

**The Role of Social Connectivity for South Asian Women Survivors of Sexual Trauma**

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## Abstract

For many South Asian women, recovery from sexual violence is shaped not only by trauma-related impacts but also by cultural, relational, and systemic barriers, including collectivistic values, honour-based expectations, shame, and limited access to culturally appropriate services. Despite this complexity, much of the existing trauma literature is grounded in individualistic, western perspectives that overlook the social context of healing from sexual violence for South Asian women. This review explored how social connectivity hinders and supports recovery among South Asian women survivors of sexual violence, and how this knowledge can inform culturally responsive interventions. The thematic integrative literature review synthesized the results of qualitative studies (which included phenomenological studies and interview studies) and quantitative studies (which included population and cross-sectional survey studies) and mixed-methods studies and systematic/narrative reviews and conceptual studies and grey literature. Bronfenbrenner's bioecological systems model guided the organization and interpretation of data to capture the influence of social connections across multiple ecological levels. Findings indicated that social connectivity plays a central role in sexual trauma recovery; with family, peer, community, and institutional relationships acting as sources of either support or stigma, silence, and exclusion. Culturally relevant relational support was associated with increased service utilization and improved psychological outcomes, whereas engagement with culturally incongruent systems often hindered healing. Overall, the findings highlighted the need for clinicians to integrate relational, cultural, and ecological considerations into trauma-informed practice.

*Keywords:* sexual trauma, South Asian women, social connectivity, healing, stigma, barriers to healing, pathways to healing, collectivism

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## **The Role of Social Connectivity for South Asian Women Survivors of Sexual Trauma**

Sexual violence is an ongoing global issue. According to recent estimates from the World Health Organization ([WHO]; 2024), approximately one-third of all women around the world have experienced some type of physical or sexual violence/trauma during their lives. Sexual trauma affects many different areas of a survivor's life including emotional, psychological, and relationship aspects. As such, the impact of sexual trauma has been shown to affect a survivor's sense of self and her ability to relate to other people (Serrano-Rodriguez et al., 2024; Stockman et al., 2023). However, for South Asian (SA) women, these issues can be compounded by societal pressures related to honour, traditional gender roles, and the expectation to protect family reputation when considering reporting sexual trauma (Baloch et al., 2025; Masih et al., 2024). These issues result in inequities in seeking support for sexual trauma and emphasize the necessity of developing an understanding of the trauma process as it relates to the interpersonal and cultural context of the victim (Lim et al., 2022).

The purpose of this capstone is to explore the role that social connectivity plays in the healing process of SA women who have experienced sexual trauma, with attention to the barriers and pathways to healing that emerge within relational, cultural, and institutional contexts which can help formulate culturally responsive interventions. In addressing the issue of social connection as a resource for healing, this study responds to the identified lack of research in trauma studies regarding social and relational resources for survivors. This can provide a foundation for the development of culturally relevant counselling strategies (Canadian Psychological Association [CPA], 2017; Jordan, 2017).

## **Background of the Problem**

SA cultures have been generally characterized as collectivist, with a focus on relationships and family ties, and by emphasizing how individuals depend on one another, over an emphasis on independence (Masih et al., 2024; Tonsing & Tonsing, 2020). Collectivist cultures also emphasize how a person's sense of self-worth is influenced by their membership in a group or community, such as a family or larger community, and how that membership has an impact on their ability to recover from traumatic experiences. Collectivist SA women experiencing sexual violence typically experience their recovery in a web of interconnected systems. Their recovery will be shaped by considerations such as fear of being shamed, concern about losing honour, and fear of negative consequences related to disclosure of their victimization (Baloch et al., 2025; Sabri et al., 2018).

On the other hand, Western psychology's trauma recovery models tend to be based upon individualistic models, which place an emphasis on an individual's disclosure, independence, and use of intrapersonal coping strategies (Weaver & Dworkin, 2021). Although trauma-informed practices based on these models have helped provide some context for working with victims/survivors, they do not adequately reflect the relationship-based aspects of the lives of survivors from collectivistic cultural backgrounds (Weaver & Dworkin, 2021). Therefore, it is critical to understand the cultural differences in order to understand the prevalence of sexual violence in SA, the reasons why there is underreporting of sexual violence in SA, the barriers to help-seeking behavior among SA survivors, how social connections play a role in the recovery process of SA survivors, and the limitations of using existing trauma-related models to work with SA women.

### ***Sexual Violence as a Global Public Health Issue***

The frequency of sexual violence has been reported at an alarming rate of almost one in every three women globally experiencing some form of physical or sexual violence throughout their lifetime (WHO, 2024). The lasting effects of sexual violence on survivors can be described as severe and enduring, resulting in a multitude of negative impacts to the survivor's emotional, psychological, and relational well-being (Baloch et al., 2025; Masih et al., 2024). Traumatic events associated with sexual assault have a significant impact on how survivors perceive themselves and others, and the world they live in which can lead to numerous traumatic-related symptoms such as fear, shame, hypervigilance, and emotional withdrawal from social interactions (Serrano-Rodríguez et al., 2024; Stockman et al., 2023). Furthermore, these traumatic events may significantly disrupt the survivor's ability to function interpersonally. Survivors may find it difficult to establish and maintain trust in relationships due to their past experiences of trauma (Serrano-Rodríguez et al., 2024; Stockman et al., 2023). As such, this global trend highlights the need to better understand how trauma occurs within various sociocultural environments, including those environments where relationship expectations impact the survivor's ability to heal (Serrano-Rodríguez et al., 2024; Stockman et al., 2023).

### ***Prevalence and Underreporting in SA Communities***

Sexual assault is prevalent worldwide, but SA women are subject to greater impact due to cultural norms emphasizing honour, chastity and the collective family reputation. This may result in a high number of SA women who do not report sexual assault as they fear being stigmatized and ashamed of their family and consequently have much lower reporting rates than all other populations (Baloch et al., 2025; Masih et al., 2024). Despite having severe psychological distress, research has demonstrated that the silence about sexual assault continues to exist within

SA communities despite their suffering from it (Baloch et al., 2025; Lim et al., 2022; Masih et al., 2024). In addition, because of extreme social pressures against talking about sexual assault, South Asian survivors remain alone and cannot receive treatment for their traumatic experiences (Lim et al., 2022; Masih et al., 2024). The differences in how culture influences the disclosure of sexual assault between South Asia and Western societies demonstrate the need for further culturally informed research on this topic.

### ***Barriers to Help-Seeking and Accessing Support Services***

Cultural, relational, and system-related barriers have a significant impact upon help-seeking behaviors for SA women experiencing sexual violence (Baloch et al., 2025; Lim et al., 2022; Masih et al., 2024). The expectation of shame, blame, or social ramifications from their family are common reasons why many SA survivors of sexual violence are reluctant to share their experiences openly (Baloch et al., 2025; Masih et al., 2024). Lim et al., (2022) found that SA survivors who decide to report their experience of sexual violence may find themselves pressured into maintaining "family honour," which can limit or delay their ability to seek supportive resources. Using a quantitative survey research design with SA survivors of sexual violence in New York State, Lim et al. (2022) explored the relationship between how survivors sought help for their experiences of sexual violence and the extent to which they experienced depression and anxiety. The results of this study showed that survivors who utilized culturally sensitive peer-based resources reported lower levels of symptoms related to both anxiety and depression than did those survivors whose primary resource was informal support from family, and who had an experience of the use of these family supports as being stigmatized or honour-bound.

In addition, qualitative meta-synthesis of SA women lived experiences following disclosure of sexual and family violence, Baloch et al. (2025), found that the fear of shame, and the potential for community backlash, caused many women to avoid seeking medical attention after being sexually assaulted. These studies provide evidence of how both the cultural and relational contexts in which survivors live can shape the survivor's pathway to receiving care.

### ***The Role of Social Connectivity in Healing and Recovery***

Social ties have an important impact upon the process of recovering from sexual trauma as part of collectivistic societies, since in such societies the well-being of the individual is highly related to the well-being of their community with their identity being intertwined with the relationships they maintain (Baloch et al., 2025; Masih et al., 2024). Positive post traumatic adjustment and resiliency in survivors is positively related to having good social connections (Stockman et al., 2023). Social ties among individuals from South Asia provide survivors with emotional support, practical support and cultural knowledge which contribute to survivors' healing (Baloch et al., 2025; Masih et al., 2024). On the other hand, social ties can also be a source of restriction, reinforcement of stigma or silencing of survivors if their disclosure does not elicit support or validation (Lim et al., 2022). Lim et al. (2022) indicated that survivors that received culturally appropriate peer support demonstrated better mental health outcomes than those that relied solely on family networks that may perpetuate shame. The dual nature of this relationship highlights the necessity of examining both beneficial and detrimental relational impacts upon survivors' healing.

### ***Limitations of Current Trauma-Related Models***

Although relational healing is common among many survivors and is reflective of how many survivors experience and heal from trauma, many trauma frameworks used in the West

focus on individualized ways of coping with trauma as opposed to relational/cultural factors (Baloch et al., 2025; Masih et al., 2024; Stockman et al., 2023). The use of individual coping strategies can be detrimental to the understanding of SA women's recovery because it fails to account for the relational and culturally influenced aspects of healing, such as family, community, and culturally based expectations (Baloch et al., 2025; Stockman et al., 2023; Jordan, 2017). Research indicates that individuals from collectivist-based cultures will often navigate trauma recovery within a relational system where they face either pressure to heal, supports for healing, or restrictions on their ability to heal (Stockman et al., 2023; Masih et al., 2024). Furthermore, when therapeutic frameworks fail to acknowledge this relational context, the survivor may experience feelings of being misunderstood or unsupported in her healing process (Baloch et al., 2025; Masih et al., 2024; Stockman et al., 2023). Therefore, there is a need to develop models that address the cultural and relational context of trauma recovery and provide an approach that reflects the lived experiences and cultural realities of SA women who have experienced trauma and need clinical services.

### **Statement of the Problem**

When the therapeutic and institutional responses to survivors of sexual violence do not consider the values of collectivism, they will not only perceive that they are being misunderstood, but that they are being intentionally excluded from those systems that are supposed to support them (Baloch et al., 2025; Masih et al., 2024; Satyen et al., 2024;). Relying upon western models for trauma treatment can continue to create mistrust, decrease help seeking, and isolate victims from formal and informal support systems (Baloch et al., 2025; Jordan, 2017; Masih et al., 2024). Ultimately, this creates intergenerational patterns of stigma, underreporting and untreated trauma which are barriers that are greater than the individual victim (Lim et al.,

2022). In response to these concerns, the purpose of this capstone is to explore: how the literature conceptualizes social connectivity and its relationship with the recovery of SA women survivors of sexual violence.

### **Rationale and Justification**

Sexual violence is a significant public health issue in Canada where, according to national data, women and girls have been experiencing a very high level of sexual and gender-based violence across the country (Government of Canada, n.d.). However, despite its prevalence, sexual assault is one of the most underreported crimes, and national studies consistently show that only a very small portion of sexual-violence survivors report their assaults to formal authorities (Statistics Canada, 2021). This suggests that there is a major gap between the estimated amount of sexual violence in Canada and the number of people who receive some form of medical treatment, legal assistance, or counselling after a sexual assault (Government of Canada, n.d.) This disparity highlights how many survivors of sexual assault throughout Canada and Alberta continue to go without being treated following a sexual assault.

These concerns are reinforced by localized data. According to police statistics on reported sexual assaults in Edmonton, 94.4% of victims were female, and 2.2% of those female victims were SA (Jung, 2024). Research has shown that SA women are among the least likely to report sexual assault because of cultural stigma and pressure to protect family honour and avoid social consequences (Baloch et al., 2025; Lim et al., 2022; Masih et al., 2024). As a result, it is likely that the recorded 2.2% of SA victims is an underestimate of the true prevalence of sexual violence within SA populations in Edmonton (Baloch et al., 2025; Jung, 2024; Masih et al., 2024). It is important to conduct research that examines the cultural and relational contexts that

impact how SA women engage in seeking support and recover from sexual assault, especially in Alberta.

Literature has identified numerous cultural and systemic barriers that impede SA survivors' ability to pursue care (Baloch et al., 2025; Masih et al., 2024). Both Masih et al. (2024) and Baloch et al. (2025) explain that a SA woman's expectations regarding the maintenance of silence and avoiding shame and damage to family reputation can cause them to fail to disclose their experiences, which results in a lack of both emotional and professional support. Culturally responsive services exist in some environments; however, most SA women will find themselves without adequate culturally relevant support, as they attempt to access care. The absence of culturally relevant support results in distrust of formal service systems, and an increased potential for early withdrawal from services (Baloch et al., 2025; Lim et al., 2022; Masih et al., 2024). Lim et al. (2022) have demonstrated that SA survivors experienced improved mental health outcomes as a result of receiving peer-based support through culturally relevant means rather than solely relying upon family-based networks which may perpetuate stigma. Taken together, findings have consistently shown that both cultural and relational factors impact the recovery paths that SA women follow post sexual violence experiences (Baloch et al., 2025; Lim et al., 2022; Masih et al., 2024).

Trauma that remains unaddressed has serious consequences (Baloch et al., 2025; Masih et al., 2024; WHO, 2024). Survivors commonly endure long-lasting psychological and relational impairments such as hypervigilance, withdrawal from emotional responses, and decreased trust in interpersonal relationships (Serrano-Rodríguez et al., 2024; Stockman et al., 2023). Due to the pressure to conceal their experiences, the effects of trauma may be intensified for SA women, causing them to suffer longer periods of time and isolation (Baloch et al., 2025; Masih et al.,

2024). Additional research conducted at the University of Calgary by Deenoo (2020), reveals that immigrant women within Edmonton, Alberta face further structural barriers to access to healthcare services. The barriers included difficulty using health systems, the inability to locate culturally competent providers, and fears about confidentiality within close knit communities (Deenoo, 2020). The provincial government of Alberta also acknowledges that cultural stigma and structural inequalities affect access to safety and support for gender-based violence in Alberta (Government of Alberta, n.d.). As a result, the combination of cultural, systemic, and relational barriers, results in unequal access to trauma supports in Alberta and other Canadian provinces (Deenoo, 2020; Government of Alberta, n.d.).

Data on the demographics of SAs in Canada indicate that the SA population is one of the fastest-growing ethnic groups in Canada; including in Alberta, this suggests that there will be an increased need for culturally competent support (Deenoo, 2020; Statistics Canada, 2023). When survivors cannot receive adequate care, their mental health may deteriorate, their family functioning may be impacted, and cycles of silence and stigma may persist through generations (Baloch et al., 2025; Deenoo, 2020; Lim et al., 2022; Stockman et al., 2023). As such, there may be many positive outcomes of addressing this issue. Studies have shown that survivors who receive culturally grounded and relationally informed support have greater engagement, increased emotional safety, and better psychological outcomes (Lim et al., 2022; Masih et al., 2024; Stockman et al., 2023). Understanding the relational and cultural processes that either promote or inhibit healing can serve as a guide to service providers to develop trauma-informed models of care that are culturally responsive to the experiences of SA women (Baloch et al., 2025; Jordan, 2017; Masih et al., 2024). Additionally, policymakers and agencies in Alberta may benefit from knowledge that informs the development of new programs, outreach initiatives, and

equitable service delivery for racialized survivors (Deenoo, 2020; Government of Alberta, n.d.; Government of Canada, n.d.).

### **Research Significance**

The primary purpose of this research will be to evaluate the ways in which cultural, relational and community-based factors affect the recovery of sexual trauma experienced by SA women. In order to achieve this objective, a thematic integrated literature review methodology will be utilized. A thematic integrated literature review is a systematic method of analysis that combines qualitative, quantitative and mixed-methodology research, along with other types of research (grey literature, etc.) and policy documentation to produce a synthesized understanding of analytic themes (Creswell & Poth, 2018; Parse, 2023; Synder, 2019). One of the key advantages of using a thematic integrated literature review is its ability to integrate diverse methods of research to create a cohesive thematic framework of understanding and identify gaps in current knowledge (Parse, 2023; Synder, 2019). This methodology allows researchers to organize available research around major concepts, identify patterns across methodologies and establish a conceptual basis for examining trauma recovery within this specific population (Parse, 2023; Synder, 2019).

