

A QUANTITATIVE STUDY OF CHILD SEXUAL ASSAULT SURVIVORS' STRUGGLES
WITH POOR MARITAL SATISFACTION: MEDIATED BY LONELINESS AND
DEPRESSION

by

Thomas Litzinger

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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ABSTRACT

Child sexual assault (CSA) is growing at startling rates in the United States and is related to a staggering number of adult psychosomatic modification problems and outcomes. CSA has been a subject of interest in sexual health research for many years; however, research regarding the sexual health consequences of CSA has been hampered by methodologic changeability. CSA and the sexual victimization of boys and men has been understudied despite its prevalence and potentially detrimental outcomes in the U.S. and worldwide. A large body of research has revealed many adverse psychological and social impacts of CSA in samples of adult male and female survivors. Countless researchers have reported that abuse characteristics connected to CSA include, severe abuse, prolonged duration, or sexual abuse by a trusted perpetrator, such as friends or family members were connected to CSA. Adverse mental health, negative physical health, and poor relational outcomes are common for adult male and female survivors of CSA. Historically, there has been very little research examining how loneliness and depression affect marital satisfaction due to the harmful consequences of CSA. This body of research was based on the Hayes Regression Model 6, an advanced regression mediation model, and utilized a process and correlation analysis. First, the direct relationship between CSA and marital satisfaction was examined. Next, the direct relationship between CSA and marital satisfaction when mediated by loneliness and depression was measured. These results accentuate the scarcity of research related to marital satisfaction among adult male and female survivors of CSA.

Keywords: child sexual assault, depression, loneliness, and marital satisfaction

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"Challenges are what make life interesting; Overcoming them is what makes life meaningful:
Quote: Dr. Amie Litzinger M.D."

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List of Abbreviations

Adult sexual assault (ASA)

American Psychiatric Association (APA)

Borderline personality disorder (BPD)

Child sexual assault (CSA)

Couples Satisfaction Inventory (CSI)

Depression, Anxiety and Stress Scale (DASS-21)

Institutional Review Board (IRB)

Posttraumatic stress disorder (PTSD)

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CHAPTER ONE: INTRODUCTION

Overview

This quantitative study examined the effect of child sexual assault (CSA) on marital satisfaction. The independent and dependent variables, CSA and marital satisfaction were mediated by loneliness and depression (Heppner, 2016). This study utilized a multivariate regression with a univariate response which was an effective, conventional, and common method. A multivariate regression builds a model that predicts a response variable when applied to a given set of predictor variables (Lee et al., 2012). Additionally, this research process utilized the Hayes multiple regression model 6, a correlation analysis of the dependent and independent variables, viable proposed measures, mediation protocols, and a moderator analysis (Hayes, 2018). This study employed a non-quasi experimental design which allowed the researchers to avoid concerns regarding cost, selection issues, ethical considerations, and the unavailability of the proper control groups (Heppner, 2016).

This cross-sectional, longitudinal, correlational, mediation model study examined the projected design for the statistical significance of the relationship between the independent and dependent variable. This study examined the direct or indirect relationship between the independent and dependent variable, the moderation protocols, and the study's mediators (Heppner, 2016). A simple approach was utilized to regress each response variable separately on the same group of explanatory variables (Lee et al., 2012). Mediation effectively allowed this study to examine the statistical significance of the direct relationship between CSA, loneliness, depression, and marital satisfaction (Warner, 2013). This correlation study examined the relationship between two variables and utilized a statistical analysis to describe their relationship (Heppner, 2016).

This study's correlation coefficient, or r , provided a guide to describe the degree of linear relationship between the study's variables (Warner, 2013). As one variable increased, the other variable also increased. X was a predictor of Y and as both increase so did the strong positive relationship between the variables (Hayes, 2018). Correlation identifies the relationship between two variables; however this research was designed to identify the relationship between two variables and two mediators, which requires multiple regression (Heppner, 2016).

Multivariate regression with a univariate response is a common and popular technique in research today. Multivariate regression designs a model to predict a response variable given a certain set of predictor variables (Lee et al., 2012). Multiple regression is a statistical process for analyzing the separate and collective contributions of one or more predictive variables in the variation of this study's independent variable, CSA. Ultimately, the multiple regression model was utilized in this study to describe how multiple predictor variables were related to a distinctive dependent variable (Heppner, 2016).

This study also examined and tested for moderation and mediation. Moderation involves questions of when and for whom a variable predicts an outcome. A moderator is a variable that affects the strength of the relationship between X and Y (Hayes, 2018). Mediating variables identify how or why one variable predicts the independent variable and influenced the relationship between the independent and dependent variable (Heppner, 2016).

This researcher's data were archival and were exempted from Institutional Review Board (IRB) approval (Appendix A) because the sources of data utilized in this study were previously approved. This study did not include a before and after analysis, nor did this study include a baseline; the researcher was only concerned with whether participants had experienced CSA or not. Participants who had not experienced CSA were excluded from the data base (Heppner,

2016). The primary objective of this study is to describe, explain, and predict the effects of CSA on survivors, that is, if survivors of CSA, are more likely to experience loneliness and depression; predicting decreased levels of marital satisfaction (Georgia et al., 2018).

This research supported the hypotheses and the null hypotheses outlined in this study (Warner, 2013). The hypotheses suggested there was a strong positive relationship between the independent and dependent variables, CSA and marital satisfaction, predicted by the study's mediators, loneliness and depression. This study tested whether moderation was mediated and estimated the direct and indirect effect of X on Y through the mediators. An inferential test for the indirect effect between the study's variables was performed (Hayes, 2018). In addition to the regression coefficient matrix the conditional inverse covariance matrix was estimated. The conditional inverse covariance matrix model provided a useful interpretation of the relationship between this study's independent and dependent variables (Lee et al., 2012).

Background

CSA continues to increase in prevalence and is responsible for billions of dollars of treatment, therapy and lost income as survivors attempt to deal with the grief and trauma correlated with their traumatic life experiences (Assink et al., 2019). CSA is a fundamental public health concern nationwide as 26.6% of females and 5.1% of males in the United States experience some form of sexual assault before they turn 17 years old. CSA relates to a multitude of adverse effects on a survivor's psychological health (Kilimnik, 2018). These adverse effects include an increased likelihood of depression, anxiety, fear, guilt, substance and alcohol abuse, posttraumatic stress disorder (PTSD), and suicidal ideation (Fedina et al., 2021; Walker et al., 2021).

CSA affects one out of five individuals in the U.S. and females are three times more likely to experience CSA than males. However, males are much more likely to experience PTSD due to their traumatic CSA experiences (Walker et al., 2021). Adult male survivors of CSA are much more likely to practice negative coping strategies than adult female survivors of CSA (Ullman & Filipas, 2005). Negative coping strategies for adult males and females range from alcohol and substance abuse, suicidal ideation, risky sexual relationships accompanied by guilt and sexual shame to grief, depression, and loneliness (Walker et al., 2021). Male and female survivors of CSA are much more likely to experience depression and loneliness, adverse mental health outcomes, negative physical health outcomes, and decreased marital satisfaction, life gratification, and sexual fulfillment (Walker et al., 2021).

This research project examined the permanent ramifications that male and female survivors of CSA grapple with throughout their adult lives (Gordon, 2017). This study investigated the quality-of-life survivors of CSA experienced as adults. Research indicates that many male and female adult survivors of CSA go on to repeat the pattern of abuse in their own families by sexually assaulting their children, or the children of friends, due to their depression, loneliness, and poor marital satisfaction (Nishimi et al., 2020). Finally, this study analyzed the degree of sexual fulfillment and marriage satisfaction adult male and female survivors of CSA were likely to experience as a result of their traumatic life encounters (Gordon, 2017).

Research indicates that 48 % to 85 % of CSA survivors experience PTSD at some point in their lives (Walker et al., 2021). Although public awareness regarding CSA is increasing, research on the sexual abuse of male adolescents is still inadequate (Easton et al., 2019). Typically, researchers concentrate their attention on adult female survivors of CSA rather than adult male survivors of CSA. Male survivors are much less likely to report their abuse to

authorities because males sense authorities take their claims less seriously than the claims of females (Majeed-Ariss et al., 2021). Male survivors of CSA differ in many ways from female survivors. For example, male survivors often experience PTSD and delay disclosure of their abuse for years or even decades while females are more likely to disclose their traumatic experience (Gewirtz-Meydan & Finkelhor, 2020).

