



Original Research

Post-Traumatic Growth After Sexual Assault Using Rodgers' Evolutionary Concept Analysis

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Abstract

Caring for someone after a sexual assault requires specialized knowledge that aligns with nursing practice, which focuses on a person's overall physical, mental, and spiritual health, well-being, psychosocial needs, and disease prevention. *Sexual assault* is a common personal trauma requiring time for recovery that varies from person to person. *Post-traumatic growth*, or life changes that may occur following sexual assault, is an understudied phenomenon. Defining, conceptualizing, and analyzing post-traumatic growth among women following sexual assault informs nursing practice and the patient's expected recovery. The purpose of conceptualizing post-traumatic growth is to assist in understanding this phenomenon. Using the Rodgers' Method to provide a structured concept analysis helps to define post-traumatic growth after experiencing a sexual assault by facilitating an application of the assault experience to trauma-informed person-centered care in nursing. Rodgers' framework for concept analysis resulted in discoveries that inform nursing practices about essential interventions, which include the establishment of safety, voice, choice, and transparency when working with persons who are experiencing post-traumatic

growth in the aftermath of a sexual assault. The analysis of existing literature revealed attributes of *coping* and *processing* and related concepts of *resilience* and *optimism*. Antecedents include personal lived experiences with unresolved trauma, childhood abuse, mental distress, disruption of core beliefs, shame, self-blame, anxiety, and depression. Consequences include a *perceived control* over their personal recovery and, when present, lower rates of post-traumatic stress disorder (PTSD)—a higher power with feelings of *forgiveness* added to understanding the consequences and potential for healing.

Keywords: post-traumatic growth, sexual assault, concept analysis

Post-Traumatic Growth After Sexual Assault Using Rodgers Evolutionary Concept Analysis

In the United States, the lifetime prevalence of sexual assault among adult women is 20% (Smith et al., 2018). The lifetime consequences of sexual assault can lead to lasting maladaptive behaviors and coping mechanisms (Guggisberg et al., 2021; Millegan et al., 2015; Ullman & Relyea, 2016). Yet, the personal journey following such a traumatic event is an individual process with the potential for profound inner evolution, referred to as *post-traumatic growth* (change in self-perception, interpersonal relationships, and philosophy of life), as introduced by Tedeschi and Calhoun in 1996 and adopted by others since (Bryngersdottir et al., 2022; Henson et al., 2022; Tedeschi & Calhoun, 1996). A new appreciation of life, stronger relationships with others, personal strength, new possibilities, and spiritual change is reported in individuals who experience post-traumatic growth (Tedeschi & Calhoun, 1996). Post-traumatic growth is not well understood. Defining, conceptualizing, and analyzing post-traumatic growth and its related concepts inform nursing practice and the patient's recovery.

Background and Significance

The discipline of psychology embraced the term post-traumatic growth in 1995, and found it applicable to many types of traumas including adverse childhood experiences, sudden health threat, sexual assault, and death of a loved one (Edwards et al., 2022; Lahav et al., 2020; Takedomi et al., 2021; Tedeschi & Calhoun, 1996). Unfortunately, its connection to sexual assault, overall health, and well-being is relatively unexplored (Tehranneshat & Torabizadeh, 2021). For example, while the association of trauma on the decline of physical health has been studied (Felitti et al., 1998), the positive impact of post-traumatic growth on physical health is absent from the literature. This is further observed in sexual assault and post-traumatic growth (Kirkner & Ullman, 2020).

Post-traumatic growth is defined by five characteristics along the recovery phases including: (1) a new appreciation of life, (2) stronger relationships with others, (3) personal strength, (4) new possibilities, and (5) spiritual change (Tedeschi & Calhoun, 1996). Each phase of recovery reflects attitude and perspective changes in the concept of *personhood* that require defining tenets. The concept of post-traumatic growth in nursing has outputs and tenets such as resilience, hope, coping, and sense of self (Rou et al., 2022; Tedeschi & Calhoun, 1996). The concept of post-traumatic growth after sexual assault applied to the discipline of nursing needs an upgraded definition, one in which the exploration of the role of its antecedents, consequences, and related concepts can be examined that improves patients' health and further define the research process surrounding this concept.

