005a), academics and employment (Loya, 2015; Mengo & Black, 2016), and have an increased likelihood of revictimization (Classen et al., 2005).

One notable sequela of sexual violence is the experience of shame, as it is a pervasive and ongoing experience for many survivors (Feiring & Taska, 2005). Studies of sexual assault survivors reported that over three-quarters of participants experienced sexual assault-related shame, and the severity of the assault was a significant predictor of shame (DeCou et al., 2019; Vidal & Petrak, 2007). Post-sexual violence shame was associated with a number of negative mental health effects, including posttraumatic stress disorder, anxiety, depression, suicidal ideation, global distress, decreased feelings of belonging, and an increased sense of being a burden (Aakvaag et al. 2016; DeCou et al., 2017; DeCou et al., 2019; Kealy et al., 2017). Among adults who experienced childhood sexual abuse, shame affected their romantic relationships, familial relationships, sexual behavior, relationship with food, body-image, and help-seeking behaviors (Kim et al., 2009; Petterson, 2013; Pulverman & Meston, 2020).

Shame plays a complex and multifaceted role in a survivor's decision to disclose sexual violence. It can limit disclosure and help-seeking among survivors (Patterson et al., 2009; Weiss, 2010), while the process of disclosing itself can also lead to increased feelings of shame, as a result of negative social reactions (e.g., victim blaming, being treated differently; Ahrens, 2006; Bhuptani et al., 2019; DeCou et al., 2017). Notably, some early research has indicated that there are multiple variants of shame based on cultural assumptions of appropriate gendered behavior (Weiss, 2010). Survivors in the study experienced one or multiple of these variants of shame, suggesting that it is possible for shame to manifest differently in various contexts. Though extant literature has widely documented issues related to sexual violence prevalence, sequelae, and prevention, less research has focused exclusively on the experiences of shame across contexts, particularly for ethnic minority women.

Mexican American Culture and Context

Mexican Americans¹ composed 62% of all Latinx people in the U.S. 2017, with many of those individuals being of 1.5 and 2nd generational status (U.S. Census Bureau, 2018; Pew Research Center, 2020). One-and-a-half generation refers to individuals who were born outside of the U.S. but arrived by the age of 12, while 2nd generation refers to those who were born and raised in the U.S. to at least one immigrant parent (Kim et al., 2003). Though some research has documented the unique experiences of 1.5 and 2nd generation Mexican American women (Tummala-Narra et al., under review), this

¹ The term Mexican American will refer to individuals in the U.S. of Mexican descent, regardless of generational status. The terms Latina, Latinx, or Latino will refer to individuals or groups of individuals whose origins are in any singular or combination of Latin American countries. The term immigrant will refer to an individual who was born in another country and migrated to a new country. When referencing extant literature, the terms utilized by the cited author will be included.

subgroup of Mexican Americans is underrepresented in the literature on sexual violence. Meanwhile, their experiences of sexual violence vary greatly from that of many White Americans, given Mexican American families' immigration history, acculturation, language differences, economic barriers, and social oppression (Umaña-Taylor et al., 2011; Vesely et al., 2015; Zadnik et al., 2016). While some literature has documented shame related to disclosure of violence among Latina survivors of sexual violence (Fontes, 2007; Ligiéro et al., 2009; Villarreal, 2014), little attention has been given to the ways in which cultural factors may impact the experience of shame for survivors beyond disclosure-related shame. Of the research that does exist, few studies have focused specifically on the experiences of shame in Mexican American women, despite the heterogeneity across Latinx groups.

Extant literature documents how cultural values shape the experience of abuse for survivors across a variety of ethnic and racial backgrounds (Fontes & Plummer, 2010). Scholars have described how *machismo*, *marianismo*, *familismo*, *respeto*, and general taboos around sexuality are linked to Catholic values and affect the lives of Mexican Americans (Niemann, 2004). In addition to the ways in which cultural values impact daily life for Mexican Americans, they also have a significant effect on the experience of sexual violence for women. For example, the lower rate of disclosure identified among Latinas has been associated with cultural norms that prioritize traditional gender roles and preservation of family (Ahrens et al., 2010; Ligiéro et al., 2009). For many Mexican American women, not disclosing the abuse is a way to maintain familial unity and protect love ones' reputations (Ahrens et al., 2010; Montalvo-Liendo et al., 2009). In the case of childhood sexual abuse, the emphasis on respecting elders and authority figures can both

make one vulnerable to abuse and have a negative effect on one's ability to report the abuse, particularly when the perpetrator is a family member or other respected individual (Ahrens et al., 2010; Comas-Diaz, 1995).

Mexican Culture and Shame

Shame is one of the most common feelings experienced during disclosure for Latina survivors of sexual assault (Low & Organista, 2000). Though not all Mexican American survivors experience shame, Mexican cultural values can facilitate a context of shame and self-blame that negatively affects survivors of sexual assault (Ramos Lira et al., 1999; Villarreal, 2014). Ahrens and colleagues (2010) found that *familismo*, gender role ideology, respect for authority, taboos around sex and rape, and traditional beliefs about marriage made it difficult for a majority-Mexican sample to identify and disclose rape and abuse. Participants felt that cultural beliefs around gender and family contributed to their feelings of shame.

While shame is a phenomenon that has received attention through studies related more broadly to Mexican Americans and sexual violence, it is not an issue that has been studied in depth. One of the only published manuscripts to specifically focus on the link between Latinx culture and shame for survivors of sexual violence focused specifically on childhood sexual abuse and provided a clinical understanding of the issue among Latinx people broadly (Fontes, 2007). Other studies have found that cultural messages around gender and sexuality are related to the effects of childhood sexual abuse for Latinas, including the experience of shame (Ligiéro et al., 2009). Though these works provide a helpful frame for conceptualizing shame in Latinx families with children who

have been abused, they do not offer an empirical understanding of survivors' own experiences of shame, particularly adult survivors or Mexican Americans specifically.

Theoretical Framework

The present study was guided by two theoretical frameworks that served as the lens through which I constructed the study: Campbell, Dworkin, and Cabral's (2009) ecological model of the impact of sexual assault on women's mental health and *mujerista* research principles. In considering Mexican American survivors' experience of shame, it is important to examine different ecological levels to better understand the multitude of ways survivors may experience shame in their daily lives. Campbell, Dworkin, and Cabral's (2009) model provides a framework for the specific impacts of sexual assault across multiple ecological levels, and it conceptualizes self-blame as a meta-construct that influences each level. Moreover, it considers how sociocultural factors affect the impact of sexual assault not only at the individual level, but also within broader, systems levels. While Campbell and colleagues' (2009) framework considers self-blame as a meta-construct, I focused on the related construct of shame across ecological levels. Drawing on this framework, I explored not only how shame impacts survivors at an individual, internal level, but also how macro-level factors, such as cultural beliefs about gender and sexuality, contributed to the experience of shame.

Mujerista research is founded on the concept of *mujerismo* (i.e., Latina womanism) and focuses on the lived experiences of Latina women, particularly the intimate and private aspects of everyday life (Bryant-Davis & Comas-Díaz, 2016; Nygreen, et al., 2016). It draws attention to the strategies Latinas utilize to survive intersecting forms of oppression and aims to develop a nuanced and "holistic

understanding of the phenomenon of study” that honors the wholeness of one’s experience while attending to the power in the research process (Nygreen et al., 2016, p. 46). In taking a *mujerista* approach to the present study, I examined the narratives of Mexican American women survivors with a consideration of multiple factors and contexts that influenced their experience of shame. Taking a holistic approach contributed to a more complete understanding of survivors’ experience of shame in the face of sexual trauma. Moreover, *mujerista* research views ethnicity and culture as a central and intersectional facet of women’s lives, making this an appropriate framework to explore how Mexican American survivors experience shame. Taken together, these two frameworks brought an approach to the present study that has an awareness of power and centers Mexican American women’s lived experiences while exploring the impact of shame across multiple ecological levels.

Rationale and Aims of the Present Study

It is evident from extant research that some survivors experience shame after being sexually victimized, which can have significant negative long-term effects on an individual’s recovery. Despite the findings that shame does impact survivors across numerous domains of their lives (MacGinley et al., 2019), psychological research has yielded little understanding of how shame affects survivors in their daily lives. There is even less of an understanding of the ways in which cultural factors impact the experience of shame for survivors of Mexican heritage, a sizeable subgroup in the United States. Literature that does consider Latinas’ and Mexican Americans’ cultural values or experiences of shame has mostly been specific to disclosure-related shame. While this is

an important area to understand, it does not encapsulate the ways shame and culture may intersect to influence other areas of a survivor's life post-victimization.

Additionally, the research in the subsequent literature review draws from studies on Mexican American populations, Mexican immigrant populations, Latinx individuals of unspecified ethnicities, and Latinx samples of varied ethnicities due to the limited research on specific Latinx groups. Though it is likely that there is some overlap in cultural values across numerous Latinx ethnicities, each ethnic group has its own context, history, cultural practices, and values that necessitate a specified understanding in order to provide the most culturally responsive treatment for survivors from specific ethnic groups. The widespread impact of shame in survivors suggests that shame-reduction may be an important point of intervention; yet, there is a gap in psychological understandings of how cultural and contextual factors shape the experience of shame for Mexican American women, despite evidence that the cultural and contextual factors contributing to shame may be unique for this group of survivors.

Moreover, there is a need to examine the experiences of Mexican Americans of specific generational statuses, given the differences in both sexual victimization rates and levels of acculturation to mainstream American culture among immigrant and U.S. born Latinx individuals (Sabina et al., 2013). The role of cultural values differs among Latinas of different generations, as those who have spent more time in the U.S. become increasingly acculturated and develop different views than their elders about sexual violence (Littleton et al., 2007). For example, Ahrens and colleagues (2010) identified differences in the way values like *machismo*, *marianismo*, and *respeto*, impacted sexual violence for those in the United States and abroad, suggesting the possibility of

generational differences. Furthermore, it is not clear how Mexican American women who have been raised in the U.S. by a Mexican-born parent(s) may experience traditional Mexican cultural values in their bicultural context.

As such, the purpose of this study was to develop a qualitative understanding of the lived experience of shame for 1.5 and 2nd generation Mexican American women who are survivors of sexual violence, while considering how cultural values and beliefs shape the experience of shame for these women across ecological levels. I conducted a qualitative descriptive study utilizing Campbell, Dworkin, and Cabral's (2009) ecological model of the impact of sexual assault on women's mental health and a *mujerista* framework. Qualitative description was an appropriate approach for the present study because it was not focused on theorizing about the experience of shame or interpreting the meaning of shame for survivors. Rather, its goal was to understand the way shame is experienced for Mexican American survivors of sexual violence and how it impacts multiple areas of their lives. This study was also interested in describing the contextual and cultural factors that affect the experience of shame for this group of survivors. Developing this in-depth understanding of these experiences is essential to informing culturally sensitive and relevant clinical interventions for Mexican American survivors of sexual violence.

The following chapter provides a deeper examination of the literature on shame in sexual violence survivors, sexual violence among Latinx and Mexican Americans, Mexican American context and cultural values, and shame in Mexican American women. A description of the methods utilized will follow in the subsequent chapter, followed by a report of the study results, and finally a discussion of the results and implications.

Chapter 2: Literature Review

Introduction

Gender-based violence is a pervasive phenomenon that affects women across the world. According to the World Health Organization (2013), over a third of women worldwide experience some form of physical or sexual violence in their lifetimes. Women in the United States face similarly high rates of violence, particularly sexual violence. One of the most comprehensive studies of violence against women in the United States found that 43.6% of women experienced some form of contact sexual violence (e.g., rape, sexual touching, etc.) in their lifetimes (Smith et al., 2018). The same study indicated that over 20% of women experienced an attempted or completed rape at any point in their lifetimes. Despite the high prevalence rates reported of violence against women, it is likely that these numbers are an underestimate given the barriers and stigma associated with disclosing violence (Holland & Cortina, 2017).

Though extant research has utilized various conceptualizations of sexual violence, the proposed study will utilize the World Health Organization's (2002) definition:

Sexual violence is defined 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.

Per this definition, sexual violence includes rape, sexual harassment, childhood sexual abuse, female genital mutilation, forced prostitution and trafficking, among other forms of violence.

Sexual violence has profound effects on survivors' mental health. A wide range of psychological effects have been documented in survivors, including posttraumatic stress disorder, anxiety, depression, eating disorders, sleep disorders, substance abuse, and increased suicidal ideation and suicide attempts (Campbell et al., 2009; Chen et al. 2010, Rosellini et al., 2017; Zinzow et al., 2012). In addition to each of these psychological impacts, survivors of sexual violence may also experience feelings of shame and self-blame associated with the event (DeCou et al., 2019; Feiring & Taska, 2005; Vidal & Petrak, 2007). Many of the sequelae of sexual violence in adulthood are also present for those who experience childhood sexual abuse, including an increased likelihood of revictimization (Classen et al., 2005; Maniglio, 2009).

Survivors' psychological health is not the only thing impacted by sexual violence. Survivors of sexual violence face a range of physical effects, including sexually-transmitted infections, rape-related pregnancy, sexual dysfunction, chronic pain, and gastrointestinal disorders (Chen et al., 2010; McFarlane et al., 2005a; Pulverman & Meston, 2020). Academic and professional success are also affected. Studies of sexual violence in college women have reported lower GPAs in students with a history of sexual victimization (Jordan et al., 2014; Mengo & Black, 2016). Both studies found that the severity of the victimization was negatively related to GPA. Moreover, women who are sexually victimized are more likely to drop-out of school than those who are physically/verbally victimized or who have never been victimized (Mengo & Black, 2016). Even for survivors who are not in school, professional and economic effects exist. Loya (2015) found that sexual violence survivors are more likely to take time off, lose

their jobs, be unable to work, and experience diminished performance after sexual violence.

Despite the widespread nature of sexual violence and its pervasive effects, existing research on the topic predominately focuses on the experiences of White women. Literature that does include racial or ethnic minorities is mostly focused on demographics and comparisons between groups (Campbell et al., 2009; Low & Organista, 2000). However, scholars have noted that it is essential to understand how oppression and marginalization intersect with the lived experience of sexual violence for women of color (Bryant-Davis et al., 2009). For racial and ethnic minorities, racism, discrimination, immigration status, language proficiency, and cultural values are some of the factors that affect survivors' experiences of sexual violence, their help-seeking, and their healing process, making it necessary to understand their specific experience.

One notable gap in the field's understanding of sexual violence among marginalized women is the lived experience of Mexican American women. Specifically, there is scant research on the experience of shame among this group of survivors or on how contextual factors, such as cultural values, shape their experience of shame. In her writings on trauma-related shame, Judith Herman (2011) noted that shame is a necessary focus of treatment for survivors of interpersonal trauma. She described, "As long as people are feeling ashamed about their traumatic experience, they cannot gain a sense of mastery over it" (p. 267). For Mexican American survivors to heal from their experiences of sexual violence, not only must shame be addressed in treatment, but shame also needs to be understood within one's specific context. Additional research is currently needed to

understand Mexican American survivors' experience of shame and thus inform culturally relevant treatment.

This chapter begins with an overview of the construct of shame and shame within the context of sexual violence. Next, I detail how Mexican Americans in the United States are impacted by sexual violence, while focusing on the cultural values that are unique to their experience. Then, I describe the body of literature that has explored shame in Mexican American communities, highlighting the gaps in the field's understanding of how shame is experienced by Mexican American survivors of sexual violence. Finally, I describe the theoretical orientations that guided and framed the present study.

Shame

Shame has been explored in psychological research for decades. Scholars have worked to define shame and distinguish it from other related experiences, such as self-blame and guilt. The following section will provide an overview of the field's current understanding of shame, followed by an exploration of current scholarship on shame among sexual violence survivors. The current section will broadly review literature on shame across subgroups and unique populations; subsequent sections will focus on shame within specific communities, including Mexican American women.

Shame is currently conceptualized as a negative affective experience rising from a comparison of one's actions, thoughts, or experiences to that of others (Lewis, 1992). Shame may arise when a person feels that they have failed to meet a social or self-imposed standard (Gilbert, 1998; Lewis, 1992; Morrison, 2011). One author described shame as the difference between one's ideal self and their actual self, which leaves one feeling inferior and ashamed (Morrison, 2011).

Michael Lewis (1992) highlighted four distinct features of shame in his definition: a desire to hide or disappear; intense pain, discomfort, and anger; a sense of being unworthy or inadequate; and a feeling that the person is the object of the shame. It is an inherently relational emotion that occurs in the context of interpersonal relationships (Herman, 2011; Tangney, 1995a). This definition of shame stands in contrast to guilt, which is a distinct phenomenon. There is no specific type of event that leads to shame as opposed to guilt, nor does the experience of the event need to be public or private (Tangney, 1995b). Instead, it is the interpretation of the event and its impact on the person that classifies an experience as shame- or guilt-inducing.

The emotional experience of shame is strong, painful, incapacitating, and potentially disorganizing to the self (Andrews, 1998a; Herman, 2011; Tangney, 1995a). It can lead to a deep sense of needing to hide away, cover one's self, or shrink (Herman, 2011; Lewis, 1992; Tangney, 1995a; Tangney, 1995b). By contrast, guilt does not illicit the same intensity of emotion. Shame can be pervasive and affect a person's entire sense of self such that they begin to feel an inner sense of badness and failure (Herman, 1992; Morrison, 2011). Alternatively, feelings of guilt are typically restricted to a specific action or behavior and do not have an impact on one's core self (Herman, 2011; Morrison, 2011; Tangney, 1995a; Tangney, 1995b). The difference between shame and guilt is notable, as they can lead to different responses. Shame is more likely to lead to an avoidance response, whereas guilt may lead one to take a particular action to alleviate their guilt (Herman, 2011; Tangney, 1995b).

Self-blame is similarly a related but distinct construct from shame. Self-blame describes the process of cognitively attributing blame for an event to one's self, and it is

internal, stable, and global (Feiring et al., 1996). When one experiences self-blame, they may feel that they had more personal control over a situation and that they had the capacity to prevent it from occurring (Andrews, 1998b), even if this is not necessarily the case. Though self-blame, shame, and guilt are sometimes used interchangeably, it is important to distinguish each of these constructs given the unique internal experience of each.

Notably, there is a universality in shame across time and place, as people contend with others' expectations and their own self-imposed standards. Yet, there are differences in the conditions that lead to shame across cultures and contexts, as the standards upon which one compares their own experiences vary based on cultural values, expectations, and mores (Andrews, 1998a; Lewis, 1992). Moreover, shame as an emotion may be evaluated differently across cultural communities (Furukawa & Hunt, 2011). It is imperative to understand how culture may affect what is experienced as shameful and its implications for treatment.

For those from immigrant and refugee backgrounds, shame can arise when one feels they have failed to act in ways consistent with cultural values and expectations and from a fear of being rejected by one's cultural community (Furukawa & Hunt, 2011). Intergenerational shame may also arise in immigrant families, as the children develop different values from their parents due to acculturating into the mainstream culture. Further, children of immigrants may act in ways that the parents find shameful and parents may conduct themselves in ways the children themselves find shameful (Furukawa & Hunt, 2011).

While early literature has provided a foundation for understanding and defining shame, scholars have more recently focused specifically on understanding shame within the context of traumatic experiences. Judith Herman (2011) described posttraumatic stress disorder as a shame disorder rather than an anxiety disorder, as it has previously been defined. She postulated that relational traumas, such as sexual violence and child abuse, significantly damage a person's sense of self; the resulting shame negatively affects one's social life and interpersonal relationships (Herman, 1992, 2011). More recent studies have explored the multiple ways trauma related shame can present itself across a range of domains in an individual's life.

One study by MacGinley and colleagues (2019) provided an expansive examination of the impact of shame in sexual abuse survivors. While this study focused only on reviewing studies of adults who experienced childhood sexual abuse, it highlighted key facets of the experience of shame. Through a scoping review of 28 empirical articles with majority-White samples, both within and outside of the United States, the authors consistently found across studies that shame influenced survivors' relationships in numerous ways. Survivors felt less connected to the world, had disturbances in their friend and maternal relationships, avoided sex and intimate relationships, and experienced greater conflict across relationships. Shame was also found to limit disclosure of abuse, interfere with one's sense of self, and impact recovery.

Another study by Weiss (2010) explored shame after sexual violence in a sample of predominately White male and female survivors. The author identified different manifestations of shame that survivors experienced, indicating that it is possible for shame to manifest differently in various circumstances. This research adds to Vidal and

Petrak's (2007) findings that survivors of various ethnic minority backgrounds experienced different types of shame (e.g., behavior and bodily shame) after a sexual assault. In her consideration of the manifestation of power in the lives of women in a patriarchal society, Laura Brown (2009) described four axes of power: somatic, intrapersonal/intrapsychic; interpersonal/social-contextual; and, spiritual/existential. She considered how disempowerment in any one of these realms can facilitate a sense of powerlessness that leads to emotional distress or behavioral dysfunction. Taking these three works together, powerlessness as a result of sexual violence in any one of Brown's (2009) four realms may facilitate different manifestations of shame as discussed by Weiss (2010) and Vidal and Petrak (2007).

Though extant research has developed a definition of shame and a working understanding of the phenomenological experience of shame broadly, less is known about the multiple ways shame may present itself in an individual's life. While some research has started to explore this issue among survivors of traumatic events, it is important to develop a more nuanced understanding of the lived experience of shame for survivors of sexual violence.

Shame Among Sexual Violence Survivors

Shame has been repeatedly identified as a common sequela of sexual violence among survivors. Studies of both majority White and ethnic or racial minority sexual assault survivors have reported that approximately three-quarters of participants experienced assault-related shame, and the severity of the assault was a significant predictor of shame (DeCou et al., 2019; Vidal & Petrak, 2007). Moreover, the experience of shame, while present across victimization types, is particularly linked to sexual

violence (Aakvaag et al., 2016; Amstadter & Vernon, 2008; Messing et al., 2014).

Women and those who experience multiple instances of violence reported even greater shame (Aakvaag et al., 2016).

For those that do experience shame after an experience of sexual violence, the effects can be long-lasting. One study of a racially and ethnically diverse group of youth who had experienced childhood sexual abuse found that feelings of shame persisted for children for up to six years after the incident of abuse (Feiring & Taska, 2005). Those who experienced high levels of shame immediately after the abuse were particularly at risk for continued levels of shame years later. A separate study on a large sample of Norwegian citizens found that not only were women more likely to experience shame than men, but traumatic experiences that involved sexual violence (e.g., childhood sexual abuse, rape) were more strongly associated with shame than other forms of trauma (e.g., witnessing violence; Aakvaag et al., 2016). Unsurprisingly, the authors found a dose-response effect such that those who had experienced multiple forms of trauma had greater feelings of both shame and guilt.

Outcomes of Shame

Shame is a notable outcome of sexual violence because of the effects it can have on survivors both in the immediate aftermath of violence and for long-term recovery. A majority of the literature exploring shame in sexual violence survivors has focused specifically on child sexual abuse (CSA) survivors, both as adults and children. Children who experience shame after sexual abuse are more likely to experience worse mental health outcomes, including greater levels of depressive and posttraumatic stress disorder symptoms, lowered self-esteem, and increased sexual activity (Feiring et al., 2002a;

Feiring et al., 2002b). Shame and its effects on mental health persist even after the initial abuse. In a longitudinal study on an ethnically and racially diverse group of childhood sexual abuse survivors, Feiring and Taska (2005) found that children who reported shame at any point in the six years following CSA also reported greater posttraumatic stress symptoms six years after the abuse.

The effects of childhood sexual abuse are not confined to one's youth. Abuse continues to impact CSA survivors even into adulthood with ongoing negative psychological effects, including suicidal ideation, self-harm, and dissociation (MacGinley et al., 2019). Shame in adulthood due to CSA has also been linked to greater family and intimate partner conflict, specifically verbal conflict and physical aggression in relationships (Kim et al., 2009). Sexual dysfunction in survivors of CSA has been associated with the sexual shame that survivors experience (Pulverman & Meston, 2020). A qualitative study on adult survivors of CSA found that shame and sexual abuse impacted survivors across multiple domains (Pettersen, 2013). Survivors described how shame affected their familial relationships, particularly their relationships with their mothers, how they felt towards their body, and their relationship with food. Shame also influenced survivors' self-image and intimate relationships, as some survivors avoided sex with their partners. Additionally, therapy was both a source of additional shame and a place where survivors felt they could process their shame.

Survivors of sexual violence in adulthood are also confronted with negative effects of the violence they faced. Post-sexual assault shame in adults has been associated with symptoms of PTSD, anxiety, depression, suicidal ideation, global distress, decreased feelings of belonging, and an increased sense of being a burden (Aakvaag et al., 2016;

DeCou et al., 2017, 2019; Kealy et al., 2017). Even less severe forms of sexual violence, such as sexual harassment, can result in shame, which has been found to be associated with an increase in the severity of PTSD symptoms (Carretta & Szymanski, 2020). Importantly, higher levels of shame after sexual assault were associated with greater levels of traumatic stress for a sample of women who were mostly from ethnic minority backgrounds (Vidal & Petrak, 2007). Survivors from some collectivistic cultures, including Latinx cultures, may experience greater levels of shame that further complicate help-seeking and disclosure processes (Kennedy & Prock, 2018).

It is clear that survivors of sexual violence in both adulthood and childhood may have a range of negative sequelae as a result of shame, making it an important phenomenon to understand and address in treatment post-sexual violence. However, most existing research focuses specifically on mental health outcomes without considering how shame impacts other areas of a survivor's life, like their relationships and self-concept. The few studies that have begun to explore the effects of shame across a survivor's life are limited to survivors of CSA and primarily White women. Thus, additional research is needed to understand the outcomes of shame for women of color.