Research indicates that most CSA is inflicted on males (76.7%) and females (70.1%) adolescents by primary contacts such as, family members, friends, and friends of family members when the victim is between the ages of 14 and 17-years-old (Majeed-Ariss et al., 2021). Females are much more likely to be abused by males (88.4%), and males are more likely to be abused by both males (45.6%) and females (54.4%) (Gewirtz-Meydan & Finkelhor, 2020). Research indicates that 15% of all male and female abuse included penetration. Survivors of CSA reported being frightened by their perpetrator in 37.5% of the abuse experiences reported, and 19.8% of male while female survivors reported that they were not afraid of their perpetrator (Gewirtz-Meydan & Finkelhor, 2020).

Among victims 10 to 17-years-old, 66.3% of the occurrences were not reported to parents, law enforcement authorities, or school counselors (Gewirtz-Meydan & Finkelhor, 2020). Police reports were filed for 19.1% of all incidents. Research indicates that children and adolescents are exposed to sexual abuse and assault in various methods which challenged the authorities to be innovative when integrating solutions to combat the growing prevalence of CSA (Briere et al., 2020).

Sexual abuse is more prevalent and severe among females and although CSA has psychological effects on both adult male and female survivors, research suggested that females are much more likely to experience increased levels of psychological difficulties than male

survivors of CSA (Majeed-Ariss et al., 2021). Both male and female survivors experience increased levels of adverse mental and physical health outcomes when they were abused by a father figure (Ullman & Filipas, 2005). (Collin-Vezina et al., 2021) scrutinized social support and social reactions in connection to CSA and found the likelihood of disclosure among both male and female survivors of CSA.

However, most research utilized limited resources to measure the level of supportiveness from spouses, intimate partners, and trusted family friends (Collin-Vezina et al., 2021). Very little empirical research has focused primarily on the descriptions of abuse disclosures among male and female survivors of CSA. Social reaction to the disclosure of CSA was often blended with female partners being much more forgiving of the incident than partners of male survivors (Ullman & Filipas, 2005).

A review of research conducted in the U.S. revealed differences in the manner of determining the age at which a survivor first experienced CSA (Gewirtz-Meydan & Finkelhor, 2020). Different distributions of age groups, varying definitions of CSA, and sample sizes that were small and unrepresented contribute to the difficulty of identifying the age of onset. Survivors of CSA who experience abuse between the ages of five and six-years-old in the U.S. was projected to be between 10.7 % to 14 % (Gewirtz-Meydan & Finkelhor, 2020). Some research indicated that nearly 17% of children were first abused when they were toddlers between the ages of three and five-years-old, (47%) were first abused between six and nine-years-old, (28%) were first abused between the ages of ten to twelve-years-old and (8%) were first abused between the ages of 13 and 15 (Gewirtz-Meydan & Finkelhor, 2020).

Another 10-year empirical research study suggested that at the time of onset of abuse (10%) of the victims were three years old or younger, (28.4%) were between ages four and seven

years, (25.5%) were between ages eight and eleven years, and (36.9%) were 12 years old and older (Gewirtz-Meydan & Finkelhor, 2020). A more recent empirical research study emphasized that the risk of experiencing CSA increases with age, with adolescence being a period of increased risk of CSA for both males and females (Gewirtz-Meydan & Finkelhor, 2020).

Problem Statement

Male and female survivors of CSA experience increased levels of depression and loneliness, resulting in decreased levels of marital and life satisfaction (Georgia et al., 2018). CSA is very prevalent in the U.S., and occurrences continue to increase at distressing rates (Assink et al., 2019). CSA negatively impacts males and females in their adult life by limiting their ability to enjoy healthy relationships. In the absence of healthy relationships, survivors of CSA experience increased levels of depression, loneliness, anxiety, anger, substance and alcohol abuse, and suicidal ideation (Cicchetti & Handley, 2019). This research study specifically examined the direct effects of loneliness and depression on the measure of marital satisfaction. This study sought to the gap in research on the relationship between CSA, loneliness, depression, and marital satisfaction (Tasharrofi & Barnes, 2019).

Research has revealed a significant prevalence of sexual problems in adulthood among survivors of CSA (Baumann et al., 2020). Research has confirmed that CSA can influence a survivor's ability to approach sexual behavior in a safe and healthy way, and as a result, survivors of CSA experience decreased levels of relationship satisfaction (Baumann et al., 2020). Research indicates that CSA is often related to sexual difficulties including concerns with expressing sexual needs and desires, lower sexual satisfaction, aversion to sex and intimacy, and sexual anxiety (Kim & Yu, 2015). Research shows that survivors of CSA are much more likely to participate in behaviors that have severe and adverse sexual outcomes (Baumann et al., 2020).

Adverse sexual outcomes include risky sexual behaviors, unprotected sex, an increased number of sexual partners, a heightened risk of infidelity, and an increased level of compulsive sexual behaviors (Baumann et al., 2020).

Currently, there is very little research examining the direct relationship between CSA, loneliness, depression, and marital satisfaction (Tasharrofi & Barnes, 2019). However, the limited research that does exist clearly indicates those survivors of CSA experience much more distress in their adult, intimate relationships (Baumann et al., 2020). Life satisfaction, sexual fulfillment, and marital satisfaction are all adversely impacted by CSA. Typically, survivors of CSA experience increased levels of depression and loneliness and decreased levels of marital satisfaction, sexual fulfillment, and life satisfaction (Tasharrofi & Barnes, 2019).

Purpose Statement

This study aimed to create an enhanced awareness of the prevalence of CSA and to examine the effect of loneliness and depression on marital satisfaction. Empirical research indicates that although some government and health care agencies support the struggle against CSA, there is much more work to be done (Negele et al., 2015). This study examined the multivariate relationship between CSA, depression and loneliness, and predicted how depression and loneliness affect decreased levels of marital satisfaction. The purpose of this study was to bring attention to CSA and CSA survivors, thereby challenging law enforcement agencies and health care and educational institutions to explore new detection policies and treatments plans (Winters et al., 2020).

Furthermore, additional research was needed to determine why the levels of disclosure of CSA were so low. Research demonstrates that health-care and educational institutions must do a better job of detecting and screening victims of sexual abuse when they visit emergency rooms

and health care offices for routine procedures (Winters et al., 2020). Disclosure was adversely impacted by the fear of retaliation survivors feel when disclosing their CSA experience. Male and female survivors of CSA believe they would face ridicule and retaliation by their partner and family members and were fearful of not being taken seriously by law-enforcement agencies and health-care providers. Typically, perpetrators operate strategically and secretly, rendering CSA much more difficult to detect and prevent (Winters et al., 2020). Disclosure and nondisclosure are discussed in detail later in this study.

Preventing occurrences of CSA is the best way of protecting children and adolescents from the harmful impact that results from their negative life experience. Disclosure of CSA can be very beneficial to the survivor's adaptive psychosocial development (Winters et al., 2020). Disclosure can also help the survivor understand their emotions surrounding their sexual abuse and manage their feelings of abandonment and anger. Disclosure may help male and female survivors cultivate a perception of safety, trust, and hope in their interpersonal relationships (Winters et al., 2020). Male and female survivors of CSA who disclosed shortly after their abuse typically experience improved levels of mental health compared to survivors who disclose later in life or choose never to disclose. Research indicated that due to a lack of confidence in the disclosure process, disclosure to social support agencies was incredibly low and that disclosure to law enforcement bureaus has decreased steadily over time (Winters et al., 2020).

Significance of the Study

The significance of this study was to shed light on the need for additional research on the undesirable and harmful consequences of CSA on the marital relationship (Georgia et al., 2018). Frequently, survivors of CSA repeat their perpetrators behaviors. Commonly, adult male and female survivors of CSA abuse their family members in the same way they were assaulted,

creating another generation of abuse (Polusny & Follette, 1995). A secondary aim of this research was to discover an effective method of treatment survivors can utilize to experience healing and restoration. Forgiveness was not a mediated moderator of this study, but it remains an essential ingredient of the healing and recovery process for most adult male and female survivors of CSA.

Research Questions

Male and female survivors of CSA experience increased symptoms of depression, anxiety, and loneliness (Negele et al., 2015). Additionally, depression contributes to loneliness and both depression and loneliness contribute to decreased levels of marital satisfaction (Tasharrofi & Barnes, 2019). Predictably, these symptoms do not manifest themselves until adulthood which may adversely affect the intimate relationship of the CSA survivor (Georgia et al., 2018). Male and female survivors of CSA are much more likely to abuse alcohol and substances in adulthood as a result of their maltreatment (Cicchetti & Handley, 2019). Research to date has rarely studied the direct relationship between CSA, loneliness, and depression and the probability of CSA, loneliness, and depression contributing to decreased scores of marital satisfaction (Kim & Yu, 2015).