The concept of post-traumatic growth is a broad term with a number of potential uses in disciplines outside of psychology, including nursing (Tehranneshat & Torabizadeh, 2021). The lack of inquiry into the nexus of post-traumatic growth with health promotion, well-being, and nursing practice after sexual assault requires exploration to improve interventions and understanding of the lived experience of sexual assault in women for positive outcomes in healing, intervention, and quality of life. The Rodgers' Evolutionary Method (Rodgers' Method) provides a structured concept analysis (Toftthagen, 2010) to define post-traumatic growth after a sexual assault and conceptual application to trauma-informed person-centered care in nursing (AACN, 2021; SAMHSA, 2014). The purpose of this article is to describe the use of Rodgers' Method for the conceptualization of post-traumatic growth, which defines antecedents and consequences, and aids the nurse's understanding of the impact on the health and well-being of women after a sexual assault. From this, a hypothetical case example is provided to emphasize the key points of this concept analysis. The article concludes with implications for nursing practice and research.

Methods

Our examination of the concept, post-traumatic growth, using the Rodgers' Evolutionary Concept Analysis Method (1989) included exploring surrogate terms, defining concepts, and describing what they are and what they are not (Rodgers, 1989). The Rodgers' Method organizes a process of conceptual analysis to conduct a literature search (Rodgers, 1989; Toftthagen & Fagerstrom, 2010) to conceptualize post-traumatic growth. The phases of the Rodgers' Evolutionary Concept Analysis Method are first, identifying tenets (i.e., resilience, hope, coping, sense of self, and survival) for analysis. In the current analysis of post-traumatic growth, the authors next addressed identifying: "(1) the concept of interest, (2) surrogate terms, (3) sample for data collection, (4) attributes of the concept, (5) references ('events, situations, and phenomena')" (Rodgers, 1989, p. 334) "... (6) antecedents, and consequences of concept, (7) related concepts, (8) a model case and, (9) conducting interdisciplinary and temporal comparisons and collecting the literature sample." (Rodgers, 2000, p. 45)

Rodgers uses an inductive method to analyze evolving or changing concepts such as post-traumatic growth (Rodgers, 2000). This inductive method does not require large bodies of previous research or fixed concepts, so concepts such as post-traumatic growth can be put into context (e.g., post-traumatic growth after sexual assault) (Taylor-Clark & Patrician, 2020; Toftthagen, 2010). The Rodgers' framework does not require post-inductive recommendations for future research (Taylor-Clark & Patrician, 2020).

Literature Search Strategy

The initial step in the literature search as required by Rodgers' ~~Concept Analysis~~ Method was database and search-term selection. PubMed, CINAHL Plus, and PsycINFO databases were utilized for the literature search because the concept of post-traumatic growth after sexual assault is a health-related topic. Search terms were identified in PubMed utilizing the MeSH database and in CINAHL Plus by using subject headings and subheadings on June 21, 2024, within a five-year timeframe. The Covidence program was utilized to record and review each article. In PubMed, the preferred search terms "post-traumatic growth," "post-traumatic growth - psychological," and "psychological post-traumatic growth" were identified and used including "AND sexual assault." The search yielded 30 results. In CINAHL Plus, one search term, "post-traumatic growth - psychological" was identified and used with "AND sexual assault" yielding 784 results for "post-