This review will support conceptual, clinical and academic understanding of this issue. On a conceptual level, this research will expand upon our understanding of the process of sexual trauma recovery. Rather than being viewed as a solely individualized psychological process, this research will view sexual trauma recovery through a lens that will emphasize the impact of relational and cultural contexts on the process of recovery. The review examines the ways in which family and community-based relationships can be either supportive or restrictive of the process of recovery for survivors of sexual assault and will provide insight into multi-level

factors that contribute to the trajectory of recovery for SA survivors of sexual violence (Baloch et al., 2025; Masih et al., 2024).

On a clinical level, this research will support counselling psychologists' obligation to provide culturally responsive, diversity-informed services (CPA, 2017). A better understanding of collectivist values, relational norms, and cultural expectations will enable clinicians to design interventions that utilize the culturally valued strength of family cohesion and mitigate risks associated with stigma, shame or silence (Lim et al., 2022; Jordan, 2017). Furthermore, this research will enhance clinicians' capacity to recognize and respond to the culturally shaped barriers that influence disclosure, coping mechanisms and engagement in therapy services for SA women.

Finally, on an academic level, this research adds to a small, but expanding, body of research on sexual trauma recovery among SA women; a population that is often underrepresented in research literature globally and in Canada (Masih et al., 2024; Serrano-Rodríguez et al., 2024; Talwar et al., 2024). The synthesis of research related to the psychosocial effects of sexual violence and consideration of the cultural context in SA communities, allows for a greater understanding of how recovery from sexual trauma occurs in collectivist cultures as it relates to disclosure, seeking help and relational support systems (Serrano-Rodríguez et al., 2024; Masih et al., 2024; Talwar et al., 2024). The thematic integration of cross-method studies will highlight areas that require additional empirical investigation and strengthen the foundation for the development of culturally grounded counselling approaches and community-based programs that can more effectively promote sexual trauma recovery.

## **Theoretical Framework**

This capstone has utilized Bronfenbrenner's bioecological systems model (BES), theoretical (Bronfenbrenner, 1994). Utilizing BES provides a multilevel and relational basis of understanding the ways in which social connectivity, cultural norms, and interpersonal dynamics shape recovery from trauma among SA women who have suffered from sexual violence. It offers a supplementary framework to account for both the structural systems and relationship dynamics that influence recovery from sexual violence and allow for a culturally sensitive examination of how SA women experience healing in collectivistic social contexts.

BES conceptualizes development being the consequence of nested and interdependent systems; including microsystems (the immediate environment, e.g. family and peers), mesosystems (the interactions among microsystems, e.g., family-peer relationships, school-family relationships etc.), exosystems (environments that indirectly affect the individual, e.g., work places, schools, institutions etc.), macrosystems (e.g. cultural values, ideologies, and political and social structures), and chronosystems (e.g. the changes across time and historically) (Bronfenbrenner, 1994; Stockman et al., 2023). BES has been used previously to illustrate the multi-layered effects of trauma and sexual violence (Stockman et al., 2023). Campbell et al. (2009) conducted a narrative ecological review of research on the impact of sexual assault on survivors' mental health, drawing together findings from numerous studies that have empirically examined the effects of sexual assault on women survivors. In developing this narrative ecological review using the BES, Campbell et al. (2009) demonstrated that the recovery from sexual assault occurs through both psychological responses to sexual assault as well as through the influence of social connections, service systems and larger societal and cultural expectations. In addition, Hoffman & Kruczek (2011) also utilized BES for mass trauma, utilizing both a

conceptual and practice-oriented analysis by combining findings from disaster psychology and trauma studies. Instead of viewing trauma only as an individual phenomenon, Hoffman & Kruczek illustrated how trauma response is influenced by the dynamic interplay between the individual, relationship, community and society systems demonstrating that each of these systems cannot be viewed in isolation. In addition, more recent work conducted by Stockman et al. (2023) employed the BES model in their systematic meta-analysis of outcomes associated with sexual violence to identify how individual characteristics, relational experiences, available resources in communities, and cultural expectations collectively shape the physical and psychological recovery of individuals who have experienced sexual violence.

In the context of SA populations, a BES aligned framework, Sabri et al. (2018), identified multiple levels of risk and protective factors that contribute to the prevalence of intimate partner violence among SA immigrant women. The results of their study are indicative of how macro-systemic honour and gender-based cultural expectations and practices can influence meso- and micro-level family and relationship dynamics and migration history contexts that contribute to the experience of women with respect to violence, safety and seeking help (Sabri et al., 2018). Thus, the presence of this BES perspective in SA-focused research provides additional support to the application of the BES model to the current review. Therefore, the BES framework will be used as an analytic lens to explore how the relationships between relational processes, institutional environments, cultural expectations, and historical events such as migration influences recovery from trauma for SA women (Bronfenbrenner, 1994; Stockman et al., 2023).

BES provides a strong conceptual foundation to this capstone as it covers different and connected factors in recovery (Bronfenbrenner, 1994). BES frames sexual trauma recovery within in larger, structural and contextual systems; for example, community stigma, cultural

honour ideologies, and availability of resources (Bronfenbrenner, 1994; Campbell et al., 2009; Hoffman & Kruczek, 2011; Sabri et al., 2018; Stockman et al., 2023). Further, this theory helps describes how survivors experience connections and disconnections to those larger systems (Jordan, 2017; Lértora & Croffie, 2020; Mereish & Poteat., 2015).

## **Definition of Key Terms**

### ***Social Connectivity***

The extent to which an individual has positive social connections with family, friends, support groups and institutions to help them feel emotionally, psychologically and practically well (Stockman et al., 2023). It can be made up of two types of connections: formal ties such as with organizations and informal ties with family & friends and community groups (Stockman et al., 2023).

### ***Healing***

Healing can be defined as a complex, multi-dimensional process characterized by the recovery of psychological function, the regulation of emotional response and the recovery of interpersonal trust with an emphasis on ecological perspective with a focus on the relational, cultural and structural factors that affect how SA women heal from sexual trauma (Masih et al., 2024 Serrano-Rodríguez et al., 2024).

### ***Recovery***

Recovery refers to the ongoing psychological, social and relational recovery processes that survivors use to gain back their sense of safety, agency and connection to others after experiencing sexual violence. Within this paper, recovery will be defined as a multi-dimensional process that is influenced by the individual's relationship network, culture and ecological system

as opposed to just focusing on decreasing symptoms (Bronfenbrenner, 1994; Masih et al., 2024; Stockman et al., 2023).

### ***Intervention***

This refers to the formalized clinical practices, community-based interventions and relational environments that are intended to support the survivors of sexual trauma. This can include but is not limited to therapy, familial/peer support, culturally sensitive services and institutional programs that provide support to reduce the amount of harm experienced by the survivor while also enhancing the overall well-being of the survivor (Tripathi & Azhar, 2022; Sabri et al., 2018; Stockman et al., 2023).

### ***South Asian Women***

This is an inclusive term for people who identify as cisgender female, and have ancestry from South Asia, this area includes India, Pakistan, Bangladesh, Nepal, Sri Lanka, Bhutan and the Maldives (Baloch et al., 2025). This also includes cisgender women in SA diaspora communities who share similar cultural norms, gender expectations and sociocultural experiences (Baloch et al., 2025). Thus, it encompasses common cultural values, gender norms and societal structures that shape identity, family dynamics and responses to trauma (Baloch et al., 2025; Jordan, 2017).

### ***Sexual Violence***

Sexual violence is defined by the WHO (2024) as "any form of non-consensual sexual activity, behavior, or contact of a sexual nature with another person." It includes sexual harassment, coercion, exploitation, and assault across various interpersonal contexts (WHO, 2024).

### ***Sexual Trauma***

According to the World Health Organization, sexual trauma includes any unwanted sexual contact, force, threats, or attempts to engage in unwanted sexual activity that results in some type of physical, emotional, or psychological harm (WHO, 2024). In this study, sexual trauma is defined as both a personal and relational experience which impacts how survivors interact with their families, communities and social systems (Lim et al., 2022; Masih et al., 2024; WHO, 2024).

### ***Barriers to Healing***

The relational, cultural, or structural factors that prevent survivors of sexual violence from accessing safe emotional space, supportive relationships, or trauma-informed care (Lim et al., 2022; Masih et al., 2024; Stockman et al., 2023). Examples include stigma, family pressure, institutional discrimination and limited culturally relevant services (Lim et al., 2022; Masih et al., 2024; Stockman et al., 2023).

### ***Pathways to Healing***

Includes factors of healing that are relational, cultural, and systemic elements that encourage recovery, resiliency, and post-traumatic growth (Baloch et al., 2025; Jordan, 2017; Stockman et al., 2023). They may consist of supportive relationships, community resources, cultural strengths and access to trauma-informed services (Baloch et al., 2025; Jordan, 2017; Stockman et al., 2023).

### ***Bronfenbrenner's Bioecological Systems (BES) Model***

Bronfenbrenner's (BES) model explains human development as taking place in the context of five interconnected systems: the micro-, meso-, exo-, macro- and chronosystem- that work together to shape behavior and well-being (Bronfenbrenner, 1994; Stockman et al., 2023).

In a broader sense Bronfenbrenner's BES model represents a theoretical approach to understanding how humans grow and develop through continuous interactions with their environment (Bronfenbrenner, 1994; Stockman et al., 2023).

### ***Collectivism***

A collectivist culture values interdependence, group cohesion, common responsibility and the welfare of the collective over the needs of the individual (Baloch et al., 2025).

Collectivist cultures value relational harmony, social roles, and familial or communal obligations (Baloch et al., 2025).

### **Researcher's Positioning Statement**

The view I hold of sexual trauma and healing has been developed through the lens of being a SA woman who sits at the intersection of being raised in a collectivist culture and educated in a Western counselling setting. This lens has shaped my perspective on socialization related to sexual trauma and its respective healing. As I move through the topic of this capstone, my perspectives grounded in my personal, academic, and professional experiences will continue to guide my thinking about trauma literature and recovery models and provide the lens through which analysis of this topic occurs.

### ***Personal Position***

I was raised within a collectivist home environment that emphasized respect for harmony, interdependence and strong ties to both family and community. Although I was born and raised in Alberta, Canada, I was raised primarily with SA collectivist values that often collided with my peers' individualistic values. As such, these cultural expectations helped shape my understanding of silence, honour, and be respectful of the unspoken rule of trauma. As I engage with the literature, I will remain aware of my propensity to focus on healing as being relational or

community based and therefore will need to practice an ongoing level of self-reflexivity to ensure I maintain objectivity in considering all perspectives.

### ***Academic Position***

My academic background has given me a foundation in trauma-informed, systemic, and culturally sensitive approaches to understand recovery. Coursework and readings have furthered my interest in the ways in which social, cultural, and ecological context influences the experiences of survivors. My studies have helped me recognize the many relational layers that contribute to a survivor's healing process, especially for those with marginalized identities. These academic foundations have influenced my methodology as I evaluate existing literature. My academic background provides me with an ability to frame this review in the interpretation of evidence as opposed to my own perspective.

### ***Professional Position***

As a practicum student, I've developed an appreciation for relational safety and cultural humility through my experience working with survivors of sexual assault; many who identify as SA. My placement was with a non-profit organization that helped women who have experienced sexual violence in their lives. Through my work, I have seen firsthand how stigma, social support, and access to systems all play a role in the ways in which survivors of sexual violence create their own healing paths. I have also learned from my experiences working with diverse populations about the importance of developing culturally responsive and relationally attuned interventions. Ultimately, the resilience demonstrated by survivors of sexual violence despite structural and cultural barriers continues to inspire me in my pursuit of conducting this literature review both with compassion and academic rigour.

### ***Summary***

Through maintaining reflexivity, I will be able to critically reflect on how my own cultural identity, education/training, and practicum clinical experiences shape my interpretation of the research findings. Maintaining reflexivity is consistent with the ethical principles outlined by the CPA (2017) including dignity, responsibility, and integrity when engaging in professional relationships. I will continue to reflect on myself through self-assessment, writing memos, and critically examining how my own positionality influences what I want to learn from the data; the ways that I interpret the research; and which theoretical perspectives I choose to support. I will actively monitor my assumptions and biases by continually comparing the interpretations from different sources; grounding all my claims in the research; and being aware when my personal connection/comfort level with a subject matter is greater than it should be, indicating the need for further critical assessment of those areas vs. simply assuming. Additionally, maintaining reflexivity will enable me to conduct a less biased review of the research literature and engage with it with a critical eye towards issues of cultural relevance. Finally, maintaining reflexivity will ensure that my research is based on evidence while remaining mindful of the voices and experiences of survivors and their families. Overall, I believe that maintaining an intentional stance in this way will allow me to make meaningful contributions to the existing conversation surrounding healing in SA communities.

### **Overview of the Capstone**

The capstone is divided into five chapters that collectively establishes an integrated view of social connectivity and trauma recovery in SA women. The first chapter provides background information on the subject matter, develops the rationale for the study, outlines the theory supporting the study and defines the need for this study. The second chapter will discuss the

methodology, and the process used to conduct the integrative literature review which will provide the basis for gathering and evaluating evidence. In the third chapter, the literature reviewed will be synthesized and organized by utilizing the BES model and will explore how barriers and pathways to healing exist within and across relational, cultural and structural systems. The fourth chapter will synthesize the results from the previous chapter and examine their implications for culturally responsive counselling and trauma-informed practice. The fifth chapter will identify recommendations for practice, policy and future research and provide the framework for developing culturally grounded and socially informed models of trauma recovery.

## **Chapter Two: Methods of Literature Search**

This chapter outlines the process that was used to identify, select, and evaluate the literature on the role that social connectivity plays in healing from sexual trauma for SA women. The intention was to better understand sexual trauma recovery in SA women through the use of a thematic integrative literature review, which allowed for the identification of themes and examination of gaps within existing literature (Creswell & Poth, 2018; Snyder, 2019). In attempt to address one gap, literature that included SA voices and experiences related to sexual violence and sexual trauma was prioritized (Creswell & Poth, 2018; Snyder, 2019). The review included a combination of qualitative, quantitative, literature reviews, meta-analyses, mixed-method studies, and cultural documentation that provided context for the experiences of SA women who have survived sexual violence (Sakhi for SA Women (SSAW), 2023). The review process focused on a broad base of literature aligned with the BES allowing for multiple levels of influence, such as individual, relationship, community, and society, to be included in order to account for culturally specific knowledge that is often absent from academic peer reviewed journals (Adams et al., 2017; Bronfenbrenner, 1994).

### **Databases Accessed**

A literature review search was carried out during the period of January 2025 to October 2025 by combining open-source search platforms and institutional database systems. The main platform used to locate academic literature was the City University Library Search as it had the capability to aggregate data from multiple search databases and provide direct access to full-text versions of many academic journal publications. A secondary search strategy was conducted via Google Scholar that included relevant open-source articles, reports and books which were not always indexed in subscription databases.

To create a comprehensive and diversified body of literature the following databases were queried: PsycINFO, PsycArticles, PubMed, ProQuest, and EBSCO collections. These databases were selected based on relevance to the subject matter of psychology, sexual trauma, public health, and sociocultural studies that relate to the study of sexual trauma and recovery. Additionally, ERIC was queried to identify literature related to educational programs and prevention programs that support trauma informed community initiatives. This collective use of databases enabled the identification of peer reviewed studies, theses, dissertations, and other interdisciplinary literature regarding sexual trauma from a psychological, sociological, and cultural perspective. Using this strategy to combine open-access search tools with scholarly search tools facilitated a balance between academic rigor and accessibility to culturally specific materials that may have been omitted.

### ***Search Terms and Combinations***

This search process underwent a series of developmental phases during which key words were iteratively added as themes were identified through preliminary reading (Xiao & Watson, 2019). The search terms were: "Social Connectivity and Sexual Trauma in SA Women", "Healing After Sexual Assault Among SA Women", "Social Support AND Sexual Violence AND SA", "SA Women AND Trauma Recovery", "SA Diaspora AND Gender-Based Violence", and "Cultural Factors AND Help-Seeking After Sexual Violence". The use of these key words resulted in the identification of the core research that directly relates to the study's focus.