RQ1: How does CSA correlate with scores on the measure of loneliness among adult male and female survivors of CSA?

RQ2: How does loneliness correlate with increased scores on the measure of depression among adult male and female survivors of CSA?

RQ3: How do increased scores on the measures of loneliness and depression mediate the relationship between CSA, loneliness, and depression among adult male and female survivors of CSA?

RQ4: Do CSA, loneliness, depression, have a statistically significant effect on the measure of marital satisfaction among adult male and female survivors of CSA?

Definitions

Child Sexual Assault (CSA): For this study, CSA was defined as any sexual contact between a child under the legal age of consent, including ages zero to 18-years-old in the United States, inflicted by a perpetrator who was considerably older than the abuse victim (Fedina et al., 2021). CSA includes any unwanted sexual contact and any exposure to explicit sexually oriented material, including pornography (Linde-Krieger et al., 2020). CSA includes any sexual act that was designed to provide sexual gratification to a parent, caregiver, or any other adult that has responsibility for a child (American Psychiatric Association APA, 2013).

CSA is often inflicted by a family member, a friend of a family member, or an individual or caregiver that the survivor knows and trusts. CSA can have long-term adverse mental and physical implications for a child and the adult survivor. Survivors of CSA are much more likely to experience depression and loneliness as adults. As a result of their depression and loneliness male and female survivors of CSA are much more likely to experience poor relational outcomes in adulthood (Linde-Krieger et al., 2020). Sexual abuse includes non-contact behaviors such as forcing or enticing a child to participate in acts of sexual gratification of others without physical contact between the abuser and the child (APA, 2013).

Depression: For this study, depression was defined as a common and serious medical illness that negatively affects how an individual may feel, think, and act. Depression may cause feelings of sadness, hopelessness, helplessness, shame, guilt, anger, and worthlessness, as well as suicidal ideation. Depression may also contribute to a loss of interest in the activities the survivor enjoyed before their traumatic experience. Depression contributed to the likelihood of alcohol

and substance abuse, increased levels of irritability, and adverse behavior in a survivor's intimate relationships (APA, 2013).

Depression may contribute to many physical and mental challenges. These challenges can decrease an individual's ability to function at work and home, maintain a healthy appetite, and maintain healthy sleeping patterns. Depression predicts negative outcomes in an adult survivor's relationships with their intimate partner, friends, and family members. Depression may also contribute to fluctuations in weight, feelings of emotional emptiness, fatigue, and loss of energy. Depression is very prevalent among survivors of CSA and contributed to decreased levels of relationship satisfaction (APA, 2013).

Loneliness: For the purpose of this study, loneliness is defined as an individual's response to a perceived and observed inconsistency between an individual's desired quantity and quality of shared experiences and genuine social relationships, and the reality of their shared experiences and genuine relationships (von Soest et al., 2020). Research suggests that loneliness can often become a subjective experience of feeling socially isolated, rather than being alone. Loneliness can result from a traumatic experience in an individual's life and is often associated with the ramifications of CSA and other forms of abuse and neglect (von Soest et al., 2020).

Loneliness can occur in connection with other emotions that are often related to a traumatic experience. Loneliness can be connected to depression, anger, fear, hopelessness, and helplessness. Feelings of loneliness can be exacerbated by the emotional distress connected with the death of a loved one, a divorce or separation from a spouse or intimate partner, the loss of a meaningful job, and the perceived isolation connected with guilt and shame (von Soest et al., 2020).

Loneliness can be correlated with relationship satisfaction and sexual fulfillment and can have an adverse effect on an individual's perception of self-worth and well-being (Von Soest et al., 2020). Strong feelings of loneliness can ultimately contribute to hypervigilance, avoidance of interpersonal situations, problems with concentration, sleep and eating disorders, and negative alterations in cognitions and mood. Loneliness can be associated with negative emotional states that contribute to fear, guilt, shame, sadness, and confusion (APA, 2013).

Marital Satisfaction: For the purpose of this study, marital satisfaction is defined as the perception of an affirmative dyadic adjustment, referring to the emotional connection established between marital partners (Baumann et al., 2020). Marital satisfaction contributes to the perceived benefits of sharing a healthy and fulfilling relationship with a stable partner. Marital satisfaction is closely linked to an individual's enjoyment derived from life experiences and sexual fulfillment within the marriage relationship (Baumann et al., 2020).

The absence of marital satisfaction can contribute to impaired functioning in behavior such as difficulty with conflict resolution, withdrawal, and over involvement. Cognitive problems can manifest themselves as acute negative attributions of the intimate partner's intentions, or an adamant dismissal of a partner's good intentions and positive behavior. Affective problems may present themselves as chronic sadness, apathy, or anger with the intimate partner (APA, 2013). Loneliness has been shown to have a direct relationship with Depression and decreased levels of relational satisfaction (von Soest et al., 2020).

Summary of the Chapter

In summary, this body of research examined the effect of loneliness and depression on marital satisfaction among adult male and female survivors of CSA. Research indicates that adult male and female CSA survivors experience increased feelings of depression and loneliness

(Fedina et al., 2021). Depression and loneliness also contributed to decreased levels of marital satisfaction (Negele et al., 2015). Both adult male and female survivors of CSA experience adverse physical and mental health outcomes and recorded negative scores on the measure of marital satisfaction as a result of their traumatic experience. Adult male and female survivors of CSA are much more likely to experience depression and loneliness than adult males and females who have not experienced CSA (Negele et al., 2015). Adult survivors of CSA experience a much higher rate of divorce than adult male and females who have not experienced CSA. Adult survivors of CSA who choose to remain in a marital relationship experience decreased levels of marital satisfaction (Negele et al., 2015).

As females experience CSA to a greater degree than males, there is little research available regarding how males respond to sexual abuse (Tasharrofi & Barnes, 2019). Research on CSA has determined that CSA is a blight on society and attempted to understand how children and adolescents responded to their abuse. Treatment plans and strategies continue to evolve (Walfield, 2018). However, the literature makes it clear that males also experience sexual abuse, decreased disclosure, increased adverse mental and physical health ramifications, and PTSD symptoms (Walfield, 2018). Some research excluded males from their research completely, contributing to the lack of male responsiveness to their traumatic experiences. Males typically do not disclose their abuse, report their abuse to authorities, or seek treatment for their abuse. Males characteristically become angry, experience adverse physical and mental health outcomes, and ultimately experience alcohol and substance abuse, and suicidal ideation to a greater degree than females (Walfield, 2018).

The National Intimate Partner and Sexual Violence Survey indicated that nearly (23.6%) of males experience some form of sexual abuse in their lifetime. The most prevalent form of

sexual abuse for males was rape, being made to penetrate their perpetrator and being pressured by sexual coercion and unwanted sexual contact (Walfield, 2018). Further research indicated that adult males who experienced sexual assault were also much more likely to experience physical harm, especially if the perpetrator was a stranger (Ralston, 2019).

Furthermore, occurrences of CSA continue to rise in the U.S. and around the world, contributing to adverse physical and mental outcomes, increased alcohol and drug dependency, decreased marital and relational satisfaction, and increased depression and loneliness among male and female survivors of CSA (von Soest et al., 2020). Research suggests that depression and loneliness, when connected to poor marital satisfaction, significantly contributed to adverse physical and mental health outcomes (MacIntosh et al., 2019). A broad spectrum of symptoms is associated with CSA, including; shame, guilt, anger, instability with managing relationships, distress, depression, interpersonal violence, loneliness, difficulties with communication, and complications with sexuality and intimacy (MacIntosh et al., 2019).

Researchers must continue to study and observe the negative mental health outcomes associated with CSA (Briere et al., 2020). Individuals and families are being destroyed by the lack of research and treatment strategies, emphasizing the necessity of improved detection and awareness techniques by health care institutions and law enforcement agencies (Sivagurunathan et al., 2019). Tragically children and adolescents who experience sexual abuse at an early age typically carry their suppressed memories into adulthood and in many cases repeat the cycle of violence (Kilimnik, 2018). Enhanced research and awareness can be utilized by society to effectively combat this unwanted violence toward children (Gewirtz-Meydan & Finkelhor, 2020). In this researcher's opinion, it is a researcher's responsibility to focus on the betterment of their societies and humanity. Educational facilities, health-care institutions, and law enforcement

agencies must embrace the importance of identifying the travesty associated with CSA and develop programs designed to thwart this great threat to our society and humanity (Polusny & Follette, 1995). Programs must be designed and developed to protect children and adolescents from experiencing CSA and must devise effective and meaningful treatment strategies that will limit the harmful ramifications of CSA (Fedina et al., 2021). This body of research was designed to create an awareness of CSA and to support male and female survivors of CSA.