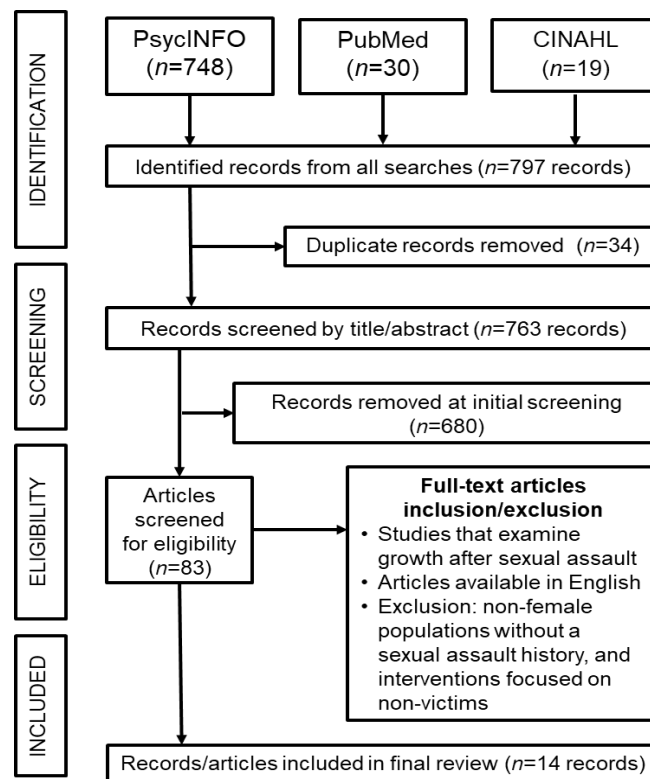
traumatic growth - psychological” and 19 results when used with “AND sexual assault.” The PsycINFO search terms “post-traumatic growth, psychological” and “adult sexual assault” yielded 748 results. From this, 34 duplicate articles were identified by Covidence and eliminated, leaving 763 articles for review.

Each title and abstract (if a determination for inclusion was unable to be made based on the title) of the 763 studies was assessed for its contribution to defining the concept of post-traumatic growth in women who have been sexually assaulted. Inclusion criteria were level one through six studies that examine growth after sexual assault. Exclusion criteria were non-female populations without a sexual assault, level-seven research studies, and interventions focused on non-victims. Eleven articles met inclusion criteria and were analyzed using a critical appraisal of each article’s population of focus, study purpose and design, limitations, and outcomes to ensure the article is relevant, reports valid results, and research design is appropriate for the research question.

Each full text was read for relevance to the review and a PRISMA diagram was generated to represent the articles identified (Figure 1). The content of Table 1 represents 11 articles reflecting the Rodgers’ conceptual analysis components of antecedents, attributes, and consequences. Additional relevant literature was identified by searching for supportive information informed by these original articles and expertise on sexual assault recovery of the authors.

Figure 1

PRISMA Flow Diagram of Article Selection for Concept Analysis



Summary and Synthesis of Articles

Articles identified in the literature search demonstrated recurring themes among the antecedents, attributes, and consequences of post-traumatic growth following sexual assault among women. Antecedents focused on post-traumatic stress, self-blame, history of previous abuse or trauma, and a myriad of immediate responses after the assault such as anxiety, depression, and self-blame. Attributes also had similar themes among the articles that were processing- or coping-related, demonstrating that achieving post-traumatic growth is a journey. Strong themes of belonging, community, hope, and spirituality emerged as consequences of achievement of post-traumatic growth.

Table 1

Summary of Post-Traumatic Growth Among Women After Sexual Assault Articles

Author/Title	Population	Antecedents	Attributes	Consequences
Barnett & Maciel (2021) Counterfactual thinking among victims of sexual assault: relationships with post-traumatic stress and traumatic growth	Undergraduate women who had been sexually assaulted	Post-traumatic stress, self-blame	Counterfactual thinking relating to others, processing	New possibilities, personal strength, spiritual change, appreciation of life, optimism
Bryngeirsdottir et al. (2022) The post-traumatic growth journey of women who have survived intimate partner violence: A synthesized theory emphasizing obstacles and facilitating factors	Female survivors of intimate partner violence (including sexual harm by an intimate partner)		Help-seeking, empowerment, self-awareness, setting boundaries	Courage, helpfulness, independence, self-identity, happiness, self-care, positive vision, tolerance towards others, personal strength, self-respect, self-appreciation
Edwards et al. (2022) Post-traumatic growth in women with histories of addiction and victimization residing in a sober living home	Women with history of domestic and sexual violence and addiction living in a sober living home	Recent victimization, depression and post-traumatic stress disorder	Active coping and social support, safety and amelioration of psychological distress	Sense of belonging to community
Fayaz (2024a) Factors associated with growth in sexual violence survivors: A systematic scoping review	Survivors of sexual violence	Post-traumatic stress	Social support, spirituality, and religiosity	Control over recovery