During the evolution of the search, other key words were iteratively added to identify related subject matter of interest including "Collectivism AND Trauma Healing In SA Culture", "Faith and Spirituality AND Coping After Sexual Assault", "Religious Coping AND Sexual Trauma AND SA Women", "Community Healing AND Sexual Violence Survivors", and

"Patriarchal Norms AND Violence Against Women In South Asia". Key words also were added to include "Rape Myths AND SA Communities", "Mental Health Stigma AND Trauma Recovery in SA Culture", "Social Belonging AND Resilience in SA Survivors", and "Intersectionality AND Sexual Violence AND SA Women".

Searches were performed on each of the databases multiple times; based upon the capabilities of each database, search terms were modified. For example, using Google Scholar searches with natural language queries such as "SA Immigrant Women Trauma Social Support" versus the structured combination of trauma and recovery terms used when searching PsycINFO. Utilizing this iterative process allowed for the development of an increasing targeted set of results while at the same time providing the researcher with a comprehensive understanding of the topic (Snyder, 2019; Xiao & Watson, 2019).

### **Inclusion Criteria**

Only studies that contained information about SA adult women who have experienced sexual violence or sexual trauma were eligible to be included in this systematic review. The inclusion date range was extended to include any seminal work on a theoretical or historical basis which would provide conceptual foundations to the current research. Eligible studies assessed how women connected socially, socially supported each other, their relationship dynamics, community involvement and/or other psychosocial factors of healing and recovery. When available, peer reviewed qualitative, quantitative, mixed method and review studies were given priority as they specifically addressed the research question. When possible, grey literature was used to supplement the peer reviewed research to provide culturally relevant context and/or practice-based insights that are not adequately represented in the peer reviewed research. This is consistent with the recommendations for conducting literature reviews in developing or

underrepresented areas of study such as this one, in which practitioner generated and community generated knowledge can augment the findings of academic research (Adams et al., 2017; Snyder, 2019).

### ***Time Frame***

The review's timeframe of 2020-2025 allowed the incorporation of current research and practices regarding trauma-informed practice and social connectivity. Despite this, exceptions were made to ensure foundational contributions to the field were included; for example, Bronfenbrenner (1994), and Butalia (2000), were selected for their seminal nature to provide historical and theoretical foundations for the interpretation of more recent empirical results using a bioecological and cultural framework.

### ***Language and Geography***

English-only sources were used in this review because of the constraints of time, access and cost. Using only English language publications also made sure that all study data was consistently interpreted and reliable. In addition, the decision to use only English language publications was based on resource availability to translate, and the necessity to evaluate the quality of each study with a level of academic precision. Women from South Asia (India, Pakistan, Bangladesh, Sri Lanka, Nepal), as well as SA diaspora populations residing in western countries (Canada, USA, UK, Australia) comprised the main population of interest. By reviewing both local and diaspora experiences of sexual trauma and recovery, exploration of how the socio-cultural systems of each environment affected healing could occur.

Reviewing studies in both regional and diaspora settings allowed for the inclusion of literature examining on cross-context differences, help-seeking and access to culturally relevant supports (Batool et al., 2024; De Silva et al., 2025; Fayaz et al., 2025; Lim et al., 2022; Talwar et

al., 2024; Tonsing & Tonsing, 2020; etc.). This allowed for the identification of similarities and differences in sexual trauma recovery experiences among SAs worldwide. Reviewing studies in multiple settings provided a global ecological perspective to the understanding of recovery. Since the literature regarding cultural influences in sexual trauma recovery is constantly developing; including studies up to 2025 in the review ensured that the reviewer would have access to the latest theories and research findings, and that the results of the review would be current and relevant to contemporary professional and scholarly discussion.

### *Study Types*

A variety of study types were included to reflect all the various aspects of sexual trauma recovery as reported in the literature. The majority of the research studies consisted of both qualitative and quantitative studies, systematic reviews, meta-analyses, and mixed-method studies. This was namely due to the rigorous methodologies they employed and their contributions to the development of an evidence base. Further, a combination of all types allowed for an integrated view of larger patterns and trends across populations.

In addition to peer-reviewed articles, the review also intentionally included credible grey literature to address the previously recognized gaps in peer-reviewed research regarding SA women. This decision was based on the recognition that there is a large body of high quality, data-driven reports produced by non-academic entities including community-based organizations, healthcare systems, and advocacy groups. The inclusion of these materials ensured that lived experiences and practical intervention strategies were represented along with empirical data (Adams et al., 2017). Grey literature sources included documents such as reports from the Centre for Addiction and Mental Health ([CAMH], 2023) and community-based publications such as the Sakhi Annual Report (Sakhi for SA Women (SSAW), 2023). These sources

contributed to the richness of the thematic review through the provision of culturally and practically relevant information connecting theoretical frameworks to real-world contexts.

### **Exclusion Criteria**

Studies which focused on male participants or children/adolescents only, sexual trauma/violence only, did not examine SA populations or did not provide culturally relevant information were excluded from this study. Biomedical, forensic, criminal justice or prevalence outcome studies that did not assess psychological recovery, seeking-help behaviors, or relational factors for participants were also excluded. In addition to feasibility limitations, non-English language studies and studies where access to the full-text version was not available were eliminated. Duplicates of prior published studies, and review articles that contributed no new relevant information were excluded as well. The exclusion criteria utilized for the remaining group of studies assured the studies were both culturally relevant, methodologically sound, and directly addressed the research objective regarding social connections during trauma recovery for SA women (Snyder, 2019; Xiao & Watson, 2019). The broader search provided access to a large amount of literature on sexual violence and trauma recovery; however, many of these studies were eliminated from consideration as they either did not examine South Asian women specifically; did not assess the relational or social connection aspects of the ecological model; or examined outcomes that were not related to trauma recovery processes. Many studies focused on the prevalence of sexual assault and/or legal response to sexual assault. Only those studies that directly addressed both the research question and the ecological model used in this capstone were selected for in-depth review consistent with the recommendation for selective and transparent literature identification (Snyder, 2019).

## Summary of Key Studies

The studies included in summary table below were selectively identified from the broader literature reviewed, as they best exemplified the processes of social connectivity, barriers to support and paths to healing at multiple levels of BES model. The seven studies that are considered the most significant to this review were selected based on their focus on SA women's experiences with sexual assault, in terms of their connection to others and the process of recovering from sexual violence. The seven studies presented data relevant to one or more of the four levels of the BES, which described how relational, cultural, community, and/or institutional factors affected either women's ability to disclose their assaults, seek help for them, or heal from them (Bronfenbrenner, 1994; Stockman et al., 2023). Therefore, the criteria used to select these studies was based on how well they fit the conceptual aspects of the research questions and the ecological framework rather than the number of studies available. Although the broader search identified a larger body of literature on sexual violence and trauma recovery, only a small number of studies directly examined social connectivity in the context of South Asian women's healing. This reflects a gap in the literature rather than a limitation of the search strategy. A PRISMA-style flow diagram illustrating the study selection process is provided in Appendix A.

**Table 1**

*Summary of Key Studies*

Authors & Year	Methodology & Sample	Key Findings / Contribution
Baloch et al. (2025)	Meta-synthesis of 14 qualitative studies involving SA adult women disclosing family or sexual violence	Recognized cultural shame, honour expectations from institutions and community, and other barriers to seeking assistance as primary obstacles to accessing help; and recognized the importance of culturally competent and relationally attuned healthcare responses in providing the right environment for healing.

Masih et al. (2024)	Systematic review of 8 qualitative studies on SA women's experiences of violence	Identified the physical and psychological effects of abuse; identified how patriarchal societal expectations and community silence contribute to an inability to seek treatment; emphasized the importance of community and social support.
Lim et al. (2022)	Quantitative study; N = 335 SA young adult survivors in New York State	Found that culturally sensitive peer support has a significant impact on mental health; that family stigma and community judgment are strong predictors of decreased help-seeking behavior.
Das et al. (2023)	Phenomenological qualitative study; N = 20 SA diaspora women survivors of sexual violence	Highlighted the ways in which survivors of abuse find their way through cultural silence, fear of judgment and relational barriers; and the need for accessible culturally informed support systems.
Tonsing & Tonsing (2020)	Quantitative study; N = 14 SA women in Hong Kong experiencing domestic violence	Documented how social support can reduce depressive symptoms and enhance coping; found that immigration-related stress and social isolation contribute to psychological distress.
Mughal & Saint Arnault (2024)	Scoping review of 20 studies on SA immigrant women recovering from IPV	Identified both protective (relational safety, cultural sensitivity) and institutional (service accessibility) factors that influence recovery; and emphasized the importance of relational safety, cultural responsiveness and service accessibility as the most important pathways to healing.
Tripathi & Azhar (2022)	Systematic review of 12 intervention studies involving SA women survivors of IPV in the United States	Found that culturally adapted interventions improve engagement and outcomes; and documented barriers to care including stigma, limited-service availability, and lack of culturally trained providers.

*Note.* N values reflect sample sizes reported in each empirical study; for systematic and scoping reviews, values reflect the number of included studies.

The table summarizes seven studies that were used to provide a foundation for organizing this literature review; they show how barriers and pathways to healing operate through the bioecological systems of the BES model (Bronfenbrenner, 1994). The microsystems present in the research of Das et al. (2023), Lim et al. (2022), and Tonsing and Tonsing (2020) indicate how family responses, peer support and partner relationships influence the immediate relational environment of survivors. The mesosystems and exosystems identified in the research of Baloch et al. (2025) and Mughal and Saint Arnault (2024) illustrate how interactions between families,

communities and service systems influence survivor's disclosure and their engagement with services. Cultural stigma and patriarchal norms limiting help seeking identified in the research of Masih et al. (2024) are examples of macro-systems while the research of Tripathi and Azhar (2022) illustrates how culturally adapted interventions provide new avenues to healing within institutional and community systems. Temporal factors including generational changes, changing cultural expectations are reflective of chronosystemic factors and together provide evidence that social connection is responsible for influencing healing at both an individual and relational level, cultural and systemically, providing evidence to use an ecological model to synthesize the literature (Das et al., 2023; Lim et al., 2022; Tonsing and Tonsing, 2020).

Through illustrating the deliberations involved at every stage of the search, including the time frame of the search, the integration of secondary sources, etc., the literature review process illustrated high levels of academic rigor, transparency and cultural sensitivity. Ultimately the body of literature produced was inclusive of both scientifically based and community-based knowledge regarding social connections and healing from sexual trauma experienced by SA women (Xiao & Watson, 2019; Snyder, 2019; Adams et al., 2017). As such, this process involved continuous critical thought to ensure that all choices continued to be congruent with the research question and sensitive to the cultural context. By documenting each choice-point and providing rationale for each, this review attempted to minimize bias while remaining accountable to both academic standards and the lived reality of SA women.

### **Chapter Three: Literature Review**

The intent of this chapter is to explore the role of social connectivity as both a means of barriers and pathways to the healing process. This literature review is guided by the research question: how the literature conceptualizes social connectivity and its relationship with the recovery of SA women survivors of sexual violence. This chapter is organized using a BES framework which describes human development regarding the interaction of a multitude of systems of influence (Bronfenbrenner, 1994; Jordan, 2010, 2017; Stockman et al., 2023). The analysis is organized into five themes: the microsystem, mesosystem, exosystem, macrosystem and chronosystem. Finally, this chapter will conclude with a discussion of ethical considerations regarding cultural competency and trauma informed praxis in work with SA survivors of sexual violence.

#### **The Microsystem**

The microsystem layer of the BES model refers to a survivor's individual relationships; for example, family, peers, partners, and service providers (Bronfenbrenner, 1994; Stockman et al., 2023). At the microsystem level, healing will be most directly affected by whether survivors experience relational safety or relational danger in their daily lives. Recovery from sexual violence relies not just on individual characteristics but also the quality of interactions during day-to-day life within these tight relationships (Dworkin & Olf, 2024). Dworkin et al. (2023) denote that symptoms of posttraumatic stress are highest in the months immediately following an assault, indicating the value of interpersonal experiences during that time critical to recovery. When survivors report negative experiences in response to disclosure, such as minimization, derision or blame, psychological outcomes worsen, even in online responses mirroring offline social contexts (Bhuptani et al., 2023). Together, these studies indicate that the microsystem

serves as the most direct trauma recovery element as each interaction may either facilitate or interfere with healing, depending on the nature of the support received (Bhuptani et al., 2023; Dworkin & Olf, 2024; Dworkin et al., 2023; Stockman et al., 2023). Therefore, it is understood that social connection is not a neutral phenomenon, but an interactional process of social support that may reinforce feelings of shame and social isolation or provide validation and re-connection for survivors.

### ***Cultural Context of the Microsystem for SA Women***

In SA populations, familial responses to sexual trauma can often be seen to act as a double-edged sword in relation to recovery, whereby they can be both harmful, and in certain circumstances helpful (Batool et al., 2024; Fayaz et al., 2025). The role of family members also has a gate-keeping function in terms of determining whether disclosure will be met with protection (such as acceptance, understanding) or punishment (such as anger, blame). Batool et al. (2024) found that survivors often experience denial or blaming responses from family members which leads to increased social isolation and a hindrance to emotional recovery. Similarly, Lim et al. (2022) found that many survivors would withhold disclosure to protect family honour, reflecting the intimate relationship between family reputation and collectivist ideals. In the most serious instances, the fear of honour-based violence has led to the silencing of survivors altogether, as seen in the case of Qandeel Baloch in Pakistan who was murdered as a result of patriarchal beliefs (Mohsin, 2016). Together, these findings indicate that familial responses are rooted in a culture of collectivism where family honour and silence is generally maintained at the expense of individual welfare (Batool et al., 2024; Lim et al., 2022; Mohsin, 2016). The above sources suggest that ‘honour’ is not just a cognitive construct but a relational

one that determines whether survivors have access to empathetic responses, physical protection and/or assistance.

Relationships with peers and partners reflect this tension between protection and harm. Das et al. (2023) reported that SA women amongst diaspora communities often had trouble accessing support as a result of their fears about the social consequences and stigma about seeking help. In contrast, in their qualitative semi structured interviews, Fayaz et al. (2025) found that when empathy and understanding were expressed towards the seven SA women in the study by their peers and partners, these relationships became important sources of resilience. Comparison of the two studies indicates that the nature of the quality of close relationships can be a critical variable. They demonstrate that when empathy is present, the cultural restrictions can provide a pathway to resilience, whereas stigma can provide an avenue to a repeated traumatic experience (Das et al., 2023; Fayaz et al., 2025). Both studies suggest that the nature of collectivism is also ambivalent: it can dictate silence and stigma yet simultaneously can also protect or enhance interpersonal connections that provide empathy and healing when safety and trust are available (Das et al., 2023; Fayaz et al., 2025). In short, the cultural microsystem is inextricably linked with collectivist values that give rise both to restriction on disclosure, and the potential for relational safety and recovery (Das et al., 2023; Fayaz et al., 2025). These findings support the hypothesis that collectivist values do not always represent harm or protection for survivors of sexual assault; their effects depend on how relational accountability and relational power are exercised within intimate relationship contexts.

### ***Barriers to Healing in the Microsystem.***

The most consistent barriers to healing in the microsystem context pertain to stigmatization of, and silence within, families (Batool et al., 2024; Lim et al., 2022). Denial, minimization, and blame by family members often render survivors susceptible to feelings of

shame and isolation (Batool et al., 2024; Lim et al., 2022). The patterns observed across studies reflect a shared cultural script whereby familial loyalty and public image are prioritized over individual trauma healing and survivors are thus confined to internalized stigma (Batool et al., 2024; Das et al., 2023; Fayaz et al., 2024; Lim et al., 2022). As such, analytically, it appears that shame is not only maintained through internalized processes but is also sustained through relational interactions, as the act of disclosing is perceived by the family system as a threat to that system's survival, rather than as a request for care.

