

Moving Past Campus Experiences of Sexual Assault

The Development of a Feminist Consciousness for Healing Past Trauma

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Le taux des assauts sexuels envers les femmes est scandaleusement élevé au Canada et les étudiantes sur les campus sont particulièrement exposées à la victimisation. Il est reconnu que les assauts sexuels entraînent des irrégularités au niveau de la santé mentale qui ont le pouvoir de raviver la victimisation. C'est pourquoi les survivantes doivent être soignées immédiatement après l'assaut si on veut empêcher ces troubles de se manifester. Une conscientisation féministe permet aux femmes de voir les réalités sociales de leur assaut et détournent le blâme quand elles commencent à comprendre la vaste structure patriarcale qui appuie la violence envers les femmes. De plus l'éducation féministe donne aux femmes un langage qui leur permet de construire un récit autour de leur expérience et de le partager avec un auditoire compatissant qui favorisera la guérison. L'auteure propose aux campus canadiens d'orienter les étudiantes qui ont survécu vers une conscience féministe qui leur permettra de se guérir des expériences traumatisantes réduisant ainsi les effets négatifs sur leur santé mentale et minimiser les risques de revictimisation.

As one of the most severe forms of trauma, sexual assault contributes to multiple long-lasting physical and emotional consequences across a woman's life span (Bryan et al. 223; Campbell et al. 225; Kaukinen and DeMaris 1332). Women who have experienced sexual assault report significant levels of anxiety and mood disorders even decades after the trauma (Cook et al. 877), with potential to persist over the life course (Kaukinen and DeMaris 1349). Mental health disparities such as co-occurring depression and posttraumatic stress disorder (PTSD) are pervasively common among women who have been sexually assaulted (Au et al. 209) and have potential to cause poor physical

health (Zinzow et al. 592), which suggests mental health plays a significant role in one's overall wellbeing. The consequences of sexual assault are seen to be greater with increasing severity of women's victimization (Kaukinen and DeMaris 1347).

With revictimization more common among women with mental health adversities (Acierno et al. 558), I argue that such conditions experienced by women post-assault must be promptly addressed to reduce further trauma from occurring. Fear and guilt are common emotions experienced by victims of sexual assault, which may provide explanation to the cycle of revictimization (Acierno et al. 557). Through cognitive avoidance, a common coping mechanism after sexual assault, revictimization may occur due to decreased awareness to cues signifying sexual assault, prohibiting women from reacting in a manner conducive to escape (Acierno et al. 558). This presents the importance of attending to the mental health of sexual assault survivors to prevent further traumas from occurring. Risk factors for mental health disparities post-assault are further compounded by intersecting oppressions of race and sexual orientation, with minority groups of women experiencing greater risk for negative adjustment post-assault (Sigurvinsdottir and Ullman 913). This presents the importance of an intersectional analysis when approaching research and healing strategies, in order to attend to the differences in women's experiences and in how these differences may affect individual women.

Healing post-assault is necessary to avoid the development of mental health disparities and revictimization. I argue that one way of achieving this is through the development of a feminist consciousness, a revelatory

consciousness of victimization (Bartky 14). As Monique Wittig explains, consciousness of oppression is the conceptual reevaluation of the social world in which one lives, by reorganizing understandings through the eyes of the oppressed (250). The development of such a feminist consciousness requires women to understand their place in the patriarchal society in which they live, seeing their victimization as a manifestation of their oppressed position in society. Sandra L. Bartky asserts that, “to become a feminist is to develop a radically altered consciousness of

over the age of 35 (Sinha 58), with many post-secondary women falling into this age group. Furthermore, it is estimated that 15 to 25 percent of college and university students in North America will experience sexual assault during some point in their academic journey (Lichty et al. 6). Statistics Canada reported that in 2014, some 41 percent of all police reported sexual assaults were from post-secondary students (Conroy and Cotter 6), bringing to light the prevalence of the issue on campuses.

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oneself, of others, and of... ‘social reality’” (12), this allows women to better understand their experiences of rape as more than an assault against them as an individual, but as a larger social phenomenon. Through the development of a feminist consciousness, survivors of rape may see the patriarchal realities of society and the political aspects of their assault, which in turn can lift feelings of blame and thereby promote healing and mental health (Kelland 740). Healing is particularly facilitated through the development of a personal narrative of one’s assault experience, furthered through the sharing of such a narrative to an empathetic audience such as in consciousness-raising speak-outs, linked to survivor empowerment (Kelland 741). As such, I argue that women who have experienced rape may benefit from healing approaches which promote the development of a feminist way of viewing the world and the sharing of experiences to a compassionate and understanding audience, which can promote self-determination and curb mental adversities from occurring.