Author/Title	Population	Antecedents	Attributes	Consequences
Fayaz (2024b) Systematic review of posttraumatic growth from sexual assault in women	Women survivors of sexual assault	Post-traumatic stress	Relating to others, social support, religiosity, and spirituality	Control over recovery
Guggisberg et al. (2021) Women's contexts and circumstances of posttraumatic growth after sexual victimization: A systematic review	Female victims of sexual assault who reported post-traumatic growth		Relationship with self, relationship with others, self-reflection, finding new purpose and meaning	Control of oneself
Kirkner & Ullman (2020) Sexual assault survivors' post-traumatic growth: Individual and community-level differences	Women sexual assault survivors	Disrupted core beliefs	Religious coping and positive social coping	Resilience, greater perceived control over recovery, less post-traumatic stress disorder
Lahav et al. (2020) Post-traumatic growth, dissociation, and sexual revictimization in female childhood sexual abuse survivors	Adult female survivors of child sexual abuse	Childhood sexual abuse		
Levy & Eckhaus (2020) Rape narratives analysis through natural language processing: Survivor self-label, narrative time span, faith, and rape terminology	Rape-victim stories (narratives) published on the Brave Miss World website		Use of rape terminology, passage of time	Faith, spirituality, self-forgiveness, less self-blame
Rosenthal et al. (2024) Trauma appraisals and posttraumatic growth among survivors of sexual assault	Adult women aged 18–64 survivors of sexual assault	Betrayal, alienation, post-trauma events, shame, self-blame, alienation, anger, and betrayal	Actively seeking new relationships and connections, post-trauma appraisal	Positive relationship with self and others

Results

Antecedents, attributes, related concepts, and consequences of post-traumatic growth in women who have been sexually assaulted were clarified during concept analysis. Findings demonstrated that post-traumatic growth in women who have been sexually assaulted was multidimensional and complex. Attributes of post-traumatic growth were divided categorically and included coping and processing with related concepts of resilience and optimism. Antecedents of post-traumatic growth were unresolved trauma, childhood abuse, mental distress, disruption of core beliefs, shame, self-blame, anxiety, and depression (Table 1). Consequences of the conceptual attributes were perceived control over recovery, lower rates of PTSD, and feelings of forgiveness (Affleck et al., 1987; Rivara et al., 2019). The attributes, antecedents, and consequences of post-traumatic growth after sexual assault in women are visually summarized in Figure 2.

Attributes

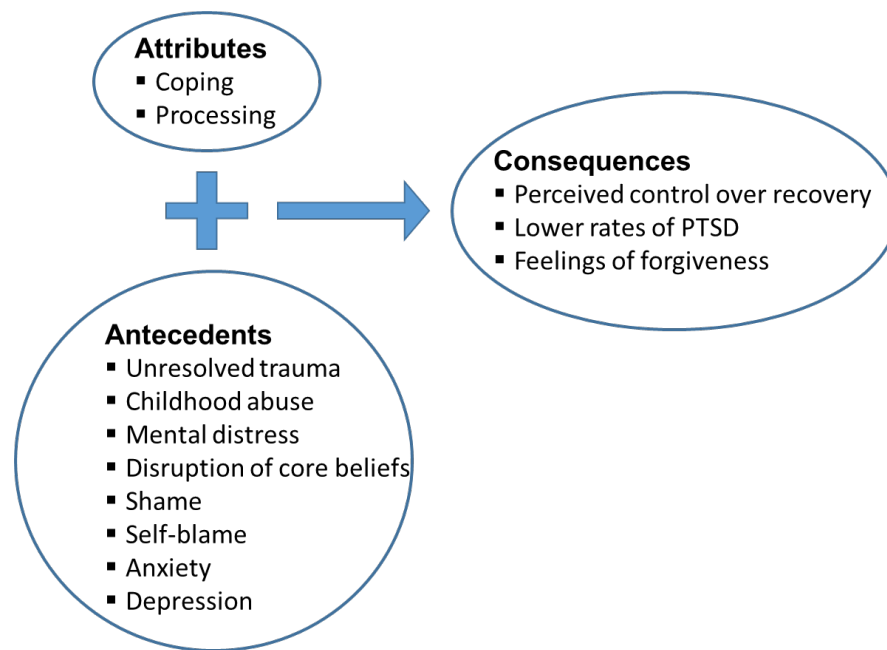
Attributes of post-traumatic growth in women who have been sexually assaulted were grouped into two main categories: coping and processing.