Peer and partner interactions may also propagate these same unhealthy orientations. For instance, in a phenomenological study conducted by Das et al. (2023) many participants expressed fear of gossip and community backlash, while peers sometimes perpetuated moral values or patriarchal norms which would signify judgment and shame. Similarly, untreated and maladaptive responses to disclosures, such as disbelief or moral policing, are reminiscent of familial silencing (Bhuptani et al., 2023; Fayaz et al., 2025). In summary, stigma is propagated both vertically and horizontally, in that it is delivered through family hierarchies and sustained via peer networks which ensure the continuance of the silence which limits opportunities for healing (Bhuptani et al., 2023; Das et al., 2023; Fayaz et al., 2024). Further, the fact that there is a significant degree of convergence across the sources regarding the concept of "social cost", indicates that "social cost" represents a form of behavioral control that keeps survivors out of contact with potentially supportive family members and service providers.

### ***Pathways to Healing in the Microsystem***

Although family dynamics often reinforce harm, they can also become vehicles for healing when regarded with cultural respect (Fayaz et al., 2025; Serrano-Rodríguez et al., 2024). The CAMH (2023) suggest that family inclusive treatment options which respect cultural

customs can lessen stigma and improve emotional validation for survivors. Similarly, Fayaz et al. (2025) express that culturally responsive treatment options that include family support can lead to a combination of traditional values with psychological healing. It is possible to heal within the microsystem when practitioners use cultural values of family unity and mutual responsibility rather than reject them. Therefore, family involvement represents a potential protective factor when family members provide validation, create safety, and enhance survivor agency rather than acting as a means of surveillance or maintaining silence.

These findings suggest how relational environments that have historically served as harmful relational environments are transformed by relational environments that foster growth. Healing is not simply achieved through an individual's coping strategies but through the actions of relational responsiveness, empathy, and authenticity (Jordan, 2010, 2017). When practitioners and families provide survivors with a culturally humble and relational attuned approach, it creates opportunities for relational re-connection versus continued relational dis-connection (Fayaz et al., 2025; Jordan, 2010, 2017 Serrano-Rodríguez et al., 2024). However, the common mechanism underlying of the sources, is the presence of relational attunement, which acts as a corrective emotional experience and counters the experience of shame and self-blame.

Professionally attuned relationships directly impact recovery. Serrano-Rodríguez et al. (2024) found that survivor-centered care and cultural awareness produced stronger therapeutic alliances and outcomes. On the other side of the spectrum, a lack of awareness of cultural nuances, and an inevitable downplaying of stigma caused survivors to terminate services entirely (CAMH, 2023). Das et al. (2023) found that trauma-informed, care practices focused on empathy and trust, encouraged help-seeking, but there was still an overall lack of training among practitioners for cultural awareness. Fayaz et al. (2025) note also that survivors engaged more

positively toward practitioners who had awareness of family and community involvement in the healing process. These findings show that the presence or lack of cultural awareness directly governs whether the microsystem becomes a locale for healing or a site of re-traumatization for the survivor (Das et al., 2023; Fayaz et al., 2024; Serrano-Rodríguez et al., 2024). They also indicate that the transformation from a place of harm to a locale for growth is possible through family, vocational, and educational practitioner relationships engaged in a process of cultural humility (Das et al., 2023; Fayaz et al., 2024; Serrano-Rodríguez et al., 2024). This finding suggests that cultural humility is not an ‘add-on’ to creating relational safety, but rather, it is a necessary condition for creating relational safety; relational safety is a required condition for sustaining engagement and for achieving long-term recovery.

### ***Synthesis and Research Gaps of the Microsystem***

Across the literature, the microsystem emerges both as a barrier and a pathway to healing. For example, familial and peer relationships foster stigma and silence, but can also lend themselves towards being excellent sources of support when empathic relating and trust is nurtured (Batool et al., 2024; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Serrano-Rodríguez et al., 2024). However, it is important to note that honour and connection do not need to be mutually exclusive, and honour can be expressed through protective, advocacy-oriented responses that take survivor safety and relational support into consideration (Baloch et al., 2025; Fayaz et al., 2025; Masih et al., 2024). The cultural constructs that invalidate the voices of survivors can, through a different relational lens, create new connections and pathways of validation (Batool et al., 2024; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Serrano-Rodríguez et al., 2024). However, few studies have researched how positive microsystem relationships develop or persist over time. Even fewer studies examine the effect of this

relationship within intersectional identities within SA communities, such as caste, religion, or sexual orientation, which may influence these experiences (Fayaz et al., 2025). This highlights the need for longitudinal and community-based research that looks at the development of the microsystem in differing SA contexts over time. Ultimately, the microsystem is important in promoting healing, depending upon how cultural constructions interact with the experience of survivors, thus substantiating the need for microsystem development to elucidate social connection with recovery (Batool et al., 2024; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Serrano-Rodríguez et al., 2024).

### **The Mesosystem**

In the BES model, the mesosystem depicts the links among the immediate contexts of a survivor (such as family, peers, community groups, and institutions) (Bronfenbrenner, 1994; Stockman et al., 2023). At the mesosystem level, healing is determined by whether survivors have continuity in relation to both relational and institutional contexts and whether or not they will have to navigate a lack of continuity among those relational and institutional contexts. These overlapping contexts determine whether SA survivors will experience integrated or fragmented healing (Stockman et al., 2023). Kipchirchir et al. (2025) and Stockman et al. (2023) indicate that when institutions such as counselling, healthcare, and legal systems are not connected, survivors tend not to engage with care. Collectively, the findings indicate the strength of the mesosystem lies in the degree to which the system is connected. It is when institutions communicate that healing pathways are extended, and when they do not, that survivors experience systemic isolation (Kipchirchir et al., 2025; Stockman et al., 2023). This places coordination at the center of social connectivity as a mechanism that can either provide support for engagement or reinforce withdrawal.

### *Cultural Context of the Mesosystem for SA Women*

The mesosystem takes on particular significance for SA women as cultural hierarchies and collectivist values inform all institutional interactions. Lim et al. (2022) and Randeniya and Senn (2024) have suggested that it is the authority of elders that determines whether survivors are able to seek external assistance, embodying a uniquely communal (rather than individual) form of decision-making. These studies together suggest that the mesosystem is culturally gate-kept, where permission to heal (or not) is dictated by social seniority rather than an individual sense of readiness (Lim et al., 2022; Randeniya & Senn, 2024). Analytically, this means that help-seeking is negotiated through relational authority, not as an individual's decision about their health.

Peer networks can also amplify, or fight against, these norms. Tonsing and Tonsing (2020) found that having supportive peers decreases depression and psychological distress, while Sabri et al. (2018) demonstrated that being subjected to gossip or disbelief in peer networks reproduces the same shame found in families. Thus, when comparing the two studies, it can be suggested that peer relationships reproduce community norms. As such, peers serve to buffer trauma in communities where empathy is predominant, while they serve to intensify trauma in communities where stigma is prevalent (Sabri et al., 2018; Thompson & Deka, 2020; Tonsing & Tonsing, 2020). Community-based organizations also mediate this process; Thompson and Deka (2020) found that culturally sensitive community programs provide bridges between Western resources and SA traditions, enabling survivors to access assistance without compromising cultural integrity. Thus, taken together, there is evidence that meso-systemic interaction is culturally contingent. Hence, it depends on how different communities achieve a balance between community loyalty and sensitivity to individual autonomy (Sabri et al., 2018; Thompson

& Deka, 2020; Tonsing & Tonsing, 2020). Through all these findings, the most consistent finding is that cultural belonging can act as a bridge to accessing care or as a mechanism to increase scrutiny, based on what the norms of the network are.

### ***Barriers to Healing in the Mesosystem***

The multiple supports present in the mesosystem nonetheless sometimes reproduce a systemic silence. Kipchirchir et al. (2025) and Stockman et al. (2023) found that inconsistent referrals and poor inter-agency co-ordination meant that survivors navigated disjointed systems. Lim et al. (2022) and Sabri et al. (2018) found that cultural stigma compounded these gaps, leading women away from either community support, or formal care. Across these studies, however, a pattern emerges: structural disconnection and cultural stigma operate together, with the first limiting access to institutional support, and the second limiting emotional safety, presenting a setback to healing (Kipchirchir et al, 2025; Lim et al., 2022; Sabri et al., 2018; Stockman et al., 2023). This illustrates that fragmentation (as a logistics issue) is relational because disconnections across systems may communicate to survivors that they are unsupported or unsafe.

Basanti-Sidhu et al. (2013) and Mughal and Saint Arnault (2024) added that attitudes of patriarchy and lack of resources within community organizations hinder the consistency and confidentiality of care. Survivors fear exposure and judgment, especially in small communities of the diaspora. Together these findings reflect that the mesosystem unintentionally copies the very oppression that it seeks to heal by community agencies internalizing cultural ideologies without trauma-informed training (Basanti-Sidhu et al., 2013; Mughal & Saint Arnault, 2024). One of the limitations across research in this field is that many studies identify barriers to

accessing care but do not identify the specific relational or organizational mechanisms that result in successful restoration of confidentiality and trust.

### ***Pathways to Healing in the Mesosystem***

The same connections can act as facilitators of healing when approached in trust and humility (Sabri et al., 2018; Thompson & Deka, 2020; Tonsing & Tonsing, 2020). Tonsing and Tonsing (2020) and Sabri et al. (2018) showed that trusted networks of peers reduce psychological distress, while Thompson and Deka (2020) showed that community agencies measurably increased levels of safety and belonging by aligning intervention efforts with cultural values. Together, these studies demonstrate that the healing potential of the mesosystem lies in its reciprocity with informal and formal supports: when peers, families, and organizations work together, survivors experience unity rather than fragmentation (Sabri et al., 2018; Thompson & Deka, 2020; Tonsing & Tonsing, 2020). The convergence of these findings supports the analytic position that connectivity across contexts acts as an intervention mechanism, because it decreases the number of times that survivors must translate or defend their experiences to multiple contexts.

Further, Basanti-Sidhu (2013) and Mughal and Saint Arnault (2024) emphasized that culturally competent training transforms community spaces into trauma-informed environments. Programs that promote dialogue about gender-based violence and confidentiality are crucial for rebuilding collective trust. Together, it can be noted that mesosystemic effective healing occurs when cultural belonging is maintained but harmful silence is contested, transforming community cohesion from a barrier into a resource (Basanti-Sidhu et al., 2013; Mughal & Saint Arnault, 2024).

### *Synthesis and Research Gaps in the Mesosystem*

Across the literature, the mesosystem serves as a connective bridge between the more private worlds of family and peers, and the broader community supports (Lim et al., 2022; Randeniya & Senn, 2024; Stockman et al., 2023). Lim et al. (2022) and Randeniya and Senn (2024) note that when community norms and family authority collide around issues of silence and honour, survivors run the risk of being structurally disconnected from the institutions and relationships. Conversely, Sabri et al. (2018) and Tonsing and Tonsing (2020) showed that peer groups based on a shared understanding of cultural truths can often serve as corrective spaces to build trust and social belonging. Likewise, Thompson and Deka (2020) and Basanti-Sidhu (2013) note that culturally responsive community organizations serve as intermediaries to build coherence across disparate service sectors. Collectively, these authors show that the influence of the mesosystem is dependent upon the degree of success by which relational and institutional contexts work together to balance cultural loyalty with survivor-centered care.

There are, however, contradictions in the literature as to whether the ties of the mesosystem are primarily obstructive or restorative (Lim et al., 2022; Randeniya & Senn, 2024; Sabri et al., 2018; Thompson & Deka, 2020). Some articles describe the collective values as barriers to recovery, reinforcing stigma and social scrutiny (Lim et al., 2022; Randeniya & Senn, 2024), while others point to the same values; for example, mutual caring and community responsibility, as potential bases for restoration when redefined through trauma-informed and culturally relevant lenses (Sabri et al., 2018; Thompson & Deka, 2020). This tension indicates that there is no immutable structure in the mesosystem but a moving focus in which cultural cohesiveness and the agency of individuals continually interact for space. The mesosystem can indicate both the persistence of patriarchal cultural narratives and the potential for their

transformation through adaptation at community levels (Lim et al., 2022; Randeniya & Senn, 2024; Sabri et al., 2018; Thompson & Deka, 2020).

It has been emphasized that relational growth/healing occur through relational mutuality/trust and relational responsiveness; however, when individuals experience chronic relational disconnection among their family, peer and community social networks, this can lead to isolation/distress (Lim et al., 2022; Randeniya & Senn, 2024; Sabri et al., 2018; Thompson & Deka, 2020). As long as relational contexts and institutional contexts within the mesosystem are congruent with one another, they can facilitate relational repair, shared meaning-making and long-term social affiliation. However, if there is incongruence between these two types of contexts, then relational fragmentation can be increased, and survivors will have limited access to relational support/connections that could promote recovery.

While there is increased awareness of these dynamics, there is a lack of research on how sustainable cross-context collaborations between families, peers, and community institutions emerge. Most of the existing research focuses upon barriers to engagement rather than on the long-term contexts through which supportive connections are maintained (Lim et al., 2022; Randeniya & Senn, 2024; Sabri et al., 2018; Thompson & Deka, 2020). There are also potentially intersectional factors such as religion, sexuality, and migration histories that require more targeted exploration in the context of the recovery of diasporic SA women (Basanti-Sidhu, 2013; Thompson & Deka, 2020). Overall, the systemic dimension of the mesosystem is a site of both tension and possibility, determining whether the survivors experience isolation or elements of interconnectedness in healing within their social ecology.

## **The Exosystem**

The BES theory states that the exosystem is the collection of social systems which influence the survivor indirectly: healthcare, legal systems, the media and other organizations serving the community being among those systems (Bronfenbrenner, 1994; Stockman et al, 2023). At the exosystem level, what supports healing from sexual violence is how well institutions act in ways that build trust and create a sense of safety for survivors; or if they do not, if they become another source of harm or cause survivors to disengage. The survivor's recovery process is greatly influenced by how successfully these systems deal with the effects of sexual assault. Campbell et al. (2009) discovered that good contact with healthcare, legal and mental health practitioners can lessen anxiety and assist in re-organization after assault. However, the greater the degree of institutional blame or neglect experienced by the survivor, the more severe the influences of the exosystem are in raising post-traumatic stress and depression as well as discouraging healing measures (Lim et al, 2022; Sabri et al, 2018; Tonsing & Tonsing, 2020). Ignorance on the part of the social systems affects both community and individual stigma and leads to the reinforcement of institutional avenues of discrimination (Lim et al, 2022; Sabri et al, 2018; Tonsing & Tonsing, 2020). A fuller examination of these points reveals that the exosystem serves as a significant support system for the processes of trauma reduction. The system must be supportive if the survivor can exhibit safety in re-organization; however, if the system itself is unresponsive or culturally inadequate, it can become a source of harm (Lim et al, 2022; Sabri et al, 2018; Tonsing & Tonsing, 2020).

### ***Cultural Context of the Exosystem for SA Women***

For SA women survivors, the systems that make up the exosystem are either a facilitator of resilience or a source of barriers to recovery (Baloch et al., 2025; Lim et al., 2022; Mughal &

Saint Arnault, 2024; Stockman et al., 2023; Sabri et al., 2018). Across studies, SAs survivors report major challenges with navigating the formal service system (Baloch et al., 2025; Lim et al., 2022; Mughal & Saint Arnault, 2024; Sabri et al., 2018). Lim et al. (2022) found that only 27.6% of SA survivors in New York state reported seeking help, citing lack of culturally relevant services. Mughal and Saint Arnault (2024) found that institutional, linguistic, and cultural disparities in their understanding led to poor access to services for women. The distrust survivors felt toward law enforcement, shelters, and healthcare, was found to be from fear of prejudice or dismissal because of the multitude of layers of stereotyping and bias (Baloch et al., 2025; Sabri et al., 2018). Service providers that are not culturally imbued, risk compounding the silencing survivors face in their family and community systems (Baloch et al., 2025; Lim et al., 2022; Mughal & Saint Arnault, 2024; Sabri et al., 2018). When viewed together, these studies demonstrate that the cultural misunderstanding across systems is a dominant exosystemic barrier: the difference in worldview, where Western individualism can collide with collectivist ideologies of loyalty to family.