CHAPTER TWO: LITERATURE REVIEW

Overview

Research has not scrutinized the gender differences in PTSD symptoms following occurrences of CSA (Ullman & Filipas, 2005). However, (Georgia et al., 2018) found that between 21% and 50% of CSA survivors develop depression and loneliness, which significantly increases the likelihood of PTSD symptoms. However, gender differences were not examined in this study. Furthermore, a study on PTSD in children and adolescents discovered that adult female survivors of CSA were at a much higher risk of developing depression and loneliness than adult male survivors of CSA (Assink et al., 2019).

However, no study has specifically examined gender differences in levels of depression and loneliness for survivors of CSA (Baumann et al., 2020), nor was it the intent of this study to examine specific gender outcomes. Furthermore, research was undeniably compelled to understand the psychological differences between how adult male and female survivors of CSA cope with depression and loneliness. Research was also compelled to understand how loneliness and depression influenced the intimate relationships of male and female survivors of CSA in adulthood (Ullman & Filipas, 2005).

Research has uncovered a significant prevalence of sexual difficulties among adult male and female survivors of CSA (Baumann et al., 2020). Research (Baumann et al., 2020) found that adult male and female survivors of CSA were highly dissatisfied with their meaningful and intimate, adult relationships. Male and female survivors of CSA reported increased levels of sexual difficulties and frustration compared to adults who were satisfied with their intimate relationships (Tasharrofi & Barnes, 2019).

CSA can impact a survivor's perceived sexuality, specifically regarding their sexual self-concept, a vital element of sexual well-being (Baumann et al., 2020). Nevertheless, sexual self-concept has been understudied among male and female survivors of CSA, and the impact CSA has on marital satisfaction has been sparsely investigated (Guyon et al., 2020). The World Health Organization defines CSA as

"the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society" (Assink et al., 2019).

Typically, CSA occurs when the victim is at a vulnerable developmental stage and does not have the maturity level to cope with such a negative life experience. This contributes to increased sexual difficulties and decreased levels of marital satisfaction among adult male and female survivors of CSA (Baumann et al., 2020).

Depression and loneliness have been shown to predict the development of trauma-related symptoms. Wamser-Nanney & Campbell, (2020) identified the factors may contribute to decreased physical health, mental health, and relational outcomes following CSA. However, no research has established whether the duration and severity of CSA connect with abuse stressors such as coercion and threats, abuse connections with the negative consequences of familial disruptions, legal system involvement, and maternal emotional support and blame among adult male and female survivors (Wamser-Nanney & Campbell, 2020).

Research has shown that CSA has a negative influence on the lives of children and adolescents. CSA contributes to increased poor mental and physical health outcomes and creates distress in the survivor's adult relationships (VanMeter et al., 2020). However, previous research

examining depression and loneliness among adult male and female survivors of CSA has been conservative. Very little research is available examining how depression and loneliness predicts marital satisfaction and sexual fulfillment. More often research has focused on how these survivors cope with the stress of previous abuse experiences (VanMeter et al., 2020). It is clear that male and female adults' grapple with challenges in their adult life due to the negative ramifications connected with CSA (Baumann et al., 2020). Adult male and female survivors of CSA are more prone to sexual difficulties in adulthood that typically influence the quality of the marriage relationship and sexual fulfillment in an adverse way (Walker et al., 2021).

Conceptual/Theoretical Framework

Predictably, for adult male and female survivors of CSA, disclosure is an ongoing process that must be confronted for a lifetime (Arttime et al., 2014). Research indicates that only one-third of male and female survivors of CSA reveal their abuse in their childhood, another third do so after reaching adulthood, while the remaining third choose never to disclose (de Montigny Gauthier et al., 2019). Considering the negative impact of CSA on intimate relationships and marital satisfaction, disclosure toward a partner often represented a momentous breakthrough for male and female survivors (Collin-Vezina et al., 2021). However, to date, very little empirical research has focused on the intimate partner's response to disclosure (de Montigny Gauthier et al., 2019).

CSA consists of a strong relational nature. CSA is most often inflicted by a parental figure which provokes a negative response in the context of an attachment relationship. CSA typically occurs and is inflicted on the child survivor during a vulnerable developmental period in which survivors have not developed mature coping strategies to help them process their traumatic experiences (Assink et al., 2019). Survivors of CSA are intensely susceptible to

significant sexual complications in adulthood. CSA involves a powerful violation of the human intimate connection and contributes to adverse mental health outcomes for both male and female survivors (Baumann et al., 2020).

Typically, disclosure of a CSA experience is made to a friend, sibling, parent, intimate partner, or another trusted relative (Ullman & Filipas, 2005). Disclosure is inherently beneficial for CSA survivors, who can benefit from finding a therapist who can provide a safe place away from their perpetrator and seeking the medical and mental health attention they require (Uhernik, 2017). Adult male and female survivors of CSA typically experienced significant negative consequences to their physical and mental health. The available empirical research that focuses on adult CSA survivors suggests that trauma connected with CSA contributes to detrimental outcomes on their cherished, intimate relationships (Georgia et al., 2018).

Commonly, adult male and female survivors of CSA report lower relationship fulfillment levels and marital satisfaction compared to non-victims of CSA (de Montigny Gauthier et al., 2019). Marital satisfaction appears to decrease over time for survivors of CSA, impacting increased divorce rates and decreased levels of intimacy. CSA has also been associated with decreased sexual performance and satisfaction and increased sexual dysfunction (Baumann et al., 2020). Although research has indicated significant variability in the impact of CSA on intimate relationships, current research has failed to explain the direct impact loneliness and depression on marital satisfaction. Researchers suggested this variability can be partially rationalized by a partner's response to the disclosure; however, researchers to date have been hesitant to explore this hypothesis (de Montigny Gauthier et al., 2019).

Research in the U.S. has indicated that nearly 43% of females who experienced CSA ultimately convey sexual difficulties with sexual function including desire, arousal, orgasm, and

pain (Pulverman & Meston, 2020). Sexual dysfunction, lack of intimacy, and lack of marital satisfaction negatively impact the quality of life of the CSA survivor. CSA has also been associated with elevated rates of depression, loneliness, and other mental health difficulties contributing to PTSD, psychosis, and suicidal ideation (Tryggvadottir et al., 2019). CSA is one of the most potent risk factors for the lack of intimacy within the marital relationship. CSA is defined as unwanted sexual contact before the age of 16. Notably, 65 % to 85 % of females with a history of CSA report sexual dysfunction, nearly twice the rate of sexual dysfunction reported among females who have not experienced CSA (Pulverman & Meston, 2020).

CSA disclosure to intimate companions during adulthood found that benevolent outcomes acknowledged 65 % of participants (de Montigny Gauthier et al., 2019). Moreover, qualitative research has shown that most females have received affirmative responses after disclosing their CSA experience to an intimate partner (Baumann et al., 2020). Frequently, familiar responses have contributed to feelings of stigmatization and ambiguities surrounding intimacy (Aosved et al., 2011). Affirmative partner responses reduced feelings of sexual shame, guilt, isolation, depression, and loneliness. One cross-sectional study found that positive mental outcomes resulted when a partner demonstrated a positive attitude during disclosure (Guyon et al., 2020). Coping through disclosure can be the most meaningful element of the survivor's health, recovery, and ability to heal (Lamela et al., 2020).

Clearly, positive responses to disclosure by intimate partners are helpful to survivors of CSA. However, an estimated 25 % of survivor's encounter a negative response from their support network during disclosure (Lemaigre et al., 2017). This negative response to disclosure exacerbated the undesirable influence of CSA and limited the survivor's capacity to recover. Characteristically, negative responses include scathing remarks, silence, rejection, guilt, regret,

and anger. Negative responses have been linked to adverse psychological consequences, including increased symptoms of PTSD and decreased levels of sexual fulfillment and relationship and marital satisfaction (de Montigny Gauthier et al., 2019). Research also suggests that negative responses from intimate companions to disclosure of sexual aggression experienced by adults have a significant, detrimental impact on rehabilitation, often more so than negative responses from other family members or friends of family members, and the abuse itself (Pengpid & Peltzer, 2020).