Coping

Coping emerged as an attribute of post-traumatic growth after sexual assault. Coping takes many forms that utilize social and religious coping methods. Cognitive and emotional processing are attributes that lead to coping which results in improvements in well-being following a sexual assault. The person's ability to process the event positively or negatively transforms their trauma (Kirkner et al., 2019; Rizkalla et al., 2021). Social coping is the opportunity to overcome adversity through engagement with others in a meaningful way that aids the person in understanding their situation and feelings and reflects a person's help-seeking behavior from persons in their environment (Kirkner & Ullman, 2020). Religious coping not only includes a person's relationship with God but a connection with their spirituality and faith that influences their ability to process the trauma (Kirkner & Ullman, 2020; Levy & Eckhaus, 2020). When a connection to God or a higher power is absent, persons who have experienced trauma have the opportunity to process their trauma on a spiritual level by participating in programs such as a 12-step program (Sanchez & Speck, 2023). Regardless of the religiosity or spiritual coping method, connections to a higher power align with spiritual and social support in religious communities. Spirituality is a developmental awareness in post-trauma recovery, connected to overcoming trauma and adversity (Speck et al., 2023a, b), and resilience is a learned skill that is conceptually adjacent to post-traumatic growth (Kirkner & Ullman, 2020; Sanchez & Speck, 2023).

Figure 2

Concept Model for Attributes, Antecedents, and Consequences of Post-Traumatic Growth



Processing

“Processing” after post-traumatic growth has attributes of its own including cognitive/informational processing and reprocessing. Psychotherapy is an example of a method that aids the person in working through their ruminations (i.e., processing and reprocessing). Specific examples of psychotherapeutic methods include cognitive behavioral therapy, trauma therapy, and cognitive processing therapy (Barnett & Maciel, 2021; Rizkalla et al., 2021).

Other “processing” mechanisms involved in post-traumatic growth after a sexual assault include counterfactual thinking and self-awareness. Counterfactual thinking (belief that there *could* have been better or worse alternative events and outcomes) is a method of cognitive processing that encourages or highlights optimism (Barnett & Maciel, 2021) and influences post-traumatic growth. Upward counterfactual thinking (reflecting on how a scenario might have been better) leads to self-blame, increased post-traumatic stress, and increased post-traumatic growth (Barnett & Maciel, 2021). Counterfactual thinking has therapeutic limitations as a processing method, and self-awareness is an attribute of post-traumatic growth that encourages self-care and resilience (Barnett & Maciel, 2021; Kirkner et al., 2019; Rizkalla et al., 2021).

Antecedents

For this analysis, antecedents are events that occurred just before the sexual assault event or long ago. Antecedents, related to past events and immediate responses following a sexual assault, impact post-traumatic growth. Examples of antecedents include unresolved trauma, childhood abuse, mental distress, disruption of core beliefs, shame, self-blame, anxiety, and depression.

Past Events

Unresolved trauma and history of childhood abuse often co-occur. Many women who experience sexual assault have experienced poly-victimization—multiple past experiences of violence or maltreatment (Cho et al., 2023). Regardless of the type of past trauma, past traumatic events impact post-traumatic growth after sexual assault in women (Kirkner et al., 2019; Rizkalla et al., 2021). Whether the woman has experienced childhood abuse or some other type of trauma, her ability to process and cope with a sexual assault is impacted during the immediate response time (Kirkner et al., 2019).

Immediate Responses

Shame, anxiety, depression, self-blame, disrupted core beliefs, and mental distress are beliefs and emotions that occur after a woman is sexually assaulted (Jessup et al., 2020; Kirkner et al., 2019; Kirkner & Ullman, 2020; Rizkalla et al., 2021; Rosenthal et al., 2023). When coupled with unresolved trauma or history of abuse during childhood, the feelings and views experienced during the immediate response period affect post-traumatic growth directly and indirectly. These feelings are also precursors impacting the trajectory of healing and well-being.