### ***Barriers to Healing in the Exosystem***

Distrust and systemic inequities shape survivors' disconnection from institutional care. Lim et al. (2022) and Mughal and Saint Arnault (2024) identified that bureaucratic systems often ignore collectivist family dynamics, resulting in miscommunication or re-traumatization. Sabri et al. (2018) and Baloch et al. (2025) emphasized that stereotypes and lack of representation further preclude trust. Whereas Lim et al. (2022) and Mughal and Saint Arnault (2024) emphasized structural failings, Sabri et al. (2018) and Baloch et al. (2025) emphasized the internalized effects of these barriers which are fear and self-censorship. These findings suggest that survivors are facing overlapping structural and cultural barriers, including racial biases, language

inaccessibility, and western-centric systems that are inadequate to meet diasporic needs (Baloch et al., 2025; Lim et al., 2022; Mughal & Saint Arnault, 2024; Sabri et al., 2018). Collectively, the literature suggests that systemic invisibility entrenches cultural silence; the services are not perceived as safe or meaningful to survivors of violence even when they exist (Baloch et al., 2025; Lim et al., 2022; Sabri et al., 2018; Mughal & Saint Arnault, 2024).

### ***Pathways to Healing in the Exosystem***

Despite these challenges, alternative institutional models are emerging in which cultural competence is embedded in systemic responses. Tripathi and Azhar (2022) showed that including legal advocacy, counselling, and culturally oriented support among survivors' own ethnic groups increases accessibility and builds trust. Mughal and Saint Arnault (2024) demonstrated that the collaborations between mainstream organizations and ethnocultural businesses increase the effectiveness of services. Community-based organizations led by SA professionals demonstrate that culturally sensitive, bilingual, trauma informed services aid in survivor engagement (Sakhi for SA Women (SSAW), 2023). Instead of the systemic failures documented earlier, these models represent an evolving counter-discourse, the exosystem as a possible ally instead of a barrier (Mughal & Saint Arnault, 2024; SSAW, 2023; Tripathi & Azhar, 2022).

Representation in media is another indirect but important factor of the exosystem. Overall, narratives in society influence whether survivors are willing to disclose or seek help (Lim et al., 2022; Sabri et al., 2018; Tonsing & Tonsing, 2020). The available research shows that invisibility in the culture can lead to experiences of alienation (Lim et al., 2022; Sabri et al., 2018; Tonsing & Tonsing, 2020). Tonsing and Tonsing (2020) and Tripathi & Azhar (2022) found that the sense of community support for women in the diaspora was influenced by the

societal narratives around mental health, meaning that culturally responsive media can impact stigmatization and the likelihood of help seeking. Media serves as a subtle link to the exosystem in that it sets the tone for what is believed by communities to be possible, and in turn, impacts the perceptions survivors have of the legitimacy of asking for help (Lim et al., 2022; Sabri et al., 2018; Tonsing & Tonsing, 2020; Tripathi & Azhar., 2022).

### ***Synthesis and Research Gaps in the Exosystem***

The findings from the literature reviewed suggest that the exosystem acts as both a protective or harmful environment within the recovery process, depending on how its social and institutional networks respond to survivors (De Silva et al., 2025; Dworkin & Weaver, 2021, Randeniya & Senn, 2023; Satyen et al., 2024). Dworkin and Weaver (2021) showed that when the sociocultural realities of trauma are not recognized, people experience secondary victimization and trust in formal services is destroyed (Dworkin & Weaver, 2021). Similarly, Randeniya and Senn (2023) reported that institutions responding to SA diasporic communities replicate macrosystemic values, such as prioritizing family reputation and avoiding shame which discourages help seeking behaviours. Conversely, in their quantitative cross-sectional study, De Silva et al. (2025) showed that when immigrant organizations and community health programs use culturally sensitive ways of engaging survivors, people experience increased belonging, openness, and relatedness to support. In their quantitative cross-sectional study, Satyen et al. (2024) suggested that culturally sensitive institutional outreach can reduce stigma and create relational safety, even within patriarchal contexts. When seen together, these findings illustrate that the extent of the exosystem's impact is entirely dependent on the meanings imbued in those social structures of society managing and responding to the socio-cultural values that exist (De

Silva et al., 2025, Satyen et al., 2024). In this way, the socio-structural rigidity can perpetuate exclusion, or through cultural humility can be adjusted to promote healing.

There is a contradiction present in the literature in that several studies focus on institutional injury through systemic neglect and discrimination (Dworkin & Weaver, 2021, Randeniya & Senn, 2023), while others show that these same institutions have a role to play in supporting empowerment if included within the constructs within the institution (De Silva et al., 2025, Satyen et al., 2024). This discrepancy highlights the underpinnings of culturally based values that allow for protection of group cohesiveness, and those that facilitate the silencing of individual suffering. Therefore, this duality of the exosystem lies in its ability to be both reflective and reformative of the macrosystem; acting as a space where cultural norms are reinforced or rewritten via institutional practice (De Silva et al., 2025; Dworkin & Weaver, 2021, Randeniya & Senn, 2023; Satyen et al., 2024).

The exosystem can be considered a relational environment for establishing connections or disconnects via institutional responses, as opposed to face-to-face interaction. Psychological harm may occur when institutions establish and reinforce relational disconnections such as, dismissing an individual's experience, silencing them, or being culturally insensitive and thus decreasing trust and creating a relational unsafe environment (Jordan, 2010, 2017). Conversely, when the institution relates to a survivor(s) with cultural humility, responsiveness, and relational accountability; the institution will create conditions for re-connection, a sense of belonging and empowerment for the survivors; and thus, the exosystem may be a source of relational repair to help a survivor recover from a sexual trauma.

Research gaps are present in how the experiences of survivors are mediated by exosystemic structures; such as, workplaces and religious institutions across cultures. Most

studies examined barriers rather than resilience, as a result, positive community engagement or inclusive institutional practices facilitate long-term healing remains understudied. There is also a lack of intersectional and longitudinal studies that deal with how class and religion affect exosystemic accessibility (De Silva et al., 2025; Randeniya & Senn, 2023; Satyen et al., 2024). These gaps are important for the development of a more comprehensive and holistic understanding of social connectivity in healing (De Silva et al., 2025; Randeniya & Senn, 2023; Satyen et al., 2024). Together, the exosystem is a prominent but complex layer within the ecological framework that can either impair or facilitate healing due to the different ways cultural norms, institutional responses and social networks affect sexual trauma in SA women.

### **The Macrosystem**

The BES model's macrosystem includes the larger cultural and societal structures that shape individual experiences (Bronfenbrenner, 1994). These include social norms, laws, ideologies, and collective values outside the immediate environment that change personal and community responses (Bronfenbrenner, 1994; Stockman et al., 2023). At the macrosystem level, healing is shaped by the meanings of culture that have to do with believing or blaming victims (and their families); these filter down to institutional and relational behaviors. One notable element at this level is rape myth acceptance; the collective beliefs culturally shared that defend perpetration, fault women, or minimize sexual violence (Fileborn & Loney-Howes, 2019; Stockman et al., 2023). Fileborn and Loney-Howes (2019) provide examples of these beliefs in their research; including the idea that survivors cause rape through their behaviours or clothing, and that 'real rape' only involves the use of physical force (Fileborn & Loney-Howes, 2019; Stockman et al., 2023). Broader sociocultural systems such as patriarchy, rape myth acceptance, and gender expectations can dramatically affect survivors' access to help, their self-worth, and

the stigmas they encounter (Dworkin & Weaver, 2021; Fileborn & Loney-Howes, 2019; Randeniya & Senn, 2023; Satyen et al., 2024). These findings together show that the macrosystem sets the social rules which determine which survivors are believed and which are silenced. The macrosystem acts as a cultural lens, framing sexual violence in collective beliefs rather than in individual realities (Dworkin & Weaver, 2021; Fileborn & Loney-Howes, 2019; Randeniya & Senn, 2023; Satyen et al., 2024).

### ***Cultural Context of the Macrosystem for SA Women***

For SA women survivors of sexual trauma, the macrosystem shapes how sexual violence is perceived and how survivors are treated in families, communities, and institutions (Dworkin & Weaver, 2021; Randeniya & Senn, 2023; Satyen et al., 2024). In many SA contexts, patriarchal structures give men power and women are expected to remain submissive and silent about matters of sexuality and honour (Dworkin & Weaver, 2021; Randeniya & Senn, 2023; Satyen et al., 2024). In their quantitative cross-sectional study, Satyen et al. (2024) found that patriarchal attitudes are related to victimization and coercive control of Indian women everywhere. In the same way, Randeniya and Senn (2023) found that adherence to traditional gender roles was predictive of acceptance of rape myths in SA students in Canada. These attitudes create contexts in which survivors are fearful of disclosure and have internalized shame (Randeniya & Senn, 2023; Satyen et al., 2024). Dworkin and Weaver (2021) provide an understanding of how acceptance of rape myths creates self-blame and post-traumatic stress. Collectively, these studies provide an understanding of how patriarchy functions as a macrosystemic force which normalizes trauma and converts social attitudes to self-blame (Dworkin and Weaver, 2021; Randeniya & Senn, 2023; Satyen et al., 2024). This apparent cultural continuity of ideas in different contexts provides an indication that healing among SA women is mediated by

ideologies that relate the ideas honour and shame with silence and disclosure respectively (Dworkin & Weaver, 2021; Randeniya & Senn, 2023; Satyen et al., 2024).

### ***Barriers to Healing in the Macrosystem***

Macrosystemic barriers appear in various forms including enduring rape myths, patriarchal ideologies and cultural honour codes that privilege the reputation of the group over the survival of the individual (De Silva et al., 2025; Dworkin & Weaver, 2021; Randeniya & Senn, 2023; Satyen et al., 2024). Survivors can incur community ostracism or pressure to permit community elders or leaders to speak on their behalf, reinforcing their ostracism (Dworkin & Weaver, 2021; Randeniya & Senn, 2023). Situations of migration complicate the variables at play, as patriarchal structures are reproduced or magnified within diasporic contexts. In their quantitative cross-sectional study, De Silva et al. (2025), studied 15,589 Hindi-speaking immigrant women in Australia. They found that these women experienced abuse related to dowry as well as community surveillance which curtailed their autonomy and help-seeking (De Silva et al., 2025). Cultural continuity within diaspora thus reproduces gendered expectations which normalize violence and discourage help-seeking (De Silva et al., 2025; Satyen et al., 2024). While Dworkin and Weaver (2021) and Randeniya and Senn (2023) place focus on the domestic culture, De Silva et al. (2025) and Satyen et al. (2024) expand it through migration contexts that indicate that rigid patriarchal values can be reinforced where a culture is being maintained abroad. Consistently, this indicates that the macrosystem operates beyond geographical confines: it exports and sustains gendered control as a retention strategy for culture, thus migrant women are specially positioned to experience interlocking forms of stigma (De Silva et al., 2025; Dworkin & Weaver, 2021; Randeniya & Senn, 2023; Satyen et al., 2024).

### ***Pathways to Healing in the Macrosystem***

Broader cultural and societal norms at a macrosystem level may also help effect change and healing (De Silva et al., 2025; Dworkin & Weaver, 2021; Randeniya & Senn, 2023). Dworkin and Weaver (2021) remark that reducing the endorsement of rape myths and gendered discrimination in societal narratives may lessen symptoms of those suffering from trauma, while positively influencing help-seeking behaviour. Randeniya and Senn (2023) and De Silva et al. (2025) found that as communities recognize violence and promote dialogues about it, survivors start to perceive help as socially acceptable. While many societies perpetuate and retain damaging norms, emerging activism and advocacy strategies in diasporas demonstrate the evolutionary direction of culture toward pro-survivor narratives (De Silva et al., 2025; Dworkin & Weaver, 2021; Randeniya & Senn, 2023). These shifts contrast starkly with earlier macrosystemic patterns of control, thus suggesting the non-static property of cultural systems and the potential for reform through collective consciousness through advocacy. When the macrosystemic social discourse expands to include survivor voices and redefines honour through empathy and justice, the macrosystem itself becomes a locus of healing rather than harm (De Silva et al., 2025; Dworkin & Weaver, 2021; Randeniya & Senn, 2023).

### ***Synthesis and Research Gaps in the Macrosystem***

The literature reflects the significance of macrosystem, including the collective cultural, religious, and societal beliefs shaping values and expectations, in understanding how SA women survivors of sexual violence are recuperating (Masih et al., 2024; Talwar et al., 2024). This domain is both protective and restrictive in nature across studies (Masih et al., 2024; Talwar et al., 2024). While Dworkin and Weaver (2021) and Lim et al. (2022) discuss the way patriarchal conceptions of honour codes and collectivistic values encourage shame and silence by

prioritizing reputation and moral conformity over the well-being of the survivors. Additionally, Stockman et al. (2023) and Satyen et al. (2024) highlight that these cultural manifestations become institutionalized in the surrounding communities, affecting public perceptions and limiting safe spaces for disclosures. However, Masih et al. (2024), Talwar et al. (2024), and Batool et al. (2024) have shown that dialectically reshaping collectivist systems of thought into culturally responsive and trauma-informed mechanisms may provide a channel for belonging, repairing identity, and engendering spiritual resilience. The coherence of these findings indicates that the macrosystem is a double-edged entity; suggesting that silence is conducive to oppression while reframing cultural values offers the possibility of compassion and connection in terms of support.

A common recognition of the impact of culture has been demonstrated, however, there are still challenges or contradictions as to whether macrosystemic values primarily inhibit or promote healing (Dworkin & Weaver, 2021; Lim et al., 2022; Masih et al., 2024; Talwar et al., 2024). For example, religion, honour, and loyalty within family structures can be viewed to operate as sustaining the supremacy of patriarchy (Dworkin & Weaver, 2021; Lim et al., 2022), whilst the same cultural markers can be interpreted as sources of meaning or strengths when operationalized within a survivor-centered philosophy (Masih et al., 2024; Talwar et al., 2024). Such inconsistencies indicate the continued evolution of cultural systems, whereby cultural values which may once have been entirely silence focused, can be evolved within paradigms of discussion and redefinition into the cornerstones of resilience. The macrosystem then represents a dynamic power sphere, where power and protection coexist, indicative of the ongoing negotiations between tradition and current cultural understandings of healing (Dworkin & Weaver, 2021; Lim et al., 2022; Masih et al., 2024; Talwar et al., 2024).

The macrosystem can be considered the larger relational meaning system which influences the cultural and relational meanings for the ways we connect/disconnect and experience a sense of belonging across cultures (Jordan, 2010, 2017). It can emphasize that cultural stories/narratives regarding honour, gender, and morality affect where individuals experience connection (mutuality) or disconnection/marginalization in their relationship systems (Jordan, 2010, 2017). The dominant cultural stories/values have the potential to both create relational silences/relational isolation and to promote relational dignity and healing through reinterpretation through the lens of survivors and trauma-informed practice (Batoool et al., 2024; Masih et al., 2024; Talwar et al., 2024). Thus, the macrosystem is an influential relational force in either constraining or facilitating the healing process based upon the way connection and power are culturally understood (Batoool et al., 2024; Masih et al., 2024; Talwar et al., 2024).

There are still gaps in the literature concerning the ways macrosystem beliefs change across generations, diasporas, and socio-religious constructions. A limited number of studies examine how feminist theory, cultural globalization, or intergenerational exchange transforms collective attitudes toward sexual trauma (Batoool et al., 2024; Masih et al., 2024; Talwar et al., 2024). Intersectional identities: particularly caste, migration histories, sexuality, and economic class, continue to be lacking representation in these studies of macrosystemic influence (Lim et al., 2022; Satyen et al., 2024). There remains little research on how social connectivity signifies a complex protective cultural factor in collectivist modalities. These findings yield evidence that the macrosystem provides a central and somewhat paradoxical role in hindering or facilitating healing, depending on how cultural models, religious ideologies, and social values interdigitate with SA women lived experiences of sexual violence (Dworkin & Weaver, 2021; Lim et al., 2022; Masih et al., 2024; Talwar et al., 2024).