Research indicated CSA prevalence between 13% and 16% among males and 15% and 33% among females (Ullman & Filipas, 2005). There has been no research to date that has examined the gender differences in coping strategies utilized to deal with CSA at the time of the abuse. Furthermore, research suggests externalizing behavior as a coping mechanism was more common among adult male survivors than among adult female survivors (Assink et al., 2019). Adult male survivors tend to act out more aggressively and more often than adult female survivors. Similarly, Urquiza and Crowley's study of college students showed males were more likely to report a desire to hurt others due to their experiences of CSA (as cited in Ullman & Filipas, 2005).

Additional research with female populations showed that adult female college students with a history of CSA were more likely to engage in social withdrawal and avoidance coping strategies than adult females without experiences of CSA (Sivagurunathan et al., 2019). It was unclear if this finding also applied to males. Sivagurunathan et al., (2019) examined substance use as a coping mechanism for CSA and found more substance use disorders among male survivors than female survivors. These results emphasized the insufficiency of research in gender differences in survivors' coping strategies (Ullman & Filipas, 2005).

Prevalence

CSA is a widespread and global problem; it has been experienced by nearly 12% of the world's population (Miljkovitch et al., 2020). Although prevalence rates vary widely according to methodology and the country of origin under study, a meta-analysis of data collected from almost ten million participants suggested that CSA affects 18 % of girls and 7.6 % of boys (Miljkovitch et al., 2020). CSA among childhood and adolescent populations is a universal health problem which contributed to physical, sexual, and reproductive challenges as well as short-term and long-term negative physical outcomes and adverse mental health consequences (Pengpid & Peltzer, 2020).

The sexual victimization of adults also occurs at a distressing rate in the United States. According to the National Intimate Partner and Sexual Violence Survey of 2010, approximately one in five females and one in 71 males describe being sexually victimized at some point during their life (Gordon, 2017). The National Crime Victimization Survey estimates that approximately 9% of the sexual assault victims are male (Ralston, 2019). Male and females experience similar types of sexual victimization. Like females, most male sexual victimization encounters parallel the designation of date rape (Gordon, 2017).

International research suggests that a prevalence rate of 9% of girls and 3% of boys have experienced, attempted, or completed forced oral, vaginal, or anal intercourse (Pengpid & Peltzer, 2020). The lifetime prevalence rate of physically forced or coerced sexual intercourse varies among countries, with the rate for girls up to 18-years-old as low as 1.5% in Cambodia and as high as of 17.5% in Swaziland. Among boys, this figure ranged from 0.2% in Cambodia to 7.6% in Haiti (Pengpid & Peltzer, 2020). A 2020 study indicated the prevalence rate of CSA

among adolescents was 4.0% in Brazil, 18.6% in Ghana, and 8% in the United States (Pengpid & Peltzer, 2020).

The prevalence of sexual assault among adult women in the U.S. has been generally estimated to be between 15 % to 22 %. Nearly 12% of high school girls report at least one occurrence of sexual assault before their graduation date (Pengpid & Peltzer, 2020). A recent meta-analysis found that nearly 50 % of CSA survivors were sexually re-victimized during their adult lives (Briere et al., 2020). The potential negative impacts of CSA on females are substantial (Pittenger et al., 2019). Generally, they include increased levels of anxiety, depression, PTSD, suicidal ideation, dissociation, substance abuse, sexual disturbance, and negative self-worth (Briere et al., 2020).

Risk Factors

Risk factors for CSA among male and female adolescents include sociodemographic factors such as violence-related behaviors, substance and alcohol use, risky sexual behavior, and psychological distress (Pengpid & Peltzer, 2020). Socioeconomic status has also been ascertained as a significant risk factor for CSA (Sanjeevi et al., 2018). Female children raised in families whose incomes are at or below the poverty threshold are at a much greater risk for victimization (Guyon et al., 2020). Parental education contributes to risk as well; specifically, the risk decreases for children whose mothers have an education beyond 12 years (Sanjeevi et al., 2018).

The presence of both parents during infancy has been noted to decrease the risk for CSA. Warmth, love, and affection demonstrated by caring parents or caregivers throughout childhood are also associated with a decreased risk of CSA (Assink et al., 2019). Decreased parental mental health, particularly depression and anxiety, is associated with an increased risk

of CSA (Sanjeevi et al., 2018). Substance use risk factors for survivors of CSA include the use of nicotine-type products, alcohol use, binge drinking, experimentation with drugs, risky sexual behaviors such as losing their virginity, engaging with multiple sexual partners, and unprotected sex (Pengpid & Peltzer, 2020). Psychological distress dynamics include insomnia, feelings of isolation, feelings of sadness, being disheartened, depression, suicidal ideation, and attempted suicide. Protective factors against CSA include having caring friends, living with loving parents, and being supervised by relatives who were concerned for their safety and well-being (Assink et al., 2019).

Theories

A theory that has been recently utilized in helping health care institutions and law enforcement agencies identify the risk factors of CSA developed by Cohen and Felson (Assink et al., 2019). Cohen and Felson's theory suggests that children's actions and behaviors are related to the surroundings and conditions that place likely victims in the same vicinity as probable perpetrators. Additionally, when children and adolescents participate in certain activities in undesirable neighborhoods, they substantially increase their risk of sexual and other forms of victimization (Assink et al., 2019).

Furthermore, Cohen and Felson's theory suggests that victimization typically occurs when a child does not have adequate supervision. Frequently, a potential victim's parent or guardian does not make themselves available in situations in which children and adolescents are near the perpetrator (Assink et al., 2019). CSA is typically a crime of opportunity emphasizing the importance of keeping children away from the areas where perpetrators are free to roam. Perpetrators who are motivated to commit an offense look for easy opportunities to take

advantage of the potential victim and under the right circumstances viewed the potential victim as an attractive target (Assink et al., 2019).

Another theory that has been commonly utilized in predicting risk factors for the crime victimization of youth is the Routine Activities Theory. According to this theory, sociodemographic risk factors for sexual violence victimization include an age of 13-years, being females, and black skin color. Violence-related behaviors included being assaulted by family members or friends of family members. Potential victims reported feeling insecure on their way to school, or at school, being bullied by a perpetrator, participating in a physical fight, experiencing physical dating violence, and being exposed to perpetrators who were carrying a gun or other weapons (Collin-Vezina et al., 2021).

Treatment

CSA is very prevalent in society today, and unfortunately, many occurrences were not reported. Most male and female survivors who have experienced CSA were assaulted by someone they know and trust (Baumann et al., 2020). Typically, the perpetrator of the assault is a family member, or a trusted friend of a family member. Unfortunately, the dynamics surrounding family and friends significantly contributed to occurrences of CSA going unreported (Lemaigre et al., 2017). Research has demonstrated that childhood sexual assault among males is not unusual. Approximately 8% of young boy's worldwide experience some form of sexual assault before the age of 18. Several adverse outcomes have been recognized in terms of mental health, negative behavior, shame, and difficulties in maintaining healthy relationships (Rapsey et al., 2020).

Clinical professionals have been tasked with the difficult burden of calculating the children's risk of becoming victims of child abuse. The burden of calculating the risk of CSA

was tedious if the risk was connected to the probability of the victimization occurring in the immediate future. The literature on child abuse has been targeted at advancing the ability to predict CSA by identifying and recognizing several risk factors that may assist clinical professionals in exposing and weighing the probability for victimization (Assink et al., 2019).

The dissemination of risk factors to the proper agencies is essential to allow clinicians to determine who should receive preventive treatment (Assink et al., 2019). Furthermore, health care professionals and law enforcement agencies must determine the care needs that must be met to reduce the risk of victimization. A theoretical framework for delivering effective treatment in which risk factors play a critical role is the risk-need-responsivity (RNR) model (Assink et al., 2019). The risk need responsivity model is a very influential model surrounding the assessment and treatment of perpetrators. The risk-need-responsivity model comprises of three very significant principles in relation to CSA, the risk of CSA, the prevention of CSA, and the treatments offered to perpetrators for their healing and recovery (Assink et al., 2019). Two essential ingredients of CSA treatment and prevention are the risk principle, which implies that the behaviors of perpetrators can be predicted, and the need principle which highlights the importance of criminogenic needs in the design and delivery of viable treatments (Assink et al., 2019).