Shame and Sexual Violence Disclosure

Many survivors of sexual violence will disclose their experience to at least one person, with rates of disclosure varying widely based on the source of the disclosure and type of sexual violence experienced (Halstead et al., 2017; Sabina & Ho, 2014). Upon disclosure, survivors may be met with a range of social reactions that can be either supportive or negative (Ahrens & Aldana, 2012). Extant literature has documented the negative reactions that women may receive upon disclosure of sexual violence. Ahrens

(2006) found that a small sample of mostly African American rape survivors reported being blamed, receiving inappropriate support and insensitive reactions (e.g., minimizing, doubting, questioning), or being refused support. All of the survivors stopped disclosing the incident after the negative responses they received that elicited feelings of self-blame and embarrassment. More recent research has repeatedly documented how survivors may feel blamed for sexual violence after disclosing, which can contribute to feelings of shame (Ahrens & Aldana, 2012; Bhuptani et al., 2019; Littleton, 2010; Orchowski & Gidycz, 2015).

Shame is a particularly notable factor in a survivor's decision to disclose sexual violence. For some survivors, feelings of shame, embarrassment, and self-blame may prevent them from disclosing their experience to anyone (Holland & Cortina, 2017; MacGinley et al., 2019; Patterson et al., 2009; Weiss, 2010). Patterson and colleagues (2009) found that a mostly African American sample felt that they would be rejected, denied help, or deemed unworthy of help if they disclosed. Among survivors that do decide to disclose, negative social reactions, such as victim blaming, can contribute to increased feelings of shame surrounding the victimization (Ahrens, 2006; Bhuptani et al., 2019; DeCou et al., 2017). The shame associated with negative social reactions can have a deleterious effect on survivors' psychological functioning and their recoveries, as the increased disclosure-related shame has been tied to greater avoidance, increased depression, PTSD, and general distress (Bhuptani et al., 2019; DeCou et al., 2017).

It is clear from extant literature that the effects of shame for survivors are pervasive. Shame can not only impact a person's psychological functioning and well-being, but it can also negatively affect the disclosure and help-seeking process. The

widespread impact of shame on a person's life and recovery process suggests that this may be an important point of intervention for survivors. Yet, there is a gap in the field's understanding of how cultural and contextual factors shape survivors' experience of shame, especially survivors of color, despite evidence that the factors contributing to shame may be unique for survivors who hold various identities.

Shame, Culture, and Context

Among some survivors, the experience of disclosure and shame after victimization is impacted by factors beyond the victimization itself. For survivors with marginalized identities, such as racial and ethnic minorities, LGBTQ individuals, adherents to different religions, and undocumented immigrants, the stigma and barriers to disclosure are compounded (Kennedy & Prock, 2018). Across ethnic minority groups, cultural mores around shame, taboos, modesty, sexual scripts, attitudes towards virginity, gender roles, and honor can influence a survivor's decision to disclose sexual violence (Comas-Díaz, 1995; Fontes, 1993; Fontes & Plummer, 2010).

Those who work with survivors of sexual violence have noted the impact of cultural factors. Maier (2008) found that advocates for rape survivors believed that race and culture impacted experiences of rape among survivors of color, such that they contend with discrimination, systemic barriers, silencing, and bringing shame to the family after the rape. Notably, Latina advocates reported that cultural values, like the importance of family loyalty and sexual purity, contributed to greater shame for Latina survivors. The role of cultural values in the experience of shame for women after sexual violence has also been noted in literature with individuals from other collectivistic cultures (Luo, 2000; Tummala-Narra et al., 2019).

In their work with immigrants and refugees experiencing shame after a traumatic experience, Furukawa and Hunt (2011) described the importance of understanding survivors' perspectives, beliefs, and values within their cultural and historical context in order to best understand the role trauma-related shame plays in their lives. Existing literature on shame elucidates a number of negative effects shame can have on an individual's life and how the level of shame experienced can impact one's recovery. Yet, most research on shame broadly, and on shame within the context of sexual violence specifically, has failed to consider the contextual factors Furukawa and Hunt (2011) emphasized. Instead, most existing research, including that reviewed above, has focused predominately on how White women experience, conceptualize, and heal from shame, leaving a significant gap in the field's understanding of shame for survivors who experience intersecting forms of oppression, such as Mexican American immigrants. The lack of literature focused on shame in Mexican American women may leave this group of survivors unable to access treatment that fully considers how their unique bicultural context shapes their experience of shame. As such, additional research is needed to inform culturally sensitive psychotherapy for Mexican American survivors.

Mexican Americans in the United States

Latinx individuals comprise the largest ethnic minority group in the United States (U.S. Census Bureau, 2018). Though some existing literature into sexual violence has begun to focus on Latina women, most research fails to differentiate among the numerous Latinx ethnic groups, instead treating Latinx individuals as a panethnic group without distinct histories or differences. Yet, the experience of Latinx individuals in the

United States can vary greatly based on ethnic group, generational status, documentation status, and other factors.

Mexican Americans are currently the largest group of Latinx people in the United States. In 2017, Mexican Americans made up 62% of all Latinx people in the country and nearly a third of Mexicans in the U.S. are foreign born, making this the largest immigrant group in the U.S. (U.S. Census Bureau, 2018). Nonetheless, Mexican American women are underrepresented in the literature on sexual violence. The literature that does exist has predominately focused on intimate partner violence, without necessarily considering how sexual violence specifically, either within or outside of intimate relationships, can impact Mexican Americans. Meanwhile, their experiences of sexual violence vary greatly from that of many non-Latinx Americans, given Mexican American families' experiences of immigration, acculturation, language differences, economic barriers, and social oppression (Umaña-Taylor et al., 2011; Vesely et al., 2015; Zadnik et al., 2016). This section will provide a deeper exploration of these issues.

The following sections will review existing literature focused on sexual violence among Mexican American women. I begin by first presenting a broad overview of the prevalence and impact of sexual violence among Mexican Americans. Next, I define Mexican American cultural values and discuss broadly how they impact the experience of sexual violence. I then describe the limited research on shame among Mexican American survivors and detail how cultural values can contribute to feelings of shame. Given the paucity of related research, the following sections draw from literature on Latinas broadly and IPV when relevant, in addition to studies focusing specifically on Mexican Americans and sexual violence.

Sexual Violence Among Mexican Americans

Research that focuses specifically on sexual violence among Mexican Americans is limited. Much of the literature on sexual violence has either excluded Mexican Americans or included them in a broad sample of Latinas, making it difficult to determine the prevalence of sexual violence among Mexican Americans. The existing data on prevalence focuses predominately on Latinas generally, and there are mixed findings as to whether Latinas experience sexual violence at a higher or lower rate than the general population. One of the most expansive studies into the prevalence of sexual violence among Latinas—done in a majority, though not solely Mexican American sample—was completed as part of the Sexual Abuse Among Latinas Study (SALAS; Cuevas & Sabina, 2010). The SALAS study found a 17.2% lifetime rate of sexual abuse among the majority Mexican sample. This stands in contrast to other studies that have found approximately double the rate of lifetime sexual violence among Latinas broadly at a rate of 35.6% (Breiding et al., 2014) and Mexican American women specifically at a rate of 34.8% (Basile et al., 2015). These discrepancies are likely due to differences in definitions, samples, and other measurement factors. Despite the range of prevalence rates, there is clear evidence that Mexican Americans are significantly impacted by sexual victimization. Among samples of Latinx people from different ethnic backgrounds, Mexican Americans had the highest rates of victimization (Gonzalez et al., 2018; Sabina et al., 2015).

The literature provides a much clearer understanding of the prevalence of childhood sexual abuse in Latinx communities. The rates of childhood sexual violence among Mexican Americans is high, with one study finding that 35% of the participants

reported an experience of CSA (Ulibarri et al., 2009). These findings confirmed that of other studies that similarly found about a third of participants had experienced CSA (Romero et al., 1999; Ulibarri et al., 2015; Ullman & Filipas, 2005). Latinx individuals are more likely to have experienced CSA than their White American counterparts (Newcomb et al., 2009; Ullman & Filipas, 2005), and family members have consistently been identified as one of the most common perpetrators of CSA among Latinx and Mexican American individuals (Katerndahl et al., 2005; Romero et al., 1999; Ulibarri et al., 2009; Ullman & Filipas, 2005). It is evident that Latinx and Mexican American children are significantly affected by CSA, but it is less clear how Mexican Americans of different generational status experience sexual violence and childhood sexual abuse.

Differences Across Generations

Research related to sexual violence among Latinas and Mexican Americans has not often considered the role of generational status. Much of the literature has focused on immigrant women or does not delineate participants' generations, making it hard to discern how sexual violence rates vary based on generational status. The little research that does explore generational differences indicates that Latina women born in the U.S. experience significantly more victimization than immigrants (Sabina et al., 2013). A similar trend was reported specifically among Mexican-origin individuals, with Mexican-origin women who were either born in the U.S. or who immigrated as minors reporting higher rates of sexual trauma than those who immigrated as adults (Heileman et al., 2005). Latinas who are more acculturated also experience longer periods of abuse (Katerndahl et al., 2005). Interestingly, a higher orientation towards Latinx values, as compared to Anglo values, was a protective factor against sexual victimization among a

sample of majority Mexican women (Sabina et al., 2013). Thus, it appears that Latina women who are born in the United States and acculturating to mainstream U.S. values are particularly at risk for sexual violence and its negative effects.

Sexual Violence Impacts

Mexican American and Latina women contend with a range of effects after an experience of sexual violence or other interpersonal victimization. Latina survivors of sexual violence have reported feelings of shame, depression, substance abuse, posttraumatic stress disorder, eating disorders, anger, anxiety, and dissociation after sexual violence (Basile et al., 2015; Cachelin et al., 2005; Cuevas et al., 2010; Ligiéro et al., 2009; Ulibarri et al., 2015). Childhood sexual abuse has similarly negative effects for Latinas and Mexican Americans and has a strong association with revictimization in adulthood (Marrs Fuchsel, 2013; Newcomb et al., 2009; Ulibarri et al., 2015). In addition to its psychological effects, sexual violence can also impact Mexican American women's physical health, leading to weight loss, miscarriages, premature birth, sexually transmitted infections, and overall poor physical health (Basile et al., 2015; Kyriakakis et al., 2012; Lown & Vega, 2001).

Notably, there is some evidence that Latinx survivors experience stronger negative effects from sexual violence. Latinas and Mexican Americans that experience sexual violence have been found to face more severe distress, posttraumatic symptoms, and depression after victimization than other groups (Alvidrez et al., 2011; Edelson et al., 2007; McFarlane et al., 2005b; Newcomb et al., 2009; Tummala-Narra et al., under review). Even among individuals of Mexican descent, specifically, some groups are at increased risk of psychological distress. Heileman, Kury, and Lee's (2005) investigation

of posttraumatic stress symptoms among women of Mexican-origin from various generations found that the severity of PTSD symptoms after an experience of sexual trauma was related to length of time in the U.S., such that Mexican-origin women born in the U.S. had the highest levels of PTSD symptoms, followed respectively by those who immigrated as children, teenagers, and then adults. These findings suggest that Mexican Americans face a multitude of effects from sexual violence, and their experience of those effects is distinct based on unique factors, such as generational status. Many of the factors that impact the effects of sexual violence, also contribute to one's ability to seek help.

Sociocultural Context of Help-Seeking. When Mexican American women experience sexual violence, they must not only contend with the impact of that victimization, but they must also navigate the decision of where, how, and from whom to seek help. While research has indicated that Latina women are open to seeking help after an experience of interpersonal violence (Sabina et al., 2014), Mexican American women are less likely than Latina women of other ethnic backgrounds to reach out after interpersonal victimization (Sabina et al., 2015). The hesitancy to seek help may be related to the various challenges Mexican Americans face adapting to life in the United States, including racism, discrimination, documentation status, immigration status, and cultural values (Zadnik et al., 2016).

Mexican Americans today face the stress of dealing with xenophobia, anti-immigrant rhetoric, racism, and discrimination. The racism and discrimination Mexican Americans face contribute to negative effects on their mental health and overall well-being (Villegas-Gold & Yoo, 2014). Some Mexican individuals face discrimination specifically based on their documentation status, which can compound the effects of

traumatic experiences to lead to higher levels of psychological distress (Garcini et al., 2018). Not only does discrimination contribute to poorer mental health for Mexican trauma survivors, but a study of 1.5 and 2nd generation Mexican American women found that racism and minority stress pose a barrier to disclosing and seeking help for sexual violence (Tummala-Narra et al., under review). Afro-Latinas, who experience heightened racism and discrimination, face additional institutional and interpersonal barriers when attempting to seek help for sexual violence (Sanchez et al., 2019).

Generational status may also play a factor in one's help-seeking decisions. In Katerndahl and colleagues' (2005) study on Hispanic and Anglo childhood sexual abuse survivors, the authors found that Hispanic women were actually more likely to act after the abuse than their Anglo counterparts. However, one's propensity to seek-help was related to their immigration and acculturation status. Hispanic women of later immigration statuses who were more acculturated to the U.S. were more likely to disclose than Hispanic women who more recently immigrated. By contrast, a later study failed to identify any differences in disclosure rate based on Mexican American women's generational status (Ulibarri et al., 2009). However, Ulibarri and colleagues (2009) did not assess how documentation status may or may not have contributed to one's likelihood to disclose. Moreover, neither of these studies distinguished how formal versus informal sources of support are utilized differently across generations.

Some extant literature has explored how Latinas utilize different sources of support in different manners. Latina and Mexican American women are most likely to seek help from informal sources (e.g., family, friends), but research has indicated that reaching out to formal sources of support (e.g., police, medical providers, etc.) can lead to

a greater improvement in psychological distress (Cuevas et al., 2014; Ulibarri et al., 2009). However, the decision of whom to seek help from is significantly impacted by an individual's own unique circumstances. For example, undocumented Latinas access formal sources of support after violence at significantly lower rates than Latinas with legal documentation status (Zadnik et al., 2016). This is unsurprising given the risk of deportation undocumented individuals face in the U.S., particularly in recent years. In some situations, the abusers themselves may threaten undocumented survivors with deportation if they disclose the abuse (Reina et al., 2014; Rogers et al., 2012). Relying on family and friends for support can be a safer choice for those who have historically been harmed by formal sources of support.

Some Latina and Mexican-origin women do not disclose the abuse they have endured due to feelings of shame or self-blame (Ahrens et al., 2010; Romero et al., 1999). A few studies have identified how cultural beliefs and values impact Latinas' identification and disclosure of sexual violence and IPV, including the ways in which certain cultural norms can contribute to shame in the disclosure process (Ahrens et al., 2010; Marrs Fuchsel, 2013). However, previous studies that have discussed shame as it relates to sexual violence for Latinas have not explored in-depth how cultural values affect the experience of shame beyond disclosure. The few studies concerning how cultural values influence Latinas' conceptualization and disclosure of sexual violence have given minimal consideration to the various contexts of individuals of different generational statuses or specific ethnic backgrounds. Yet, as noted in the above literature, Mexican American women may experience sexual violence and its sequela differently

based on a number of contextual factors, making it important to understand how these factors affect the experience of sexual violence and shame.

Cultural Values

Mexican Americans' lives are shaped by their sociocultural context, including the cultural values learned through socialization. Many of the cultural values common in Mexican American families can be both protective and pose challenges to life in the United States. Researchers have documented how cultural values, such as *marianismo*, *machismo*, *familismo*, and *respeto* affect the lives of Mexican Americans, and scholars have defined such concepts in order to gain a deeper understanding of the role such values play in Mexican Americans' lives (Niemann, 2004). The following sections will provide a brief definition and historical context for each of these cultural values before describing in later sections how these values influence sexual violence and shame.

Definitions

Marianismo. The concept of *marianismo* originates from the Catholic story of *La Virgen de Guadalupe*, a story that has significant cultural meaning in Mexico. In this story, the Virgin Mary appeared to a young, peasant, Aztec man named Cuautlaohuac in his indigenous Nahuatl, who is today known as Juan Diego. Through a series of apparitions outside of what is today Mexico City, she appealed to Juan Diego to convince the Catholic bishop to build a shrine in her honor on indigenous land. Juan Diego succeeds in this mission and eventually converts to Catholicism. This apparition of the Virgin Mary has come to be recognized as *La Virgen de Guadalupe*, or Our Lady of Guadalupe, and the story plays a significant cultural role in Mexico, even outside of Catholicism (Anzaldúa, 1987).

The image of *La Virgen* is displayed widely throughout Mexico and in Mexican American homes in the United States. She has become a model of the “good” woman in Mexican culture (Niemann, 2004). *La Virgen* represents a woman who is pure, virginal, and abstinent from sex, as was the Virgin Mary. She further represents a woman who is nurturing to her children, and committed to one male partner for her whole life. An ideal woman is self-sacrificial and able to endure intense suffering like the Virgin Mary did at the crucifixion of her son (Comas-Díaz, 1995). She is a dedicated wife and mother who gladly assumes those two roles. Further, the “good” woman is someone who is passive, soft, devoted to her family and home life, and deferential to her husband (Niemann, 2004).

Many of these standards and acceptable behavior for women stand in contrast to what can be viewed as the “bad” woman, or *La Malinche*. Whereas the cultural story of *La Virgen* has its roots in Catholicism, the story of *La Malinche* is directly tied to the Spanish’s conquest of indigenous peoples in what is today Mexico. According to history, the Spanish conquistador Hernán Cortés enslaved a number of young indigenous women, including a young girl they called Marína. Marína served as a translator for Cortés and has been credited, in part, with helping the Spanish conquer the Aztec Empire due to her translation skills (Niemann, 2004). Marína later gave birth to Cortés’s son, who is believed to be one of the first *mestizos* (i.e., Mexicans with mixed Spanish and indigenous heritage). This historical story has been tied to cultural narratives and legends that have led Marína to be known culturally as *La Malinche*, or a woman who is deceptive, a traitor, and sexually promiscuous. In contrast to *La Virgen*’s sexual purity, women who do not keep with the accepted Mexican view of women are viewed as

overtly sexual similar to *La Malinche* (Niemann, 2004). They are seen as self-centered, promiscuous, and uncommitted to one man in marriage. Lesbian women or women who do not fit into the notion of a life-long, heterosexual relationship are similarly viewed as “bad” women (Niemann, 2004).

The concept of the “good” woman in Mexican culture that ties to the conception of *La Virgen* as the perfect woman is classified as *marianismo*. It forms the standard for the acceptable behavior and appropriate role of women in the family and community. The dichotomy of “good” and “bad” women is not unique to Mexican individuals.

Marianismo is a cultural value present across numerous Latinx ethnicities that dictates similar behavior across Latinx groups (Comas-Díaz, 1995; Fontes & Plummer, 2010; Low & Organista, 2000). However, *marianismo* plays a unique role in Mexican-origin families, particularly among Catholics, given its origins in the story of *La Virgen de Guadalupe* and the deep cultural ties across Mexico to *La Virgen*. Mexico’s history of colonization from the Spanish and the related cultural narrative of *La Malinche* similarly contribute to *marianismo*’s distinct role in Mexican culture. For some women, cultural values consistent with *marianismo* can contribute to feelings of shame and self-blame in the aftermath of sexual violence, especially if a woman or her family feels she was unable to maintain sexual purity (Fontes, 2007). Later sections will further explore *marianismo*’s connection with shame among Mexican Americans.

Machismo. While *marianismo* sets the standard of a normative gender role for women of Mexican-origin, *machismo* is the counterpart of acceptable behavior for men. Broadly, *machismo* refers to a set of ideal behaviors for men to live up to. *Machismo* can characterize a man’s role in his family and community as one who has dignity, pride,

honor, courage, and treats others—including his family—with respect (Anzaldúa, 1987; Niemann, 2004; Valdovinos & Mechanic, 2017). He is a community leader and has a sense of obligation and responsibility to protect and care for his family. However, this ideal of male behavior is subjected to the influences of the patriarchal society that exists in both the U.S. and Mexico and upholds the value of men over women. As such, *machismo* is often displayed by men and experienced by their families in its extreme form (Valdovinos & Mechanic, 2017).

In the extreme form of *machismo*, the man sets forth to display his physical dominance over women by conveying that he is stronger and smarter than women (Niemann, 2004). He may act in a dominant, authoritarian manner and demand a sense of respect, deference, allegiance, and dependence from both his wife and children. *Machismo* stands in contrast to the female purity required of *marianismo*, as men are encouraged to display their sexual virility by having numerous girlfriends and mistresses, even when they are married (Comas-Díaz, 1995; Niemann, 2004).

Similar to *marianismo*, *machismo* is borne out of a notable cultural story. In her review of Mexican-American cultural values, Niemann (2004) described the connection between the extreme form of *machismo* and Mexico's history of colonization. Per the cultural narrative, the mythical indigenous mother of Mexico, sometimes considered to be Marína, was raped by the colonizing Spaniards, which led to a *nueva raza*, a new race, of *mestizos*. The narrative continues that Mexican men feel inferior for being the cultural product of rape, which is then compensated for through *machismo* as one tries to prove their own masculinity.

Familismo. While *marianismo* and *machismo* describe the gender roles ascribed to Mexican-origin women and men, *familismo* describes the role of family within a Mexican context. *Familismo* characterizes the interdependence of Mexican-origin families, including the tendency towards family unity, high social support, and strong ties across generations (Marrs Fuchsel, 2013). The close connections may foster an elevated sense of loyalty to one's family, including a duty to maintain the family's honor (Marrs Fuchsel, 2013). Moreover, the cultural value of *familismo* encapsulates the collectivistic orientation of Latinx and Mexican families that emphasizes prioritizing the family and protecting the family from distress (Ahrens et al., 2010). In doing so, it is not uncommon for individuals to place the needs of family members, including extended family members and other kin, over one's own individual needs (Comas-Díaz, 1995). Strong familial ties, within and across generations, can serve as a significant support system for Latinx and Mexican American families contending with discrimination, poverty, xenophobia, and other challenges (Low & Organista, 2000).

Respeto. *Respeto*, or respect, is a cultural value that guides many interpersonal relationships and dynamics in Mexican American families and communities. It is characterized by a sense of respect and reciprocity among perceived equals, while authority figures should be met with a deferential attitude (Cervantes & Sweatt, 2004). Authority figures, and the ensuring deferential behavior, may be based on differences in family role, age, socioeconomic status, sex, or other form of power (Comas-Díaz, 1995). In Mexican American families, *respeto* may drive children's respect of their older siblings and parents, a wife's dutifulness to her husband, or an adolescent's deference to a teacher or other elder.

The Role of Cultural Values in Sexual Violence

Specific cultural values shape the experience of abuse for survivors across a variety of ethnic and racial backgrounds (Fontes & Plummer, 2010). Extant literature has described how cultural context—including cultural norms and beliefs about gender roles, sexuality, family, and abuse—impacts all facets of the victimization Latinx sexual violence survivors endure, such as how one reacts, copes, and seeks help (Ligiéro et al., 2009). For example, *marianismo* dictates that a woman should remain “pure” from sexual behavior until marriage. After an experience of rape, some Mexican immigrant women reported feeling shame and self-blame, particularly when their family placed significant value on virginity as its importance related to *marianismo* (Ramos Lira et al., 1999). Survivors may feel that sexual violence will not be taken seriously or believed because of the *machista* belief that men have a sexual right to women, while women should be submissive or must have tempted a man into sexual behavior (Ligiéro et al., 2009). In the case of childhood sexual abuse, the emphasis on respecting elders and authority figures can both make one vulnerable to abuse and have a negative effect on Latinas’ ability to report the abuse, particularly when the perpetrator was a family member or other respected individual (Ahrens, 2010; Comas-Díaz, 1995; Fontes, 1993; Ligiéro et al., 2009).

One study that focused on sexual violence within the context of marriage specifically for Mexican American women found that *marianismo* and *machismo* significantly shaped how women thought about their relationships and the violence they endured (Valdovinos & Mechanic, 2017). Most of the women described a belief in an egalitarian relationship with their husbands, while also noting that there were clear

differences in power and acceptable gender roles within their marriage. Some participants attributed their position as subordinate to men to the way Mexican culture conceptualizes gender roles. Women in this study further described how a husband's patriarchal role in the family can lead to violence. While the women did not view violence as acceptable, they described a tolerance or need to endure it due to cultural scripts about a woman's role in a relationship. A separate study found that the gender roles ascribed by *marianismo* and *machismo* were sometimes exploited by the husbands of Mexican immigrant women in order to gain a sense of control over their wives, including coercing sex due to a sense of duty to one's husband (Kyriakakis et al., 2012).

The low disclosure rate of sexual violence among Latinas and Mexican Americans can also be associated with cultural norms that prioritize traditional gender roles and preserving the family (Ahrens et al., 2010; Ligiéro et al., 2009). For many Mexican American women, not disclosing the abuse is a way to maintain familial unity and protect the reputation of loved ones (Ahrens et al., 2010; Montalvo-Liendo et al., 2009). Moreover, beliefs and taboos around sexuality can leave survivors feeling less able to discuss topics related to sex, as it may be seen as a shameful, private matter or "dirty" topic (Ahrens et al., 2010; Fontes, 1993; Ligiéro et al., 2009; Low & Organista, 2000; Tummala-Narra et al., under review). Survivors may decide not to disclose the violence to family members out of a fear of upsetting family members by talking about such a taboo subject (Ligiéro et al., 2009). Some women may also be hesitant to disclose for fear of being seen as having failed in their role as a wife (Marrs Fuchsel, 2013), which can be particularly stigmatizing given the importance of one's role as a wife and mother.