## **The Chronosystem**

The BES model's chronosystem is reflective of time and its historical implications, sociocultural changes, and individual transitions in life, and their roles in shaping human development and lived experience (Bronfenbrenner, 1994; Stockman et al., 2023). The chronosystem of healing is impacted by how cultural narratives and relationship norms evolve (and/or remain stable) over time and influence whether the silence regarding sexual abuse will be transmitted from one generation to the next, and whether the silence will be converted into connections. The chronosystem allows further understanding of how historical, political, and cultural events, such as colonisation and war, form periods of collective trauma which may transcend individuals (Bronfenbrenner, 1994; Stockman et al., 2023). The residual impact of colonisation, gender-based violence, immigration, and change in or evolving legal or cultural contexts influences survivors' relationship with social networks, and help seeking behaviour (Bronfenbrenner, 1994; Stockman et al., 2023). The impact may also be seen in their experiences of regaining a sense of safety within themselves and the environments they are in (Butalia, 2000; Nagata et al., 2023; Saraiya et al., 2025; Talwar et al., 2024). Together, these can indicate that the nature of trauma is not to be viewed as a timeframe but rather as a continual evolving experience as shaped by social memory and history. Therefore, the chronosystem further indicates how the very nature of time itself may become a definitional issue in either promoting healing or preventing it from occurring, and the silencing that ensues (Butalia, 2000; Nagata et al., 2023; Saraiya et al., 2025; Talwar et al., 2024).

### ***Cultural Context of the Chronosystem for SA Women***

Historical trauma is the inherited collective psychological wounding passed through generations, provides a context for how SA communities understand and react to sexual

violence. In their narrative review, Nagata et al. (2023) showed that ethnoracial trauma from colonization, war, and systemic oppression has shaped familial and community silence, stigma, and suspicion. The Partition of India and Pakistan in 1947 and colonialism are among the historical realities that have shaped cultural beliefs about suffering and endurance to great extent (Butalia, 2000). It is in these contexts when silence can become a means of survival and preserving dignity of survivor self-concept (Butalia, 2000; Masih et al., 2024; Nagata et al., 2023; Saraiya et al., 2025; Talwar et al., 2024). Collective histories have shaped gender roles and expectations for women, where suffering quietly is confounded with strength and femininity. Although Nagata et al. (2023) dealt primarily with U.S. populations, their analysis offers a conceptual framework for thinking about how colonial trauma and displacement may shape the experiences of SA communities in other global areas which could clarify these dynamics.

These cultural patterns are transported to present responses exhibited towards survivors of sexual violence, thus perpetuating macrosystemic norms equating secrecy with honour (Butalia, 2000; Masih et al., 2024; Nagata et al., 2023; Saraiya et al., 2025; Talwar et al., 2024). When reviewed together, this body of literature indicates that cultural notions which SAs associate with endurance and honour serve not only as social norms, but also are cognitive adaptations developed in response to collective, historical trauma. In this way, the chronosystem showcases how entire cultures can absorb survival strategies, which both preserve the past but minimize advantages of future generations (Butalia, 2000; Masih et al., 2024; Nagata et al., 2023; Saraiya et al., 2025; Talwar et al., 2024).

### ***Barriers to Healing in the Chronosystem***

Long-standing traditions of silence and social conformity provide obstacles to healing in the chronosystem (Masih et al., 2024; Saraiya et al., 2025; Talwar et al., 2024). The notion that

women not speaking of violence has been handed down and is intergenerational and has its roots in centuries-old cultural prescriptions regarding purity and the honour of the family (Masih et al., 2024; Saraiya et al., 2025; Talwar et al., 2024). The teachings transmitted from generation to generation which exhort the endurance of trauma rather than its expression become part of the weave of cultural identity interwoven with it. For survivors, the transmission of these meanings can lead to feelings of isolation, guilt, and fear of dishonouring the family's good name and reputation (Masih et al., 2024; Saraiya et al., 2025; Talwar et al., 2024). Over the years these narratives determine community expectations and limit avenues for open discussion (Butalia, 2000; Nagata et al., 2023; Saraiya et al., 2025). This temporal pattern teaches us that trauma does not end with the purge but is perpetuated by narratives and rituals, which define what is right to speak and feel. So intergenerational silence is perpetuated through collective memory, where, with older generations, there arises the view that survival is equated with suppression, while the younger generations find it harder to amalgamate natural resiliency with emotional authenticity (Butalia, 2000; Nagata et al., 2023; Saraiya et al., 2025). The studies taken together demonstrate that the difficulties in the chronosystem are not those of individuals, but of the time itself, of traditions which create such an experience as pain is itself a duty and silence is a virtue. As a result, intergenerational trauma is sustaining both the survival and an obstruction to healing. (Masih et al., 2024; Saraiya et al., 2025; Talwar et al., 2024).

### ***Pathways to Healing in the Chronosystem***

Changing generational perspectives, diaspora experiences and exposure to global discourse on mental health have led to redefined understandings of healing. Masih et al. (2024) and Talwar et al. (2024) stress that collective remembrance and intergenerational dialogue can change the inherited trauma from individuality into solidarity and empathy. In their narrative

review, Saraiya et al. (2025) stress that cultural change is a slow process, as younger generations are redefining honour and silence through advocacy, storytelling, and education. Initiatives created by the diaspora such as culture-based healing circles, digital storytelling projects, and community art movements are created to be a collective for the reclamation of trauma narratives (Butalia, 2000; Masih et al., 2024; Saraiya et al., 2025; Talwar et al., 2024). These shifts across time can serve as exemplars of how changing cultural and historical perspectives modify the conceptualization of trauma in the lives of survivors, as well as their relationships to their communities (Butalia, 2000; Masih et al., 2024; Saraiya et al., 2025; Talwar et al., 2024). Compared to earlier generations who survived through silence, the emerging generations are redefining strength through voice and connection. Together, these results denote that the chronosystem may become a site of healing when cultural memory is utilized in a transformed nature towards collective action and empathy (Butalia, 2000; Masih et al., 2024; Saraiya et al., 2025; Talwar et al., 2024).

### ***Synthesis and Research Gaps in the Chronosystem***

The literature demonstrates that the chronosystem acts as a temporal thread linking past, present, and future traumatic experiences, illustrating how cultural memory and generational change shape SA women's pathways to healing (Butalia, 2000; Nagata et al., 2023).

Collectively, colonization and the Partition of India have created patterns of both silence and resilience which continue to impact healing today (Butalia, 2000; Nagata et al., 2023). Masih et al. (2024) and Talwar et al. (2024) found that inherited narratives often lead to ambivalence toward disclosure, respecting ancestral endurance while needing the self-expression of disclosure. In their narrative review, Saraiya et al. (2025) showed that inter-generational dialogue and diasporic adaptation can convert this inherited silence into advocacy and empathy by

examining the existing literature on how traumatic stress is navigated within the SA community. As a result, time can become both an impediment or an opportunity. Together, these findings demonstrate that the chronosystem works as a dual force which is both a source of cultural continuity and an opportunity for redefinition so that healing becomes a dialogue between remembrance and renewal (Masih et al., 2024; Saraiya et al, 2025; Talwar et al., 2024).

Nevertheless, contradictions emerge regarding whether historic inheritances primarily hinder or facilitate recovery (Butalia, 2000; Masih et al., 2024; Nagata et al., 2023; Saraiya et al, 2025). While inherited silence and collective endurance are identified in some research as vehicles of suppression, which carries on the human experience of shame, in others they appear as moral frameworks which can be engaged in such a way as to engender community, and meaningfulness through culturally competent modalities (Butalia, 2000; Masih et al., 2024; Nagata et al., 2023; Saraiya et al, 2025). This conflict serves to illustrate the chronosystem's paradoxical context. Thus, the prior cultural experiences associated with enforced silence are, later, the sites of resilience as they are expressed in collective strength. As such, the chronosystem gives scope to such notions as forever staying the same and, also, being transformed (Butalia, 2000; Masih et al., 2024; Nagata et al., 2023; Saraiya et al, 2025).

The chronosystem is where relational connections/disconnections are developed/maintained/reshaped through time (Butalia, 2000; Masih et al., 2024; Nagata et al., 2023; Saraiya et al, 2025). Healing occurs through relational processes including mutual empathy, meaning making, and dialogue; which can occur through generations versus through one life-stage (Butalia, 2000; Masih et al., 2024; Nagata et al., 2023; Saraiya et al, 2025). When inherited silence is the dominant process in relational systems, the system will continue to disconnect and isolate from each other. However, when relational spaces provide an environment

for shared narratives, validation, and collective witnessing, intergenerational healing becomes possible (Butalia, 2000; Masih et al., 2024; Nagata et al., 2023; Saraiya et al, 2025). Thus, time is both the vehicle for carrying trauma, and a relational space where relationships may reconnect and transform (Butalia, 2000; Masih et al., 2024; Nagata et al., 2023; Saraiya et al, 2025).

Despite the increasing awareness about the role of time in healing, research remains limited in depth and seriousness (Masih et al. 2024, Saraiya et al. 2025, Talwar et al. 2024). Most longitudinal or intergenerational studies do not capture the process by which female SA survivors' relationships to their identity through cultural community may change over time or how changing sociopolitical contexts, such as diaspora patterns or new gender norms, may alter collective responses to violence (Masih et al. 2024, Saraiya et al. 2025, Talwar et al. 2024). Intersectional issues such as sexuality, caste, religion, or migratory histories remain undiscussed in such studies (Nagata et al. 2023). In addition, there is limited empirical investigation into how social connectedness through family storytelling, cultural rituals, or diasporic networks exists as a mediator of intergenerational silence, thereby facilitating healing (Masih et al. 2024, Saraiya et al. 2025, Talwar et al. 2024). All of which underscores how the chronosystem is a key, albeit complex, component that supports or inhibits healing, depending on how cultural norms and historical contexts intersect with the lived experiences of SA women suffering with sexual trauma.

### **Summary**

This literature review outlined the ways in which Bronfenbrenner's BES theory helps conceptualize the ways in which embedded, social connectivity influences or hinders the healing experiences of female SA survivors of sexual violence. Social relationships are present and form part of the ways that SA women survivors may use or experience harm and resilience in an

embedded environment; including factors associated with the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Baloch et al., 2025; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Masih et al., 2024; Randeniya & Senn, 2023; Saraiya et al., 2025; Satyen et al., 2024; Talwar et al., 2024). Survivors experience a complex ecological web of cultural stigma, family honour, systemic barriers, and cultural expectations in their healing journey (Baloch et al., 2025; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Masih et al., 2024; Randeniya & Senn, 2023; Saraiya et al., 2025; Satyen et al., 2024; Talwar et al., 2024). It has been emphasized that survivors' relational experiences (i.e., connections, empathies, etc.) are as important as the systems (e.g., family, culture, community) that surround them in shaping survivors' healing.

There are numerous gaps in knowledge in the literature, particularly the absence of research on the microsystem of survivors' positive relationships, survivor-led systemic advocacy in diaspora communities, and culturally adapted interventions and their long-term impacts on psychosocial health (Baloch et al., 2025; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Masih et al., 2024; Randeniya & Senn, 2023; Saraiya et al., 2025; Satyen et al., 2024; Talwar et al., 2024). While density of trauma-informed and culturally competent care is apparent and appears to be evolving, effective research on culturally competent care for SA populations is still limited. In addition to the limited amount of research conducted about the relational aspects of ecological contexts there is a larger theoretical gap as well (Baloch et al., 2025; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Masih et al., 2024; Randeniya & Senn, 2023; Saraiya et al., 2025; Satyen et al., 2024; Talwar et al., 2024). Specifically, many researchers have not explored the relational mechanisms, such as relational accountability as relevant to the collectivist nature of SA cultures.

## **Ethical Considerations**

Examining the role of social connectivity in the healing of SA women who are survivors of sexual trauma requires careful ethical self-reflection both in research and clinical practice (CPA, 2017). Given the sensitive nature of sexual trauma and the resulting cultural stigma and systemic oppression, ethical reflection must extend beyond procedures and into power, representation, and agency of survivors (CPA, 2017). This becomes inclusive of being aware of how researcher or clinician biases may influence interpretations of the survivor experience (CPA, 2017). The ethics also requires ensuring that the values of the survivors, such as cultural values, and lived realities are honoured in all facets of the process (CPA, 2017).

### ***Research Ethics***

The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans ([TCPS2], 2022) is the standard for ethical research practice in Canada and determines ethical conduct through principles of respect for persons, concern for welfare, and justice (Canadian Institutes of Health Research [CIHR] et al., 2022). These principles are particularly relevant when working with marginalized groups (e.g., SA women who are survivors of sexual trauma) who may be at greater risk of harm and exploitation from engaging in research (CIHR et al., 2022). Informed consent for participation must be genuine informed consent that considers language barriers, cultural contexts and the possibility of re-traumatization (CIHR et al., 2022).

Researchers also have a duty to honour the experience of survivors in their representations (CPA, 2017). Lim et al. (2022), Batool et al. (2024), and Das et al. (2023) have all written about not over-generalizing cultures and recognizing the heterogeneity of SA women. It is dangerously easy to reinforce existing stereotypes of SA women; particularly around sexual trauma and family, if cultural humility is not a part of research (Batool et al., 2024; CPA, 2017; Lim et al., 2022).

Ethical research practice entails understanding the power imbalance that is inherent in the practice of research (CAP, 2019; CPA, 2017). One way of overcoming these aspects of power in research is to find and prioritize survivor voices often through participatory or community-based research (Batoool et al., 2024; CPA, 2017; Lim et al., 2022).

### ***Clinical Ethics***

The ethics of clinical care are informed by the CPA's (2017) Code of Ethics, and the College of Alberta Psychologists' ([CAP], 2019) Standards of Practice. As stated by both frameworks, there are expectations for respect for dignity, responsible caring, integrity in relationships, and societal responsibility. These standards are consistent with trauma-informed care models of service that emphasize notions of safety, trustworthiness, and empowerment (CAP, 2019; CPA, 2017).

The literature is clear around the importance of culturally competent and trauma-informed care practices as an ethical requirement as opposed to a choice. Serrano-Rodríguez et al. (2024) and CAMH (2023) assert that when professionals do not factor in the cultural landscape, and/or fail to appreciate the role that stigma plays, it can lead to harm and disengagement from trauma-related supports. Similarly, Fayaz et al. (2025) highlights the role of relationship-based care, while honouring and respecting survivor views, and lived experiences. This requires clinicians to actively push against minimizing survivor experiences. Clinicians need to appreciate and acknowledge their continuous learning about cultural competence and anti-oppressive practice (CAP, 2019; CPA, 2017).

There are also ethical responsibilities with respect to encouraging systemic change (CPA, 2017). As illustrated in Stockman et al. (2023) and Randeniya & Senn (2023), systemic oppression is exacerbated by sexual trauma; created through institutional mechanisms of oppression, and

societal stigma. This creates an ethical obligation for practitioners, not only in terms of client care, but also advocating for systemic changes to counter structures and cultural barriers to help and mental health (CPA, 2017).

## **Chapter Four: Application to Clinical Practice**

Building on the integrated literature review provided in chapter three, this chapter will translate the major research findings into practical guidance for working clinically with SA women who are survivors of sexual trauma. This chapter aims to provide a basis for mental health clinicians to develop practical and clinically based approaches. The chapter addresses aspects of clinical practice including assessment, case conceptualization and communication with clients, as well as how the clinician can incorporate culturally responsive approaches by through being sensitive to the client's culture (CPA, 2017; Government of Canada, n.d.). Additionally, the chapter will address how legislation, professional ethics, and institutional policies may influence clinical practice and access to care for female SA survivors of sexual violence. This chapter will integrate relevant literature, cultural sensitivity, and policy contexts to support clinicians in developing culturally competent, trauma-informed and ethically-sound clinical practices that reflect the lived experiences of SA women survivors of sexual violence (CPA, 2017; Government of Canada, n.d.).