The need and risk principle should connect with the intervention's intensity, which should be consistent with the perpetrator's risk of recidivism. Treatment of high intensity should be offered to individuals who are at an increased risk of recidivism (Assink et al., 2019). Treatment of low intensity, or perhaps no treatment at all, should only be offered to perpetrators who themselves are at decreased risk of victimization. Interventions should target risk factors for recidivism that are self-motivated and appear in the perpetrator's environment (Pittenger et al.,

2019). Forensic treatment services are much more likely to be successful than services that ignore the need and risk principles. The need and risk principles have consistently been proven effective in multiple comprehensive meta-analytic reviews (Assink et al., 2019).

Outcomes

Children and adolescents who have negative self-attribution such as sexual shame connected to CSA are much more likely to report adverse mental and physical health outcomes (Briere et al., 2020). Survivors who unequivocally condemned the perpetrator of their abuse confirmed fewer adverse mental health symptoms than survivors who condemned themselves (Sanjeevi et al., 2018). The research noted the role that children's attributions play in adverse outcomes stemming from CSA was critical to recovery and disclosure. Researchers found that subjective experiences of the abuse mediated the relationship between CSA and psychological distress (Linde-Krieger et al., 2020). Specifically, children and adolescents who can identify the abuse's exploitative nature and construct a trauma narrative are more likely to demonstrate a positive mental health outcome than children and adolescents who cannot identify the character flaws of their abuser (Sanjeevi et al., 2018).

Impact on Mental Health

CSA has been found to have a lasting impact on an individual's psychological functioning, as evidenced by a broad range of adverse mental health outcomes in adulthood (Assink et al., 2019). Research has noted that adults who were sexually abused in their childhood utilized a combination of denial, self-blame, self-isolation, and emotional suppression to cope with their traumatic experiences (Sanjeevi et al., 2018). These psychological indications harmed male and female survivors' overall health by triggering increased levels of sexual shame that contributed to depression and loneliness (MacGinley et al., 2019).

Childhood trauma is dramatically embodied in the extension of depression in adulthood (Easton et al., 2019). Research acknowledges the connection between CSA and depression in adulthood. Males and females who have experienced CSA have a chance of acquiring depression and loneliness 1.8 times higher than males and females who have not experienced CSA (Rapsey et al., 2020). Additional research has indicated the actual amount of increase of risk may be four times higher (Negele et al., 2015). Furthermore, one survey indicated that 60% of the females who have exposure to CSA continue to suffer from adult sexual assault (ASA) and fulfill the criteria for diagnosis of chronic, severe depression (Negele et al., 2015). Empirical research has shown that sexual abuse and emotional neglect significantly increase females' vulnerability to develop major depression in adulthood. The more chronic the abuse, the higher the lifetime prevalence of depression (Guyon et al., 2020).

Research on the short-term effects of CSA on mental health is well developed; however, currently there is a lesser but growing narrative on the long-term mental health effects in early or evolving adulthood (Easton et al., 2019). The most significant previous research was based on an all-female model rather than a male or a combined male and female model. Analyses with both male and female samples have discovered that a history of CSA was closely related to depression and loneliness for both male and female adults under the age of 50 (Easton et al., 2019).

An empirical study of 497 adult men with histories of CSA (mean age = 50.4 years) discovered elevated rates of mental distress, including symptoms of depression (Easton et al., 2019). An additional empirical study with population-based samples of men discovered that CSA was related to depression in middle or late adulthood. One longitudinal

study discovered that both males and females with histories of CSA had higher rates of depression at age 30 than male and female adults with no history of CSA (Easton et al., 2019).

Exposure to CSA has been linked to an increased risk of depression and other adverse mental outcomes (Wong et al., 2019). Survivors of CSA are more than two times as likely to develop an adverse mental health outcome in their adolescence and young adulthood (Tasharrofi & Barnes, 2019). Survivors of CSA experience a broad spectrum of negative outcomes such as low self-concept clarity, poor identity coherence, suicidal behavior, depression, loneliness, perceived stress, and life distress. Adverse adult mental health outcomes are prevalent in male and female survivors of CSA (Wong et al., 2019). Maladaptive cognitions such as self-blame and sexual shame prevented children and adolescents from seeking healthy relationships and increased their susceptibility to engage in abusive relationships as an adult (Pittenger et al., 2019).

The literature reviewed indicates that survivors of CSA and ASA employ various coping strategies to help them process the feelings of betrayal and pain associated with this form of abuse (Fedina et al., 2021). Diverse situations dictate what coping strategy the survivor utilizes (Romeo et al., 2018). Emphatically, the timeframe of the abuse and the individual's relationship with the perpetrator inflicting the abuse influenced the coping strategy. Nondisclosure, false denial, or recantation are common coping strategies utilized by survivors to determine who they will confide in surrounding their CSA experiences (Collin-Vezina et al., 2021). Psychological research has attempted to identify the different disclosure-related coping strategies utilized by survivors of CSA and ASA. Negative coping strategies helped male and female survivors avoid conversing about their traumatic experience (Romeo et al., 2018).

Survivors of CSA are particularly at risk for developing PTSD and specifically reported increased symptoms of hyper arousal, avoidance, and intrusion compared to males and females without a CSA background (Sanjeevi et al., 2018). However, this relationship was mediated by an increased probability of experiencing multiple traumas in childhood and adulthood among female survivors of CSA. Females with a history of CSA were discovered to display increased susceptibility to depressive symptoms and manic episodes. Anxiety disorders also occur more frequently in populations that have experienced CSA than in populations without a CSA narration (Kim & Yu, 2015). Similarly, research discovered that female college students who experienced CSA showed elevated levels of anxiety and distress in social situations (Sanjeevi et al., 2018).

Researchers observed an essential connection between CSA and the development of personality disorders (Sanjeevi et al., 2018). The proportional risk of acquiring a personality disorder was 8.5% among male survivors and 4.3% among female survivors. Specifically, individuals with a history of CSA are at increased risk of developing BPD and experiencing other acute psychotic symptomatology (Sanjeevi et al., 2018).

Among survivors suffering from BPD, CSA narration significantly predicts suicidal ideation and the number of attempted suicides. CSA has also been linked to an increased risk of attempted and completed suicides in populations without BPD (Majeed-Ariss et al., 2021). There is a significant relationship between CSA and repeated suicidal ideation, indicating that individuals who suffered CSA are more likely to attempt and complete suicide (Fedina et al., 2021). Research has demonstrated that male survivors of CSA are much more likely to experience increased levels of suicidal ideation and an increased number of suicide attempts (Sanjeevi et al., 2018). Additionally, female survivors of

CSA also experience increased levels of suicidal ideation. Adult male and female survivors of CSA predict poor longitudinal outcomes in suicide attempts, repeated suicidal behavior, extended psychiatric contact, and suicidal ideation (von Soest et al., 2020).

CSA significantly predicts the early onset of substance and alcohol use in adolescents (Cicchetti & Handley, 2019). CSA remarkably predicts the early use of cigarettes, cannabis, and alcohol. CSA has also been discovered to predict a significant dependence on alcohol and illicit drugs into the adolescent years and young adulthood (Sanjeevi et al., 2018). Moreover, it is vital to recognize that additional related variables influence the relationship between CSA and adult psychopathology. Other elements of childhood adversity could harm children and adolescents. Although it was practically significant to remove the effects of extraneous variables, it was also clinically significant to research how these variables impacted the perception of potential risk and resilience factors (Wamser-Nanney & Campbell, 2020).

Attachment Difficulties

Male and female survivors of CSA often experience turbulent relationships with their parents or assigned caregivers. Survivors of CSA also experience turbulence in most of their adult relationships and often perpetrate the same abuse they experienced on others, limiting their ability to attach and enjoy meaningful relationships as a child or as an adult. Research has revealed that it is very difficult for survivors to attach when they were being victimized and when they were the perpetrator (Miljkovitch et al., 2020).

It is clear that survivors of CSA experience long-term consequences in regard to their ability to participate in meaningful adult relationships and adverse mental health outcomes were related to CSA. These adverse mental health outcomes range from psychopathology, including

mood disorders, eating disorders, PTSD, anxiety disorders, substance use disorders, and suicidal ideation (Miljkovitch et al., 2020). Attachment is negatively influenced by experiences of CSA, and a child or adolescent's interpersonal skills are seriously hampered as a result of CSA. Attachment is closely connected with a child's ability to feel loved, wanted, accepted, and valued (Miljkovitch et al., 2020).