Sexual Assault on Canadian Campuses

Rates of sexual assault in Canada are alarmingly high, particularly towards women. According to Statistics Canada, one in three women will be sexually assaulted in her lifetime (Johnson 24). With 80 percent of sexual assaults directed towards women (“Sexual Assault Statistics in Canada” 1), the highly gendered nature of this societal issue is apparent. Women on post-secondary campuses are at particular risk for experiencing sexual assault. According to Statistics Canada, women under the age of 35 years are five times more likely to be sexually assaulted than women

ing sexual assault, with nearly 60 percent of Indigenous women and over 80 percent of women with disabilities becoming victims of sexual assault during their lifetime (“Sexual Assault Statistics in Canada” 1). This calls for an intersectional analysis when looking at both patterns of victimizations and working towards healing, as it is apparent intersecting identities such as race and ability greatly affect women’s lived experiences. While the forms of violence and adversities associated with rape may differ, with differences in identities playing a role in women’s experiences, rape followed by adverse sequelae has been seen across all economic and educational ranges (Acierno et al. 556).

Sexual Assault and Mental Health Correlations

Many factors relating to sexual assault shape the effects of trauma on women’s psychological health, including aspects of the assault, disclosures and help-seeking behaviours, sociocultural norms surrounding rape victimization, and characteristics of the woman (Campbell et al. 226). For instance, disclosures and subsequent social world interactions provide survivors with implicit and explicit messages that can contribute to the development of mental health adversities (Campbell et al., 227). Within formal and informal systems, survivors may encounter large amounts of victim-blaming, with minority groups facing further discrimination (Campbell et al. 230). Victim-blaming may also increase as a result of the assault type, with date rapes and those who have been revictimized at higher risk of being blamed (Campbell et al. 230).

There are many studies which cite sexual assault as a

predictor for mental health disparities among women. The co-occurrence of PTSD and depression has been more strongly related to sexual assault than any other form of victimization (Kaukinen and DeMaris, 1332). The overlapping occurrence of PTSD and depression following sexual assault suggests that the two mental health adversities may be a manifestation of a more general posttraumatic stress response following trauma, rather than two distinct disorders (Au et al. 209). There appears to be a dangerous cyclical trend in women who develop PTSD after experiencing sexual assault, with PTSD being a risk factor for revictimization (Acierno et al. 557), suggesting urgent intervention is crucial for the future safety and wellbeing of survivors.

In addition to depression and PTSD, other forms of mental health disparities have been documented among rape survivors. Studies have found correlations between sexual assault and generalized anxiety (Campbell et al. 226). Among mental health disparities faced by survivors of sexual assault are also suicide ideation and attempt (Bryan et al. 223), again pointing to the importance of timely interventions for women who have experienced sexual assault.

Predicting Mental Health Adversities

Women experience sexual assault in a sociocultural context which propagates rape myth messages, that repeatedly tell women that they are to blame for their assaults, and that force them to face post-assault healing within a hostile society that can further affect their mental well-being (Campbell et al. 226). Various studies have identified post-secondary campuses as highly rape culture supportive environments (Conroy and Cotter 6), pointing to a potential reason for the high rates of sexual assault experienced by students. Women who have been sexually assaulted are viewed by larger society as victims, either deserving of sympathy or worthy of blame for their victimization (Kaukinen and DeMaris 1338). Women's mental health is cumulatively affected by revictimization, particularly as the response from the social world is likewise cumulative (Campbell et al. 226); commonly held beliefs surrounding rape culture have the potential to contribute to internalized self-blame and subsequent mental health disparities.