Consequences

The positive consequence following the responses a woman experiences after a sexual assault is called post-traumatic growth. Post-traumatic growth occurs when women perceive control over processing their assault (Kirkner et al., 2019; Kirkner & Ullman, 2020; Scher et al., 2017). Women who experience post-traumatic growth after being sexually assaulted report perceived control over their recovery, sense of belonging to community, experience lower rates of PTSD, and increased feelings of forgiveness (Affleck et al., 1987; Edwards et al., 2022; Fayaz (a,b), 2024; Guggisberg et al., 2021; Sanchez & Speck, 2023). The result of this post-traumatic growth also results in new skills to overcome adversity in the future (Mark & Vowels, 2022; Sanchez & Speck, 2023). Though the defining tenets of post-traumatic growth after sexual assault are clear, the journey itself is complex.

Related Concepts

Resilience and optimism emerged as related concepts when examining post-traumatic growth among women who have been sexually assaulted (Barnett & Maciel, 2021; Kirkner & Ullman, 2020). Literature focused on post-traumatic growth after sexual assault discusses concepts of resilience and optimism throughout the post-traumatic growth process. This body of work also demonstrates a close relationship to post-traumatic growth, but these are distinct independent concepts. Resilience and optimism play a role in post-traumatic growth that is not well understood.

Model Case

Ms. H. is a 22-year-old cisgender woman commercial sex worker who was sexually assaulted one year ago and reported the assault to police. She is preparing with the prosecutor to testify against the perpetrator of her sexual assault. She reports to the prosecutor that she was sexually abused by her biological father daily between the ages of 12 and 14 (past events). She reports that as a result, she ran away from home and began to sell sexual acts for survival, then fell victim to a pimp who physically beat her and sexually trafficked her, assaulting her at least twice a day for a period of months (antecedent). A year ago, a “customer” paid to have vaginal sex with her and anally assaulted her, then refused to pay (antecedent). The perpetrator beat her,

tore her fingernails from their nailbeds, strangled, and sexually abused her (sexual assault event). She was able to escape and reported the sexual assault to police (immediate response) when the perpetrator went to sleep. Since escaping, she lives in a women's recovery shelter and participates in cognitive behavioral therapy. She has joined a yoga group and though she frequently feels anxious, states that she believes she can one day forgive her father because therapy and exercise positively impact her ability to process and cope with the trauma she has endured (consequences).

A model case is provided because it aligns with Rodgers' Method and demonstrates a positive outcome of post-traumatic growth in a woman after sexual assault (Rodgers, 2000). The positive model case demonstrates the attributes, related concepts, antecedents, and consequences of post-traumatic growth after sexual assault as described throughout the analysis. Coping and processing are demonstrated by patient participation in cognitive behavioral therapy and the patient leaving the abusive situation. Related concepts of resilience and optimism are demonstrated when Ms. H states that she believes she can forgive her father. Antecedents that impact Ms. H's post-traumatic growth include the sex trafficking she experienced as an adult and the sexual abuse she experienced as a child. Ms. H's statement about forgiving her father also aligns with a consequence in post-traumatic growth, forgiveness that allows the victim to move through stages of grief to eventually thrive.

Empirical Indicators

To understand Rodgers' Method of concept analysis, the results reveal the complexity of post-traumatic growth after sexual assault in women is evidenced by the number of measurement tools and scales used in the articles reviewed that measured elements of the concept. Among six of the 11 articles, 23 tools were used to understand post-traumatic growth and reflect the attributes, antecedents, and consequences observed. Each scale represents a different facet of post-traumatic growth. When used together, the scales form a more complete view of post-traumatic growth in women with a sexual assault experience.