Children and adolescents who experience CSA may have a difficult time trusting their caregiver and often grapple with concerns regarding their safety. Predictably, children and adolescents experience a difficult time developing relationships with secure attachment, which contributes to fear, loneliness, and adverse mental health outcomes. One study found increased rates of insecure or disorganized attachment among child and adolescent male and female survivors of CSA (Miljkovitch et al., 2020).

This research study examined the possibility that depression and loneliness resulting from CSA contributed to a reduction in marital satisfaction. Both adult male and female survivors of CSA dependably report unique complications in maintaining intimate relationships (MacIntosh et al., 2019). CSA frequently occurs in the framework of familial attachment relationships and adversely impacts the safety, security, satisfaction, and intimacy of future romantic relationships (Georgia et al., 2018). Typically, adult male and female survivors of CSA initially focus on beginning and sustaining meaningful relationships with their intimate partners. However, adverse mental health outcomes related to CSA can encumber their desire to maintain a healthy romantic relationship (Georgia et al., 2018).

Instability, distress, depression, interpersonal violence, loneliness, severe difficulties with communication, and difficulties with sexuality and intimacy are all personality traits found in adult male and female survivors of CSA (Walker et al., 2021). Adult male and female

survivors of CSA typically yearn for intimate attachment. Simultaneously, they are incredibly terrified of closeness, leading to short, ambivalent, violent, and chaotic marriage relationships (Artime et al., 2014; MacIntosh et al., 2019).

Empirical research literature suggests that CSA results in a range of long-term adverse intrapersonal and interpersonal outcomes among adult survivors (Ullman & Filipas, 2005). There were also various responses identified related to the consequences of CSA. Specifically, loneliness was found to mediate the relationship between depression and decreased measures of attachment and excessive alcohol consumption among females (Majeed-Ariss et al., 2021). However, for males, anger and loneliness was a significant pathway to poor attachment, suggesting potential gender differences in how adult males and females respond to the consequences of CSA and how CSA affects their adult relationships and life satisfaction (Cicchetti & Handley, 2019).

Shame

Clinical experts suggest that sexual shame resulting from CSA can lead to depression, loneliness, addiction, violence, poor relational outcomes, and sexual dysfunction in males (Lemaigre et al., 2017). Sexual shame may be connected with traditional masculinity perceptions, which submits that males with these gender ideas were especially vulnerable to sexual victimization (Gordon, 2017). Children and adolescents often choose not to disclose sexual abuse, which severely limits their access to treatment, restoration, healing, and recovery. Nondisclosure allows perpetrators to continue their victimization undetected, free to inflict their abuse on multiple victims (Lemaigre et al., 2017).

Research indicates that male survivors of CSA experience shame due to their failures to live up to suppressed sexual stereotypes (Gordon, 2017). Recognizing the dynamic relationship

between shame and CSA is meaningful because of shame's relationship to depression, loneliness, anxiety, and other adverse mental health outcomes that contributed to unhealthy relationships (Assink et al., 2019). Research suggested that males may be powerfully vulnerable to shame and the negative consequences it inflicted on their meaningful relationships (Ralston, 2019).

Mental health social norms, and relational outcomes play a substantial role in masculine identity development (Gordon, 2017). Clinical experts suggested that sexual shame, resulting from CSA, can lead to depression, anxiety, and sexual dysfunction in males. However, the relationship between CSA, sexual shame, depression and loneliness, as well as between CSA and decreased levels of marital satisfaction in males has yet to be empirically demonstrated (Ullman & Filipas, 2005). Females with a history of CSA also reported elevated feelings of sexual shame. Sexual shame was a significant issue among female survivors of CSA and has a positive relationship with feelings of depression, loneliness, and distress in adult relationships (Andrews et al., 2002).

Understanding sexual shame requires a working definition of self, which has a psychosocial, developmental, and relational foundation (MacGinley et al., 2019). One's sense of self is characterized a person's viewpoint of identity acquired during the maturation process. Sexual shame is a hypothetically incapacitating effect of CSA which has been conceptualized by clinicians as an intense, painful, and emotional experience (Andrews et al., 2002). Sexual shame results from a negative perception of oneself as blemished, broken, or deeply flawed (Watson et al., 2016). Within acute sexual shame, the victim may develop an internalized idea of themselves as defective, defiled, and profoundly unworthy (MacGinley et al., 2019).

Shame is a distressing emotional condition that evolves from a negative consideration of how an individual or societal ideology evaluates a human being. Furthermore, negative

evaluation directed toward an individual is what distinguishes shame from similar emotions and ultimately is the factor identified as contributing to failed relationships (Ullman & Filipas, 2005). Conversely, guilt is experienced when the negative evaluation is directed towards the offending action, or non-action, rather than the individual. Embarrassment is experienced when a person feels threatened by having their self-regard or social status weakened or destroyed (Wamser-Nanney & Campbell, 2020).

Impact on Social Functioning

CSA has been associated with negative adult social functioning in areas such as parenting, relationship satisfaction, and relationship adjustment. Researchers discovered that male and female survivors of CSA reported decreased satisfaction in their intimate relationships (Briere et al., 2020) and that CSA is connected to poor adjustment among couples in long-term relationships. Additionally, females who have experienced CSA reported reduced romantic relationship adjustment.

Sanjeevi et al. (2018) examined the history of CSA in relation to decreased scores on the Dyadic Adjustment Scale. The Dyadic Adjustment Scale measures affectionate expression, dyadic cohesion, dyadic consensus, and dyadic satisfaction (Linde-Krieger et al., 2020). The research results validated that CSA survivors experienced decreased scores on dyadic consensus, revealing that sexually abused females were less likely to agree with their partners' meaningful decisions. Research also discovered a negative relationship between the severity of CSA and affectionate countenance. Overall, female survivors of CSA were much more likely to have unstable intimate relationships in adulthood (Sanjeevi et al., 2018).

The connection between CSA and parenting in adulthood has been given specific attention in research literature (Tasharrofi & Barnes, 2019) over the past two decades (Fedina et

al., 2021). The data collected indicated that CSA has a significant negative impact on a survivor's perceived parenting skills and the quality of relationships with their children (Sanjeevi et al., 2018). Females with a history of CSA reported difficulties with parental cohesiveness, communication, and parenting self-esteem. Additionally, mothers with a history of CSA are much more likely to embrace permissive parenting practices and be less involved with the daily activities of their children's lives (Pulverman & Meston, 2020).

Female survivors of CSA explicitly reported complications setting clear behavioral expectations, administering consistent discipline, and providing structured guidance for their children (MacIntosh et al., 2019). Conspicuously, these relationships were observed despite controlling for dysfunction in family of origin, childhood physical abuse, and current socioeconomic status. Research has also uncovered a relationship between childhood sexual abuse, relationship satisfaction, and role reversal in parenting (Sanjeevi et al., 2018). Mothers who experienced CSA are much more likely to report decreased relationship satisfaction related to role reversal than mothers who have not experienced CSA. Female survivors of CSA typically grapple with connecting with their children's emotional reliance. CSA predicts decreased self-perceived parenting competence and an increased use of physical punishment (Rapsey et al., 2020). This finding persevered despite the variance contributed by the quality of relationships within the family circle of trust (Nishimi et al., 2020).

Research suggests that mothers who have experienced CSA are at an increased risk of physically abusing their children (Sanjeevi et al., 2018). Furthermore, this relationship was mediated by parental anger directed toward their children. MacGinley et al. (2019) examined the relationship between CSA and the parent-child relationship while monitoring additional childhood adversity. They concluded that mothers with a background of CSA were much more

likely to experience a decreased positive relationship with their children and a decreased level of understanding of their children's adjustment degrees. Degrees of adjustment were mediated by the function of parental depression, validating the significance of recognizing the influence of parental psychological well-being as closely connected to the overall mental health of their children (Sanjeevi et al., 2018).

Additional research discovered that female survivors of CSA reported decreased levels of parental warmth, increased frequency of physical punishment, and more direct hostility toward their children (Sanjeevi et al., 2018). Male and female survivors of CSA often experience parenting difficulties in adulthood due to their poor mental health outcomes (de Montigny Gauthier et al., 2019). Mental health variables that influence the relationship between CSA and adverse parenting outcomes include depression, anger, guilt, feelings of hopelessness, expressions of helplessness, anxiety, loneliness, suicidal ideation, and substance use disorders (Sanjeevi et al., 2018).