There are multiple levels of factors that may affect post-assault mental health sequelae. Individual-level factors affecting post-assault sequelae include: sociodemographic variables such as race, personality traits such as neuroticism, pre-existing mental health conditions, biological factors such as cortisol levels, and coping responses (231). Assault-related factors may additionally contribute to post-assault mental health outcomes, in-

cluding the perceived dangerousness of the assailant and the injury incurred (Campbell et al. 232; Zinzow et al. 592). Microsystem factors include social support from friends and family, with positive support correlated to decreased psychological distress, though negative social reactions have stronger detrimental effects (Campbell et al. 233). Mesosystem factors, which include multiple formal assistance systems such as the legal, medical, and mental health systems, may produce what some call a "second rape," in which a secondary victimization occurs in addition to the initial trauma when services are inefficient and insensitive (Campbell et al. 234). Mesosystem advocacy communities, such as rape crisis centres, may contribute to mental health through providing survivors with the opportunity to negotiate the above mentioned systems, leading to significantly lower levels of distress and self-blame (Campbell et al. 234). Macrosystem factors also affect post-assault mental health sequelae, particularly given the rape-prone culture that not only condones male violence but blames women in a way which hinders healing (Campbell et al., 235). For instance, women with high rape-myth tend acceptance to be less likely to acknowledge their experiences as sexual assault, which consequently decreases their support-seeking and hinders healing (Campbell et al. 235). Lastly, chronosystem factors such as revictimization are seen to affect healing, with multiple assaults having cumulative effects which negatively impact post-assault mental health sequelae (Campbell et al. 236).

The identification of risk factors for mental health adversities following rape may allow for early interventions to occur for individuals at greater risk (Acierno et al. 542), ideally working to curb disparities from developing. Given the co-occurring symptoms of depression and PTSD among sexual assault survivors, suggesting a posttraumatic stress response to trauma rather than a distinct disorder, integrated treatments that target both mental illnesses may prove to be more effective (Au et al. 209). This posttraumatic stress response must be looked at not by diagnosis of presence or absence, but rather based on a continuum with increasing functional impairment (Au et al. 214). This will allow for more effective diagnosis of those at risk for mental health disparities and for early intervention in addition to treatment for more severe sequelae. Even for those with PTSD who do not meet the requirements for co-occurring depression diagnosis, treatment which addresses depression symptoms, for example excessive guilt, may allow for more positive outcomes (Au et al. 214).

The development of PTSD as an adversity to rape is seen to increase with younger age, history of depression, alcohol abuse, and injury during rape (Acierno et al. 542). The increased risk for mental health disparities in women with depression may be as a result of a lower threshold

for developing PTSD due to views of assaults as more distressing than non-depressed women (Acierno et al. 560). Depressed women may also lack sufficient social support as a result of their affective disorder, potentially increasing the risk of developing PTSD (Acierno et al. 560). Substance abuse, particularly excessive alcohol use, is more common in women post-assault and has been seen to increase women's risk of developing PTSD following sexual assaults (Glover et al. 1018). Victims of rape who are injured during their assault have been seen

may differ according to race as a result of women's cultural differences in perceptions of their experiences and willingness to disclose and seek help (Kaukinen and DeMaris 1334). These differences in help-seeking approaches will undoubtedly have differential consequences post-assault. While Ron Acierno et al. did not find an association between race and development of PTSD proceeding sexual assault (560), Catherine Kaukinen and Alfred DeMaris reported that women of racial minorities who have been victimized report significantly higher rates of withdrawal

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to be three times as likely to develop PTSD (Acierno et al. 559). Even when violence is similar between cases, those who perceived greater danger were more likely to develop PTSD (Acierno et al. 545). Sexual assault and suicide may be correlated due to high rates of PTSD and depression among this group, with emotional distress, impulsivity, substance abuse, and depression as possible variables which may increase women's likelihood of attempting suicide following rape (Bryan et al. 224). Furthering this, negative beliefs surrounding one's identity may predict suicide attempts in the future (Bryan et al. 225), with negative self-perceptions commonly experienced by rape survivors placing them at increased risk.

An Intersectional Analysis of Sexual Assault

While the collective identity of "woman" may share commonalities in experiences, individuals within the group come from different backgrounds, with different understandings of the social world. I argue for the use of Patricia Hill Collins' intersectional analysis as a theoretical framework to analyse the ways in which intersecting oppressions of gender, race, and sexuality alter individual women's experiences and understandings of rape (208). Minority groups of women experience elevated risk for negative post-assault sequelae, possibly as a result of minority stress associated with an oppressive society, that increases women's chronic psychological distress and likelihood of engaging in risk taking behaviours (Sigurvinsdottir and Ullman 919).