Discussion

The concept of post-traumatic growth (coping and processing) has application to women who have been sexually assaulted (Kirkner et al., 2019; Kirkner & Ullman, 2020; Rizkalla et al., 2021). The nursing process has potential through assessment to identify patients with trauma backgrounds. Supporting patients on their post-sexual assault journey requires knowledge about the journey to health where positive outcomes include (1) a new appreciation of life, (2) stronger relationships with others, (3) personal strength, (4) new possibilities, and (5) spiritual change (Tedeschi & Calhoun, 1996; Sanchez & Speck, 2023). Understanding the complexity of recovery after sexual assault requires use of evidence-based interventions in the nursing process that create an environment of understanding, empowerment, and hope (Speck et al., 2023a, b). This, in combination with the application of nursing ethics (Olson & Stokes, 2016) prepares the nurse to demonstrate acts of empathy and compassion.

Sexual assault trauma impacts health and well-being. The usefulness of understanding post-traumatic growth by nurses and the potential impact on nursing practice has not been established (Guggisberg et al., 2021; Millegan et al., 2015). Literature on post-traumatic growth is robust but is limited on female sexual assault victims, which guides future research inquiry. As our focus is on women experiencing sexual trauma, a separate concept analysis focused on men and other diverse populations as sexual assault victims is also warranted, but beyond the scope of this article.

Application of the Rodgers' Method helps nurses explain the complex components of post-traumatic growth such as coping and processing (attributes), resilience and optimism (related concepts), impact of past events and immediate responses (antecedents), and perceived control over their recovery (Figure 1). Self-efficacy and confidence in decisions improve agency, lowering PTSD (Sanchez & Speck, 2023). Self-forgiveness assists in overcoming, building resilience, and culminating in positive outcomes (post-traumatic growth) (Sanchez & Speck, 2023; Speck et al., 2023b). Knowledge of the Rodgers' Method aids nurses in understanding post-traumatic recovery by deconstructing trauma and the normal reactionary behaviors after trauma.

Nurses use this information to explore the patient's historical interpretation of events, addressing the improvement of planned supportive interventions throughout post-traumatic recovery, including use of positive psychology and hope (Speck et al., 2023a, b). Nurse interventions begin with history taking to capture the patient's lived experience during the encounter. Use of trauma-informed methods assist in seeking uncomfortable information essential for nursing intervention. For instance, when asking about sexuality, seek permission to begin a difficult conversation with questions that may be uncomfortable; verbalizations of "I don't know," or "Can we just skip over this?" are opportunities to bridge the gaps in identifying previously traumatized patients by providing supportive care for stress reduction (Speck et al., 2023b, c). Resistance in the evaluation occurs when the patient is a poor historian for significant events (Speck et al., 2023c). When assessing the person affected by sexual violence, seek clues of past trauma history, such as declining to answer or off-putting behavioral adaptations that push people away. For example, being impatient, withdrawn, threatening, angry, belligerent, escalating, hypervigilant, or pulling away from touch are symptoms of adaptive behavior when uncomfortable; when recognized, this is an opportunity to explore the trauma and the trauma's impact (Speck et al., 2023c).

Patients who experienced a sexual assault benefit from nursing knowledge of the examination process and normalization of unique experiences in a post-traumatic growth journey because it emphasizes trauma-informed responses and the importance of rapport building during patient interactions, which improves the nurse-patient relationship (CDC, 2020). Avoidance of routine visits, frequent cancellations, or leaving without being seen are clues to a history of trauma or current stress in jobs, family, or relationships (Speck et al., 2023b). During a physical examination of private and sensitive areas, clues to past trauma include body positions, eye diversion, pulling the sheet over their head, keeping their knees together, or pushing back on the table (Speck et al., 2023b). The nurse action is effective communication by explaining in layman's terms when the nurse is observing and seeking permission to continue after exploring the reaction. Engagement with the patient's permission empowers the patient, providing an opportunity to teach about the assessment method and their use to inspect their private and sensitive areas (Speck et al., 2023b, c). The key is to recognize the trauma symptom and stop, asking permission to proceed, and explaining exactly what you are doing and communicating the meaning of findings (Speck et al., 2023b, c).

Limitations

The literature search was limited to three databases—PubMed, CINAHL, and PsycInfo. This search revealed a limited sample size (n=11) and scope of articles for inclusion. Additional articles on other databases might be available, which could add valuable information. The Rodgers' Method aids researchers in conceptualizing and understanding complex, dynamic, and

abstract concepts. The concept of post-traumatic growth after sexual assault is so complex that attempts to conceptualize it in a single study is not possible.