Catholicism's Influences on Mexican American Cultural Values. For some Mexican Americans and Latinas, though certainly not all, their relationship to traditional cultural values is reinforced by their ties to Catholicism. Eighty-one percent of Mexicans and 61% of Mexican Americans identify as Catholic (Pew Research Center, 2014). Thus, it is not surprising that Catholicism has played a significant role in how cultural values have been interpreted, understood, and enacted among individuals of Mexican descent. Catholicism's own emphasis on purity and virginity reinforces the gender roles and sexual norms that may already be present in Mexican-origin families (Ramos Lira et al., 1999). Some Catholic Latinos have a sense of cultural fatalism, believing that whatever happens is God's will and is meant to be (Comas-Díaz, 1995; Fontes, 2007). In one study, survivors of childhood sexual abuse who were raised Catholic felt that Catholicism's teachings on women contributed to their own abuse (Collins et al., 2014). Latina participants described how their Latinx culture and Catholicism were inextricably linked for them, with one Latina participant describing Latino culture and Catholicism as "hand in hand" (p 527). Notably, all of the participants felt that the guilt and shame they felt post-abuse was directly connected to their experience with Catholicism. It is also the case that some survivors seek solace in religion broadly, and spirituality can be a significant component of healing after abuse for some Latinas (Ligiéro et al., 2009; Tummala-Narra et al., under review).

Protective Facets of Mexican American Cultural Values. When considering how cultural values impact the experience of sexual violence, it is important to recognize the protective aspects of Mexican American values as well. Sabina and colleagues (2013) found that Latina women who held more of a Latino cultural identification experienced

less victimization than those with an Anglo identification, suggesting that values prevalent among Latinos may play a protective role. *Familismo*'s emphasis on prioritizing the family and being supportive of kin can be beneficial for Mexican-origin individuals who have high levels of familial interdependence (Umaña-Taylor et al., 2011). These strong connections may be part of the reason *familismo* was associated with greater informal help-seeking for Mexican immigrant women (Brabeck & Guzman, 2009). At its best, *machismo* dictates that a man upholds his responsibility to be respectful and protective of others. When *machismo* is enacted in this way, a man may step in to stop someone from assaulting a woman (Moreno, 2007). Additionally, religious Latinas were found to experience less victimization (Sabina et al., 2013).

Together, these studies indicate that adherence to more traditional Mexican cultural values is not inherently synonymous with an increased risk for victimization. In fact, maintaining such values can be protective in some instances. It is possible that the impact of cultural values on one's experience of sexual violence is influenced by one's generational status and how much one has acculturated to mainstream U.S. culture. Though existing literature draws a link between cultural values and the experience of sexual violence, it is difficult to distinguish how acculturation and a potential shift in traditional Mexican values across generations may impact the ways cultural values affect Mexican American survivors.

Generational Status and Acculturation. The experience of cultural values, norms, and practices is not homogenous across individuals of a shared heritage. Rather, one's history of immigration and acculturation impacts the extent to which a person may identify with their heritage culture and its values. Existing literature related to

sociocultural factors in sexual violence among Latinas and Mexican American women has not often considered the role of generational status and acculturation until very recently. Some of the early research into this area has provided the field with key insights into the experience of victimization for Latinas and Mexican Americans.

In their study of the cultural influences on sexual violence for Latinas, Ahrens and colleagues (2010) conducted focus groups with 65 Latinas (82.2% of Mexican heritage). Results indicated that not only did numerous cultural values (e.g., familism, gender role ideology, respect for authority, taboos around sex, traditional beliefs about marriage, etc.) impact participants' experiences of sexual violence and intimate partner violence, but participants also felt that there was a clear difference in the role these values played in the lives of Latinas in the U.S. versus those in Latin American countries. They reported the belief that individuals in Latin American countries held more traditional views and placed increased emphasis on these cultural values, which made it more challenging for Latinas to identify or disclose sexual violence. Participants also described how they felt their own views differed from that of older generations who they believed might be more likely to hold close-minded beliefs about sexual violence. Ahrens and colleagues' (2010) findings suggest that there are perceived differences in cultural values among Latinas in the U.S. and those in their country of origin, and that Latinas perceive sexual violence to be more associated with those who hold traditional beliefs about gender, sex, and relationships. However, this perception stands in contrast to research that has worked to disentangle the role of acculturation in sexual violence risk and response.

While some may assume that the patriarchy and differences in power associated with some Latinx values, such as *machismo* and *marianismo*, would lead to increased

violence, there is evidence that Mexican Americans who identify more strongly with Anglo values are actually at greater risk for interpersonal victimization than those who uphold more Latino values (Sabina et al., 2013). Moreover, women who take on a more traditionally masculine gender role or who are less religious are similarly at greater risk for violence than women who may more closely align themselves with *marianismo* or be more religious (Sabina et al., 2013). These findings suggest that traditional cultural values are not in and of themselves a sole risk factor. Instead, it appears that as Mexican American women align themselves with nontraditional cultural values, they may be exposed to situations that place them at greater risk for sexual violence and/or they may not be as tied to social supports associated with more traditional values (e.g., close family network). However, it may also be the case that Ahrens and colleagues' (2010) participants were speaking to a greater silencing of Latina survivors who hold more traditional cultural beliefs, thus obscuring the extent to which different cultural values lead to different levels of risk.

Nonetheless, it is evident that acculturation and generation are important factors to consider in sexual violence research, including how Latinas and Mexican Americans respond to victimization. Latinas who are more acculturated to mainstream U.S. culture or of later immigration status are more likely to seek help after an experience of victimization (Katerndahl et al., 2005; Sabina et al., 2014). As Latinas acculturate to U.S. culture, they may come to identify less strongly with their parents' cultural values, including *familismo* or taboos around sex, and feel more open to speaking up about their experience and seeking support. For example, embarrassment about abuse is a larger barrier to disclosure for Mexican immigrant women than Mexican American women

(Montalvo-Liendo et al., 2009). However, it is possible that one's socioeconomic status accounts for the difference in help-seeking behavior more so than acculturation or immigration (Katerndahl et al., 2005).

While additional research is needed to more fully understand how acculturation and generational status impact the experience of sexual violence, it is evident that individuals of different generational statuses have different experiences. Specifically, Mexican American survivors experience sexual violence in a bicultural context with the influence of both mainstream U.S. gender roles and customs, and the gender dynamics common in Mexican-origin families (Low & Organista, 2000). One-and-a-half and 2nd generation Mexican Americans must negotiate these two sets of cultural beliefs and norms as they navigate their own experience of sexual violence and the resulting sequelae.

Mexican Culture and Shame

Shame is a phenomenon that has been widely documented among individuals of Latinx heritage, and the experience of shame can be varied. Some Latina survivors may feel shame primarily at the time of the abuse, while others experience it after disclosure, or continue to feel shame throughout their lives (Ligiéro et al., 2009). Among sexual assault survivors of Mexican descent, shame is one of the most common feelings reported after an initial disclosure of the assault (Villarreal, 2014). Literature has repeatedly documented how shame poses a significant barrier to disclosure and help-seeking for Mexican survivors, often due, in part, to the cultural factors that contribute to feelings of shame (Ahrens et al., 2010; Ligiéro et al., 2009; Maier, 2008; Marrs Fuschel, 2013; Romero et al., 1999). For example, *familismo*, gender role ideology, respect for authority,

taboos around sex and rape, and traditional beliefs about marriage can make it difficult for a Mexican-origin woman to identify and disclose rape and abuse (Ahrens et al., 2010). Cultural beliefs around gender and family can contribute to their feelings of shame.

For many survivors, the experience of shame is tied to *familismo*'s emphasis on family. Mexican-origin women may hesitate to share their experience of abuse due to feelings of shame and self-blame, particularly a fear of bringing shame to the family if one discloses (Ahrens et al., 2010; Ramos Lira et al., 1999). One's desire to keep their family together or not cause friction can also contribute to a culture of silence (Maier, 2008; Marrs Fuschel, 2013). The emphasis on female purity and remaining a virgin until marriage can also leave a survivor feeling ashamed if she experiences sexual violence outside of marriage (Fontes, 1993; Fontes & Plummer, 2010; Maier, 2008). Mexican immigrant women who placed a greater value on virginity reported feeling more shame and self-blame after a sexual assault (Ramos Lira et al., 1999).

While the experience of shame after sexual violence is not unique to Mexican American survivors, the sociocultural context that shapes that experience of shame is. Latinas' cultural context (e.g., beliefs about gender, views on sexuality, norms around family) impacts every aspect of their experience of sexual violence, including the ways in which one copes with sexual violence, the effects one experiences, and the support one does or does not receive (Ligiéro et al., 2009). For Mexican American survivors of sexual violence, Mexican cultural values can foster a context of shame and self-blame that negatively impacts survivors (Low & Organista, 2000; Ramos Lira et al., 1999). Yet, much of what is known about shame among Mexican American survivors, including the

studies described above, is focused on shame within the context of disclosure. Moreover, research focused specifically on the experience of shame is sparse, as most of the existing findings on shame have come from studies focused on other facets of sexual violence. Nonetheless, shame continuously arises as a notable aspect of the experience of sexual violence for Mexican American and Latina survivors.

One of the only identified articles to explicitly explore in-depth the relationship between Latinx cultural values and shame for survivors of sexual violence focused on childhood sexual abuse and offered a clinical perspective on the issue. In her article, Fontes (2007) detailed the unique facets of Latinx culture that influence the experience of shame for Latinx survivors. She suggested that Latina women may experience heightened shame compared to their male or non-Latina counterparts because of the emphasis *marianismo* places on a woman's purity and sexuality, expecting girls and women to refrain from any sexual behavior outside of marriage. These beliefs may leave girls who have been abused feeling ashamed and dirty. Similarly, Fontes (2007) described how the *machista* belief that men are highly sexual beings who are encouraged to engage in sexual relations often can contribute to blame being placed on woman or girl when they experience abuse, since the men's sexual advances are viewed as inevitable. The blame and responsibility put on survivors may leave the survivor feeling increasingly ashamed.

Fontes (2007) further described how mothers and fathers may also feel ashamed after their child is abused, believing that they did not uphold their roles in protecting their child as ascribed by *marianismo* and *machismo*. In an attempt to alleviate their own feelings of shame, parents may assign responsibility for the abuse to the child, leaving the child feeling to blame and perhaps more ashamed. Moreover, shame as a result of sexual

violence can be compounded for Latinx families by shame associated with a sense of being different from the dominant culture; one may feel shame related to their immigration status, language proficiency, living conditions, or other factors (Fontes, 2007). It is likely that these contextual factors further shape the experience of shame for survivors even after the violence.

While Fontes provided a helpful background for understanding shame related to sexual violence for Latinx families, she focuses specifically on CSA and on Latinx individuals broadly. Given the heterogeneity across Latinx ethnicities, it is imperative to understand how the unique context of particular ethnic groups, such as Mexican Americans, is related to shame. Additionally, the focus on CSA may leave out facets of the experience of shame for individuals who experience abuse as an adult. Perhaps most importantly, Fontes's article does not provide an empirical understanding of survivors' own experiences of shame, instead integrating anecdotal and clinical evidence to describe shame in Latinx families. Nonetheless, her work highlights the need for further empirical study into the experience of shame in order to facilitate healing after sexual violence: "Latinos whom I have assisted professionally, known personally, and interviewed in research often tell me that their single most sought-after goal for recovery is to overcome their feelings of shame" (Fontes, 2007, p. 62). As such, empirical research is needed in order to further understand how the unique context of Mexican Americans specifically shapes their experience of shame and its impact on their lives. This knowledge base can serve as a foundation for culturally relevant treatment that helps Mexican American survivors overcome their feelings of shame in a way that respects and honors their cultural context.

The Present Study

Theoretical Framework

In their study on childhood sexual abuse among Latinas, Ligiéro and colleagues (2009) developed a model that postulated that cultural context shapes every facet of CSA for Latina survivors, including their sense of self, ways of coping, means of support, reactions, and the victimization itself. The present study aimed to build on this idea and develop a more in-depth understanding of how sociocultural context, including cultural values, impacts the lives of 1.5 and 2nd generation Mexican American survivors. Specifically, it aimed to understand the way shame is experienced across different domains by incorporating two theoretical frameworks: Campbell, Dworkin, and Cabral's (2009) ecological model of the impact of sexual assault on women's mental health and *mujerista* research (Nygreen, et al., 2016).

Ecological Model of the Impact of Sexual Assault on Women's Mental Health

Sexual violence does not occur in isolation. Rather, sexual violence occurs within a societal context that consists of overlapping systems and interpersonal interactions that uniquely influence a survivor's experience. Campbell and colleagues' (2009) ecological model of the impact of sexual assault on women's mental health presents a useful framework for considering the sociocultural context in which a survivor experiences sexual violence.

Campbell and colleagues' model has its origins in Uri Bronfenbrenner's (1979, 1986) ecological systems theory that considers how humans develop across time through interactions across one's environments. Specifically, Bronfenbrenner identified multiple levels of one's environmental context that impact their development: individual level,

microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The individual level includes one's biological and psychological characteristics; the microsystem characterizes interpersonal relationships in one's immediate environment (e.g., family, friends, coworkers); the mesosystem focuses on the connections between the microsystems; the exosystem reflects the impact of larger systems, structures, and organizations (e.g., medical system, legal system, etc.); the macrosystem represents overarching societal norms, expectations, cultural beliefs, and values; and, the chronosystem refers to changes across time in one's environment and societal context.

Over the years, numerous violence against women scholars have built upon Bronfenbrenner's model to apply it to sexual violence against women (Koss & Harvey, 1991; Neville & Heppner, 1999). Campbell and colleagues (2009) expanded upon these models and Bronfenbrenner's in order to develop a specific framework for understanding the impact of sexual violence on survivors' mental health across ecological levels. At the individual level, they similarly include biological and psychological factors but extend this to also consider sociodemographic factors, such as race, ethnicity, class, education, prior mental health conditions, and coping processes. Notably, Campbell and colleagues noted that race and ethnicity are often only considered at the individual level in sexual violence research. They argue that race and ethnicity must be conceptualized from a sociocultural perspective in order to fully understand cultural identity within this context. Thus, they include race and ethnicity at both the individual level and macrosystems level. The present study similarly considered race and ethnicity at multiple levels of the ecological framework.

Next, Campbell and colleague's model adds an additional level to Bronfenbrenner's model: characteristics of the assault. This level encapsulates the various facets of the specific assault the survivor endured, including one's relationship to the offender, the severity of the violence, the use of weapons, threats, or force, and similar factors. The following ecological level, the microsystem, is focused on disclosure of sexual violence to informal sources of support, such as family, friends, and peers. In contrast to Bronfenbrenner's model, Campbell and colleagues combine the mesosystem and exosystem into one ecological level. Their meso/exosystem characterizes help-seeking from formal sources of support (e.g., medical, legal, criminal justice, etc.) and the connections made between various formal and informal supports.

The fifth ecological level in Campbell and colleagues' model is the macrosystem. The macro level focuses on sociocultural factors like cultural values, beliefs, and norms. However, Campbell and colleagues put a specific emphasis on race and ethnicity at this level, stressing the role cultural identity has in one's experience of and recovery from sexual violence. The sixth level is the chronosystem, which reflects how changes across time impact a survivor. For example, sexual revictimization may change how each of the other ecological levels impacts an individual moving forward.

In addition to each of these ecological levels, Campbell et al.'s model includes self-blame as a meta-construct that interacts with each level of the ecological model. They postulate that survivors deal with internalized self-blame as a result of societal messages, and survivors navigate victim blaming from multiple systems, with differential impacts for survivors of various racial and ethnic backgrounds. Thus, their model considers self-blame at the individual, assault, micro-, meso/exo-, macro-, and

chronosystems levels. The present study drew from Campbell and colleagues' framework to consider how the related construct of shame impacts survivors of sexual violence across the spectrum of ecological levels.

Most existing research into shame among Mexican American sexual violence survivors has focused specifically on shame at the individual level or at the microsystems level when survivors disclose to family and friends. Utilizing Campbell and colleagues' framework, the present study not only considered shame at these levels, but also explored how macrosystems factors, such as cultural beliefs, norms, and values, contribute to the experience of shame across ecological levels. Doing so allowed for a fuller conceptualization of how cultural beliefs around gender roles, family loyalty, sexuality, and purity among Mexican Americans impact shame at different ecological levels. For example, examining how macrosystems factors such as the cultural value of *marianismo* creates a sociocultural context in which a woman is more likely to be expected to refrain from sexual relations outside of marriage allows one to better understand how a survivor may internalize this belief in a way that leaves her feeling ashamed after sexual violence.

Moreover, Campbell et al.'s ecological model of the impact of sexual assault on women's mental health was particularly well suited to the present study given the model's integration of race and ethnicity beyond simply the individual level. Instead, it considers how macro-level factors like institutionalized racism, cultural differences, and sociocultural context can directly influence the experience of sexual violence for survivors. The authors suggest that there is a need for additional research into how culturally specific beliefs interact with dominant beliefs and norms for survivors of various racial and ethnic backgrounds. The present study aimed to fill this gap by

exploring how the bicultural context of 1.5 and 2nd generations Mexican American survivors shapes their experience of shame.

Mujerista Research

Mujerismo, which is the direct Spanish translation for womanism, is a Latina womanism that has developed in response to mainstream feminism being a feminism of White women that did not consider the intersecting oppression of gender, race, and ethnicity that exists for Latina women (Bryant-Davis & Comas-Díaz, 2016; Comas-Díaz, 2008). *Mujerismo* has further expanded beyond mainstream feminism to consider how immigration, class, poverty, colonization, nationality, and sexuality, among other identities, intersect to shape the experience of both oppression and privilege for Latina women. It also places a particular emphasis on biculturalism, transnationalism, and spirituality (Bryant-Davis & Comas-Díaz, 2016). Notably, *mujerismo* is particularly relational in nature, as it is not as focused on political movements as other forms of feminism, instead it is concerned with the private and intimate aspects of women's everyday lives (Nygreen et al., 2016). At its core, a key aim of *mujerismo* is to “make the invisible visible and the unspoken spoken” (Bryant-Davis & Comas-Díaz, 2016, p. 16).

The concept of *mujerismo* formed the basis for *mujerista* research, which focuses on developing new knowledge based off of the lived experiences of Latina women (Bryant-Davis & Comas-Díaz, 2016; Nygreen et al., 2016). In establishing a new knowledge base through empirical inquiry, *mujerista* research reframes traditional epistemological paradigms. Instead, it recognizes that knowledge is not solely intellectual; sources of knowledge can come from the body, emotions, relationships, and the spiritual aspects of one's self (Nygreen et al., 2016). Knowledge is understood within

the important context of relationships and community. In prioritizing *mujerista* epistemology, *mujerista* research “strives to nourish the wholeness of its participants and capture a holistic understanding of the phenomena of study” (Nygreen et al., 2016, p. 46). It works towards that aim by acknowledging the complexity and nuance in Latinas’ lives while also considering the context of one’s history and personal experience.

Additionally, *mujerista* research emphasizes an analysis of power and systemic oppression as central components of research in order to fully understand the complexity of Latinas’ experiences. In integrating a consideration of the ways in which oppression impacts Latinas, *mujerista* research strategically aims to combat this oppression by focusing on Latinas’ humanity. It strives to humanize Latina women in a dehumanizing system by focusing on the wholeness of their experience and the strategies Latinas use to heal in the face of multiple intersecting oppressions (Nygreen et al., 2016). In their description of *mujerista* research’s use for empirical inquiry, Nygreen and colleagues (2016) described,

Mujersita research centers the unique experience/perspective of Latina women. It does not seek to understand Latina women’s experience in relation to Latino men and/or White women; rather, it seeks to understand Latina women’s experience on its own terms (without glossing over important differences based on class, sexuality, gender expression, dis/ability, ethnicity, skin color, language, immigration status, etc.) Mujerista research illuminates the wisdom, resilience, and survival strategies (*sobrevivencia*) present within Latina communities... In other words, *mujerista* research takes seriously the epistemological claim that Latina women’s intimate daily lives are sources of valuable knowledge (p. 46-47).

The present study integrated a *mujerista* research framework in addition to the model posed by Campbell and colleagues (2009). In taking this approach, the present study focused on a subset of Latina women, 1.5 and 2nd generation Mexican American women, in order to explore the specific nuance and complexity of this group of survivors' lived experience. It did so by incorporating multiple sources of knowledge; participants centered their own understanding and experience of shame instead of an academic description of it. Moreover, shame is often a private emotion this is not discussed or is hidden away. *Mujerista* research's attention to the intimate aspects of one's life, and to one's intersecting identities, with a particular focus on race, ethnicity, and gender, made it a particularly well-suited framework to explore such a private experience for Mexican American survivors. This study aimed to develop a holistic understanding of shame beyond simply one of numerous cognitive-affective outcomes of sexual violence. Instead, the study explored how shame is experienced across ecological levels and how that experience is shaped by one's overarching context, including the various structures of oppression that subjugate women, Mexican Americans, and immigrants.

Rationale and Aims

Shame is a well-documented outcome of sexual violence that can have deleterious effects on survivors (DeCou et al., 2019; Vidal & Petrak, 2007). Specifically, shame associated with sexual violence may contribute to greater symptoms of PTSD, anxiety, depression, suicidal ideation, and other signs of distress (Aakvaag et al., 2016; DeCou et al., 2017, 2019; Kealy et al., 2017). Herman (2011) asserted that addressing shame is an essential component of mental health treatment for survivors to heal from their experience of interpersonal trauma given the profound effects shame can have on an

individual's sense of self. More recently, scholars have begun exploring some of the pervasive impacts caused by shame's altering of one's self.

In 2019, MacGinely and colleagues conducted a scoping review of existing literature focused on understanding adult childhood sexual abuse survivors' lived experiences of shame. The authors found that shame not only impacted survivors' mental health, but it also had negative effects on their relationships, disclosure process, self-concept, and recovery. These results built off of similar findings from Pettersen (2013) who found that shame affected survivors' familial relationships, emotional experiences, body image, relationship with food, self-image, sex life, and experience with therapy. While each of these studies provide key insights that expand the field's current conception of shame in order to better understand survivors' lived experience of shame, both of the studies focus on White survivors of childhood sexual abuse. The authors of both studies suggested that future research must explore the unique experiences of survivors from different cultural backgrounds.

Scholars have noted the importance of understanding how intersecting experiences of oppression shape the lived experience of sexual violence for women, particularly women of color (Bryant-Davis et al., 2009). When considering the impact of shame on survivors' lives, it is particularly necessary to consider one's cultural context given the role cultural standards and values have in mediating the experience and interpretation of shameful acts (Andrews, 1998a; Furukawa & Hunt, 2011; Lewis, 1992). Yet, there is a gap in the field's understanding of how race, ethnicity, and culture impact survivors' lived experience of shame.

Previous research has largely overlooked 1.5 and 2nd generation Mexican American women in empirical explorations of shame post-sexual violence. While there is some limited research that explores how cultural values are linked to the experience of shame for Mexican American survivors, much of the extant scholarship focuses primarily on shame within the context of disclosure. Though this is an important facet of survivors' experience to understand, this line of inquiry only elucidates cultural influences on one aspect of the experience of shame rather than on the multitude of effects shame can have on survivors' lives. Moreover, much of the extant scholarship groups various Latinx ethnicities together and fails to consistently delineate generational differences among participants, thus obscuring the nuanced experiences of survivors living in different contexts. For 1.5 and 2nd generation Mexican American survivors, their unique experiences are grounded in a bicultural context in which they have developed cross-culturally within two distinct contexts: the American culture in which they were physically raised and the Mexican culture that their parents imparted at home. The experiences of these survivors cannot be fully understood without considering the bicultural nature of their lived daily experience.

The present study aimed to fill these gaps by utilizing an ecological and *mujerista* framework to understand the daily lived experience of shame for 1.5 and 2nd generation Mexican American women who are survivors of sexual violence. Specifically, I utilized qualitative descriptive methodology to explore how Mexican American survivors' cultural context, including their cultural values and generation status, shaped the experience and impact of shame for these women across various ecological levels. This study attempted to do this by answering the following primary research question: How do

1.5 and 2nd generation Mexican American survivors of sexual violence experience shame related to their trauma? This overarching research question will be addressed through several secondary research questions: 1) How has shame impacted the lives of 1.5 and 2nd generation Mexican American survivors across multiple domains (e.g., mental health, romantic relationships, familial relationship, work life, etc.)? 2) How has 1.5 and 2nd generation Mexican American survivors' bicultural context (e.g., cultural values, religious beliefs, generational status) shaped their experience of shame? 3) What strategies do 1.5 and 2nd generation Mexican American survivors utilize to cope with the shame they experience? Developing a nuanced understanding of Mexican American survivors' experiences of shame is essential in order to inform more culturally relevant approaches to psychological care for Mexican American survivors of sexual violence.

Chapter 3: Methodology

The research questions in this study were most appropriately addressed with qualitative descriptive methodology. Qualitative description guided the design of the study and the data analysis. As such, the current chapter reviews how qualitative description was used in this study, the inclusion criteria for participants, recruitment and data collection procedures, and the framework for data analysis. This chapter culminates with a review of the steps utilized to ensure rigor and reflexivity.

Study Design and Rationale

The present study utilized a qualitative descriptive approach as described by Sandelowski (2000, 2010). Qualitative description is a type of thematic content analysis that is low-inference and less focused on theorizing than developing a descriptive understanding of an issue. It allows researchers to stay close to the data and thus generally leads to easy consensus among researchers. The goal of qualitative description is to present the comprehensive findings of the themes that participants in a study described in easily understood language (Willis et al., 2016).