The correlation between race, sexual assault, and post-assault recovery remains unclear. The impacts of sexual assault

behaviours, such as problem drinking and illicit drug use, specifically after disclosing to a friend or family member (1332). This suggests differences in cultural understandings and approaches to rape. Substance abuse has been linked to mental health disparities by multiple studies, proposing that higher rates of substance abuse among racial minorities who have disclosed will lead to greater mental health disparities.

Rannveig Sigurvinsdottir and Sarah Ullman found sexual minorities to be at increased risk for experiencing negative sequelae following sexual assault, potentially arising from disproportionate rates of substance dependency post-assault (914). Mental health disparities, including depression and PTSD, have been found to be significantly higher among bisexual women specifically compared to heterosexual women and women of other sexual minorities (Sigurvinsdottir and Ullman, 917). This may be because bisexual women are marginalized from the gay community in addition to heterosexist society, with a lack of support and feelings of acceptance contributing to poor recovery. Numerous studies report bisexual women of racial minorities to be at greatest risk for recovery problems, in particular facing higher rates of revictimization (913). In particular, Sigurvinsdottir and Ullman found that Black bisexual women consistently experience the highest rates of depression and PTSD, though interestingly, race independent of sexuality did not significantly increase women's risk (918). This displays the great need for intersectional analyses of women's recovery post-assault. Hill Collins emphasizes the importance of attending to such heterogeneity, particularly through the use of embodied standpoints (221), that allow women

from multiple intersecting lines of oppression to contribute their narratives of rape, which ideally facilitates healing and prevents mental health adversities post-assault.

Feminist Consciousness Building as Healing

Survivors of sexual assault may use various types of coping strategies, with coping serving as a transitional process which involves individual-level and situational factors (Campbell et al. 231). Those who utilize maladaptive coping approaches that involve some level of avoidance, typically occurring as a result of negative social support, have been associated with increased levels of fear, anxiety, depression, and PTSD (Campbell et al. 231; Najdowski and Ullman 218). Maladaptive coping has also been associated with higher levels of substance abuse (Kaukinen and DeMaris 1332), further increasing post-assault mental health disparities. Adaptive coping, on the other hand, which is more commonly correlated with healing and reduction in mental health disparities, includes seeking positive social support and expressing emotions (Campbell et al. 232; Najdowski and Ullman 219).

Some forms of support for assault survivors and suggestions for coping may actually increase feelings of powerlessness rather than empower women and facilitate healing (Kaukinen and DeMaris 1350), displaying the importance of evidence based practice. One reported method of assisting women's wellbeing post-assault is through the development of a feminist consciousness, with women reporting that "feminism worked as a healing force" (Fischer and Good 437). This may be facilitated in multiple ways, such as through the inclusion of gender-aware approaches into therapy containing feminist principles (Fischer and Good 437). Stephanie Bowling et al. report that many of the challenges that women bring to therapists are as a result of living as a woman in a patriarchal culture (4), suggesting the importance of feminism within therapeutic approaches to combat symptoms of oppression. The identification with the political and social struggle of women is the basis of being a feminist. According to Bartky, "feminists are no more aware of different things than other people; they are aware of the same things differently" (14), displaying the way that a feminist consciousness may allow women to better understand their experiences of sexual assault as a wider societal issue rather than a single individual woman's assault. This can alleviate the personal struggles women may grapple with when coming to terms with their rape, instead allowing them to see the larger factors at play and thereby diminish feelings of guilt or shame. Through a feminist consciousness which provides women with a way of viewing the social world and its patriarchal realities, women may find relief from self-blame and begin to heal.

Women may struggle to effectively convey their experiences of assault, either from lack of appropriate language available to them or as a result of culturally fashioned tales which serve as frameworks that do not adequately capture women's lived experiences of rape or its sequelae (Kelland 732). The discrepancies between stereotypes of rape and women's lived experiences may lead some to question the very validity of their own sexual assaults. Through the development of a feminist consciousness, women are able to better understand their experiences of prejudice and discrimination in the world, providing them with the tools to frame these experiences as unjust and based on their status as a woman (Fischer and Good, 437). Women with a feminist consciousness are better able to construct coherent narratives of their traumatic memories, with narrative sharing to an empathetic audience being a key component to healing (Kelland 730).