### **Findings**

The literature has shown that recovery from sexual trauma is a multi-dimensional, relational experience (Baloch et al., 2025; Das et al., 2023; Lim et al., 2022; Masih et al., 2024; Saraiya et al., 2025; Talwar et al., 2024). The process of recovering from sexual trauma is influenced not just by an individual's psychological responses to their experiences, but also by their interpersonal relationships, cultural norms, and the systemic environment they are experiencing (Baloch et al., 2025; Masih et al., 2024; Stockman et al., 2023). Across ecological levels, the literature has shown that social connectivity was a major determinant of how individuals would recover from sexual trauma, while relationships with family members, peers,

community members, and staff within institutions functioned as either barriers or supports (Baloch et al., 2025; Masih et al., 2024; Stockman et al., 2023). In collectivist SA cultures, cultural values concerning honour, family reputation, and gendered expectations have been identified as having significant impacts on whether survivors disclosed their experiences of sexual trauma, had access to support systems, and participated in formal services (Lim et al., 2022; Sabri et al., 2018)

Furthermore, the findings demonstrated that Western sexual trauma models do not effectively capture the relational and cultural experiences of SA women who experience trauma and can result in gaps in service delivery and early dropout from services (Masih et al., 2024; Jordan, 2017). Additionally, studies reviewed found that many survivors are recovering from their traumatic experiences while embedded in multiple interdependent systems that require relational safety, institutional trust, and cultural validation for healing to occur (Baloch et al., 2025; Mughal & Saint Arnault, 2024). Conversely, when social reactions contribute to the stigmatization of survivors, promote silence, or assign blame to them, it can exacerbate their trauma symptoms and prolong their duration (Serrano-Rodriguez et al., 2024). As such, culturally responsive and relationally sensitive forms of support have been shown to improve survivors' mental health outcomes and increase participation in services (Lim et al., 2022). Together, these research findings emphasize that sexual trauma recovery needs to be understood through a relational and ecological perspective, as opposed to being viewed solely as an internal psychological event (Baloch et al., 2025; Jordan, 2017; Lim et al., 2022; Masih et al., 2024; Mughal & Saint Arnault, 2024; Serrano-Rodriguez et al., 2024).

## **Recommendations for Clinical Practice**

Research has indicated that for a clinician to be successful when working with SA women who are survivors of sexual violence, they need to go further than being symptom focused and to consider culturally competent approaches to clinical work (Lim et al., 2022; Masih et al., 2024). The literature provides robust evidence that the relational response, the expectations placed on the survivor by their family, and the stigma associated with sexual violence within the community have a direct impact on whether or not the survivor will seek help and engage in therapy (Lim et al., 2022; Masih et al., 2024). To provide successful clinical interventions with SA women, clinicians should focus on creating relational safety, develop cultural humility and seek to understand collectivist values (Baloch et al., 2025; Stockman et al., 2023). A clinical assessment and subsequent development of an intervention plan should take into consideration how honour, shame, and fear of social consequences can influence the survivor's ability to disclose their experiences of trauma, their coping mechanisms, and their use of available services (Baloch et al., 2025; Stockman et al., 2023).

The findings of this review would suggest that all clinicians should use a holistic approach of ecological assessment, ecological case conceptualization, and ecological intervention choices (Baloch et al., 2025; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Masih et al., 2024; Randeniya & Senn, 2023; Saraiya et al., 2025; Satyen et al., 2024; Talwar et al., 2024). Instead of looking at traumatic symptoms in isolation, clinicians should consider the way family dynamics, institutional distrust, and availability of culturally appropriate services can affect recovery together (Mughal & Saint Arnault, 2024; Sabri et al., 2018). Communication styles used by practitioners should be collaborative, transparent, and validating when communicating with clients about issues such as safety plans, setting boundaries, and disclosure

(Baloch et al., 2025; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Masih et al., 2024; Randeniya & Senn, 2023; Saraiya et al., 2025; Satyen et al., 2024; Talwar et al., 2024). In addition to working directly with clients, practitioners may experience structural barriers to providing care to their clients including but not limited to lack of culturally specific resources, legal restrictions, and organizational policies which fail to incorporate the realities of collectivist cultures (Baloch et al., 2025; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Masih et al., 2024; Randeniya & Senn, 2023; Saraiya et al., 2025; Satyen et al., 2024; Talwar et al., 2024). Practitioners may play a role in advocating on behalf of their client(s), work collaboratively across disciplines, and refer their client(s) to culturally grounded community organizations to address many of the structural barriers they can experience (Lim et al., 2022; Tripathi & Azhar, 2022).

### ***Clinical Implications***

This literature review supports an integration of the clinical practice framework of Bronfenbrenner's BES model as a useful lens for understanding relational and cultural influences on healing. The BES model can be used as a conceptual guide for clinicians to understand how the recovery from trauma occurs through the interrelatedness of multiple systems such as the family system, community norms, institutional responses, and societal culture (Bronfenbrenner, 1994; Masih et al., 2024; Sabri et al., 2018; Stockman et al., 2023). Furthermore, the BES model would be particularly appropriate for clinical work with SA women who have experienced sexual trauma and are recovering in collective cultures of family and culturally defined roles of honour and reputation (Bronfenbrenner, 1994; Masih et al., 2024; Sabri et al., 2018; Stockman et al., 2023). This model can help clinicians to contextualize the individual's distress within their ecological context instead of ascribing the problems to internal functioning. Further, by placing

emphasis on the importance of relationship, empathic mutual engagement, and relational safety in psychological development and healing could provide clinicians with the ability to identify where barriers exist to recovery within the ecological systems but also assess how relational processes exist to both facilitate and impede recovery within the same systems (Bronfenbrenner, 1994; Jordan, 2010, 2017; Stockman et al., 2023).

Building upon this literature synthesis, the conclusions reached in this literature review highlight the relevance of systems-based, feminist, trauma-informed, and decolonizing approaches in working with survivors of SA who are recovering from sexual abuse (Dworkin & Weaver, 2021; Masih et al., 2024; Stockman et al., 2023). In the context of a trauma-informed and feminist systems-based approaches, BES serves as an aid to clinical decision-making through assisting in assessing needs, developing a plan for interventions, and establishing a clinical stance versus serving as a model for treatment (Bronfenbrenner, 1994; Jordan, 2017). A systems-based clinical approach that is informed by trauma and feminism emphasizes safety, empowerment, cultural competence, and awareness of the impact of power in all relationships and acknowledges how history, colonialism, and patriarchy have shaped both the survivor's exposure to trauma and their potential for recovery (Dworkin & Weaver, 2021; Masih et al., 2024; Sabri et al., 2018). These approaches also allow clinicians to work relationally and systemically by engaging family, community, and institutional resources as needed, while ensuring the survivor has autonomy to make decisions and reduces the risk of further traumatization in a culturally collective manner (Jordan, 2017; Stockman et al., 2023)

### ***Practice Considerations***

When assessing a woman's traumatic experience, clinicians should first consider her emotional safety and obtain her informed consent, particularly since women from stigmatizing

cultures may have experienced negative consequences after disclosing abuse (Lim et al., 2022; Masih et al., 2024). Clinicians may provide education about the effects of sexual trauma on an individual, use narrative approaches to allow individuals to frame their experiences within the context of their life, and utilize relational interventions to rebuild relationships and trust (Stockman et al., 2023; Serrano-Rodríguez et al., 2024). Clinicians should use screening instruments and therapeutic techniques in a flexible manner and adapt them to fit cultural standards for communicating with others, regarding privacy, and seeking help (Lim et al., 2022; Masih et al., 2024).

Throughout the therapeutic relationship, clinicians must be responsive to the cultural needs of the female survivors they are treating and demonstrate ethical sensitivity. This includes providing translation services; if necessary, respecting the woman's spiritual and religious beliefs, and being mindful of the potential for family members to become involved while still ensuring that the clinician maintains appropriate boundaries and confidentiality (CPA, 2017; CAMH, 2023). The literature has also identified significant concerns with using Western sexual trauma models as a basis for treatment (Baloch et al., 2025; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Masih et al., 2024; Randeniya & Senn, 2023; Saraiya et al., 2025; Satyen et al., 2024; Talwar et al., 2024). Specifically, Western models may emphasize independence, rapid disclosure, or confrontation (Jordan, 2017). These types of approaches may increase shame and cause further relational harm to the female survivors (Jordan, 2017; Lim et al., 2022). Clinicians should also be aware of potential contraindications to involving family members in treatment; including the potential compromise of safety or autonomy (Lim et al., 2022; Masih et al., 2024). Ultimately, a flexible and client-centered approach may be best suited to allow the survivor to

define her own healing and recovery processes based upon her values and experiences (Baloch et al., 2025; Masih et al., 2024).

### **Recommendations for Social Policy Reform**

Research clearly shows that single clinical interventions alone will not lead to a real recovery experience for SA women who have experienced sexual violence unless there is also a transformation in the systemic level and through policy (Baloch et al., 2025; Das et al., 2023; Fayaz et al., 2025; Lim et al., 2022; Masih et al., 2024; Randeniya & Senn, 2023; Saraiya et al., 2025; Satyen et al., 2024; Talwar et al., 2024). The research indicates that both legislative structures, funding structures, and organizational/institutional policies affect the ability of survivors to access care, their willingness to participate in care, and their healing (Lim et al., 2022; Mughal & Saint Arnault, 2024; Satyen et al., 2024). These structural barriers include a) the lack of culturally appropriate services available to survivors, b) the under-funding of community-based organizations providing these services, c) the lack of required cultural competence training for staff and d) a lack of equitable service delivery for SA Women (Baloch et al., 2025; Masih et al., 2024). This demonstrates that it is essential to effectuate policy reform to address the many social determinants of trauma recovery and to create an environment where clinical interventions are successful.

Trauma informed systems continue to utilize Western and individualistic models of care that fail to take into consideration collectivist values, immigration related stresses, and culturally specific barriers to disclosure and help seeking (Jordan, 2017; Masih et al., 2024). Funding models often provide funding for short-term, symptom focused interventions rather than relational, community based or prevention-oriented interventions that better reflect the lived experience of SA Women (Lim et al., 2022). Therefore, policy reforms that fund long term,

culturally adapted programming, bilingual services and community led initiatives will be important in closing the gap in access and outcomes.

Specific policy recommendations supported by the literature include increasing funding for culturally specific sexual violence services, requiring clinicians to receive training in cultural responsiveness and trauma informed care, and improving the coordination between health care, justice, and social services (Mughal & Saint Arnault, 2024; Tripathi & Azhar, 2022).

Community based prevention strategies, including engaging with communities, religious institutions and education systems may also help reduce stigma and silence at earlier stages in the trauma process and thereby reduce the barriers to accessing care (Sabri et al., 2018; Thompson & Deka, 2020). Clinicians are encouraged to see advocacy as an ethical extension of clinical work by participating in policy discussions, supporting community organizations and providing clinician input to systemic reform efforts (CPA, 2017).

### ***Legislation***

In Canada, both provincial and federal legislation govern the mental health profession, including aspects such as privacy and professional conduct, which provide the basis upon which informed consent, confidentiality, and the duty to report are provided (CPA, 2017; Government of Canada, n.d.). Mandatory reporting, however, is typically not legally required of competent adults disclosing histories of sexual trauma except under very limited circumstances, such as when there is a risk of harm to a child, the individual poses an imminent danger to themselves or others, or involvement of a vulnerable person lacking capacity (CPA, 2017; Government of Canada, n.d.). However, despite this fact, professional regulatory bodies and other institutional policies continue to affect the perception of survivor's safety in disclosing their history of trauma and seeking out clinical service (Lim et al., 2022; Masih et al., 2024).

Literature has identified a reluctance by SA women to seek help for sexual trauma due to misconceptions and fears regarding mandatory reporting (Lim et al., 2022; Masih et al., 2024). Many survivors do not disclose because they believe that clinicians will have to contact law enforcement or child protective services if they disclose; despite not being legally required in most cases, which causes them to delay seeking help, or to partially disclose or completely avoid formal sources of support (Lim et al., 2022; Masih et al., 2024). Therefore, addressing legislation in clinical practice involves not only ensuring legal compliance, but also communicating this to clients (CPA, 2017; Lim et al., 2022). Ethically practicing clinicians recognize that informing clients of the legal framework that affects their treatment provides them with autonomy over the decision to disclose or participate in treatment CPA, 2017; Lim et al., 2022). Professional guidelines have emphasized the importance of obtaining informed consent, being transparent regarding the limits of confidentiality, and explaining these limitations prior to beginning therapy CPA, 2017; Lim et al., 2022). When clinicians inform clients of the times in which mandatory reporting occurs and when it does not, clients can make informed decisions regarding disclosure and treatment participation CPA, 2017; Lim et al., 2022).

This information is especially important for clients from marginalized and/or racialized groups, as fear of institutional betrayal and surveillance may be increased in these populations (Jordan, 2017; Lim et al., 2022). The literature further identifies a disconnection between the research-informed recommendations and legislative/organizational restrictions (Jordan, 2017; Lim et al., 2022). Relational and culturally responsive approaches may require the ability to engage family or community support to be effective, but confidentiality requirements and risk management policies can restrict how such involvement is done safely (Mughal & Saint Arnault, 2024). Therefore, there is a need for continuous review of policy and professional advocacy to

ensure that current research-based knowledge regarding trauma recovery and cultural responsiveness informs the development of legislation and organizational policies and practices (CPA, 2017; Jordan, 2017; Lim et al., 2022). Practitioners can be advocates for their clients by keeping abreast of changes in law, engaging in reflective practice, and advocating for policy changes that promote client safety while maintaining relational safety and cultural sensitivity.

### **Intersectional & Cultural Considerations**

Applying trauma-informed research to clinical practice will require a deliberate consideration of sociocultural and intersectional factors that affect SA women's experiences of sexual trauma, seeking support, and engaging in the process of healing. Intersectionality acknowledges that the impact of experiencing sexual trauma and recovery is impacted by the interaction of multiple identities; including, race, ethnicity, gender, immigration status, religion, socio-economic position, and exposure to colonial or systemic oppression (Masih et al., 2024; Talwar et al., 2024). Additionally, an SA woman's intersecting identities often exist in collectivistic cultural environments that place a strong emphasis on family honour, gendered expectations, and social conformity; thus, complicating disclosure and access to care (Baloch et al., 2025; Lim et al., 2022). As a result, clinical application of research must go beyond cultural generalizations to consider the distinct combinations of identity and power present in each client's experience.

Research indicates that cultural norms significantly shape an individual's help-seeking behaviors, symptom expression, and the meanings assigned to traumatic experiences within SA communities (Masih et al., 2024; Serrano-Rodríguez et al., 2024). Survivors may communicate distress through physical symptoms, relational withdrawal, or emotional constraint, as opposed to directly verbalizing traumatic experiences, particularly when significant mental health stigma

exists in those communities (Masih et al., 2024; Serrano-Rodríguez et al., 2024). Furthermore, gendered socialization and expectations of silence may restrict disclosure, especially if a survivor fears they will bring shame to their family or disrupt the relational harmony (Lim et al., 2022). As a result, clinicians must be careful not to misinterpret culturally mediated coping mechanisms as resistant, un-insightful or disengagement from therapy. This is further embedded by challenges faced by SA women who reside in diasporic locations, such as, language barriers, unfamiliarity with healthcare systems, and concerns regarding confidentiality in close-knit communities (Deenoo, 2020; Mughal & Saint Arnault, 2024). Furthermore, these individuals may also experience increased feelings of isolation and mistrust of formal service providers, particularly when formal service providers do not consider their cultural and historical context (Deenoo, 2020; Mughal & Saint Arnault, 2024). Thus, a trauma-informed approach to practice must be aware of how systemic inequities and systemic discrimination have shaped the way survivors interact with care (Satyen et al., 2024).

Literature has cautioned against generalizing trauma research findings to all populations, specifically because many of the dominant trauma models are based upon western, individualistic assumptions that may not adequately reflect the relational and collective aspects of healing emphasized in SA cultures (Jordan, 2017; Masih et al., 2024). Practitioners may replicate cultural invalidation or maintain power dynamics in the therapeutic relationship if they apply trauma models without adaptation (Baloch et al., 2025; CPA, 2017; Lim et al., 2022). As a result, it is recommended that clinicians critically evaluate research-based evidence and adapt interventions in a manner that honours clients' cultural values while maintaining ethically and trauma-informed standards of care (Baloch et al., 2025; CPA, 2017; Lim et al., 2022).

Anti-oppressive and culturally sensitive practice demands continued reflexivity, cultural humility and responsiveness to client defined meanings of healing (Baloch et al., 2025; CPA, 2017; Lim et al., 2022). Rather than assuming uniform cultural norms, practitioners should work with clients as the expert in their experience and collaborate to identify how the client's identity, culture, and social context affect the recovery process (Jordan, 2017). The recommendations of the literature indicate that, in order to provide effective and inclusive therapeutic relationships for female SA survivors of sexual violence, it is essential to validate clients' strengths, establish relational safety, and advocate for systemic changes that decrease barriers to receiving care (Baloch et al., 2025; Lim et al., 2022). Incorporating awareness of intersectionality into clinical practice will enhance practitioners' ethically competent practices and create more effective, inclusive, and empowering therapeutic relationships for female SA survivors of sexual violence (Baloch et al., 2025; CPA, 2017; Jordan, 2017; Lim et al., 2022).