Qualitative description utilizes a naturalistic inquiry approach, meaning that the researcher does not try to change or interfere with the issue or events that are being studied (Jiggins Colorafi & Evans, 2016). A naturalistic inquiry is focused on understanding the truth of the experience or phenomena as it naturally is without manipulating variables or imposing an a priori theoretical view on the phenomena of study. As such, qualitative descriptive methods using conventional content analysis are an appropriate fit for the goals of the proposed study.

Qualitative description using conventional content analysis was the best match for the current study because it aimed to understand the way shame is experienced for Mexican American survivors of sexual violence and how shame impacts multiple areas of their lives. The present study did not focus on theorizing about the experience of shame or interpreting the meaning of shame for survivors, as with phenomenology or grounded theory. This study was also interested in describing the contextual and cultural factors that affect the experience of shame for this group of survivors. Qualitative description using conventional content analysis is a method in which researchers can obtain a rich description of the experience of shame for these survivors by analyzing the content and contextual meaning of participants' words as they describe their experiences (Hsieh & Shannon, 2005; Sullivan-Bolyani et al., 2005; Willis et al., 2016). Additionally, qualitative description using conventional content analysis has been noted to be a useful methodology when working with non-dominant cultures, as it allows researchers to explore the nuances of various cultural experiences (Sullivan-Bolyani et al., 2005), and it is useful when there is limited existing research available on a topic (Hsieh & Shannon, 2005). Because this is an understudied population, it is necessary to first understand and then be able to describe their unique experiences before beginning to theorize about their experience or conduct quantitative research on the topic.

Finally, qualitative description was an ideal method given its goal of presenting findings in understandable, everyday language that can be used to inform treatment or improve care and move practice forward (Sullivan-Bolyani et al., 2005). The findings from the present study yielded valuable information that can influence the way mental health clinicians and other providers work with Mexican American survivors of sexual

violence. In understanding their experience of shame and the impact of contextual factors on that experience, therapists can better treat survivors while considering their lived experiences and cultural context. Thus, a qualitative descriptive method can allow this research to be utilized in a meaningful and practical way.

Study Procedures

Sampling of participants

The present study focused on the experiences of adult women who are survivors of sexual violence. Specifically, the inclusion criteria required that participants met the following criteria: 1) be 18 years of age or older, 2) identify as a woman, 3) identify as 1.5 or 2nd generation Mexican American, and 4) have experienced sexual violence at any point in their lifetime. For the purpose of this study, 1.5 and 2nd generation was defined as having parents who were born in Mexico. Participants themselves were either born in the United States (2nd generation) or moved to the United States by the age of 12 (1.5 generation). Relatedly, sexual violence was defined as discussed in the previous chapter, and included acts such as rape, sexual harassment, childhood sexual abuse, sexual assault.

Purposeful sampling is particularly useful for qualitative descriptive research, though many different sampling techniques can be utilized with qualitative description (Jiggins Colorafi & Evans, 2016). Sandelowski (2000) described that ultimately the purpose of sampling in qualitative description is to obtain information-rich data, so researchers must be able to explain how their sampling meets the aims of their study. The present study utilized a snowball sampling method that was purposive in the criteria of participants for several reasons. First, the current study centered around the sensitive topic of sexual violence, specifically shame after sexual violence, which is a topic that is

known to be difficult to disclose (Ahrens 2006; Halstead et al., 2017). Second, the sample included survivors who may have distrust for institutional systems that have historically harmed or misrepresented them or individuals with shared ethnic and/or racial backgrounds. Thus, potential participants may have been reluctant to engage in such a study. As such, snowball sampling was a useful recruitment technique for hard-to-reach or invisible populations and/or topics that are traditionally viewed as sensitive or private (Biernacki & Waldorf, 1981; Faugier & Sargeant, 1997). Having trusted sources within a community invite prospective participants to the study facilitated greater participation and engagement in the study from women who may have otherwise been reluctant. Similar snowball sampling methods have been utilized in other studies of sexual violence in immigrant-origin women (Tummala-Narra et al., 2019, under review).

Participants

Participants included 12 Mexican American women living in the United States who had at least one experience with sexual violence. All participants had two primary parents who were born in Mexico and immigrated to the United States. Two participants were also born in Mexico, although they moved to the United States at 7 and 11 years of age, respectively. All other participants were born in the United States. Most participants ($n=10$) reported Spanish (or Spanish and English) as their first language, although all participants reported English (or English and Spanish) as the language they were presently most comfortable speaking. All interviews were conducted in English, despite participants being offered Spanish as an option.

The age of participants ranged from 23 to 40 years of age ($M=30.42$; $SD=4.48$). Racially, participants used a number of different descriptors to identify their race,

including: indigenous, White, Mexican, Mexican American, Native American, and American Indian. One participant responded “Not Applicable” when asked to identify her race. Most participants (n=9) reported no current religious affiliation, while two participants described themselves as Roman Catholic, and another as spiritual. In regards to sexual orientation, half of the participants (n=6) identified as heterosexual/straight, three as queer, two as bisexual, and one participant preferred not to answer. Seven participants noted that they were either married or partnered, three reported being single, one participant was divorced, and one other participant stated that she was separated.

Participants were recruited from across the United States, and the final sample reflected this geographic diversity in their current states of residence. Participants currently resided in West Coast states, on the East Coast, in the Southwest, and the Midwest. In regards to educational history, the sample overwhelmingly was highly educated. Two participants reported graduate degrees as their highest level of education, 5 graduated from a 4-year college, 4 completed a 2-year college, and one participant completed high school. Many participants (n=8) reported primary occupations in caring or service professions (e.g., mental health, health care, education). The rest of the participants reported roles in the military, as a hairstylist, as a student, and as a stay-at-home mother. When asked to identify on a scale of 1 to 10 their socioeconomic status as they perceive it to be compared to others, five of the participants placed themselves on the low-end of the scale (e.g., rated themselves a 3 or 4), four placed themselves at the mid-point of the scale (e.g., rated themselves a 5 or 6), while three placed themselves at the high-end (e.g., 7 or 8 rating).

In regards to the types of sexual violence participants experienced, every participant reported at least one instance of victimization that occurred when they were minors. Approximately a quarter of the participants reported being abused or molested by a family member when they were under 18 years old. While some of these occurred as teenagers, most reports of CSA occurred as young children. Over half of the participants reported a past experience of rape by a boyfriend, peer/acquaintance, friend, and in one instance, a doctor. One participant shared an experience of sexual violence perpetrated by a stranger with whom they had no prior relationship. Additionally, several participants reported experiences of sexual harassment such as verbal abuse and inappropriate displays of nudity.

Recruitment

After receiving approval from Boston College's Institutional Review Board (IRB) for the present study, I began recruitment procedures with a goal of recruiting between 8 and 12 participants. Miles, Huberman, and Saldaña (2014) noted that more than 10 cases can become unmanageable when trying to analyze rich and complex data. They suggested a minimum of five cases to obtain sufficiently rich but manageable data. Aiming for 8-12 participants allowed me to remain within the window suggested by Miles and colleagues (2014), while also having some flexibility to recruit participants until I reached saturation (detailed below), which could occur at slightly above 10 participants.

Due to the ongoing COVID-19 pandemic and the unforeseeable nature of the safety and hazards posed to conducting in-person research, recruitment for this study took place via email. Specifically, I began recruitment by reaching out to organizations,

community groups, community mental health centers, women's collectives, and individuals with ties to the study population (e.g., sexual violence service providers, Latinx mental health providers, etc.) to request their assistance in distributing recruitment flyers and information. I reached out to organizations and community groups located in areas with a high percentage of Mexican American residents (e.g., Texas, California, etc.). I also utilized social media networks to distribute information regarding the proposed study on the internet by contacting social media accounts with large followings that were specifically targeted towards Latinas and Mexican American women. All recruitment materials included the inclusion criteria for the study, a short synopsis on the aim of the study, and a phone number and email address interested participants could use to contact me for more information (see Appendix A).

Data collection

Informed consent. Interested participants contacted me via email or via text using a GoogleVoice number on all disseminated recruitment materials. Once an individual expressed interest in participating, I asked all eligible participants whether they would like to review the informed consent form and complete a demographics survey online or orally at the start of the interview. All participants elected to complete the survey online instead of orally. I shared a link with participants that directed them to review the informed consent information for this study (Appendix B) and a short form requesting demographic information (Appendix C). The consent form detailed the steps taken to ensure participant confidentiality. This was done in a number of ways. First, participants were informed that no names or other identifying information would be included in transcripts of the interviews, and participants were asked to select a

pseudonym in order to maintain their anonymity. Second, participants were asked to consent to their interview being recorded using an audio recorder. All recordings have been stored without any identifying information on a separate drive that remains in a locked location.

In addition to the information participants received regarding the protection of their identity, the informed consent documents reviewed the limits of confidentiality with participants. For the purpose of this study, particular emphasis was placed on the mandated reporting required if I learned of any ongoing harm to a minor or elderly person. The consent form also detailed the benefits and risks to participants who agreed to participate in this study. The greatest foreseeable risk to participation in this study was that participants become distressed when discussing the subject matter of the interview. While this did not occur over the course of an interview, I was prepared to connect participants to the appropriate supportive resources. Participants were also notified in the consent form that they could withdraw from the study at any time without penalty or repercussion.

Once participants consented to moving forward with the study after reviewing the informed consent documents, participants were prompted to complete the demographics form online. The demographics form asked participants to share basic demographic data, including their, age, race, ethnicity, religion, country of birth, parents' country of birth, education level, occupation, and sexual orientation.

Interview. After participants completed the consent and demographics form online, I reached out to participants to schedule a 60-90-minute interview with them. A total of 17 participants provided their consent to participate in the study, but of the 17

only 12 resulted in completed interviews. The remaining five participants either did not complete the demographics survey, did not leave contact information to schedule an interview, or did not respond to multiple attempts to schedule an interview. Due to the ongoing COVID-19 pandemic, interviews occurred via either Zoom video conferencing or a phone call. Four participants elected for a Zoom interview, and the rest opted for a phone interview. Interviews were scheduled at a time that was convenient for the participant, and participants were encouraged to find a quiet, private location for the interview. I began the interview with participants by reviewing the informed consent document and answering any questions they had. Due to the sensitive nature of the topics being studied, I reassured participants that their anonymity and privacy would be maintained. I also confirmed that the participants agreed to be audio recorded. Participants were also be informed that they may be contacted for a brief follow-up interview, in the event any additional clarification is needed after the initial interview. However, no follow-up interviews were needed with any participants.

Once all questions and consent procedures were completed, I began the interview using the interview questions in Appendix D. The interview was semi-structured in nature and used a combination of broad, open-ended questions and probes to help participants reflect more deeply on their experiences. Additional clarifying questions were utilized as needed throughout the interview in order to understand the nuance of participants' experiences. The interview questions utilized in this study were developed based on a careful review of the literature related to shame, sexual violence, and Mexican American survivors' experience (Ahrens et al., 2010; MacGinley et al. 2019; Petterson, 2013; Tummala-Narra et al., under review; Weiss, 2010). The interview protocol was

also developed with a consideration of Campbell and colleagues' (2009) ecological model of the impact of sexual assault on women's mental health. I integrated the ecological model into the interview protocol in order to gain a deeper understanding of survivors' experiences across multiple ecological levels, from the individual to macro level. Additionally, *mujerista* research principles informed the selection of qualitative research methods as a means to understand the nuanced experiences of Mexican American women and elevate their unique voices. Moreover, *mujerista* research shaped the interview protocol's focus on how race, ethnicity, and gender can impact the experience of shame in the context of sexual trauma. The interview covered the following topics: (1) the survivor's experience of sexual violence and sexual violence related shame; (2) the impacts of shame at the individual, assault, interpersonal, and institutional levels; (3) the impact of survivors' bicultural sociocultural context on their experience of shame; and, (4) survivors' coping and help-seeking strategies to manage feelings of shame. Additionally, participants will be offered a summary of the findings once all interviews, data analysis, and dissertation procedures are complete. Findings may be presented in document or infographic format.

Throughout the interview and immediately following it, I took detailed memos to record any salient aspects of the interview that were not captured in the transcript. For example, this included participants' behavioral reactions to questions, affect changes, long pauses, or other notable components of the interview. I also utilized memos to note my own reactions to the interviews and any themes or relevant ideas that arose for me throughout the data collection process.

Saturation

Saturation is a concept that helps determine what an adequate sample size is. Data saturation, specifically, is one type of saturation that focuses on sampling additional participants until no new data is being added with each additional interview (Bowen, 2008). Essentially, data saturation occurs when interviews becomes redundant. Recruitment and data collection continued in the present study until an adequate sample size was reached, as marked by saturation. While each participant brought a unique life story and personal history to the study, similar themes began to emerge between the 8th and 10th interview. At this point, the major points the participants discussed were reoccurring throughout each interview. In order to ensure that saturation had been reached, I interviewed additional participants for a total of 12 participants. After the 12th interview, it was clear that no new substantive data was being added with each interview, leading me to stop the data collection process, as saturation had been met.

Data Analysis

Content analysis is a commonly used form of data analysis for qualitative descriptive studies (Jiggins Colorafi & Evans, 2016; Sandelowski, 2000; Sullivan-Bolyani et al., 2005). Content analysis is iterative, data-derived, and focused on summarizing the data collected in easily understood, everyday terms. Data collection and data analysis occur simultaneously in a reflexive and interactive manner such that both processes “mutually shape each other” (Sandelowski, 2000, p. 338).

Hsieh and Shannon (2005) detailed three different forms of content analysis that can be used in qualitative research: conventional, directed, and summative. Conventional content analysis is utilized when attempting to describe a phenomenon that has limited pre-existing research or theory. Because of the minimal research available on the topic,

researchers approach conventional content analysis in an inductive manner, using categories and themes that are data derived instead of preconceived. By contrast, directed content analysis is appropriate when a phenomenon has been studied but may need further description or exploration. Directed content analysis aims to extend existing literature by using a predetermined coding scheme informed by current concepts. Finally, summative content analysis is focused on understanding the usage of words or other content in the text by quantifying the frequency of language and exploring the context in which it is used. Due to the limited existing empirical research on shame among Mexican American survivors of sexual violence and the study's goal to gain a deeper understanding of this phenomena from survivors' subjective perspective, the current study utilized conventional content analysis to analyze the collected data.

The first step of data analysis was to prepare the data and immerse myself in it. I began this process by transcribing each interview as it was completed. After transcription, I read each interview through in its entirety multiple times in order to "achieve immersion and obtain a sense of the whole" (Hsieh & Shannon, 2005, p. 1279). Next, I began coding at three different levels: open coding, themes, and domains.. I began the open coding by reading the transcripts word by word and identifying "chunks" of data that described important concepts or thoughts (Jiggins Colorafi & Evans, 2016; Miles et al., 2014). For the present study, chunks were defined as a whole thought process, whether that thought be one sentence or an entire paragraph (Jiggins Colorafi & Evans, 2016; Miles et al., 2014; Willis et al., 2016). These chunks of data were coded using in vivo coding, thus using the participants' own words to develop the code (Miles et al., 2014). Next, I began second-level coding by beginning to identify patterns in the data and combining related

codes into broader, second-level codes called themes (Hsieh & Shannon, 2005; Miles et al., 2014). Lastly, I incorporated the identified themes into third-level codes that organized the larger concepts and relationship between categories into meaningful domains (Hsieh & Shannon, 2005). The process of data analysis continued in an iterative fashion as more interviews were conducted and additional transcripts were analyzed. New and existing codes were modified to accommodate the new data being integrated into the existing coding schemes. As I proceeded with the coding process, I repeatedly reviewed the codes, themes, and domains I identified with my dissertation chair. We discussed any potential disagreements and came to a resolution regarding the development of the most appropriate themes and domains. Once all transcripts were analyzed, a final set of themes and domains was compiled based on the identified codes. Quantitative data for the number of participants who endorsed each code was also tabulated.

Rigor and Reflexivity

Qualitative research must meet several standards of quality in order to ensure its validity and reliability. As opposed to quantitative research, naturalistic qualitative inquiry often refers to validity and reliability as “rigor” or “trustworthiness,” and it is established through four main criteria: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). The current study took a number of steps in order to ensure the rigor of the findings and meet each one of the four criteria.

Credibility, also known as internal validity, can be achieved through several strategies, including attending to researcher reflexivity (detailed below), member checking, and utilizing peer researchers to consult and ensure that study findings “ring

true” (Jiggins Colorafi & Evans, 2016, p. 24; Lincoln & Guba, 1985; Morrow, 2005).

Member checking occurred by first sharing copies of the transcript of each participant interview with them, in order to ensure that participants felt that they adequately represented their experiences in the interview. I asked that participants check the accuracy of the transcripts and add any additional context that may not have been covered in the interview. Only one participant returned her transcript with additional context she felt she did not speak to in the interview. This data was incorporated into the data analysis. I also utilized peer researchers to ensure credibility by repeatedly consulting with my dissertation chair about the findings. These consultations helped confirm that the findings make sense and were minimally impacted by my own biases or assumptions.

Transferability describes the external validity of findings, or the extent to which they are generalizable to other contexts (Lincoln & Guba, 1985). However, it is important to note that generalizability does not apply to qualitative research in the same way it applies to quantitative work. The aim of qualitative research is not to be generalizable to other populations. Instead, transferability is focused on gaining a deep understanding of the context of qualitative findings in order to understand how the findings transfer to similar contexts. Transferability can be achieved by including detailed information about the research-participant relationship, research context, process, and participant information to illuminate how a study’s conclusions are transferable (Morrow, 2005). The current study thoroughly details each of these elements in the methods and results sections of this manuscript.

Dependability is a measure of the consistency and replicability of the findings in a study (Lincoln & Guba, 1985; Morrow, 2005). Researchers can ensure dependability by

keeping and reporting explicit notes about the research process in order to maintain an audit trail. I have maintained an audit trail by keeping extensive memos throughout the data collection and analysis process. The memos include descriptions of the steps I have taken, the decisions I have made in the research process and my reasoning for those decisions, codes and themes that emerge as I have gone through the data analysis process, and my own reactions to the interview and data analysis process, as these may shape my analysis.

Another measure of rigor in qualitative studies is the degree to which the findings meet standards of confirmability (Lincoln & Guba, 1985; Morrow, 2005). Confirmability is the extent to which a researcher is able to maintain relative neutrality, and it is aspirational given that complete objectivity is not possible in either qualitative or quantitative research—researchers are grounded in their own subjectivity. However, there are means of minimizing subjectivity and ensuring confirmability in qualitative research studies. One means of doing so is through attending to reflexivity. Reflexivity is defined as the process by which researchers engage in self-reflection in order to have a self-awareness about their role in the research process (Morrow, 2005; Rennie, 2004).

Self-reflexivity

Reflexivity can be maintained by being transparent about one's own experiences, biases, and assumptions (Morrow, 2005; Willis et al., 2016). I will thus begin the process of making my positionality explicit by being transparent about the identities I hold. I am a 29-year-old Latina woman of Mexican descent who was raised Catholic. While I nor my parents are immigrants, I was raised in South Texas, in an area that is approximately 90% Latinx. The majority of Latinx individuals in this area are similarly of Mexican origin

and many are recent immigrants. Much of my upbringing and socialization was heavily influenced by the Mexican culture that surrounded every facet of my life. I was raised within the U.S. in such a distinct cultural enclave that has contributed to my sense of separateness from many aspects of mainstream U.S. culture. While this experience does not equate to that of immigrants acculturating to the U.S. or being raised by immigrant parents, it does give me an appreciation for the experience of living in two distinct cultural worlds. Though this understanding may help me understand my participants' experiences, it has been important that I do not project assumed similarities or differences in our experiences. I have worked to attend to each of their stories as unique and distinct.

In addition to the influence of Mexican culture on my life, Catholicism was heavily linked to my Mexican identity. I went to Catholic school for ten years where I learned among and was taught by primarily other individuals of Mexican descent. Much of my own socialization around sex and sexuality at home, at school, and among my larger community, was influenced by Catholic teachings. My own introduction to topics of sexuality were often mired in shame and the message that women should not engage in sexual activity outside of marriage. While many of these messages no longer weigh heavily on my thinking, I tried to remain acutely aware of my own opinions and beliefs about religion and sexuality as I moved through data collection and analysis, so as to not have them influence my understanding of participants' experiences.

Additionally, I have spent much of the last seven years working with survivors of trauma in both a research and clinical capacity. Specifically, I have focused on survivors of sexual violence. I have provided some type of clinical service to survivors of child abuse, sexual harassment, sexual assault, rape, and sex trafficking. This interest and my

first-hand experience with survivors have helped me understand survivors' points of view and experiences with sexual violence. Moreover, I have had numerous friends who have endured some form of sexual violence, which has similarly given me insight into the myriad ways sexual violence impacts survivors.

My experiences as both a Mexican American and as someone who has worked with many sexual violence survivors has undoubtedly informed my interest on the proposed topic. My work with survivors has primed me to have deep empathy for survivors along with feelings of anger and sadness at the continued violence women face. It was necessary for me to be aware of these thoughts and feelings as they arose through data collection and analysis so that my own assumptions did not influence the meaning I attributed to participants' words. Relatedly, my experience with both Mexican culture and Catholicism is not necessarily reflective of others' diverse and varied experiences. I took time to reflect on my experiences of both Mexican culture and Catholicism throughout the research process to be aware of how they shaped my own life and take care to not let my own background influence what I viewed as the role cultural values or spirituality play in shaping participants' experiences.

In order to reflect on my own positionality, I also maintained a self-reflection journal in which I noted how my own thoughts, opinions, and assumptions arose throughout the research process. I did so in order to be aware of any manner in which these reactions shaped the interpretation I made of participants' stories. I worked to set aside these reactions and perspectives as I collected data and analyzed it, in order to approach participants' words with openness. Moreover, I continuously consulted with my dissertation chair to review my interview protocol and ensure that my own background

does not unduly shape the interview questions I did or did not ask participants. Finally, I have included the present discussion of reflexivity and my positionality as I present the results of the study, so that readers can assess the rigor of the study.

Chapter 4: Results

Data analysis of participant interviews revealed eight overarching domains that characterize participants' experiences of shame after sexual violence, the impact of shame on their lives, and their means of coping with shame. The eight domains include: (1) influence of immigration and cultural context on shame, (2) impact of shame on mental health, (3) relational impacts of shame, (4) impact of shame on daily functioning, (5) impact of shame on disclosure, (6) *marianismo* increased feelings of shame after sexual violence, (7) healing from shame, and (8) challenges to healing from shame. Each of these eight domains contains between four and five subcategories, or themes, in which I outline the commonalities across participants' experiences in more detail, for a total of 35 themes. The frequency at which the total number of participants endorsed each theme was tabulated and is reported for each theme below.

The present chapter will begin with an overview of the final sample of participants, including their demographic information. Next, I outline the findings in each theme across the eight domains. I provide quotes from participant interviews to further illustrate the participants' experiences associated with each theme.

Study Results

Domain I: Influence of Immigration and Cultural Context on Shame

The first domain focuses on the influences of immigration and one's cultural context on shame. This domain includes five themes: sexual topics are taboo and not discussed; messages that sex is wrong and shameful; conflict between survivors' and parents' cultural values; pressure to be strong and persevere through hardship; and survivors exposed to machista beliefs about gender and sexuality.

Theme 1: Sexual Topics are Taboo and Not Discussed (n=12). Every participant described how anything related to sex or sexual violence was rarely, if ever, discussed in their households. Participants noted that sexual topics were viewed as taboo by their families and within their Mexican communities.

We were never talked to about sex ever. It's just a dirty, taboo subject within Mexican families and like all of the Mexican families that we knew and our family and all of that. It's just like, you're not supposed to talk about sex. It's not allowed.

Several participants described lacking a basic understanding of the human body, including what menstruation is, how a woman gets pregnant, or the proper names for sex organs. As a result, a few participants discussed how the lack of information about sex and sexuality they received from their families left them trying to seek out information on their own. Participants turned to peers, school, television shows and other media to establish a basic understanding of these topics.

We didn't have conversations about sex and starting to have sex for years. I didn't even know that once you get your period that you even can become pregnant. I didn't know those things. We didn't talk about them. You know, so even anything that was sexual, we just, it wasn't talked about. I remember being a kid, anything I learned came from TV... And that's where we would get it from. From conversations from my cousin, or them talking amongst one another because there was never clear dialogue. It was something that just wasn't talked about.

In one interview, a participant described how being the child of immigrants contributed to the dynamic that left her unable to talk to her parents about many things, including sex.

Because I was so young, I wasn't getting explicit or direct messaging from my parents about, 'Well this is your body and this can happen'... I think one of the common things that a lot of us face as children of immigrants is not having—that you don't talk to your parents. You don't show affection to your parents. You don't treat your parents as friends. You learn what you can on your own, so I think the lack of direct messaging really left me in a place to build my own morality of who I thought I needed to be.

Theme 2: Messages That Sex is Wrong and Shameful (n=6). For many participants, any messages they did receive about sex, whether implicit or explicit, centered around the notion that sex was wrong and shameful, so one should not engage in any sexual behavior.

Their message is you don't talk about [sex]. It's not done. You don't play with yourself. You don't enjoy it. You don't think about it. Anytime you want to distress or any aspect about sex is dirty when you're raised Catholic. It's just not done.

Another participant expressed a similar sentiment about any type of sexual pleasure being viewed as wrong.

We can't experience sexual joy just for experiencing sexual joy. Somehow that's looked at as bad and negative.

The message participants received that sexual activity was always wrong, extended to any type of sexual behavior, regardless of the circumstances. For example, one participant noted how these messages persisted even if the sex was not consensual.