Contrastingly, women who do not develop a feminist consciousness and thus are unable to share their narratives may not be able to regain their subjectivity, reducing their voices to the status of an object through their inferior, objectified societal position (Kelland 730). Women without a feminist consciousness may find themselves wrongly interpreting experiences of sexism as consequences of aspects of themselves as individuals, in turn contributing to mental health adversities (Fischer and Good 437). A feminist consciousness allows women to consciously understand subtle societal messages enforced by the patriarchy, empowering women through encouraging them to reject oppressive messages (Bowling et al. 5). The development of a feminist consciousness allows women to see the patriarchal reality of society and see the political aspect of their rape, which may alter perceptions of shame (Kelland 740).

The very act of rape is silencing, with post-assault recovery in a rape culture supportive society serving to further silence women (Kelland 731). The development of a feminist consciousness and the construction of a personal narrative informed by feminist insights may return women their voice, ideally working to empower women and promote healing. This healing through narrative formation can be furthered by sharing of one's narrative to an empathetic audience, such as consciousness-raising speak-outs, which have clearly been linked to survivor empowerment (Kelland 741). These speak-outs attempt to create bonds of sisterhood among an intersectional, differently situated group of women, providing women with an opportunity for personal transformation as well as political action. Women are able to better understand shared experiences of social life within a patriarchal society, creating a sense of ideological and political unity, rather than feelings of isolation, which can lead to negative mental health outcomes

(Kelland 734). For feminist consciousness raising public speak-outs to create lasting solidarity among women, an intersectional lens must attend to the differences among survivors of rape (Kelland 736).

Ann Fischer and Glenn Good identify five stages of feminist identity development, including passive acceptance of gender roles, revelation resulting in questioning of these roles, embeddedness-emanation with feelings of connectedness to other women, synthesis of a positive feminist identity, and active commitment to social change (438). The last two steps have been correlated to greater self-esteem and a positive personal identity (Fischer and Good 438), suggesting that women must complete all five steps to receive the mental health benefits. The development of a feminist consciousness provides women with the power of better understanding the social and political implications of their experiences as marginalized citizens. Lindsay Kelland describes hermeneutical marginalization as the structural powerlessness of marginalized groups throughout the process of interpretation, preventing them from equally participating in meaning construction (732). This applies to survivors of rape who may not be able to adequately frame their experiences. Similarly, hermeneutical injustice stems from such marginalization by structural inequalities, occurring when a hermeneutically marginalized group member hopelessly attempts to formulate an intelligible claim within a hegemonic system of meaning construction (Kelland 733). This hermeneutical injustice Kelland discusses can be combatted through the development of a feminist consciousness, which provides women with the sociopolitical understanding and language abilities to develop coherent narratives of their experiences, better allowing them to contribute to challenging the male-dominated hegemonic knowledge system currently in place.

Feminist Consciousness Raising on Campuses

Given the potential healing capabilities of the development of a feminist consciousness, women who have experienced sexual assault may benefit from learning feminist perspectives on the societal issue of rape in order to understand the larger implications of their experience, rather than placing the blame on themselves. Given that post-secondary women are at particular risk for experiencing sexual assault, campuses across Canada could assist their survivor students greatly by implementing feminist consciousness raising opportunities. This may include the recommendation of Women Studies classes for survivors, formal counselling sessions with feminist counsellors, or student organized consciousness-raising sessions in which more knowledgeable feminist students share their perspectives

with survivors of assault. Additional potential avenues for campuses to take in order to best support their healing students may be feminist consciousness raising seminars or workshops, regular guest speakers, or community outreach to collaborate with local sexual assault centres. The possibilities are vast and the benefits have the potential to be enormous, helping women to heal through a traumatic event which may otherwise negatively affect them for years to come. It is apparent that in addition to working towards ending the atrociously high rates of violence on campuses across the country, Canadian universities and colleges should take action to assist survivors in their healing journeys.

Conclusion

I argue that through the identification of individuals with risk factors for post-assault mental health adversities and subsequent feminist consciousness raising for identified individuals, both the incidence and psychological sequelae of rape may be reduced. For this to occur, there is need for further knowledge on associations between sexual assault and mental health disparities. Longitudinal studies are needed to establish causal links and healing factors (Glover et al. 1023). As a highly heterogeneous population, there is still much to be learned about sexual assault survivors' recovery processes, as there are many multiple intersecting lines of oppression which affect one's healing (Campbell et al. 238; Kelland 237). An intersectional approach to women's mental health that attends to the heterogeneity within the group "woman" should include the narratives of racial minorities and women with disabilities, as well as lesbian, bisexual, transgender women, and others.