Implications for Research

Using the Rodgers' Method, the analysis confirms sexual assault involves a complicated recovery and nursing practice has opportunity for utilizing this knowledge to improve practice. A deeper understanding of sexual trauma's impact changes nurse attitudes and behaviors as understanding antecedents creates an opportunity to intervene. When nurses understand the components of the healing journey that lead to post-traumatic growth, goal setting and nursing care that supports mental and physical health outcomes is better informed. Behavioral clues of post-traumatic growth occur weeks, months, or years after the assault, where nurses have opportunities for intervention (Dowdell & Speck, 2022; Speck, et al., 2023a, b). The trauma informed approach is important to create safety, build trust, and empower through person-centered trauma-informed care (Dowdell & Speck, 2022; Speck et al., 2023a). The trauma-informed care approach utilizes six principles to promote a safe, inclusive environment that promotes acceptance (Dowdell & Speck, 2022; CDC, 2020). Failure to approach patients with sexual trauma histories results in a population of *never-served* (those who avoid healthcare due to marginalization) who choose to avoid the judgement—normal reactions that result in predictable patient behaviors and choices (Speck et al., 2008; Speck et al., 2023b). Trauma-informed care is a skill that encourages nurses to implement the person-centered recommendations of AACN *Essentials* (AACN, 2021) and the trauma-informed recommendations from the *Future of Nursing 2020-2030* by National Academies of Medicine (2021) and SAMHSA (2014).

Additional research that utilizes this concept analysis can be incorporated into existing holistic models (i.e., Worker Wellbeing Model) and utilized to improve post-traumatic growth among women who have experienced sexual assault (Bender, 2018; Chari et al., 2018; Fawcett, 1984; Neuman, 1982; Roy, 1976; Turner & Kaylor, 2015). For example, the application of the concept of post-traumatic growth to Roy's Model reveals opportunities to guide researchers toward new questions that discover many aspects along the highly individualized continuum of recovery. Nursing research that focuses on the complexities of post-traumatic growth following sexual trauma supports recent understanding about trauma that guides nursing responses, specifically to improve the social, physical, and psychological health of patients. Sexual trauma is complex, requiring a foundational understanding of the concept of post-trauma recovery. This analysis of post-trauma recovery provides a foundational understanding of the components of post-traumatic growth and acknowledges the impact of trauma on health and well-being in the patient's lived experience (Moulton et al., 2019). Continued research should aim to identify specific nursing practices that can be implemented to support post-traumatic growth following sexual assault, both within the framework of trauma-informed care and the utilization of other methods and best practices.

Implications for Practice

When nurses are aware of a patient's trauma history, they have opportunities to improve their actions during care by acknowledging the impact of trauma on patients and their health; this improves the delivery of care by creating a more meaningful nurse-patient relationship (Speck et al., 2023a). Nurses can implement trauma-informed practices by ensuring patients have privacy from friends, family members, and other support persons at some point during their interaction. Safety, trustworthiness, and transparency are employed when nurses explain the nurse's limits to confidentiality prior to engaging in conversation where a trauma disclosure might occur, ensuring

patients have a better understanding of the potential consequences of trauma disclosure. Collaboration and mutuality, empowerment and choice, and cultural issues are supported when patient goals and preferences are explored and incorporated into the process of nursing care planning.

Conclusions

The concept of post-traumatic growth is broad. The Rodgers' Concept Analysis was used to conceptualize post-traumatic growth in women who have experienced sexual assault. Previous lived experiences and coping through engaging with personal, social, and spiritual supports leads to perceived control and forgiveness. These are necessary milestones to achieve for post-traumatic growth leading to restoration of health and well-being to occur. The model case demonstrates complexities among persons who experience sexual assault and their recovery. The findings fueled a discussion about discovered antecedents and consequences, identifying concepts to guide inferences from the analysis for the purpose of future research to enhance nursing interventions in the promotion of post-traumatic growth in persons with the experience of sexual assault.

Data Availability Statement: The reference data supporting this systematic review are from previously reported studies and datasets, which have been cited. The processed data are available from the corresponding author upon request.

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