We never talked about the details [of sex], right? Because again, it's like anything sexual is shameful, even if it wasn't consensual, in our culture.

Theme 3: Conflict Between Survivors' and Parents' Cultural Values (n=10).

A majority of participants reported feeling that there was a gap at times between the values their parents found important and the values participants themselves tried to uphold. These values centered around a number of issues including gender roles, sexuality, and sexual violence. One participant described the difference in the way she and her family viewed sex.

When my family would talk about sex ... it was always having sex or being sexually active was associated with being a hoe and hoeing around. You should only have sex with one person, your husband. I feel like, you know, I enjoy having intercourse with men and I don't think that makes me a hoe. If I enjoy it, there's nothing wrong with having sex just for pleasure. I don't think that is exclusive for men. I think as women we should also be able to enjoy sex for pleasure.

Participants described a tension in their experience being “of both worlds.” They felt an internal struggle while they attempted to sort through the differences in the conflicting values they were exposed to.

There's usually like two sides to it. You're either very submissive and quiet and polite ... and you're not supposed to be heard. You're supposed to be a certain way and serve others. That's how I was raised. Versus some of my cousins, they

were louder and just more assertive. So, I feel like I have this dual—I don't know how to describe it—a constant push and pull internal struggle where I'm like, 'I grew up, I was raised by my mom and my dad this way but I really want to be this way.'

Some participants directly linked the differences in values between themselves and their parents to the context in which their parents were raised. Participants felt that their parents were raising them with the values their parents learned in Mexico, which did not always reflect participants' lived realities in the United States.

My parents were raised in Mexico, right? So, they have their values over there. There, the men kind of rule everything. Women just follow and make babies. Then they came over here and they tried to raise us with those same values but in a whole different environment. A lot of things I would fight back on because I'm like, 'That's not okay. Why do we have to do it this way?' My brother is four years younger than me. He could do whatever he wanted or he could play outside and I wasn't allowed to. I always felt there was something wrong with me. I think that their ideas or values around gender roles had a lot to do with the shame that I felt.

Theme 4: Pressure to be Strong and Persevere Through Hardship (n=10).

Having two parents who immigrated to the United States left most participants feeling as though they were under unique pressures as the children of immigrants. Notably, one of the most consistent messages participants received from their parents was the pressure to persevere past any challenge, no matter the circumstances.

I know my parents' immigration story really well. I think that initially the teachings of that were endure what you need to endure, even if it's hardship, even if it's shameful, or even if it's demeaning. You have to endure it because there is something that is next. There is a light at the end of the tunnel. There is a reward for that endurance (sic).

Participants reported that one of the reasons they felt they received such pressure was, in part, tied to their perceived need to succeed in order to make up for the sacrifices their parents made to come to the United States.

[My parents'] life experiences are very different. Coming from another country, especially a country like Mexico, and coming from the poverty in Mexico just gives you a way different perspective of life. So, there's this—I know everyone wants, most people just want to be successful. But when you have immigrant parents, it's this pressure to be successful because your parents went through so much to come here so that I have an even better life. You are expected to really be more than what your parents are.

In addition, participants were given the message that their hardships or traumas were not as bad as their parents', so they should be able to push through any challenge.

I see it as a pattern in most Latinx household of immigrant parents: your life is easier than the parents' life and the parents' life is slightly easier than the grandparents', so you've got to be grateful and not complain or speak up about things that are happening to you because it was never as bad as what happened to your dad, or your grandpa, your grandma.

Multiple participants noted how the pressure to be strong in any situation left them staying in unsafe and unhealthy relationships.

If something is wrong, you strong up. You suck it up and make a way. I think to me, that was the thing that I took with me culturally. Even in a relationship—staying in a bad relationship because you're supposed to work it out. You're supposed to be there for your partner. You're supposed to forgive and forget and move on.

Theme 5: Survivors Exposed to Machista Beliefs About Gender and Sexuality (n=11). Many participants reported being raised around messages consistent with an extreme form of *machismo*. Participants' parents, extended family members, siblings, and other community members shared their own beliefs about the proper role of men and women with survivors. A number of these messages centered around beliefs that women should defer to men, be dependent on men, and/or that a man has a right to exert his power over a woman.

My dad told him, 'You can do whatever you want to her as long as you don't hit her.' Then he told my ex-husband, 'Whatever problems you guys are having is because she doesn't know how to be a good woman or wife.'

It was common for participants to express that their families and communities thought that women were at fault for any inappropriate behavior by their husbands or other male romantic partner. In some instances, participants learned that this made violence towards women permissible. One participant described the implicit messages she received from her extended family around the proper role of men and women and the acceptance of violence.

I remember one of my aunts getting pregnant before she got married. My father was just so disappointed and on the verge of tears. 'How could she do this? We gave her everything.' It was just this catastrophic experience... So, she got married pretty soon after she got pregnant and she moved in with her partner who turned out to be incredibly abusive. He would beat her up for not making food well. At some point, my extended family was kind of like, 'Well she kind of deserves it. She's a bad cook.'

Domain II: Impact of Shame on Mental Health

The second domain captures the impact of the shame participants felt after an experience of sexual violence on their mental health. It consists of five themes: shame intensifies mental health symptoms; shame leaves one feeling at fault; shame leaves one feeling dirty; shame lowers one's self-esteem and self-worth; and shame reemerges and subsides throughout life.

Theme 1: Shame Intensifies Mental Health Symptoms (n=12). All participants reported some experience with mental health symptoms after their experience of sexual violence. For some, anxiety and depression even pre-dated the violence. Participants reported experiences of depression, anxiety, posttraumatic stress disorder, among others. However, all participants also noted how many of these mental health symptoms were not only present after the violence, but were exacerbated or caused by their feelings of shame.

I feel like the shame just contributed to developments of posttraumatic stress and then led to a lot of depression and anger.

The feelings of shame also led participants to engage in unhealthy and self-destructive behaviors.

Because I couldn't control [the sexual assault] and because that was so dirty and nasty to me, and it felt like the most horrible thing that happened to me at the time, I let those feelings of shame drive me to just be self-destructive.

For a few participants, the self-destructive behaviors prompted by the shame were increased drug and alcohol use. Participants described drinking more heavily, using marijuana regularly, and developing substance dependence. One participant noted how she used substances to cope with her negative emotions, which she felt was rooted in her feelings of shame.

In the past, like my teenaged and early adulthood and early 20s, I resorted to alcohol to just feel good about myself. I think that's rooted in the shame.

Theme 2: Shame Leaves One Feeling at Fault (n=11). Almost every participant described how they felt guilty and/or responsible for the sexual violence they experienced. These feelings were compounded by shame, which participants reported left them feeling like they did something wrong to cause the abuse. For example, when one participant was asked to describe what shame felt like to her, she stated:

I would describe the feeling of shame as a very heavy negative kind of guilt-like feeling. A very lonely feeling. Not knowing who to recruit [for help] or where your resources are at or if there are any resources. Very untrusting of others. That self-blame of, 'Did I have anything to do with it?'

Several participants associated the shame that left them feeling at fault for the sexual violence with the overall culture of victim-blaming and victim-shaming present in society today.

I can't talk about shame without talking about the guilt that came with that.

Feeling like, 'Oh, this is my fault. I'm doing something to cause this.' I was trying to make sense of it, and the only way I could was being like, 'Oh I wore these jeans, that's why it happened,' or, 'I didn't get up and leave the situation, so that was my fault. I must have not really, I must have liked it if I let it happen.' I think within society we tend to victim shame, just because it's a very patriarchal mentality and I think it does play a role within that self-shame.

Theme 3: Shame Leaves One Feeling Dirty (n=11). In addition to shame having left some feeling at fault for the violence, shame also left nearly every participant feeling as if they were dirty, gross, tainted, or disgusting in some way. Participants described these as both a physical feeling in their body and as an affective feeling that pervaded their lives and sense of self.

Shame felt awful, like if someone important to you was looking down at you in a disgusted way and telling you horrible things about yourself like you are not worthy of good things, or you are gross and no one will love you because of how gross you are.

A number of participants expressed having a strong desire to continuously wash or scrub themselves in order to get rid of the feeling of disgust they felt pervaded their physical body. Participants wanted to be clean of any of the feelings associated with the sexual violence they were exposed to.

When I got assaulted on the bus, I was so young and I didn't understand it fully, but I remember that feeling. When I got home, I just felt gross. I felt sick to my stomach. I felt like I was covered in something dirty. That's one of the things that has stuck with me the most from that one experience. I felt like I couldn't wash myself enough to clean myself. I just couldn't get it off.

Another participant described a similar sentiment:

I think for the longest time, I wasn't comfortable in my body. I remember being in high school and in college, there were some days where I would feel extreme panic attacks. I would just get in the shower and scrub my body for a really long time because I felt like something needs to come off.

One more participant reported a related desire, specifically associated with anything her perpetrator touched. When asked to describe her experience of shame, she stated:

Disgust—like crawl out of your skin disgust. It's almost like I want to take an outer layer of myself out and throw it away. Anything he touched, I just want to throw it away.

Theme 4: Shame Lowers One's Self-Esteem and Self-Worth (n=12). Every participant reported that their self-esteem was negatively affected by the shame they felt after the abuse. They felt as if they were damaged, not worthy of good things, and should not have any positive experiences moving forward. One participant stated that shame left her feeling as if she did not “deserve empathy or compassion.” It left her feeling “not worthy of genuine love.” The same participant reported:

In the early stages of my life, [shame] impacted me with self-esteem. I had a generally really bad view of myself. I always felt like I deserved all the pain I received. The shame of what happened to me, I always believed it was deserved. It just happened. It was deserved.

The lowered self-esteem and self-worth not only impacted how participants viewed themselves, but it also shaped how they related to other people. A few participants expressed feeling uncertain if they would be “worthy to marry” or deserving of healthy, fulfilling romantic relationships. For others, familial relationships were most impacted by their decreases sense of worthiness. A participant described how she viewed herself in comparison to her sister:

My sister, we're only a year apart. We're so alike but at the same time we're so different. When people meet us, some people can tell right away that we're sisters... There was a time in college where they were like, 'So how's your sister? Tell me about you and your sister.' I remember that for a while, I would think, I wouldn't say but I would think, 'I'm damaged goods and she's good.'

In addition to shame's impact on relationships, a couple of participants noted that their decreased self-esteem interfered with their professional work as well.

I don't necessarily feel confident approaching people or situations. There is a lot of, 'I am not good enough,' thoughts and feelings in schooling and in my job.

Theme 5: Shame Reemerges and Subsides Throughout Life (n=12). There was no one trajectory for shame that was common across all participants. Instead, the participants all shared a mutual pattern of shame being present, subsiding, and returning

at different points in their lives, for different reasons. For some participants, shame increased as they got older, while for others it decreased with age.

Now, [I feel shame] a lot less than before. I think in my 20s, most of my 20s, maybe even two years ago, [I felt it] constantly. Every time I would have an argument with my significant other, I would start feeling that sense of not feeling worthy, very low self-esteem. I would go back into feeling how I would when I was younger... The feeling of shame was constant, just constant. I would try to just get people to be happy with me, to love me, to make me feel loved, to make me feel worthy.

Some participants described a more chronic course of shame that impacted their everyday life across various situations.

[I feel shame] really often. It's daily, throughout the day and in different contexts.

Another participant similarly stated of how often she felt shame:

I would say every day. When I was by myself at home or at night, when everyone was sleeping, I would stay up just crying and crying. For me, my experience, [shame] was a common occurrence. It just happened so frequently that it was always present.

Shame's reemergence or disappearance was also linked to life events or situations. For example, one participant reported that shame "came back up when [she] became a mother [her]self." Among other participants, disclosing the abuse or beginning therapy decreased the presence and strength of the shame one felt.

I experienced shame and I felt ashamed up until I reported to the authorities and once I spoke about it and then when I went to therapy.

Domain III: Relational Impacts of Shame

The next domain captures the ways in which shame impacted survivors' relationships. This domain includes four themes: shame leaves one disconnected from family and friends; shame impacts intimate relationships; shame intensifies when one previously knew perpetrator; and shame and trauma are experienced intergenerationally.

Theme 1: Shame Leaves One Disconnected from Family and Friends (n=11).

Shame fostered a pervasive sense of disconnection for nearly all of the participants. The isolation extended from deep friendships to encounters with acquaintances, as participants found it challenging to both maintain old relationships and to also establish new ones as a result of the shame. Participants discussed feeling isolated, being unable to connect with others, and finding it challenging to feel close to friends.

I was really, [shame] really affected the relationships. I think I still struggle with letting people in.

Part of the [disconnection] is also just all the internalized shame and not being able to keep friendships or make friendships, not being able to interact with people as freely.

In addition to the impact of shame on friendships, a number of participants recounted how their relationships with various family members were affected by shame. Participants found it difficult to attend family reunions, see cousins, maintain relationships with siblings, and talk to their parents.

It definitely closed off a lot of parts of myself that I couldn't relate with my parents. I closed off from my mom and dad.

Theme 2: Shame Impacts Intimate Relationships (n=11). Nearly every participant expressed that the shame they felt negatively affected their romantic and sexual relationships. Whether the relationships were long-term committed ones, or short-term of a predominately sexual nature, participants reported finding it hard to engage in fulfilling intimate relationships. Moreover, a number of participants stated that the shame they felt left them questioning the types of intimate relationships or partners they were worthy of after the sexual violence they experienced.

I think that when it comes to romantic relationships, the choices I made in partners reflected the shame that I was feeling. I felt that somebody couldn't be into me because I was smart or I had a great personality. I felt like I had to have a good sex life with them.

Several participants also reported having “sexual shame” that specifically interfered with their ability to have healthy sexual relationships and talk about sexual topics with their partners. For some participants, this meant not wanting to be seen naked or physically touched by their partners. One participant shared how shame delayed her ability to engage in consensual sex with her intimate partner.

Shame and fear [impacted it]. The partner that I have, I've been with him for 10 years, and he was my first actual consensual intercourse. It actually took like a year or two for us to actually, for me to actually do that because of the trauma, shame, and fear. He was supportive and waited, so it impacted us that way. But also, he's a survivor too, so that's why he was understanding.

The shame participants felt did not solely leave them questioning the partners they should have or avoiding and delaying sexual interaction. A few participants additionally

expressed that their shame did the opposite, and in fact contributed to their increased sexual activity.

The normal thing is a girl gets a boyfriend and has relationships with them. But I have, [the assault] and the shame of being slut shamed by detectives, teachers, students throughout my whole high school career kind of pushed me to becoming I guess what you call a slut.

Theme 3: Shame Intensifies When One Previously Knew Perpetrator (n=11).

Every participant reported at least one incident of sexual violence in which they knew the perpetrator. For many, this was a family member such as a sibling, cousin, or uncle. Others experienced violence by members of the community they knew like friends, doctors, babysitters, and family friends. Most participants expressed that their prior relationships with the perpetrators contributed to higher levels of shame. For participants with multiple experiences of abuse, this stood in contrast to the lesser shame they felt related to the perpetrators who they had not known beforehand.

I was a child. Who likes to hear about pedophilia? It's such a brutal form of sexual assault and sexual violence... And then in terms of who the perpetrators were, one of them is still married to one of my aunts. He lives in my grandparents' house in Mexico. The fact that it was such a close family member has so much shame attached to it and coming forward.

Another shared a similar sentiment regarding the abuse by her brother.

I was told sex should only occur between a married man and women. So, having sexual experiences with my own brother was extremely shameful. I wasn't given any messages that it was okay to have sexual experiences with family. Obviously,

we weren't married. I guess that's kind of where the feeling of, 'This is wrong,' kind of solidified.

There was a common theme that the abuse itself and the effects of the abuse were not the hardest thing to cope with. Instead, several women noted that the difficulty was “more of who it was than what it was.” The betrayal and shame of having a loved one hurt one so deeply was disorienting for a number of participants.

I don't think it was so much about the rape that happened, when someone in my family tried to do something that really hurt me. In my mind, my family is supposed to protect me, and it was one of my cousins. He was the one trying to do this to me.

A few participants shared a similar sentiment that the abuse and its effects would have been easier to cope with if they had not known the perpetrator.

It was just like, almost as if it would have been easier if it was somebody I didn't know, if it was somebody that my parents didn't frequent as often.

Theme 4: Shame and Trauma are Experienced Intergenerationally (n=7).

Slightly more than half of the participants acknowledged that their family's intergenerational experiences of shame and trauma influence their own experience of shame and abuse. Some felt that their parents' immigration trauma and relational traumas shaped how they responded to the participants' later abuse. In many cases, the trauma faced by participants' parents prevented them from giving participants the support they sought.

My mom was molested when she was a child, and her two sisters by the same adults. None of them said anything. He died and nobody knew that he had

molested three children and God knows how many else. My mom didn't get any help for me even though she knew that I was molested because she didn't have the skills to get me any help. She didn't know any better.

Additionally, participants felt that their parents passed down a culture of shame and silence that they learned from their own parents.

So mental health runs in my mom's side of the family. I remember my mom telling me her great grandmother was kept in secret. She was kept in a room and it was just, she basically didn't exist to the world because she was mental ill. So, I think that feeling of shame just stems so far, very generational feeling that's passed down.

One participant further expressed that she noticed herself engaging in behaviors that she felt were teaching her own children to be ashamed. She reported being hesitant to allow her husband to engage in certain activities with her children, notably allowing him to bathe their daughter, for fear of any inappropriate actions towards her daughter. This participant described how she felt her shame impacted her children:

When we hold on to that shame, we're subconsciously passing it on to our children. We're subconsciously passing on that seed. It gets passed down subconsciously with like the whole helicopter parenting and things like that.

Domain IV: Impact of Shame on Daily Functioning

A notable result of shame was its pervasive effects on survivors' daily functioning. Survivors described the multiple ways in which shame interfered with their lives. The four themes in this domain included: shame limits one's opportunities and

success; shame impacts one's relationships with their body; shame manifests itself physically; and shame's impact shaped by intersecting identities.

Theme 1: Shame Limits One's Opportunities and Success (n=9). Within this theme, participants shared the ways in which they felt their lives had been limited by their feelings of shame. Participants discussed how shame kept them from pursuing professional opportunities they wanted or from reaching academic goals they set for themselves. It was not uncommon for participants to describe giving up promotions, not taking a higher-paying position elsewhere, declining to continue their schooling, or in some cases dropping out of school.

It has been really limiting. [Shame] has limited my social interactions, my romantic interactions. It has limited my academic performance ... it has been limiting academically. It's been limiting in my work prospects and its limited promotions. It's limited me asking for raises.

Several participants noted a conflict between their desire to move forward in their careers and take on additional responsibilities at work, while at the same time shying away from those roles due to shame.

When it comes to shame, I think at work I still struggle with that I want the responsibility, but I don't want to be the leader. I just kind of want to be in the background of responsibility.

Even when participants were young and not yet in professional roles, shame negatively impacted their academic lives. Participants reported missing school, lowered grades, and increased conflict with peers at school. One participant directly connected her

decision to drop out of high school to the shame she was made to feel by her peers due to an incident that occurred at school.

I was 14 because I was a freshman in high school. I was on my period. He tried to get in there and, you know, there was blood, so I was made fun of because of that. I actually dropped out of high school because of that. I did not attend high school after sophomore year because I was constantly being shamed.

Theme 2: Shame Impacts One's Relationship with Their Body (n=9). Three-quarters of the participants felt that their relationship with their bodies changed in some way as a result of the shame they felt, although the ways in which it changed varied. For a few participants, there was a broad agreement that they felt ashamed of how their bodies looked after the sexual violence.

This might be a too personal remark, but when I have sexual relationships, I never go naked or anything. I've been ashamed of my body, even changing in front of my mom or cousins.

The shame participants felt around their body resulted in their attempts to not be seen by others and hide their bodies from the world, as they feared being viewed as sexual beings and drawing attention to their bodies. One participant described her desire to avoid attention:

Once I started going through puberty, because the abuse had stopped then, I recall not wanting to be seen. I would wear these big hoodies and these big clothes... I don't want to be seen. I don't want to be cat called. I don't want my body to call attention.

Other participants took a different route to avoid being noticed. Instead of trying to hide their bodies, they made active attempts to change how their bodies looked so they would no longer be recognized.

I went through anorexia. I went through body shaming myself and trying to work out to be completely different, dying my hair different colors so I wouldn't recognize myself then.

Multiple other women also described how their shame contributed to their development of eating disorders. They reported experiences with bingeing, purging, restricting food intake, and having an unhealthy relationship with food. One participant described that her relationship with her body and her eating disorder has evolved over time.

I didn't have a positive relationship with my body, so I developed eating disorders and I didn't care what would be the damage... I stopped being a bulimic a few years ago and it was a process to develop a positive relationship with food. You would feel ashamed of that. You would feel ashamed with your body.

Theme 3: Shame Manifests Itself Physically (n=9). In addition to the psychological and relational effects of shame, there were numerous ways in which shame manifested itself physically for many of the participants. These manifestations of shame ranged from a temporary feeling of being “sick in the stomach” to a chronic pain disorder that a participant experienced for years and associated with her feelings of shame. Other participants noted differences in the way they carried themselves as a result of the shame, with one woman noting that she felt her posture and nonverbal behaviors, including the

volume of her voice, changed after shame left her less “comfortable doing [things] out in the world.”

Yet another participant detailed her experience of shame as manifesting itself through migraines and changes in menstruation.

I get a lot of migraines. No one can tell me why. And for the longest time, I have very severe period with cramps and just super heavy periods. After I went to therapy, they calmed down. I was like, ‘Maybe that’s where I was holding all my emotions, in my periods.’ Because they were ridiculous and they would last like 10 days. I always wondered about if it was all my emotions leaving through period.

Theme 4: Shame’s Impact Shaped by Intersecting Identities (n=9).

Participants were adamant that their only identity did not lie in their past as survivors of sexual violence. Instead, participants shared about how many other aspects of their identity shaped their experience: their race, ethnicity, sexual orientation, class status, immigration history, documentation status, among others. Many of these intersecting identities held additional forms of shame for participants beyond the sexual violence itself.

Growing up, we weren’t the best off. We were maybe a little bit below middle class. We didn’t have super nice shoes and clothes, clothes de moda or you know name brands, things like that. I was always kind of ashamed of that with my friends and stuff, that their parents had more. Their parents were able to give them more being that their parents weren’t immigrants. It was embarrassing to

have to buy from Goodwill or thrift stores, hand me downs, donations, things like that, and that impacted the way that I would see shame or feel shame.

The shame participants experienced related to other parts of their identity intersected with the values their parents held about gender, sex, and sexuality that also shaped the sexual violence related shame. For example, one participant described how her parents' views on gender amplified the shame she felt as a queer woman.

The first thing that comes to mind is being queer. I guess that was another part of why I don't identify with Catholicism anymore because their belief is that queer people are committing sins and it's just wrong, right? So, knowing that I wasn't accepted by my church, why would I stick with my church? And I don't feel comfortable telling my parents because I know they—it's strange but for some reason they accept gay people more than they accept bisexual people. That's what I at first identified as before I became aware of the word queer. So just knowing that caused shame too because it was like, 'You're not even a lesbian, you like both.' So that, it's just wrong.

Domain V: Impact of Shame on Disclosure

The domain of impact of shame on disclosure consists of four themes that describe the role shame played in participants' process of deciding when to disclose and to whom. The four themes included: shame a barrier to disclosure; fear of impact disclosure will have on parents and community; fear that others will judge and blame one for abuse; and prioritizing family and elders prevented disclosure.

Theme 1: Shame a Barrier to Disclosure (n=11). A significant barrier to disclosure for almost all of the participants was the shame they felt. Some participants

described the shame as an internal experience that kept them from wanting to share their history of sexual violence because of their own feelings and perceptions about the abuse.

It was hard, difficult because of the shame that I felt, to admit that my own brother had sexually abused me at such a young age. It's just not a topic that's talked about or seen as normal. This just felt very shameful to talk about with anyone, so I definitely avoided doing that for some years.

For other participants, the shame that prevented them from disclosure was more of an external experience. Some of the women reported a fear that they would be shamed by others if they disclosed, so they avoided disclosure in an attempt to minimize being shamed by those around them.

If I was to be open with what had happened in the past, people would just, I don't know, they would turn their backs on me, I guess. I'm afraid to be shamed. Like, 'Oh that was your fault. Why did you even do that? Why were you there? Why did you—?'

In yet other instances, participants had previously felt comfortable disclosing their experience of sexual violence to someone, whether a friend, family, or the police. However, the negative reactions they received from the initial disclosure, including being shamed, prevented participants from wanting to disclose again, for fear of being shamed by someone else.

I was about to tell [my best friend] about [the past sexual violence], but I stopped because of the past experiences I've had telling people. How they would make me feel, people who I trusted, police, everything. I was scared to live it again if I told

my best friend, so I didn't. I just changed the subject. I didn't want to feel that level of shame again.

Theme 2: Fear of Impact Disclosure Will Have on Parents and Community

(n=6). Several participants expressed that their decisions-making process about if and whom to disclose to was heavily influenced by their consideration of their families and overall community. Participants were not only thinking about the impact of disclosure on themselves, but also those around them. Most notably, participants described how the contextual factors related to their status and 1.5 and 2nd generation Mexican American women (e.g., immigration history, documentation status, socioeconomic status, etc.) significantly shaped disclosure.

When I think about being first gen, being born here and having undocumented parents, I always think that if I—and again, it comes down to the should've, could've, would've, the hypotheticals—if I had parents that were documented, I would have disclosed so much earlier because I wouldn't have feared their deportation or the involvement of law enforcement. I wouldn't have feared that as much.