The development of a feminist consciousness may allow women to better understand the sociopolitical implications of their rape, and reduce feelings of guilt and shame. It allows women to see that "one is victimized as a woman, as one among many" (Bartky 15). This recognition may create solidarity among women while relieving them of personal feelings of guilt or shame. When women begin to see the social realities of their experiences, the possibility for liberating personal growth ensues (Bartky 21). Feminist consciousness development may also assist in language growth to construct coherent narratives of survivors' experiences, giving women the opportunity to share their narratives and promote healing, thereby reducing the occurrence of mental health disparities post-assault. I argue that we must emphasize to youth the diversity of women's experiences of sexual assault, and stress that there is no one universal experience of rape, with victimization occurring to all groups of women who experience diverse sequelae. This may work to delineate stereotypes surrounding rape

and survivors, and provide women with a more supportive culture which is less believing of rape myths in which to share their feminist constructed narratives and heal.

Given the unacceptably high rates of sexual assault on Canadian campuses from coast to coast, it is the responsibility of school leaders to implement appropriate healing tools for survivors to work through their trauma. With the potential of feminist consciousness development to assist survivors in their healing journeys, schools should begin to implement various ways of facilitating such development, with research guiding the development and implementation process to monitor the effects of such undertakings and altering the programs as needed. This will begin to help assist survivors of sexual assault on campuses to overcome their traumatic experiences, to work to avoid negative mental health sequelae which may follow, and to prevent life challenges and further victimization from occurring.

Roslyn Deisinger is a Master's student at the Ontario Institute for Studies in Education at the University of Toronto. Roslyn's research focus is on learning from the voices of sexual assault survivors to develop educational social service programs that assist survivors on their healing journey. Focusing specifically on the use of feminist theories, particularly those that draw on the power of consciousness-raising for individual growth and community change, Roslyn attempts to instill in women the courage to dig deeper into the knowledge they already hold from their oppressed standpoint of being a woman. Roslyn plans to continue this research after her Master's at the PhD level, working to assist survivors on their road to health.

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KATERINA FRETWELL

Terra Cotta

Womb and tomb of all Earth in mid-May
smells of growth. My cat Cujo and I sniff
adders tongue and trillium flexing muscles—

petals and pistils zooming into bloom.
I rehydrate after my mate turned to ash.
Winter is for grieving and for dormancy

under quilted soil – ditto my hibernating
pheromones diverted to my arts
and cat-cuddles. Peepers trill winter—

requiems in their wetland chambers. Sighs
yawn and stretch. Joy taproots. Air teases
the terra cotta earthiness in Cujo and me.

Katerina Vaughan Fretwell's eighth poetry book, which includes her art, Dancing on a Pin, was published by Inanna Publications in 2015. Her seventh book, Class Acts, also published by Inanna in 2013, was included in Kerry Clare's Most Important Book of 2013: Poetry on the online 49th Shelf. Her ninth book, and art, We Are Malala, will be published by Inanna in 2019. She lives in Seguin, Ontario.

TANYA GRAE

Letter to My Embryo, Evolving

You could be anybody, kind & brilliant,
sitting next to me on a plane, headphones on,

dreaming about Thanksgiving. Your unwritten
face wears the smile of old masters —

inside, you're the sketchbook's turned page.
But, sometimes, I want to wake you

to turn back & consciously object —
as if you enlisted at some karmic weigh station,

with a recruiter giving the hard sell:
Just think of the enlightenment! Your future

glares at me in that wild, half-woken way.
It's almost 4 AM, the dog is snoring,

& you are softly kicking, but mostly,
the world is quiet. Soon I will fall back to sleep

& let hours keep these concerns. Forgive
this burden & wrench, this life—

for the surprising specks of joy.

Tanya Grae won the 2016 Tennessee Williams/New Orleans Literary Festival Poetry Prize, selected by Yusef Komunyakaa. She is the author of the forthcoming chapbook Little Wekiva River (Five Oaks Press), and her poems have appeared in AGNI, New Ohio Review, The Florida Review, New South, Fjords, The Los Angeles Review, Barrow Street, and elsewhere. She lives in Tallahassee and teaches at Florida State University while completing her doctorate. Find out more at: tanyagrae.com. "Letter to My Embryo, Evolving" was published in the U.S. in the journal Louisiana Cultural Vistas.