### **Summary**

Recommendations for culturally responsive clinical practice with SA women who have experienced sexual violence have been adapted from the literature (Baloch et al., 2025; CPA, 2017; Lim et al., 2022). Ecological and relational perspectives were used to emphasize that recovery from sexual violence is influenced by a variety of factors including interpersonal relationships, communities, institutions, and socio-culture (Baloch et al., 2025; Bronfenbrenner, 1994; Jordan, 2017; Lim et al., 2022; Masih et al., 2024). Rather than relying solely on individual symptom-focused treatments, it is suggested that clinicians need to consider these larger context factors when developing treatment plans (Baloch et al., 2025; Masih et al., 2024; Stockman et al., 2023). Recommendations for clinical practice include relational safety, cultural humility, trauma-informed assessments, and flexible interventions that respect collectivist values

but center survivor autonomy (Jordan, 2017; Lim et al., 2022). This chapter also illustrated how combining knowledge from research studies with an awareness of ethical and legal requirements can support informed clinical decisions and increased equity of access to care (Baloch et al., 2025; CPA, 2017; Government of Canada, n.d; Masih et al., 2024; Stockman et al., 2023).

The ways in which funding structures, availability of services, and professional regulatory requirements around issues of confidentiality and reporting obligations may limit or increase access to services for survivors was discussed. As well, intersectional and cultural factors were addressed in relation to how multiple aspects of identity; for example, race, gender, religion, and socioeconomic status, interact to affect help-seeking behaviors, symptom presentation, and engagement with services (Deenoo, 2020; Talwar et al., 2024). Furthermore, the literature cautioned against the tendency to generalize sexual trauma models developed in Western cultures to all individuals without consideration of their culture, and suggested the development of culturally attuned, client-centered, and anti-oppressive practices based on a reflexive approach that encourages collaboration (Jordan, 2017; Serrano-Rodriguez et al., 2024). Overall, the findings from this chapter highlight the ethical obligation of clinicians to synthesize knowledge from research studies, cultural knowledge, and awareness of systems to provide competent, responsive, and compassionate care for SA women who are survivors of sexual violence (Baloch et al., 2025; Masih et al., 2024; Stockman et al., 2023).

## **Chapter Five: Recommendations and Conclusions**

This closing chapter provides recommendations for future research and a reflective discussion regarding the learning the researcher experienced clinically and personally through capstone process. The capstone guided by a BES framework asked the question: how the literature conceptualizes social connectivity and its relationship with the recovery of SA women survivors of sexual violence. Using a thematic literature review, the intent was to address the gap between the western based literature on sexual trauma treatment and the healing needs of many SA women.

### **Recommendations for Future Research**

It is essential to acknowledge the limitations within the scope and methodology of this capstone. Due to the nature of a thematic integrative literature review, the findings are reliant upon the extent of available, high-quality, and culturally representative literature, much of which remains limited in its focus on SA women specifically (Masih et al., 2024). Furthermore, most trauma frameworks have been developed in Western cultures leading to a lack of empirically based population-specific studies concerning SA women. This limits the number of culturally sensitive conclusions that can be made. Future research should seek to expand upon the current literature by addressing these limitations through both methodological and conceptual expansion. For example, phenomenological studies examining the lived experiences of SA women from a variety of regional and diasporic contexts may contribute to understandings of the ways in which social connectivity influences the process of healing over time. Research employing longitudinal research designs could also enable researchers to examine how relational dynamics, stigma, and access to support may vary across different stages of recovery. Additionally, intervention-based studies comparing culturally adapted, relationally informed sexual trauma treatments with

standard, individual focused treatments may provide the critical insight required to inform and direct clinical practice and program development (Baloch et al., 2025; Lim et al., 2022).

Three further research questions arise from the findings of this capstone: first, how do various forms of social support; for example, family relationships, peer networks, community organizations, and formal mental health services interact to impact long term psychological and relational recovery outcomes for SA women who have experienced sexual trauma? Second, how do intersecting identities, such as immigration status, religion, caste, sexual orientation, and socioeconomic position influence help-seeking behaviors and sustained engagement with trauma-informed services? Third, what are the short and long term psychological and relational outcomes of culturally adapted, relationally informed trauma interventions for SA women who live with sexual trauma when compared to standard individual focused treatment models?

Future study is needed in the areas of immigration, acculturation and intergenerational differences. The primary focus of this capstone was social connectivity and cultural/relational systems; however, numerous studies have also indicated that both historical patterns of migration and intergenerational differences may affect the degree to which SA women survivors are affected by stigma, support and the desire to seek help (Masih et al., 2024; Mughal & Saint Arnault, 2024; Saraiya et al., 2025). Developing research in these areas has the potential to enhance theoretical models, inform culturally responsive policy initiatives, and ultimately enhance the effectiveness and equity of clinical practice (Baloch et al., 2025; Lim et al., 2022; Talwar et al., 2024).

### **Reflection of Learning**

While writing this capstone, my thinking about the process of recovering from sexual violence has moved from an almost solely focused on the individual survivor to understanding

the effects of the survivors' environment including relational, cultural, and systemically based factors. Through a deeper examination of the research literature, it was made clear to me that the need to view the survivors' experiences and reactions to traumatic events within the larger context of their social environments is essential. This is especially true when working with individuals from collectivist cultures, such as those found in many SA communities, where family and community can have a significant impact upon each other's lives (Lim et al., 2022; Baloch et al., 2025). The research further challenged assumptions that disclosure, independent functioning, and autonomous functioning are always therapeutic goals for all survivors. It helped me understand that survivors often use varying degrees of relational interaction to achieve safe connections and healing processes within their relational and ecological systems. (Masih et al., 2024).

### ***Clinical Learning***

The experience of developing this capstone increased my knowledge of the requirements for ethically responsible and culturally responsive clinical practices. This capstone process helped me to better appreciate the importance of being transparent with clients regarding issues related to confidentiality, mandated reporting, and setting limits/boundaries within the therapeutic relationship to establish and maintain trust with clients who may be fearful of involvement with institutions, which could result in consequences to them personally and/or to their families and/or community members. These experiences will guide how I develop and implement my clinical approach in the future by providing the flexibility needed to engage in culturally sensitive and collaborative client-therapist decision making, while also continuing to reflect on my own power, privilege, and assumptions in the therapeutic relationship (Jordan, 2017). Overall, this capstone has further solidified the importance of using trauma-informed care

that is tailored to the survivors lived realities, rather than relying on standard or culturally neutral approaches.

### ***Research Learning***

Involvement in writing this capstone further advanced my comprehension of the research process while increasing my ability to evaluate and critique scholarly literature. A core component of conducting an integrative literature review to identify themes from the literature required movement beyond just synthesizing results to assessing the methodological quality, theoretical foundation, and cultural applicability of all included studies. In addition to identifying what the literature says about sexual trauma, I became aware of the way that knowledge is created, who's experiences are valued, and whose voices remain missing from the body of literature. This was especially true in researching experiences of sexual trauma among SA women where many studies rely on frameworks developed in Western knowledge and context that do not fully capture collectivist or relational aspects of healing (Stockman et al., 2023; Masih et al., 2024).

One of the most significant research-related understandings gained during the capstone was dealing with discrepancies and gaps within the literature. The studies reviewed differed in their definitions of social support, healing, and recovery, which made it difficult to synthesize and compare results across studies. These differences also highlighted the need for greater conceptual clarity in defining relational and cultural constructs in the study of traumatic stress recovery (Serrano-Rodriguez et al., 2024; Lim et al., 2022). Furthermore, the lack of longitudinal and intervention studies provided little opportunity to determine long-term outcomes, or the effectiveness of culturally adapted clinical models. Working through these limitations has

increased my respect for cautious interpretation of data and responsible translation of research to practice.

The capstone process also enhanced my ability to recognize and analyze the gaps in representation within sexual trauma research. As many studies reviewed did not include intersections of identity; for example, immigration status, religion, caste, sexual orientation, or socioeconomic status, despite ample evidence showing that these factors contribute to the barriers that individuals face in seeking help and accessing care (Talwar et al., 2024). Recognizing these omissions has heightened my awareness of the importance of advocating for research that centers marginalized voices and represents the diversity that exists within SA communities rather than treating them as one homogenous group. This awareness has also increased my ability to critically evaluate research, and to question the underlying assumptions that exist in the dominant narratives.

Lastly, working closely with the BES theoretical framework throughout this project has improved my ability to see how theoretical frameworks guide the development of research design, methods of analysis, and interpretation of results. Working to integrate Bronfenbrenner's BES model into the project required me to intentionally align each system with evidence in the research, rather than simply apply the theories in a superficial manner. This experience demonstrated how theoretical frameworks can bring attention to relational and systemic dynamics that would likely go unnoticed in research on sexual trauma (Jordan, 2017). Overall, these research related learnings have increased my scholarly confidence, my ability to think critically, and has prepared me to approach research in both academic and applied professional settings in a more thoughtful manner.

## **Applications to Practice**

The application of both the evidence-based knowledge and clinical extrapolations found within this capstone has greatly improved my capacity to connect the theoretical, empirical, and the practical dimensions of my work. The lessons learned from this project will inform the direction of my clinical decision-making going forward, including assessment, case conceptualization, and treatment planning with individuals from diverse cultures and collectivistic backgrounds. In contrast to relying solely upon standardized symptom-focused assessments, I plan to adopt an ecological and relational framework in assessing the impact of family systems, community norms, immigration-related trauma, and institutional contexts on the trauma recovery process (Jordan, 2017; Stockman et al., 2023). The results of this project will be used to identify the most effective ways to assess client's identified needs, the timing and pacing of interventions, and the collaborative establishment of therapeutic goals with client populations.

In addition to informing my approach to therapeutic relationships and practitioner positionality, this capstone has solidified my understanding of relational safety, cultural humility, and transparency in developing therapeutic relationships with clients. Specifically, the findings of this review emphasize the need to negotiate disclosure, boundaries, and confidentiality in ways that are responsive to client's socio-cultural realities (Lim et al., 2022; Masih et al., 2024). In terms of the implications of these findings for my clinical practice, I expect to spend more time clarifying the parameters of confidentiality with clients, to discuss client's fears about seeking help, and to validate client ambivalence regarding disclosure as opposed to viewing their reluctance to disclose information as resistance. These adaptations are intended to promote the delivery of ethical and trauma-informed care, and to decrease the likelihood of retraumatizing or

prematurely terminating client involvement with services (CPA, 2017; Lim et al., 2022; Masih et al., 2024).

Furthermore, the results of this project will also inform my selection and adaptation of therapeutic interventions. I anticipate using relationally oriented interventions, psychoeducation, and narrative-based approaches to address the identified needs of client populations in ways that respect their cultural values and maintain clinical efficacy (Serrano-Rodriguez et al., 2024; Baloch et al., 2025). Examples of these adaptations may include, pacing trauma processing in a manner that is consistent with client needs and preferences, incorporating discussions of social support, and relational dynamics into treatment plans, and working with community based or culturally specific service providers as necessary. Research suggests that culturally responsive and relationally attentive care increases client engagement and improves client outcomes among survivors of sexual violence (Lim et al., 2022), thereby providing further rationale for the use of such approaches.

Lastly, the findings of this capstone have solidified the importance of ongoing self-reflection and advocacy as components of my professional role. While applying research to practice can occur at various points in time, it is a dynamic and not a static, process that involves continued consideration of issues related to power, positionality, and the broader systems within which clinical work occurs (Jordan, 2017). As a result of completing this project, I feel more confident in my ability to utilize research to inform practice, advocate for culturally responsive services, and contribute to systemic changes in clinical and organizational environments. Overall, this capstone has provided me with increased skills in translating scholarly knowledge into socially informed, ethically based, and relationally grounded clinical work, enhancing my development as a reflective and competent therapist.

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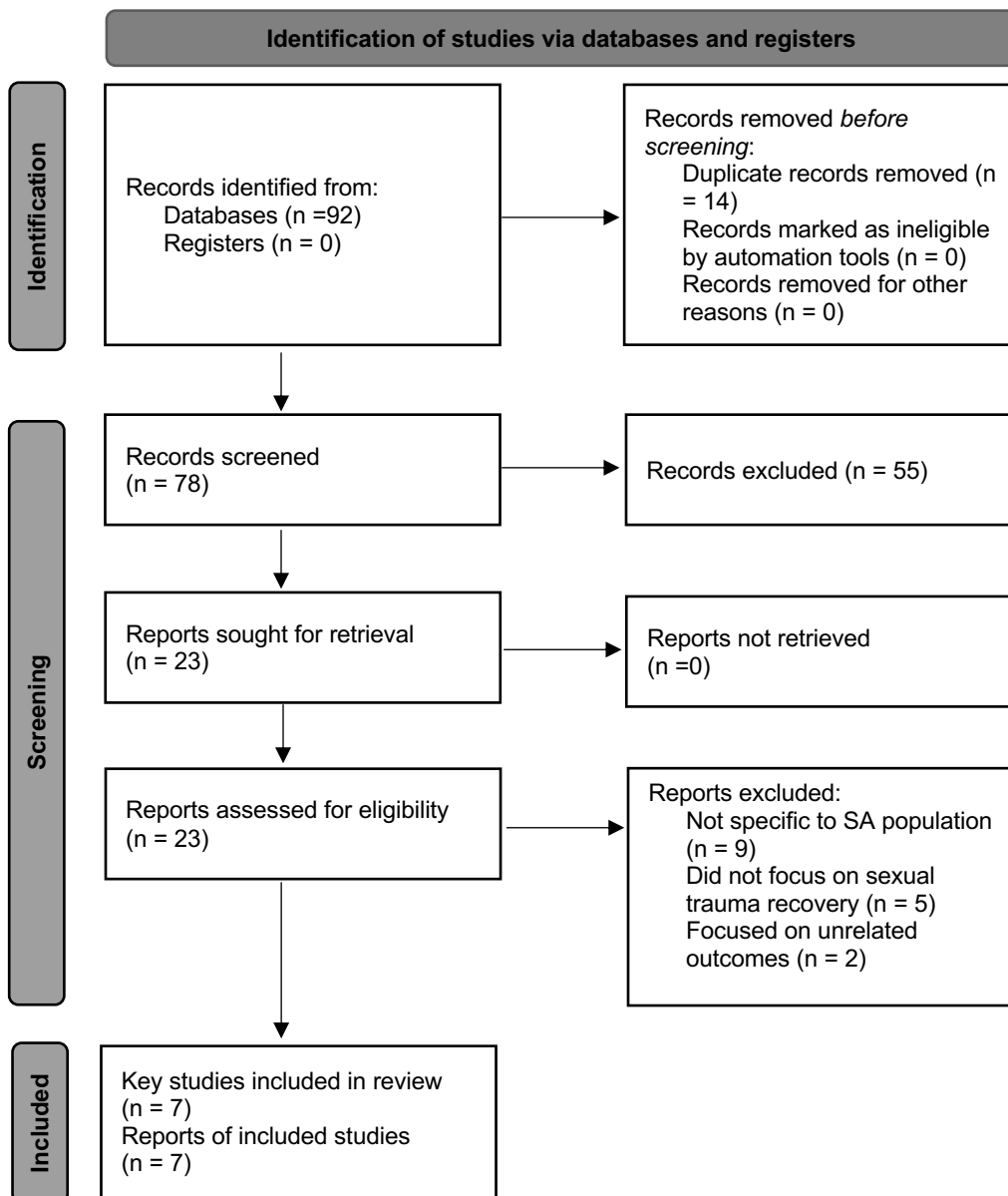
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## Appendix A

## PRISMA- Style Flow Diagram of Study Selection

Figure A1

PRISMA- Style Flow Diagram of Study Selection



Note. PRISMA-style diagram illustrating the study selection process for the current capstone.