A number of participants described that they were raised in multi-family households due to their parents socioeconomic and immigrant status that made it challenging to afford living without additional financial and social support. Several participants reported that they experienced sexual violence within these homes by a perpetrator who lived with their family. As a result, it was common for participants with these experiences to express that they felt a reluctance to disclose for fear of how their disclosure would affect the overall housing security of the multiple families.

When my parents migrated, they come and they trust family that is already here. We see sometimes two, three families in one household all pushed into small rooms. So, I think socioeconomically, there is an impact because what am I going to say? I'm going to say this [abuse] happened and per se, rock the boat, and kick out a family? What would happen, right?

Theme 3: Fear that Others Will Judge and Blame One for Abuse (n=9). This theme summarizes participants' reluctance to disclose because of their fear of others' reactions. Specifically, participants described a feeling that they would be judged as being impure or at fault for the abuse. They worried that any disclosure would lead to being blamed for doing something wrong to cause the sexual violence. Notably, the shame participants felt surrounding the sexual violence left them particularly sensitive to any feelings of fault or blame, as many participants reported already feeling judged as a result of the shame. For example, when one participant was asked to describe how shame feels to her, she stated:

I would say [shame feels] like overwhelming exposure. Feeling like people just know and they are judging you for what happened. Blame. Embarrassment. Violated. I think those are the words that come to mind.

The feelings associated with shame heightened participants' awareness of how others might react to their disclosure.

They're going to be so mad at me. They're just going to be disgusted with me. I can't say anything. I can't tell anyone anything because they're going to look at me different. [Shame] has definitely impacted my ability or my desire to get help

just because I don't want people to look at me like I'm tainted, like I'm impure, that kind of thing.

Theme 4: Prioritizing Family and Elders Prevented Disclosure (n=7). Just over half of the participants expressed that they faced challenges disclosing the sexual violence they experienced because of the messages and values they learned surrounding the role and meaning of family. Participants described being taught that family is one of the most important things in life, and one should not do anything to disturb the family dynamic or bring shame upon one's family. One participant shared how these messages left her feeling unable to disclose.

I think it affected me not feeling comfortable to talk to my parents or brother or any of my family or friends about it. I think that family was, that family is sacred. You shouldn't talk bad about your family. You shouldn't bring shame upon your family. So, by speaking my truth, I would be bringing shame to my family. So, I just didn't, or if I did, it was confidential in an office with a therapist.

Another participant similarly noted the messages she received to not discuss sensitive topics outside of the family.

I feel like [being Mexican American] had a lot to do with why [the sexual abuse] was hidden because I wasn't allowed to talk about it. I wasn't allowed to reach out for help. 'No, you shouldn't tell anybody about it because you deal with things in the house.' Everything you do in the Mexican household it's like, 'No, you don't tell other people about it. You wait 'till you get home, then we're going to talk about it.'

In addition to learning about the importance of family, participants also learned that it was essential to respect one's elders and defer to them in nearly all circumstances. This not only left participants vulnerable to abuse from elders who they were not supposed to question, but participants also expressed being unable to disclose and speak out negatively against an elder.

How would I look speaking out against a male figure within our family? Within our community? My cousin's father? How was I going to do that? How was I going to do that to my father's niece? How would that look on me? And I think it was, a lot of it came from the way we were raised—that adults were always right, especially the Mexican man in the family... That comes with being an elder in your family. Being a kid, [you are] just always taught, you don't speak to this person like that. You don't speak out against what they say. They're always right. It's family, so you have to trust them.

Domain VI: Marianismo Increased Feelings of Shame After Sexual Violence

The sixth domain specifically focuses on how messages and values consistent with *marianismo* directly contributed to participants' increased feelings of shame after sexual violence. This domain consists of five themes: expectation for women to fulfill culturally specified roles; expectation for women to remain chaste outside of marriage; worth as a woman tied to maintaining one's virginity; messages around chastity worsened shame after abuse; and religious messages around sexuality fostered shame.

Theme 1: Expectation for Women to Fulfill Culturally Specified Roles

(n=10). Many of the participants recounted the ways in which they were influenced by the messages and values they learned about gender growing up. Even if participants no

longer agreed with or held those values, they noted how those messages influenced their lives in a multitude of ways. For example, several participants described being taught by their families, religion, and cultural community that women were only meant to have certain roles as adult women. One participant described how one of the major important duties women were expected to fulfil was that of a wife:

I think that's how gender played a big part [in my shame]. It's just, 'You're good to be a wife. You're good to be a good wife.' If anything interacts with that, what good are you? And that's both the Catholic and the Mexican part of it.

A different participant described a similar message from her family, although added the importance of the role of motherhood.

I guess being Mexican, we're just always told that we're supposed to do what our man says. We're supposed to please our husband and our job is to take care of the kids and raise the kids. You're supposed to have this, they have this idea for us of the way we're supposed to be and the way that we're supposed to grow up. That has definitely changed my views on, not changed, but impacted the way that I see shame and the way that I've experienced life.

Several other women felt that in addition to the expectation that they become good wives and mothers, there were also expectations around the types of success and career paths women should pursue. More specifically, one participant reported feeling that she was expected to either become highly educated or stick to being a wife and mother. She described feeling like there was no room for women whose paths diverged for either of those two roles.

I feel like there's a stereotype of Mexican women. Either you're educated. You go to college and you're the proudest. Or, you get pregnant really young and have four kids—and I'm kind of in between it. I don't have any kids, but I have a lot of friends who were Mexican daughters of immigrants who didn't go to college either and now are stay-at-home moms. Then I have friends who, one is in medical school and the other one right now is at a law firm. It feels weird being in between because I am not talked about. I'm not important.

Theme 2: Expectation for Women to Remain Chaste Outside of Marriage

(n=10). In addition to the expectation for women to fulfill specific roles, many participants also reported that as women, they were expected to avoid any sexual activities before marriage to a man. Participants described repeatedly being taught that they must maintain their virginity, dress modestly, and not do anything that could be deemed as sexually provocative. In many cases, participants were raised with these messages from a young age.

Your virtue, your biggest gift to offer your husband, that whole thing, that whole concept is bullshit but that's what I was raised with. Your biggest gift to your husband was your virginity and keeping it nice and pretty and tight in a bow and everything, right? I think that my culture, my family, all of it was very tightly woven and very much valued like nothing else.

The expectations communicated to women were informed by both cultural values and norms about the appropriate behavior for both men and women and by the religious messages participants' families were exposed to. For many, these religious lessons were specifically associated with Catholicism.

Because of like Christianity or Catholicism, women are supposed to be pure and they are supposed to be pure and virginal.

Several women felt that their parents' and communities' expectations that women remain chaste not only left women unable to explore their sexuality in age-appropriate ways, but these messages also left participants feeling like they were at fault for sexual activity that they did not consent to or participate in.

As a woman, you're supposed to just stay pure for your husband. You're not supposed to have any kind of interaction with a male before you're married because you're supposed to save that for your husband. As a woman, you're supposed to remain pure. That concept of purity was pushed to us a lot. If any man touches you, if you allow somebody to look at you with lust, that's your fault. You're supposed to remain decent, covered up. You're not supposed to hang out around guys. 'You're a woman, carry yourself like one,' was always told to us.

Theme 3: Worth as a Woman Tied to Maintaining One's Virginity (n=7).

Several participants shared that not only was there an expectation to refrain from sexual behavior outside of marriage, but that there were direct connections between their purity and their worth. While participants described learning about the value associated with one's virginity from community members and extended family, many noted that their fathers were the ones primarily and most strongly communicating how their daughters' worth was dependent on their abstinence.

My father told us, since we're all girls in my family—I have two sisters—so it was just all girls. He told us one day, 'If you ever have sex before you're married, men are gonna look at you como si fueras basura (as if you were trash). They're just

gonna look at you like a piece of toilet paper to use and then throw away. If you have sex before you're married, if you go and start having sex with anybody, men are only going to look at you for that purpose from now on and you're never going to be loved. You're never going to find love. Men are only going to want to use you and that's it.' And that's been something that I've dealt with for forever.

Across multiple interviews, participants also noted how their experiences of sexual violence left them feeling as though they were now worth less since they felt they no longer met their family's expectations around chastity and purity.

For a girl, [your virginity] is the only thing you're good for. If that's damaged, well what else do you have? You don't have anything else to offer. So, to me, my primary role in life was debunked or not worth anything anymore [after the assault]. Anything else I would do or accomplish in life would not matter really. It wouldn't matter if I was a doctor. It's just like, 'Well you still aren't worth anything.'

The feelings of worthlessness described by participants extended into multiple areas of their lives, and left participants attempting to reclaim their worth. One participant shared how she tried to prove her value to her parents after the sexual violence.

I graduated and everything, but it always feels like I had to prove that I was worthy of something. That I wasn't just, like my virginity wasn't my worth. That I could do something... I think that's how I felt. Like I have to do this so that my parents could see that I'm worthy. My virginity is not just my worth.

Theme 4: Messages Around Chastity Worsened Shame After Abuse (n=8).

This theme summarizes participants' experience of noticing that the shame they felt after

sexual violence was exacerbated by many of the previous messages they had received about the importance of a woman's sexual purity. Participants described feeling ashamed that they could no longer live up to the expectations that had been previously communicated to them about not engaging in sexual behavior before marriage.

I can remember being really little and it's like, 'Good girls keep their legs closed.' There I was having my legs opened forcibly, right, and being very confused around what was happening. It was the shame of you're supposed to wait to have sex until you get married. I knew that was never going to be a possibility for me, so I felt deeply shamed around some of that.

A different participant similarly expressed how the shame she experienced after her assault felt more pronounced as a result of many of the messages she received about her role as a woman in a marriage.

In my head, the only thing that I had worth giving to another individual was ruined. I have to give something to my husband. That's the only thing I'm good for—to serve another person. I can't be worth something for myself. It has to be for a husband... Everything to do with that idea is just, the gender part, the serving other, I think all of that intensified it and made the shame bigger than it had to be.

Theme 5: Religious Messages Around Sexuality Fostered Shame (n=10). For many of the participants, the lessons they were taught from their religion also fostered a culture of shame around any topic associated with sex and sexuality. Participants reported feeling like the sexual violence they faced meant they were sinners, going to hell, or no longer worthy of God's love. Many used words like “defiled,” “dirty,” “impure,” and

“sinful” to describe how they felt after their experiences of violence because they felt they had not upheld the religious values they were taught. Additionally, religious messages about sexuality were highly intertwined with the lessons participants learned from their families. As such, religion often compounded the messages about what was right and wrong for many of the participants, and left participants feeling ashamed when they engaged in “wrong” behavior.

I was raised Catholic, within the Catholic Church. I think most Mexican American people are. And so, there's a lot of feelings of shame in that religion. 'Oh, if you do this that's shameful.' I was told, 'Oh, you should save yourself.' This idea that your sexuality is precious and it should be reserved for only one person when you're married. So, I think when the abuse happened, I definitely felt defiled. Like, 'Oh, I broke this rule and I should feel bad about it because that's what my religion tells me.' I couldn't make the connection that it wasn't my shame to feel. It was his. Yeah, I definitely do feel the Catholic religion made me feel that dirty feeling or like that 'Oh, you gave away your innocence. Your virginity is just, you killed it, and now what?'

The notion that one should be ashamed for engaging in bad behavior was exacerbated by the lack of nuance several participants described in their experience of religion. For example, one participant described her experience of Catholicism as one in which there was little room to acknowledge lack of consent, and instead any sexual behavior outside of marriage was automatically viewed as bad.

The Catholic faith that I was raised in, that kind of amplified the shame. You're taught at such an early age of good and bad and what's sinful and all that.

Everything is just black and white. There's no middle ground. There's no, it's either this or that. There's no in between; no gray.

Further, there were some traditions specifically associated with religion that felt particularly shame-inducing for participants. One woman shared how confessing her sins to a male priest as part of Catholicism left her feeling:

I think religion added, compounded the shame. You go to church, and I've always been a rebel against, 'Why do I need to go tell a male experiences that I've had with males that weren't my fault?' And then I have to go sit in a pew and pray over sins that weren't mine. I think it adds to that victim shaming.

Domain VII: Healing from Shame

The penultimate domain focuses broadly on the multitude of ways survivors described healing from the shame they experienced after sexual violence. This domain includes four themes: psychotherapy; non-formal therapeutic strategies; supportive relationships; and making efforts to shift dialogue on sexual violence.

Theme 1: Psychotherapy (n=12). Every participant interviewed described psychotherapy as part of their healing process in some form. The exact ways in which participants engaged in therapy varied widely, with some participants utilizing short-term services to manage acute symptoms and others engaging in long-term therapy. Yet other participants noted that they accessed therapy in residential or inpatient settings. Regardless of the type of psychotherapy one utilized, many participants valued the objective, confidential aspects to therapy that allowed them to talk to a third-party without fear of being judged or further shamed.

With the shame part, I knew in college that senior year I had access to counselors and people who are gonna believe me and not shame me. I think that that gave me the courage to come forward.

Participants described finding therapy helpful to gain coping strategies, identify their emotions, and minimize the blame they placed on themselves for the abuse, among other benefits. However, a few women also noted facing some challenges in their process of finding a therapist with whom they felt comfortable. Most often, issues of identity arose as a barrier.

Therapy has been hard because it's been really hard to find someone that I can relate to. [Therapists] are either men or they're white, and I feel like our experiences are really different. Then now where I live, even the last therapist that I had was an hour away. I feel like if I was to do therapy now, I would really try to find a woman of color to talk to.

Another participant recounted a similar difficulty finding a therapist who understood her, but she described the benefit of finally finding a therapist she felt was a good fit.

You've got to find somebody that works for you, that you feel comfortable with, that you feel comfortable talking to. For me, it was talking to another woman of color. I just felt like they understood me more, so I started going to therapy more.

Theme 2: Non-Formal Therapeutic Strategies (n=10). Psychotherapy was not the only means of healing participants used. Rather, participants described a range of additional strategies they found helpful in their healing process that were outside of a traditional psychotherapy practice or medical model. Participants noted how reading was

a beneficial means of escape and several found that doing extensive research on sexuality, sexual violence, and other related topics was helpful in regaining a sense of mastery over understanding their experiences and reactions. Others utilized activities like making art, listening to music, playing sports, and exercising as useful coping strategies. One participant shared how art facilitated her ability to talk about her sexual violence.

I definitely put everything on canvas. That helped me out with getting the images out and just being a conversation starter to let people know, 'Okay, you can ask me why I painted this. You can ask me why this is there.' That's how I first started talk about it. I didn't know how to word it. I didn't know how to say what I've been through or how to even say the word, the 'R' (rape) word. It's just, it's hard.

Though most participants reported having lost any connection with their religious faith, a few women noted that part of their healing process involved reconnecting with their religion and associated spiritual practices.

It wasn't really until my late 20s or early 30s where I more so turned to religion and to get a better relationship with God. When it comes to the forgiveness and trying to pray my way out of bad relationships, [I am] trying to establish a relationship with God for myself—not because I was told that I'm supposed to.

By contrast, other participants found healing in spiritual traditions rooted in their family's indigenous history rather than in organized religion.

I really, really, really focused on healing with indigenous women and so doing the healing circles, I started disclosing to people a bit more and feeling more comfortable with [the sexual assault] being part of my story, but not a part in which I had any play in.

Theme 3: Supportive Relationships (n=7). The ways in which participants' families, friends, and communities reacted to their experiences of sexual violence varied widely across participants and their relationships. Nonetheless, many participants still described having some supportive relationships in their lives that facilitated their healing process. For some, these relationships occurred within the family, with parents or siblings being major sources of support. For others, friends or romantic partners provided greater understanding and empathy than family members who, for some participants, were dismissive or judgmental. One participant shared how these different relationships offered different levels of support:

My mother is still pretty much unable to [support me]. She knows what she knows, and she wouldn't be able to support me in any other way than like, 'I love you. You matter a lot to me.' My dad is, I wouldn't even know what he would, that would be funny to try and see him support me through this. My sisters, because we have a higher level of education and we have been able to get a different level of awareness, they can support me, and so have my friends who have taken the time to educate themselves. They can.

A number of participants also recounted a great level of solidarity and compassion in the relationships they formed with other survivors. Participants described developing relationships with other survivors of sexual violence through online chat forums, support groups, and among friends and family they learned had similar experiences. When asked to elaborate on the supportive relationships she was describing, one participant added:

Knowing that other people had experienced sexual abuse and it wasn't just me [was helpful]. I would hear stories about people's experiences and [think], 'Oh,

wow, this is really the person who did it's fault.' Like the person who experiences it is the victim. I guess hearing other survivors' stories [was helpful].

Theme 4: Making Efforts to Shift Dialogue on Sexual Violence (n=6). As part of their healing process, several participants detailed their attempts to enact changes to minimize the risk of violence for future generations. Participants did this by changing the ways in which they talked to their own children or nieces and nephews about consent, sex, and sexual violence. They described being more direct and transparent in their discussion with younger generations, in ways that participants' own parents weren't.

I'm very much in a feminist role and changing that, very much advocating within my own family to change that, to change the language, change that whole negativity around becoming a woman with my own daughter and teaching respectable values towards others with both my children.

Additionally, participants also worked to shift how their families talked about sexual violence. Some women educated their family members on the issue, while others encouraged their loved ones to speak up against abuse they knew or suspected was occurring. One participant described her efforts to shift dialogue with both her daughter and her family members:

I would teach [my daughter] that. I had her say, 'No.' Not just say it, but move her finger. I remember by the time she spoke, she knew where her vagina was and that no one had to touch her. That was one of my priorities, like, 'No se te van a tocar. Me tienes que hablar a mi y tienes que gritar (They are not going to touch you. You need to call me and you need to scream).' Because I don't want my daughter to experience that type of abuse that I experienced at all. It stops here

with me. I tell my sisters that too. This shouldn't have to happen again. We need to see the flags. We can't leave the kids alone just because they're kids. We need to go over and actually see with our own eyes that they are okay. If you get the feeling that something is wrong, something is wrong. That's your intuition.

Domain VIII: Challenges to Healing from Shame

The final domain summarizes the barriers participants encountered in their attempts to seek healing from the shame they experienced. This domain includes four themes: experience of healing different for Mexican women than White women; lack of resources for healing; mental illness and therapy are culturally taboo; and earlier support and intervention would have been helpful.

Theme 1: Experience of Healing Different for Mexican Women than White Women (n=8). One of the notable challenges to healing participants discussed was rooted in their identity as Mexican American women. Participants felt that their process of healing differed notably from that of others in their lives, particularly their White friends. They perceived the families of the White friends as more understanding, comforting, and proactive in getting their daughters support after an experience of sexual violence. By contrast, several participants noted that cultural values their parents held prevented them from supporting participants in the ways they would have liked.

I think there's really good parts of Mexican American culture, and then there's really detrimental parts. I mean, I can tell you that my White, progressive, liberal friends, like my girlfriends who have come out with their own stories of sexual assault, the reception has just been radically, radically different. Foundationally just completely different from their families. So yeah, I do think this culture of

shame around sexuality and womanhood... It's just those cultural norms are so different from what I see in some of my other friends.

Another participant also described how her mother's reaction to her abuse was vastly different than that of her White friends' parents.

I feel like the way [my friends'] parents or family members reacted is totally different. For example, I've seen White girls have had more support, or more, 'I understand, honey, and I'm going to be there,' and whatnot. I think because of the mentality of my mom who is very much machista and everything, I think the support is different and the understanding.

Theme 2: Lack of Resources for Healing (n=6). Participants described a multitude of factors that contributed to their minimal access to adequate resources to get support for their sexual violence. Some of the most salient issues participants described were the challenges associated with their socioeconomic status. Several women shared that they grew up in low-income homes where therapy or psychological support did not rise to the same level of importance as other basic needs. A number of participants were only able to access support once they were older and more financially independent. One participant shared how her family's economic standing at different times impacted her ability to seek therapy.

My family at that time [that I disclosed] was stable enough financially to where if I needed therapy or if things got really bad, we could absorb it. Whereas I think for a while, my family was just literally fighting to survive during the recession and everything. There just wasn't any oxygen for anything that wasn't an immediate survival concern.

Many of the additional factors that contributed to the lack of access to resources were associated with participants' identity as 1.5 or 2nd generation Mexican American women. For example, women reported that they faced challenges finding support due to their own or their families' documentation status, language barriers, or an inability to find resources that they felt fully understood their experience as Mexican American women. Further, some participants felt that their parents had little to no awareness of the resources available in the United States, thus leaving them unable to get help as minors. One participant detailed the different barriers she faced accessing resources at various points in her life after the abuse.

My mom didn't get any help for me even though she knew that I was molested because she didn't have any skills to help me get any. She didn't know any better. While I was a minor, I was undocumented and without health insurance. Even if there was a community program that could have helped me, my parents didn't know about it or how to get help. I didn't, I was still a child and didn't know how to tell a teacher or counselor. And then after that, I had crappy healthcare. I had whatever my community college was offering or my four-year college was offering. I was too busy trying to pass my classes to get any help for the molestation. I didn't know to report it and go to a sexual assault resource center. I didn't know to tell a counselor at school. Once I graduated college, I was too busy trying to keep a job.

Theme 3: Mental Illness and Therapy are Culturally Taboo (n=8). A majority of the participants felt that an additional challenge to seeking support was the way in

which their families understood mental illness and therapy, with one participant succinctly noting:

Mental illnesses aren't taken seriously in some Mexican households.

Several participants reported that their families had histories of shaming or hiding away family members with mental illness. Others stated that their families communicated that one should be able to get over or work through mental illness on their own. As a result, participants felt unable to talk to their families about their mental health or discuss their desire to start therapy.

I also know that therapy wasn't something that was ever talked about in my family. Mental illness wasn't talked about in my family even though it was in my family. I think just mental illness was shameful, considered shameful. Just a very private thing.

Because of the taboo nature of mental illnesses and the shame associated with them in many of their families, it was not uncommon for participants to share that they had to take the initiative to begin therapy themselves, at times without the support of their parents.

I felt that whatever therapy and closure I received, it was because I sought it myself. And not just for me, but even for my sister. I had to advocate for myself because even though my mom was my mom and my dad was my dad, they didn't really see the importance of [therapy.]

Theme 4: Earlier Support and Intervention Would Have Been Helpful (n=7).

This final theme summarizes the desire participants had to be able to get support and resources earlier in their lives. Many participants experienced sexual violence for the first

time as minors, often as young children, and faced the effects of the abuse for years before seeking formal support. Thus, there was a wish to have been able to get help sooner to minimize the negative impacts of the abuse.

I would have loved to have gotten help for this in high school. It would have changed how I did in high school, my self-image. There's a lot happening in the teenage years and the way I was relating to peers was starting to suffer. I also had to get a job as soon as we got our documentation, so there were things that I could already see I needed help with. Coping skills or just everyday skills, they weren't there. I would have said something and would have gotten the help if the resources were there.

Another participant also expressed how earlier support would have been beneficial. In particular, she felt that being able to get help sooner would have helped her carry less blame and feelings of fault for the abuse she sustained.

I'm pretty sure if I would have been able to talk to somebody right away, if I knew somebody was listening to me right after it happened, and that it wasn't my fault, and I didn't have to be quiet, I almost wish I could have—whether it went anywhere or not—filed the case on him just to say, 'Look, I know it's not my fault. It's this person's fault. It has nothing to do with me. It has everything to do with this person doing something to me.' And then from there, knowing that my only responsibility was to work on this. I feel like having support early on would have helped.

Chapter 5: Discussion

Shame is a pervasive negative affective experience that can have significant adverse effects on an individual (Andrews, 1998a; Herman, 2011; Lewis, 1992; Tangney, 1995a). For survivors of sexual violence, shame has been repeatedly identified as a common experience associated with poor mental health outcomes (DeCou et al., 2019; Feiring et al., 2002a; Feiring et al., 2002b; Vidal & Petrak, 2007). However, little is known about how cultural values and context impact the experience of shame for one of the largest subgroups in the United States, Mexican Americans. The present study aimed to explore how Mexican American survivors' cultural context, including their cultural values and generational status, shaped the experience and impact of shame for these women across various ecological levels. To achieve this aim, the study utilized a theoretical framework that incorporated two different approaches: Campbell, Dworkin, and Cabral's (2009) ecological model of the impact of sexual assault on women's mental health and a *mujerista* research paradigm (Nygren, et al., 2016). The combination of these two frameworks allowed me to both approach the study with an awareness of power and center Mexican American women's lived experiences while exploring the impact of shame across multiple areas of survivors' lives.

The present study employed a qualitative descriptive approach to remain close to the data and present a comprehensive summary of the findings in easily understood language. Twelve 1.5 and 2nd generation Mexican American women were interviewed via phone or videoconference using a semi-structured interview protocol. The qualitative data was analyzed using conventional content analysis (Hsieh & Shannon, 2005), and data analysis yielded eight broad domains with four to five themes each. The results are

as follows: 1) influence of immigration and cultural context on shame: sexual topics are taboo and not discussed, messages that sex is wrong and shameful, conflict between survivors' and parents' cultural values, pressure to be strong and persevere through hardship, and survivors exposed to machista beliefs about gender and sexuality; 2) impact of shame on mental health: shame intensifies mental health symptoms, shame leaves one feeling at fault, shame leaves one feeling dirty, shame lowers one's self-esteem and self-worth, and shame reemerges and subsides throughout life; 3) relational impacts of shame: shame leaves one disconnected from family and friends, shame impacts intimate relationships, shame intensifies when one previously knew perpetrator, and shame and trauma are experienced intergenerationally; 4) impact of shame on daily functioning: shame limits one's opportunities and success, shame impacts one's relationship with their body, shame manifests itself physically, and shame's impact shaped by intersecting identities; 5) impact of shame on disclosure: shame a barrier to disclosure, fear of impact disclosure will have on parents and community, fear that others will judge and blame one for abuse, and prioritizing family and elders prevented disclosure; 6) *marianismo* increased feelings of shame after sexual violence: expectation for women to fulfill culturally specified roles, expectation for women to remain chaste outside of marriage, worth as a woman tied to maintaining one's virginity, messages around chastity worsened shame after abuse, and religious messages around sexuality fostered shame; 7) healing from shame: psychotherapy, non-formal therapeutic strategies, supportive relationships, and making efforts to shift dialogue on sexual violence; and, 8) challenges to healing from shame: experience of healing different for Mexican women than White women, lack

of resources for healing, mental illness and therapy are culturally taboo, and earlier support and intervention would have been helpful.

This chapter offers a discussion of the major findings of this study and the implications. First, the current chapter presents a summary of the findings centered around three predominant areas: (1) the effects of shame are pervasive across multiple domains of survivors' lives, (2) religious and cultural messages fostered a context of shame, and (3) healing process shaped by bicultural context. The subsequent discussion highlights how these findings are consistent with an integrated framework that combines Campbell and colleagues' (2009) ecological model and a *mujerista* paradigm, while pointing out some of the unique facets specific to the present results. Next, the limitations of the study are reviewed, followed by a discussion of the clinical, theoretical, and research implications of the results.

Summary of Findings

The Effects of Shame Are Pervasive Across Multiple Domains of Survivors' Lives

Shame was first understood in the literature as a primarily affective experience. Early scholars understood shame as a strong emotional experience that could bring up feelings of pain, discomfort, and unworthiness (Andrews, 1998a; Lewis, 1992; Tangney, 1995a). More recent research has expanded the understanding of shame beyond the solely affective; it has begun to acknowledge the experience of shame in other domains like one's relationships with others, one's sexual behavior, and one's relationship with their body (Kim et al., 2009; MacGinley et al., 2019; Pettersen, 2013; Pulverman & Meston, 2020). The present study adds to the current body of research by confirming some of the past findings, identifying new domains, and highlighting the unique factors that

contribute to the ways in which Mexican American survivors are affected by the shame they feel after an experience of sexual violence. Notably, participants described feeling the effects of shame in their mental and physical health, across various relationships, and in their professional lives and academic experiences.

Mental and Physical Health

Perhaps least surprising, shame had a direct effect on the mental health and physical well-being of survivors. Every participant in the current investigation indicated that their mental health was negatively impacted by the shame they felt after the sexual violence. They described symptoms of depression, PTSD, anxiety, substance use, low self-esteem, and low self-worth, among others. Participants also detailed the physical experience of shame, including its effects on their health and their body. For example, one participant connected changes in her menstruation to her feelings of shame, while several others tied the eating disorders they developed back to the shame they felt.

When considering these findings in the context of Campbell et al.'s (2009) ecological model, we can begin to understand the effects of shame at the individual systems level. A survivor's psychological health, self-concept, and physical being are impacted by the shame one feels after an experience of sexual violence. While these results may not be surprising in and of themselves given the existing research that has documented an association between post-sexual assault shame and health (Aakvaag et al., 2016; DeCou et al., 2017, 2019; Kealy et al., 2017; MacGinley et al., 2019; Pettersen, 2013), these findings provide new insight into the psychological and physical experiences of 1.5 and 2nd generation Mexican American women. For example, the negative effects of shame on participants' mental health are inextricable from the context that left survivors

directly associating their worth with their sexual purity. Survivors described feeling dirty, at fault, unworthy, and lacking in self-esteem. These feelings can be linked to the messages many received from their parents and communities that a woman was only worthy in so much as she could remain “pure” until marriage. Thus, when participants were sexually violated, they felt they were viewed as being less worthy. Many described a decreased sense of self-worth and overall negative effects on their mental health.

Further, these findings give voice to the intimate and private experiences of this group of women—specifically, experiences like shame and sexual violence that are particularly taboo and hidden in this population. While a *mujerista* research perspective most directly influences the macrosystems level of Campbell et al.’s model, it shapes every level of the ecological model. At the individual level, *mujerista* research posits that it is not simply enough to understand the mental health and physical experiences of these participants in relation to past research done on primarily White samples. Rather, it is essential to explore the unique contextual factors and intersecting forms of oppression, such as sexism and racism, that directly shape the lives of Mexican American survivors.

Relationships

Shame was a profoundly disconnecting experience for participants. They emphasized the multiple ways in which shame left them feeling detached from their friends, intimate partners, and family. In the case of friendships, participants expressed that shame made it hard to both form new relationships and maintain existing friendships. The challenges to survivors’ friendships contributed to a deep sense of isolation that perpetuated a reluctance to seek support for the sexual violence or shame. In addition to shame’s effects on survivors’ friendships, their intimate relationships were also

negatively impacted. The ways in which shame showed up in these relationships spanned a wide range of reactions. Some participants described a sense that they had already broken cultural mores regarding expected sexual behavior, so for them, there was no point in continuing to abide by cultural messages that associated sexual activity with shame. Instead, these participants noted an increase in sexual behavior. For others, breaking with cultural expectations to refrain from any sexual behavior outside of marriage contributed to a deep sense of shame and unworthiness. As such, participants attempted to avoid sexual activity or viewed themselves as unworthy of new romantic relationships.

The impact of shame on participants' relationships with their family members was more complex. Similar to with other types of relationships, shame had the effect of disconnecting survivors from family members. They described feeling closed off from both nuclear and extended relatives due to the shame they felt. However, the relational effects of shame on survivors' familial relationships were complicated by the role some participants had hoped their families would have played—either directly or indirectly—in stopping or preventing the abuse many of them faced as children. For example, several participants described feeling betrayed by their family members for protecting their abusers from accountability due to a desire to maintain the family unit and avoid bringing shame to the family. A number of participants shared that it was challenging for them to continue relationships with those whom they felt did not protect them.

Campbell and colleagues' (2009) ecological model provides a framework to understand how shame impacts survivors' interpersonal relationships, which are categorized in the microsystems level of the ecological model. As with the individual

level before it, shame is a meta-construct that cuts through this ecological level and shapes participants' experiences of their relationships. As documented in prior research (Kim et al., 2009; MacGinley et al., 2019; Pettersen, 2013; Pulverman & Meston, 2020), the negative effects of shame were not confined to one's internal or personal experience. Shame is indeed relational in nature (Herman, 2011). However, existing research into the relational components of shame has focused predominately on White women and men, and it has failed to consider the nuance in the experience of a culturally mediated emotion like shame (Furukawa & Hunt, 2011). The findings of the present study suggest not only that shame permeates beyond the self into one's relational world, but also that the ways in which one's relationships are affected are molded by one's cultural context. The way participants understood themselves in relation to others was shaped by the messages and values imparted to them by their families and communities regarding the importance of family, worth of a woman, and appropriate sexual behavior.

Academic and Professional Life

Participants overwhelmingly reported that shame was a highly limiting experience. They felt constricted in their past and present endeavors such as their ability to complete high school, attend college classes, get the grades they believed they were capable of, and other academic pursuits. In their professional lives, participants felt that shame kept them from seeking jobs they felt they were qualified for, asking for raises or promotions they felt they deserved, or taking other risks that could benefit their lives in some way.

Though the limiting effects of shame themselves are notable, the context in which these participants experience those effects were an important finding as well. Many

participants described being raised in a context in which their parents' immigrant background was heavily present. This context fostered an environment in which a number of participants felt a heightened level of pressure to succeed. Participants' parents communicated a message that participants' lives were easy compared to their parents given their immigration story. Participants felt pressure to succeed in life in order to make their parents' numerous sacrifices worthwhile. When participants were unable to reach the academic or professional goals they had as a result of the sexual violence-related shame, several reported a heightened level of shame for not meeting the expectations their families had for them. In essence, not meeting the expectations their families had because of the limiting nature of shame contributed to even greater shame for participants.

While previous literature has documented some of the effects of shame, no known research to date has shown a link between shame and survivors' professional and economic opportunities. Yet, these findings are in line with the modified version of Campbell and colleagues' (2009) ecological model, as they demonstrate the effects of shame on the meso/exosystem. The larger educational and professional/economic systems that survivors interact with in their lives are not immune from the effects of post-sexual violence shame. Instead, this appeared to be one of the domains that survivors spoke most notably about, as the effects of shame on their education and career emanated to shape their economic opportunities, life trajectory, and overall life satisfaction.

As with the other levels of the ecological model impacted by shame, the effects of shame on the meso/exosystem were influenced by survivors' cultural context. Specifically, it appeared that the values instilled in the women to work hard, persevere,

and succeed beyond their immigrant parents served to deepen their existing feelings of shame. Additionally, a few participants described the expectation that Mexican American women should pursue only one of two paths: be a dedicated wife and stay-at-home mother or become a highly educated and successful professional (e.g., doctor, lawyer). For participants who did not fulfill either of those paths—even if they did not agree with them—they felt ashamed for disappointing their families and not meeting cultural expectations.

Religious and Cultural Messages Fostered a Context of Shame

The present findings shed light on the dynamic interplay between religious values and cultural norms that affected participants. The interaction of both religious and cultural messages in participants' youth served to create a foundation of shame in their lives that in many cases predated any sexual violence. Participants' responses revealed how their community's cultural beliefs fostered a culture in which participants viewed sex and sexuality as shameful, wrong, and bad, even within a consensual relationship. These ideas around sexuality consequently influenced how shame presented itself in survivors' lives after an experience of sexual violence.

Participants were raised in a religious context that they perceived as very shameful. Their narratives recounted religious experiences that deemed any sexual behavior outside of marriage as inappropriate and sinful. Further, some participants described feeling like they would be punished or go to hell for "impure" behavior. For many participants, these religious messages had a direct effect on increasing the amount of shame they felt after sexual violence. These results echo previous research that suggested that Catholic survivors of childhood sexual abuse directly tied the shame they

felt after CSA to their experiences of Catholicism (Collins et al., 2014). The present findings expand on past literature to more deeply understand the ties between Catholicism and Mexican American survivors' experiences specifically. For example, many of the religious values and messages that participants recounted were further reinforced—and in many cases intensified—by their family members. Participants' families were emphasizing the importance of sexual chastity and maintaining their virginity, while also communicating additional messages about appropriate gender roles and expectations for Mexican American women.

A majority of the women in the present investigation described how their parents, often fathers, actively communicated that there were different expectations for Mexican American men and women. *Machismo* and *marianismo* were heavily embedded in the narratives participants shared about their upbringing and its role in their experience of shame. Participants recalled learning that men had more power in relationships than women, and violence towards women was acceptable when women acted in ways deemed inappropriate. Women were also taught that they were expected to be good, virtuous wives to their husbands by not engaging in any sexual activity outside of marriage. Participants described how their worth was explicitly tied to whether they were able to maintain their “purity” before marriage. There was an additional expectation to be a devoted mother to one's children, as raising children was the role of a mother and not of a father. Further, some participants described feeling like there was something wrong with them when they saw that their younger brothers and male cousins were allowed to do things that they themselves were prevented from doing.

The strict gender roles participants saw among their community and the gendered messages communicated to participants mirror many of the ideals of the most extreme forms of *marianismo* and *machismo*. *La Virgen de Guadalupe* is the basis upon which the idea of *marianismo* is based, and she is upheld in Mexican and Catholic ethos as the ideal woman: pure, sacrificial, virginal, and devoted to family above one's self. The narratives many women recounted of the messages and expectations communicated by their families paralleled the standards of *marianismo*. The same was the case for men, as the behaviors and norms accepted by the men in many of the participants' lives were consistent with the extreme form of *machista* attitudes in which men have greater dominance than women.

Many of these descriptions of gender roles among Mexican-origin family are consistent with other literature on Latinx families. A number of previous studies have documented how cultural values, including *marianismo* and *machismo* influence the lives of Latina women broadly, and Mexican women specifically. For example, Mexican-origin women in past research have discussed how these cultural norms and mores affect the differences in power they and their husbands hold in their marriages (Kyriakakis et al., 2012; Valdovinos & Mechanic, 2017). Even beyond power differentials within a marriage, research across other ethnic and cultural groups has shed light on the ways in which attitudes about sexuality can contribute to feelings of shame among sexual violence survivors (Fontes 1993; Fontes & Plummer, 2010; Maier, 2008).

Among Latinx individuals, Fontes (2007) suggested in her writings based on her clinical experiences that *marianismo*'s emphasis on sexual purity among women contributes to higher levels of shame in Latinx CSA survivors. She similarly posited that

machista attitudes place blame on women for sexual behavior outside of marriage, even when nonconsensual, thus fostering greater levels of self-blame and shame. When looking to Mexican-origin women specifically, Ramos and Lira (1999) found that Mexican immigrant women who themselves place a high value on virginity experienced greater shame after a sexual assault. However, the present findings suggest that the increased feelings of shame are not only associated with the importance Mexican American survivors themselves place on virginity but on the value the context in which they were raised in places on virginity. Many survivors continued to experience feelings of shame even when they no longer held the same values or beliefs as their communities regarding sexuality and its associations with a woman's worth.

Participants' accounts demonstrate that the attitudes of their Catholic upbringing were inextricably linked with the cultural narratives and values of their Mexican roots, such that even when participants' families were not particularly observant or did not attend religious services regularly, participants were still raised in a context that was imbued with the intertwined cultural and religious messages on sexuality. This could be seen clearly in one participant's recounting of her father telling her that she would be comparable to trash if she engaged in any sexual activity outside of marriage. Relatedly, participants' own identification with their parents' religious and cultural values shifted over time. Many of the women no longer identified with any organized religion and they described making an intentional effort to live their lives with more egalitarian values in regards to gender and sex. Participants took active steps to teach their children different values or relate to their intimate partners in new ways. Yet, this shift in values did not necessarily equate with a decreased feeling of shame associated with these values.

Instead, participants' experiences of shame varied widely over time. For some, shame increased with time or specific events, while for others it decreased, and yet some had a cyclical or chronic course. However, what was clear across the different courses of shame in participants' lives was that the context in which they were raised was just as important in understanding participants' experiences of shame as their current context. Even when participants no longer upheld the values, messages, or norms of their youth, the cultural belief system in which they were raised undeniably left a lasting impression that shaped participants' response to sexual violence, namely shame.

These specific findings related to survivors' cultural and religious context continue to be in line with Campbell and colleague's (2009) ecological model. Their model expands the macrosystems level beyond simply the broad social norms and beliefs of a greater society, and instead includes a sociocultural perspective that specifically focuses on how an individual's cultural identity impacts their experiences of a sexual assault. The present investigation similarly expanded beyond simply trying to understand how the broader social norms associated with sexism, gender, and violence against women influence survivors. Instead, these findings provide specific insight into the unique sociocultural context associated with a 1.5 and 2nd generation Mexican American identity. Indeed, the messages, values, and norms associated with participants' specific social location had an undeniable impact on them post-sexual violence.

The sociocultural factors included in Campbell et al.'s (2009) macrosystems level shaped the context that participants existed in while also influencing every other ecological level below it. The individual-, micro-, and meso/exo-systems levels described in prior sections are all embedded in the participants' sociocultural context as captured by

the macrosystems level. As such, it is no surprise that the ways in which shame impacted survivors individually, interpersonally, and professionally, were all influenced by the specific cultural values and norms that participants described throughout their narratives. Further, a *mujerista* perspective can be integrated into the macrosystems level when considering the experiences of Latina survivors specifically (as opposed to non-Latina survivors). A *mujerista* paradigm allows for a systems-level analysis of the power, structures, and oppression that shapes the lives of Latinas. When incorporated into Campbell et al.'s model, it provides a framework for understanding how macrosystems factors (e.g., cultural values, gender norms, immigration history, bicultural context, etc.) contribute to the oppression Latina women face and the impact of such marginalization at each lower level of the ecological model.

The present findings provide further support for the need to understand the experiences of non-dominant ethnic and racial groups, as differences in race, ethnicity, and culture are not simply differences in demographics whose effects are confined to the individual level. These findings document the ways in which these survivors' ethnic identity, religious backgrounds, and family immigration history shaped the macrosystems in their lives that further influenced every other domain of their lives. Research whose focus is limited to examining the differences among White and non-White samples fails to fully appreciate the context of ethnic minority individuals and instead only looks at these groups as in-comparison to White samples. As with *mujerista* research, future research must continue working to understand the experiences of historically underrepresented groups for the sole reason that their lives and experiences are worth knowing.

Healing Process Shaped by Bicultural Context

A notable aspect of participants' experiences that intersected many of the salient findings was the impact of their bicultural context. All of the participants were raised by parents who immigrated from Mexico to the United States. Most of the participants were themselves born in the United States, and those that were not moved here at a young age. As such, participants experienced much of their socialization within the U.S. education system, among American media exposure, and around general U.S. social norms. Many participants described a conflict between the values, expectations, and norms their parents tried to impart on them and that of the American culture in which they grew up. This tension also arose as participants worked to heal from their experience of sexual violence.

One of the first steps of participants' healing journey was deciding whether to disclose the sexual violence they had experienced. Participants' decisions were affected by cultural values, taboos, attitudes, and gender roles, which is consistent with previous research (Ahrens et al., 2010; Comas-Díaz, 1995; Fontes, 1993; Fontes & Plummer, 2010; Ligiéro et al., 2009; Montalvo-Liendo et al., 2009). Specifically, *familismo* and *respeto* were notable facets of the narratives offered by participants regarding their disclosure process. Participants were told that they should respect elders, should not bring shame to the family, and should keep private issues within the family. As such, many participants reported being afraid of how disclosure would impact their immediate loved ones, extended family, and overall community. This created a conflict for some participants who had a desire to hold their perpetrators accountable while also respecting their parents' wishes. This tension was particularly salient for participants who

experienced sexual violence from a relative or family friend. Several participants shared that they wanted to disclose to keep younger family members safe from future abuse, but they described being stopped from disclosing, not believed, shamed, or simply ignored by family members. It was not until participants became older and more autonomous that they were able to take more actionable steps both to seek help for themselves and to protect younger family members from abuse. In fact, as with past research (Tummala-Narra et al., under review), a few participants noted active attempts to make changes in the values they were imparting to their own children and the ways in which they discussed sex and sexuality.

In addition to the impact of their bicultural context on disclosure, cultural norms also influenced participants' ability to seek formal psychological support. Several participants reported that their parents did not believe in therapy or viewed it as something that was only for those with severe mental illness. Participants described how their own parents were raised in a context in which these topics were taboo and shameful. These attitudes towards therapy were communicated to participants from an early age, such that a number of participants reported that they delayed therapy when they initially wanted support due, in part, to their parents' perspectives on therapy. Nonetheless, every participant described eventually seeking some form of psychological support later on in their healing process. While conflicting cultural messages delayed participants accessing the psychological care they sought, that same bicultural context also facilitated many of them later seeking out care, as they did not view therapy with the same stigma as their parents.

Previous literature has documented how Latinas of later generational statuses and who are more acculturated to mainstream U.S. culture are more likely to seek help after sexual violence than more recent immigrants or those who are less acculturated (Katerndahl et al., 2005; Sabina et al., 2014). While the present findings are consistent with this research, they also suggest that generational and/or acculturation status are not static influences. Though participants may have been more acculturated than their parents, this did not necessarily make it easier for them to seek help right away. Participants still grappled with the cultural values and norms of their more recently immigrated parents when undergoing the complex decision-making process of when or how to seek help.

Findings from this study further reveal the way in which 1.5 and 2nd generation survivors consider documentation status in their healing process. While past findings have demonstrated that undocumented Latina survivors of interpersonal violence were less likely to seek help than those with legal status (Zadnik et al., 2016), the current findings suggest that a survivor's decision to disclose or seek help is also influenced by the documentation status of their loved ones. In the case of the present study, it was not participants' own documentation status that prevented disclosure—most of the participants were born in the United States. Rather, participants had to consider the documentation status of others in their families when debating whether to disclose. Several participants described a hesitation to disclose, for fear of their parents being deported if law enforcement became involved. One participant specifically noted that she would have disclosed the abuse earlier if her family had not been undocumented. This consideration is unique to the children of immigrants or those in mixed-status families

who are trying to navigate healing from sexual violence while also keeping the rest of their family members safe.

Overall, the findings from this study illuminate the tension 1.5 and 2nd generation Mexican American survivors must navigate through their process of healing from sexual violence. While past literature has previously described how the cultural context of Latina CSA survivors affects how survivors cope with and seek help from sexual violence (Ligiéro et al., 2009), the present results add a layer of complexity to past findings. One-and-a-half and 2nd generation immigrant survivors are located in a unique sociocultural environment in which they are acutely being influenced by multiple, and sometimes conflicting, cultural contexts. It was not solely participants' Latina, or in this case Mexican background, that shaped their experience. Rather, it was both their Mexican heritage and American upbringing that shaped participants' healing.

As with the religious and cultural values participants were exposed to, the bicultural context in which they were raised is a key sociocultural factor that shapes the macrolevel of the ecological model for this group of survivors. One-and-a-half and 2nd generation survivors exist within an ecological system that includes two, sometimes competing, cultural contexts at the macrosystems level. As a result, each subsequent level of the ecological model is shaped by both sets of values, messages, norms, and expectations. This was evident in participants' descriptions of their attempts to heal and the barriers they faced, as many of these were shaped by both the Mexican and American contexts they were navigating simultaneously. Staying attuned to the bicultural experiences of these survivors is an essential element of understanding their lived experiences (Bryant-Davis & Comas-Díaz, 2016). Just as it is not possible to only

analyze the impact of one's gender without also understanding the intersecting experience of race, research must expand to consider the duality of the cultural experience for 1.5 and 2nd generation women.

Reflexivity

It has been important for me to attend to issues of reflexivity, as my own identities, background, and perspectives may have shaped my views of the participants' experiences. As a 29-year-old woman of Mexican heritage raised along the U.S.-Mexico border, my own experiences of Mexican American culture served as an inspiration for this study. Though my parents are not immigrants, I was raised in a uniquely bicultural context heavily shaped by both Mexican and American cultures. This connection with participants allowed me to have some level of awareness into the way bicultural contexts can shape one's experience, but it also means that I had to take extra caution to center participants' voices rather than my own.

The data collection process involved asking participants about their experiences of sexual violence as 1.5 and 2nd generation Mexican American women. Many of the questions surrounded participants' experiences of their culture, their family's immigration history, and their connections to religion. Participants' descriptions of their own families brought up reflections of my own experience within my family. I often found that I could highly relate to the dynamics participants described within their families, particularly themes around *respeto* and maintaining appropriate boundaries between parents and children. There were also strong connections between some of my own experiences of gender and that of participants, notably being held to different expectations than my younger brothers in some regards. In reflecting back on the data

collection process, I recognized that many facets of my upbringing that I had attributed to unique factors in my family were instead related to the cultural context, values, and assumptions within my Mexican American family.

I made an intentional effort to attend to these reflections as they arose. For example, I worked to ask all participants multiple follow up questions, particularly around areas I related to, so as to not insert my own assumptions based on my experience. I took detailed notes regarding any reflections or reactions I had to participants' narratives and revisited these throughout the data analysis process to be aware of any potential ways in which these biases may have informed my interpretation of the data. Further, I repeatedly reviewed my codes, themes, and domains with my dissertation chair to ensure that these findings were an accurate representation of participants' lived experiences.

Limitations

The present study yielded important findings related to the experience of shame for Mexican American survivors of sexual violence. However, these results must be considered in light of several limitations. The following section will review the study limitations, with a focus on those related to recruitment, sampling procedures, and data analysis.

Recruitment for this study took place through snowball sampling that utilized social media networks to disseminate study information. While this method of recruitment allowed prospective participants to learn about this study from online sources they trusted, it also limited the sample to participants who have access to and utilize online media. Though efforts were made to recruit from non-online avenues, the COVID-

19 pandemic limited the ability for organizations to share recruitment materials in person. Relatedly, participants did not receive any compensation for their participation in this study. The decision to not provide compensation was made in collaboration with my dissertation chair with the aim of ensuring that no participant felt compelled to share such intimate and vulnerable details of their experience. However, the lack of compensation may have also limited the diversity of participants who were able and willing to participate in a qualitative study that may have put strains on their time and energy.

In regards to the sample in the present study, there were some limitations in the overall diversity of the final sample of participants. While there was a fair amount of range in participants' identified socioeconomic standing, the sample of women skewed more highly educated with 58% of participants having at least a 4-year college degree and 92% holding at least a 2-year college degree. The lack of representation of this sample of women who have not completed any college degree is a notable limitation of the study given the high number of Mexican American women who face systemic challenges that prevent them from completing higher education.

While the present study specifically chose to focus on the experiences of 1.5 and 2nd generation women due to the commonalities in their bicultural experience, there may still be important differences in the experiences of these two different groups of immigrants. Moreover, participants' experience of their bicultural context may have differed based on the acculturation levels of their parents and the extent to which their own parents identified with Mexican or American cultural messages. Further, though participants overwhelmingly identified no present religious affiliation, many reported that they were raised in a religious home and participants described how religious messages

impacted their experience of shame. All of the religious experiences participants described growing up spoke to the role of Christianity or Catholicism in their upbringing. Thus, there is a notable limitation in the present study's ability to reflect the experiences of Mexican American women who may have been raised in different religious traditions.

In addition to those associated with recruitment and sampling, an additional limitation to this study was the way in which the topic of shame was explored in interviews with participants. I intentionally made the decision not to start the interview with a description or definition of shame in order to allow participants' own experiences and understanding of shame to be centered rather than a pre-determined definition. However, this decision may have also led to variation in how participants interpreted questions about their experience of shame and resulted in participants speaking to slightly different phenomenon.

Finally, it is essential to consider how my own identities and perspectives may have presented a limitation in the study process, including data analysis. As a woman of Mexican heritage, I have had my own experiences with many of the values, messages and expectations that participants described. These undoubtedly shaped the lens that I brought to my interviews with participants and the data analysis process. While I reflected on how my experiences may have contributed to potential bias and took active steps to mitigate how my own lens may have impacted the questions I asked participants, the topics I followed up on, and the decisions I made in the data analysis process, it is still possible that the perspectives I brought to this study had an impact on the final results.

Implications

Theoretical Implications

Despite the limitations of the present study, there are a number of important theoretical implications. The findings from the present study are consistent with existing research that affirms both that survivors of sexual violence experience shame and that shame can negatively impact survivors (Aakvaag et al., 2016; Amstadter & Vernon, 2008; Feiring et al., 2002a; Feiring et al., 2002b; Messing et al., 2014). At the same time, the present study expands on the effects of shame documented in previous literature by identifying new areas of impact and by utilizing Campbell and colleagues' (2009) ecological model and a *mujerista* perspective. For example, the present study is the first known study to identify how shame negatively affects survivors' academic and professional lives at the meso/exo-level. Through a systems level analysis that considers the sociocultural and bicultural factors at the macrosystems level, these findings suggest that the macro-level messages survivors received in their bicultural context about children of immigrants needing to be highly successful further intensified the shame survivors felt in academic and professional arenas. In essence, a *mujerista* framework bolsters Campbell et al.'s (2009) ecological model by specifically drawing attention to the macrosystems factors that are unique to Mexican American survivors.

The present findings also offer a more complete understanding of the way in which bicultural individuals are dually affected by multiple cultural contexts at the macro-systems level, and the way in which macro-factors permeate other levels of the ecological model. Survivors' social worlds and internal processes were shaped by the dynamic interplay between both American and Mexican contexts. The interaction of these two sociocultural contexts formed a unique bicultural environment at the macro-level that bled down into each of the subsequent ecological levels. It was not, for

example, that participants moved from an American context at school to a Mexican context at home and then back. Rather, the women took the combined parts of themselves—both Mexican and American—with them across time and context. For example, some participants described understanding that their sexual purity was not a measure of their worth as their parents suggested. And yet, these same participants reported feeling ashamed when engaging in consensual sexual relationships as their peers were. Participants spoke to the distinct differences between their own experiences and that of their Mexican parents or Euro-American peers, further suggesting that participants did not just move between two worlds but simultaneously took two worlds with them into each environment.

The present results, however, did not offer any insight into the “Assault” level of Campbell et al.’s (2009) model. This is not meant to imply that characteristics associated with the sexual violence do not impact the experience of shame or are affected by higher ecological levels. In fact, many participants did describe how factors specific to the sexual abuse they experienced (e.g., abuse by a family member) directly contributed to shame. However, participants’ narratives did not consistently describe other factors that would be captured by the “Assault” level of this model. As such, future research should further explore the number of possible assault characteristics that may impact participants’ experiences of shame in order to gain a better understanding of that level of Campbell et al.’s (2009) ecological model.

The present findings also illuminate the role of shame within the ecological model. Though some research has started to study shame’s effects outside of just mental health (MacGinley et al., 2019; Vidal & Petrak, 2007; Weiss, 2010), little attention has

been given to how shame can permeate beyond one or two domains of an individual's life. The current findings offer support for the conceptualization of shame as a meta-construct that influences each level of the ecological model, as Campbell et al.'s (2009) proposition of self-blame as a similar meta-construct. Survivors experienced shame as pervasive across all areas of their lives, affecting their sense of self, physical well-being, mental health, multitude of relationships, and professional careers. When conceptualized from an ecological perspective, the documented effects of shame can be understood as impacting multiple systems: individual-, micro-, meso/exo-, and macro-levels. Additionally, just as all other macrosystem factors shape the levels below them, 1.5 and 2nd generation survivors' Mexican American context also impacts the experience of shame at each of those levels.

Implications for Clinical Practice

The present findings also have notable implications for clinical practice. First, it is evident from the results of the present study that post-sexual violence shame has a pervasive and negative effect on the lives of Mexican American survivors. As such, these findings suggest that shame should be incorporated into psychotherapy as part of routine assessments and integrated into treatment when indicated. When a client discloses a past experience of sexual violence, clinicians should also evaluate if survivors are experiencing shame after the abuse. More specifically, these results suggest that shame can be experienced in a number of different ways. As such, clinicians must assess if survivors are feeling shame across any of the ecological levels, such as affectively, physically, in their relationships, academically, professionally, or in other ways.

Additionally, participants described shame in a multitude of ways, so clinicians may consider asking about any feelings of shame in different manners. For example, rather than simply posing the question, “Have you ever felt shame after the sexual violence you experienced?” Clinicians may consider additional probes such as, “Do you ever feel like you want to hide away or not be seen?” “Do you ever feel as though you are dirty or tainted?” Because survivors also described changes in their experience of shame across the lifespan, it may be wise for clinicians to assess survivors’ exposure to shame at various points of development.

Extant literature describes the importance of addressing shame as part of recovery for a survivor of sexual violence (Fontes, 2007; Herman, 2011). Herman (2011) even asserted that one cannot find relief from a traumatic interpersonal experience without first addressing their shame. Incorporating shame into therapy can also serve to help normalize the emotion by bringing that which is hidden into the light (Lewis, 1981). Even having a therapist name shame and help a client articulate their experience can be meaningful in the healing process. In the case of the present study, one participant described her experience of putting words to the shame she has been feeling for the first time in the interview:

This [interview] has been really [eye]-opening because I have never—like shame, that’s the feeling. It’s shame. Not embarrassment. It’s shame... The word shame was not really something that I had thought of... I don’t know if I’ve ever really been given the opportunity to speak on these things. I actually have a word for it now. I actually have felt so much shame around these things

In addition to assessing and addressing shame specifically in treatment, clinicians should also inquire about any negative effects of shame on survivors at each of the ecological levels. This can include asking about any adverse mental health effects of shame, negative physical consequences, a decrease in sense of self and self-worth, disconnection from family, friends, and intimate relationships, and challenges in academic and professional endeavors. Interventions targeted at addressing the adverse effects of shame may be necessary at each of these levels. For example, these findings indicate that it may be prudent to more actively include academic and professional support and resources for survivors of sexual violence. It was common for participants to express feeling limited in these areas of their lives as a result of the shame, and in some cases, participants felt that this altered their life trajectory. Clinicians who work with this population can explore the barriers survivors face in these realms and may also consider incorporating referrals or coordination with services (e.g., Office of Disability Services at a university) that can help survivors overcome the challenges associated with the sequelae of shame. This recommendation is in line with some prior investigations that have also suggested there is a need for universities and academic institutions to provide more academic support services specifically targeted towards survivors (Baker et al., 2016; Mengo & Black, 2016). There is limited research on the availability or possible efficacy of academic/career-based interventions for sexual violence survivors, and the present findings did not explore this issue specifically. Future research may consider what types of interventions may benefit survivors of sexual violence who are experiencing negative effects on their academic and professional lives.

In addition to the implications the present findings have on clinical work with sexual violence survivors, the results indicate that there are important bicultural considerations to be made when working with Mexican American survivors. Extant literature has already documented the need for culturally competent services for Latinx and Mexican-origin individuals broadly and sexual violence survivors specifically (Sabina et al., 2013; Sabina et al., 2015; Tummala-Narra et al., under review; Zadnik et al., 2016). These findings supported these prior recommendations for more culturally responsive care while adding clarity to what this form of treatment can look like for bicultural survivors of 1.5 and 2nd generation status.

Several participants described distinct differences in their experiences of healing compared to that of their White American friends. Participants noted that their own families responded more negatively to the abuse, the messages they learned about sexual violence placed more blame on the survivor, and the access to support or services were more limited. When working with Mexican American survivors, clinicians should consider the ways in which this group of survivors' cultural context contributes to different attitudes, perceptions, and expectations for healing. For example, some participants described how their commitment to their family unit decreased their perceived ability to disclose for fear of negatively impacting the entire family. In a situation like this, a clinician may rupture the therapeutic relationship if they bring up disclosure prematurely or do not fully consider the entire family unit when discussing disclosure with a client. Clinicians must also take caution, however, to not view Mexican American survivors as a monolith. Despite the common themes across participants' narratives, there were still a number of differences in their experiences. For instance,

some chose to limit their relationships with their families while others grew closer; some shunned any form of religion while a few sought healing in spirituality; some distanced themselves from the culture in which they were raised while others maintained those cultural connections.

Additionally, the present results suggest that participants' relationship with their Mexican identity and the value they placed on the values their parents imparted changed over time. For example, even though very few participants sustained the religious values with which they were raised, nearly all of the survivors continued to be affected to some degree by the messages they learned about chastity from their religious upbringings. Thus, mental health clinicians should make a thorough assessment not just of clients' current experiences, but also of the values, norms, and expectations with which they were raised.

Further, the current findings demonstrated that a notable barrier to accessing support for participants was the cultural taboo of therapy. Participants had a desire to have accessed help sooner in their lives but felt unable to access a stigmatized resource. Minimizing the stigma and taboo associated with therapy can be one important way to make intervention accessible earlier in the recovery process. These findings suggest that survivors may benefit from access to mental health services through means that are less taboo. Notably, mental health care through behavioral health departments associated with primary care doctors has been offered as one means to increase access and decrease stigma among marginalized communities (Manoleas, 2008). Clinical providers may also consider integrating forms of healing that may be more culturally accepted in certain subgroups. For example, several participants described finding indigenous practices like

healing circles to be beneficial components of their recovery process. By inviting such practices into traditional psychotherapy, providers may offer a more culturally-relevant intervention that centers the client's ideas of healing rather than Western ideals of health.

Across any type of intervention a clinician may implement with bicultural survivors of sexual violence, it is essential that they attend to the assumptions and biases informed by their own identities and social locations. Whether mental health workers share several experiences with survivors or have a vastly different background, each person's own history has the potential to contribute to inaccurate assumptions about Mexican American survivors' experiences. Clinicians should remain attentive of their relevant attitudes and blind spots through supervision, consultation, and applicable clinical trainings.

Implications for Future Research

The results from the present investigation point to several important areas for future research. First, the present study utilized a broad definition of sexual violence and did not present participants with a definition of shame for this study. This was done in line with a *mujerista* framework to put forth participants' own understanding and narrative of shame rather than an academic or preconceived notion of shame (Nygren et al., 2016). However, there are notable similarities in the experiences of shame, self-blame, and guilt. Participants may have been describing their experiences with related but distinct emotions (e.g., guilt) when asked about some of the impacts of shame.

Consequently, future research may benefit from incorporating quantitative measures into forthcoming investigations into shame among this population in order to better assess the sequelae specifically associated with shame. Relatedly, it is clear from the present study's

findings that shame affects survivors' lives in a multitude of ways after sexual violence, but it remains unclear how the intensity of the shame one feels may mediate its impact on their life. Future studies should investigate how the strength of the shame one feels may influence its negative sequelae.

The current study focused specifically on 1.5 and 2nd generation Mexican American survivors. Participants' narratives spoke to the twin influence of both their Mexican families and their American upbringing on their lives and experiences of shame. However, participants' parents had immigrated to the U.S. at different ages in their own lives and presumably were at different points in the acculturation process. Future research should explore in more quantitative terms how the level of acculturation among one's parents influences the extent to which more traditional Mexican values and messages are passed down to future generations. Research may then begin to explore how changes in acculturation may impact the experience of shame or the extent of its effects on survivors' lives.

The current findings offered additional support for the need to consider the bicultural context of 1.5 and 2nd generation immigrants. Participants described the differences in their own experiences and that of their immigrant parents or non-immigrant origin peers. However, most existing research on sexual violence has focused on White American populations. More recent literature exploring Latinx experiences has centered around immigrants or those of a wide range of generational status. These types of samples have made it challenging to understand the unique experiences of 1.5 and 2nd generation immigrants. However, the present study demonstrates that there is a need to focus on these individuals given the differences in their experiences.

Future research must continue to attend to the multitude of contexts in individuals' lives. However, this does not just pertain to those whose families recently immigrated. Participants noted how their multiple identities also influenced their experience of shame. LGBT-identified individuals, people of color, those with disabilities, among others, all navigate a dynamic interplay between multiple social contexts that may each come with differing norms, messages, values, and expectations. Future studies should explicitly investigate how those from marginalized groups are shaped by their overlapping contexts. In doing so, researchers should take additional care to attend to issues of reflexivity, power, and privilege. Dominant narratives have shaped the portray of the experiences of marginalized individuals in ways that have not always been accurate and have at times been harmful. Researchers should always take increased caution to explore the ways in which their own identities and backgrounds may be shaping the interpretation of their results.

Finally, existing research has repeatedly documented how sexual violence is not only an issue that affects women (Basile et al., 2011). Men and gender-diverse individuals also face sexual victimization and often experience high levels of stigma and shame (Hlavka, 2017). The present study shed light on how some Mexican cultural values, such as *marianismo*, *machismo*, and *familismo*, directly shape the experience of shame for Mexican American women. While Mexican American men may be held to different expectations and gender roles based on their gender, future research should explore how messages about masculinity, sexual virility, and power may shape the experience of Mexican American men who are survivors. The research gap is even

greater for gender-diverse survivors of Mexican descent, necessitating further research to understand their experiences.

Conclusion

Survivors of sexual violence contend with a multitude of reactions, emotions, and sequelae from the abuse they endured. These responses, along with a survivors' recovery process, are shaped by unique factors in their lives like their cultural context, family environment, support system, among other factors. Researchers have spent decades working to understand the varied effects of sexual violence on survivors' lives and ways to minimize the negative effects of victimization. While shame has readily been identified as a common effect of sexual violence, much remains unknown about the myriad ways in which shame can affect survivors. Even less is understood about how marginalized individuals experience shame in their unique context.

The present study contributes to the existing gap in the research in multiple ways. First, the findings demonstrate that the effects of shame are far reaching for survivors and impact everything from their mental health to relationships to career trajectory. Second, survivors were raised in a context that fostered feelings of shame as a result of the messages their parents taught them, the cultural values they were exposed to, and the religious expectations they grew up with. Lastly, 1.5 and 2nd generation survivors' experiences of shame and processes of healing were influenced by the bicultural environment in which survivors were raised. In this context, survivors were shaped by the interplay of both the traditional Mexican norms and mainstream American customs.

These findings have important implications for practice, theory, and research. Notably, the notion of shame as a construct that represents something hidden, secret, or

taboo must no longer be reinforced by an absence of discussions on shame in clinical practice and empirical research. Clinical practice and psychotherapy for survivors of sexual violence must intentionally incorporate shame into assessment and interventions. Research must also continue to explore the nuances of shame in immigrant and marginalized survivors. It is in identifying shame, discussing shame, and investigating shame that the unspoken and hidden can come to light and survivors can begin to heal from the pain of sexual violence.

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Appendix A: Recruitment Flyer



The flyer is enclosed in a multi-layered border with shades of purple, blue, and yellow. On the left side, there is a vertical decorative element consisting of a blue vine with red flowers. On the right side, there is a similar vertical decorative element. The text is centered and uses a mix of bold, sans-serif fonts in purple and pink.

**NOW RECRUITING
MEXICAN
AMERICAN
WOMEN**

**You may be eligible to participate in a study
related to experiences of sexual violence.**

While many women feel shame after experiencing sexual violence, little is known about its impact on Mexican American women. Participate in this 60–90 minute confidential interview to help deepen our understanding.

CONTACT US IF YOU:

- Are at least 18 years old
- Identify as a Mexican American woman
- Have parents who immigrated from Mexico
- Were born in the U.S. or moved to the U.S. by age 12
- Have experienced sexual violence

INTERESTED?

Please email XXXX@bc.edu
or text/call XXX-XXX-XXXX

Boston College: Department of Counseling, Developmental, and Educational Psychology



Appendix B: Informed Consent Form

Boston College Consent Form

Boston College Lynch School of Education and Human Development Informed Consent to be in “A Qualitative Exploration of the Experience of Shame for Mexican American Survivors of Sexual Violence”

Researcher: Laura D. Gonzalez, M.A., Principle Investigator

Study Sponsor: Usha Tummala-Narra, Ph.D., Dissertation Chair

Invitation to be Part of a Research Study

You are invited to participate in a research study. You were selected to be in the study because you are a 1.5 or 2nd generation Mexican American woman 18 years of age or older who has experienced sexual violence in her lifetime. Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why are we doing it?

The purpose of the study is to develop a deeper understanding of how cultural and contextual factors shape the experience of sexual violence, particularly the experience of shame related to sexual violence, among 1.5 and 2nd generation Mexican American survivors. I hope to learn more about how the bicultural context of 1.5 and 2nd generation Mexican American survivors impacts the role cultural values play in how one experiences shame. I also hope to learn more about the impact shame has on the lives of this group of survivors across multiple domains of their lives. The total number of people in this study is expected to be approximately 8-12.

What will happen if you take part in this study?

If you agree to take part in this study, you will be asked to complete a demographics form and participate in an approximately 60- to 90-minute interview that will be audiotaped. The interview will occur via Zoom videoconferencing or via phone at a time that is convenient for you. During the interview, I will ask you questions about your experience of sexual violence, the impact of shame on your life, and the role of cultural and contextual factors in your life. The audio recording will be transcribed into a word processing document with no reference to your identity. You may be contacted at a later date to inquire about your interest in a follow-up interview. However, participating in a second interview is not required.

How could you benefit from this study?

Although you will not directly benefit from being in this study, others might benefit from a deeper understanding of the experience of shame among 1.5 and 2nd generation Mexican American survivors of sexual violence. The knowledge gained from this study may help inform culturally relevant psychological interventions for Mexican American sexual violence survivors.

What risks might result from being in this study?

There are minimal risks associated with this study, though there may be risks that are currently unknown. It is possible that you may experience some emotional discomfort in answering the researcher's questions and reflecting on past experiences. If you become emotionally distressed, I will provide you with brief counseling and a referral to a counseling service if needed.

How will we protect your information?

The records of this study will be kept private. In any sort of report I publish, I will not include any information that will make it possible to identify you. Research records will be kept in a locked file. All electronic information will be coded and secured using a password-protected file. Every effort to keep research records confidential will be made.

Your interview audiotape will remain strictly confidential. Participants will select a pseudonym during their interviews that will replace any use of your name in the transcript. I will assign each participant a unique identification number that will be used to label participant files. I will maintain a record that links each participant's pseudonym and identification number to her actual name, but this separate record will not include research data. Audio recordings of the interviews will be password protected and kept on a separate drive from any identifying information in a locked location. Only the principle investigator and research advisor of this project will have access to the audio recordings. The audiotape of the interview will be immediately destroyed after the completion of this project. All remaining information collected will be kept for five years after the results of the study are published and not kept for future research. I will not share your research data with other investigators.

The Institutional Review Board at Boston College and internal Boston College auditors may review the research records. State or federal laws or court orders may also require that information from your research study records be released. Otherwise, the researchers will not release to others any information that identifies you unless you give your permission, or unless we are legally required to do so. For example, if you tell me something that makes me believe that you or others have been or may be physically harmed, I may be required to report that information to the appropriate agencies.

How will we compensate you for being part of the study?

There is presently no compensation for your participation in this study.

What are the costs to you to be part of the study?

There is no cost to you to be in this research study.

Your Participation in this Study is Voluntary

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, your data will be protected and destroyed in the same manner as if you completed it. If you choose not to be in this study, it will not affect your current or future relations with Boston College or any referring organization.

Getting Dismissed from the Study

The researcher may dismiss you from the study at any time for the following reasons: (1) it is in your best interests (e.g. distress has resulted), (2) you have failed to comply with the study rules.

Contact Information for the Study Team and Questions about the Research

If you have questions about this research, you may contact the principal investigator, Laura Gonzalez, M.A., at gonzallg@bc.edu and (956) 789-8806. You may also contact the research supervisor, Usha Tummala-Narra, Ph.D. at tummalan@bc.edu and (617) 552-4491.

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the Boston College Office for Research Protections at (617) 552-4778 or irb@bc.edu.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. I will give you a copy of this document for your records. I will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study.

Printed Subject Name

Signature

Date

Appendix C: Participant Demographics Form

1. Age: _____
2. Race: _____
3. Ethnicity: _____
4. Country of birth: _____
 - a. If born outside of the U.S., at what age did you arrive in the U.S.? _____
5. Parent 1 place of birth: _____
6. Parent 2 place of birth: _____
7. First language: _____
8. Language you are most comfortable speaking: _____
9. Sexual orientation: _____
10. Religious affiliation: _____
11. Occupation: _____
12. Current state of residence: _____
13. Relationship status (select one):
 - a. Single
 - b. Partnered
 - c. Married
 - d. Divorced
 - e. Widowed
 - f. Other (please explain)
14. Highest level of education (select one):
 - a. Elementary school
 - b. Middle school
 - c. High School
 - d. 2-year college
 - e. 4-year college
 - f. Master's degree (e.g., MA, MBA, MPH, MS, Med)
 - g. Professional/doctoral degree (e.g., PhD, PsyD, MD, JD)
15. Socioeconomic status: Think of a ladder representing where people stand in the United States. At the **top** of the ladder are people who are the best off — those who have the most money, the most education, and the most respected jobs. At the **bottom** are the people who are the worst off — who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the

closer you are to people at the very bottom. Where would you place yourself on this ladder, with 1 being the lowest and 10 being the highest part of the ladder?

- a. 10
- b. 9
- c. 8
- d. 7
- e. 6
- f. 5
- g. 4
- h. 3
- i. 2
- j. 1

Appendix D: Interview Protocol

Introduction

- 1) This study is focused on understanding the experiences of Mexican American survivors of sexual violence. People who experience sexual violence report different types of sexual violence by different perpetrators. I would like to get started by learning about your experience. If you feel comfortable, please tell me about your experience(s) with sexual violence.

Probes:

- a. How old were you?
 - b. Who was the perpetrator?
 - c. Did you tell anyone?
 - d. Who did you tell?
- 2) After your experience of sexual violence, what was the emotional experience of that for you?

Experience and impact of shame

- 3) The study is specifically interested in learning more about survivors' experiences of shame. Have you ever experienced shame related to the sexual violence you experienced? Tell me about it.

If participant says they have experienced shame, continue to the probes and questions below. If the participant says they have not experienced shame, continue to the next section.

Probes

- e. How did this feel for you?
 - f. Did shame manifest itself physically for you? How so?
 - g. Did you have any thoughts (e.g., I am bad, I am dirty, etc.) that resulted from the shame? What kind?
 - 4) How often did the experience of shame come up for you?
- #### *Probes*
- h. Do you still feel shame at times? How so?
 - 5) What effects did the shame you feel have on your life?
- #### *Probes*
- i. Has shame impacted how you see or understand yourself? How so?
 - 6) How, if at all, do you think the type of sexual violence you experienced impacted the shame you felt? Why or why not?
 - 7) How, if at all, do you think who the perpetrator was influenced your experience of shame?
 - 8) What, if any, impact do you think shame has had on your overall mental health?
- #### *Probes*
- j. Can you share an example?
 - 9) How, if at all, did shame impact your relationship with your family members?
- #### *Probes*
- k. Can you share an example?
 - 10) How, if at all, did shame impact your romantic and intimate relationships?
- #### *Probes*

- l. Can you share an example?
- 11) Was your work and/or academic life impacted by shame in any way? How so?
Probes
 - m. Can you share an example?
- 12) How has your experience of shame changed over time?
Probes
 - a. Were there times where the shame felt more or less pronounced in your life?

Sociocultural context

- 13) What has your experience of being Mexican American in the United States been like?
- 14) Do you think being a Mexican American impacted how you did/did not experience of shame in any way? How so?
Probes
 - n. How has your race/ethnicity impacted your experience?
 - o. How, if at all, did cultural values shape your experience of shame or lack thereof? Are there any specific cultural values or norms that stand out to you as particularly impactful?
 - p. How, if at all, have messages you received from your family about sex shaped your experience of shame or lack thereof?
 - q. How, if at all, have messages you received from your parents about gender shaped how you experience shame or lack thereof?
 - r. How, if at all, has your religion or spirituality shaped your experience of shame or lack thereof?
- 15) Are there any other aspects of your experience as a Mexican American woman that you think contributed to your feelings of shame or lack thereof?
- 16) How do you think being 1.5 or 2nd generation influenced the impact cultural values did or did not have on your experience of shame or lack thereof?
Probes
 - s. How do you think your experience as 1.5 or 2nd gen might differ from someone who is an immigrant or further generation?
- 17) How do you think other factors, such as your ability status, class background, sexual orientation, etc., impacted your experience of shame or lack thereof?

Coping and help-seeking

If participant stated they experienced shame, ask the following questions. If the participant denied experiencing shame, continue to the following section.

- 18) How have you coped with your feelings of shame?
- 19) If at all, how did shame influence your decision to seek help or not seek help?
Probes
 - b. Do you have any specific stories or examples?
- 20) If you have sought help through friends, therapy, or other ways, has addressing shame been part of the work you have done?
- 21) What do you think may have helped you cope with shame in the past?
- 22) Do you think that being Mexican American influenced how you have coped with or continue to cope with shame?

- 23) Do you think that being Mexican American influenced whether you would talk to someone about what happened to you or whether you sought help?

Wrap-up

- 24) Finally, is there anything else you would like to add that you think would be important for me to know?
- 25) What was it like to do this interview?