Although relationships between abuse history and parenting in adulthood have been acknowledged, it remains imperative to account for these relationships in a way that considers the covariance between CSA, mental health variables such as depression and loneliness, and other childhood adversity variables (Romeo et al., 2018). Survivors of CSA respond differently to each parent, however, it is common for the father or stepfather to inflict sexual abuse. Therefore, the child survivor of CSA is much more likely to grapple with accepting the male authority figure in their life rather than the female authority figure (Miljkovitch et al., 2020).

Commonly, the female parent or caregiver is not aware of the sexual abuse, and far too often, the child is too fearful to disclose their traumatic experience with their female caregiver (Polusny & Follette, 1995). Frequently, the female caregiver is aware of the abuse but

does little to stop the abuse because they are fearful of increased frequencies or retaliation. Occasionally, the female is fearful of destroying the family unit and how the family would meet their financial obligations if the couple were to separate (Gewirtz-Meydan & Finkelhor, 2020). Often the female caregiver is doubtful of making it on her own financially and fearful of being alone without an intimate partner in her life. It is very damaging for the child's self-esteem and well-being when they recognize the non-abusing caregiver is doing nothing to confront the abusing caregiver, regardless of the parent inflicting the abuse (Miljkovitch et al., 2020). This recognition can cause the child to feel abandoned, alone, and fearful and ultimately contribute to their belief they have no other alternative available except to remain in the abusive relationship (Gewirtz-Meydan & Finkelhor, 2020). This belief contributes to feelings of hopelessness and helplessness and exacerbates feelings of guilt, fear, and anger. Emotional responses of fear and loneliness ultimately influence the survivor's adult intimate relationships and contribute to the cycle of violence in adulthood (Assink et al., 2019).

Impact on Sexual Health and Functioning

Empirical research has substantiated the theoretical relationship between CSA and a survivor's capacity to manage adult sexual activity in a healthy manner (Baumann et al., 2020). CSA is very often connected with sexual difficulties, including trouble identifying and expressing an individual's sexual needs and desires (Baumann et al., 2020). Survivors of CSA typically experience decreased levels of sexual satisfaction, repugnance to sex and intimacy, and sexual anxiety connected to intimate relationships. Research has also indicated that CSA is connected to an increased frequency of behaviors that contribute to adverse sexual outcomes, including risky sexual behaviors, an increased number of sexual partners, an increased likelihood of infidelity, and compulsive sexual behaviors (Baumann et al., 2020).

Survivors of CSA typically experience a host of undesirable impacts on their sensual well-being. Male and female survivors of CSA experience an increased danger of engaging in high-risk sexual behavior and contracting the human immunodeficiency virus (Sanjeevi et al., 2018). Survivors of CSA are more likely to have dangerous sexual partners, engage in prostitution, participate in risky sexual behavior, engage in sexual activity at an early age, and experience ASA (Baumann et al., 2020). Predictably, both male and female survivors of CSA are more likely to have multiple sexual partners in their lifetime, contributing to unstable, ambivalent, chaotic, and sometimes violent, relationships with their adult intimate partner (Sanjeevi et al., 2018). Male and female CSA survivors also are more likely to participate in unprotected sex with multiple partners and exchange sex for illicit drugs (Cicchetti & Handley, 2019). Researchers also observed that CSA survivors are more likely to have trouble achieving sexual arousal when sober and too often experience decreased levels of sexual fulfillment and life satisfaction (Sanjeevi et al., 2018).

Research has examined the cognitive aspects of sexual functioning in female survivors of CSA (Polusny & Follette, 1995). Typically, female survivors of CSA convey poor self-esteem concerning their physical desirability. Female survivors of CSA experience increased sexual aversion and discomfort during sexual activity and decreased physiological and subjective arousal levels. Additional research has concentrated on sexual functioning in females who experienced intrafamilial occurrences of CSA. Female survivors of CSA have reported a broad range of sexual complications, including sexual pain disorders, decreased sexual satisfaction, arousal and orgasmic disorders, body image dissatisfaction, low sexual interest or pleasure, and flashbacks of their abuse during their current sexual relationships (Sanjeevi et al., 2018).

Conspicuously, research discovered that females experienced complications with sexual functioning that were closely related to childhood abuse factors connected with CSA (Assink et al., 2019; Sanjeevi et al., 2018). Complications were more detrimental when there was a lack of a supportive adult during childhood and psychological distress. Sanjeevi et al. (2018) emphasized the direct, statistically significant relationship among the variables and mediators in this research project.

CSA and the associated traumatic sexualization underscore the significance of the developmentally inappropriate context in which a child and adolescent was introduced to sexual activity (Cicchetti & Handley, 2019). This adverse introduction to sexual activity contributes to numerous sexual difficulties in adulthood and to confusion and misconceptions surrounding the survivor's sexual self-concept and perceptions of self-worth (Baumann et al., 2020). Over the last 20 to 30 years, research has developed dynamic meta-analytic support for the relationship between CSA victimization and an assortment of adverse mental, physical, and behavioral difficulties in adulthood (Cicchetti & Handley, 2019).

The mental, physical, and behavioral difficulties that may occur are suicidal ideation, eating disorders, depression and anxiety, substance and alcohol abuse, and risky sexual behavioral in the survivor's adolescent years. Behavioral difficulties may predict a continuation of the cycle of violence, limiting the survivor's ability to enjoy meaningful, fulfilling, intimate relationships (Assink et al., 2019).

A 23-year longitudinal study corroborated previous results by highlighting additional links between CSA, higher risks of unwanted pregnancies, and an increased number of sexually transmitted infections (Baumann et al., 2020). Heterogeneity among male and female survivors of CSA also suggests the need for potential protective factors to

be examined more thoroughly. A recent study conducted on 324 male and female survivors of CSA revealed a variation in sexual difficulties among survivors that were associated with decreased levels of romantic attachment and life satisfaction (Baumann et al., 2020).

There is also evidence of sexual repercussions among survivors of CSA that can only be rationalized in terms of relationship status (Gewirtz-Meydan & Finkelhor, 2020). Research indicates that sexual compulsivity is more common in single survivors compared to sexual avoidance, which was more predominant in married survivors. This finding suggests that CSA repercussions on adult sexuality can unfold in multiple, distinctive configurations depending on if the survivor is married or single (Baumann et al., 2020). Additional research examined the effect of CSA disclosure on sexual satisfaction and found that the disclosure of CSA to one's partner and the partner's response influenced the sexual satisfaction of both survivor and partner. The quality of the intimate relationship had a positive influence on the sexual difficulties experienced by male and female survivors of CSA (Baumann et al., 2020).

CSA is also related to risky sexual behaviors in adult women that influence relationship satisfaction. Furthermore, sexual compulsivity was found to be a mediator that influenced extra dyadic sexual behaviors. Additionally, levels of intimacy were identified as a mediator of relationship and sexual satisfaction. The non-abused partner's response to disclosure of CSA was found to have a moderating role on sexual and relationship satisfaction. A satisfactory intimate adult relationship may be a particularly beneficial and even restorative experience for CSA survivors (Baumann et al., 2020).

Perpetrators

Conventionally, perpetrators of child sexual abuse have been understood to be almost exclusively male. However, some previous studies have excluded female perpetrators of individuals of interest when investigating allegations into CSA (Majeed-Ariss et al., 2021). Females were generally assumed not to be guilty of inflicting CSA. In instances in which females were found guilty of inflicting CSA, their actions were widely considered to be the result of coercion by a male, extreme psychological distress, or relatively harmless, misguided affection towards the child or adolescent (Majeed-Ariss et al., 2021).

These incidents were typically perpetrated by intimate partners and dates and normally do not result in physical maltreatment. Corresponding reports from the National Crime Victimization Survey indicated that most of the incidents examined identify girlfriends and female acquaintances as the perpetrator (Ralston, 2019). Characteristically, sexual victimization encounters for males involve a social event at which alcohol was present, and often the perpetrator was a trusted friend or romantic partner. This was similar to the experience for females because both genders usually were acquainted with their perpetrators (Ralston, 2019).

The CSA survivor's relationship to the perpetrator is an important factor because it impacts the level of fear and guilt the victim may experience (Gewirtz-Meydan & Finkelhor, 2020). The relationship to the perpetrator also impacts the disclosure process, the intervention needed, and the clinician's diagnosis and prognosis. Research from the U.S. indicate that 41% to 68 % of children who were sexually abused were victimized by an immediate or extended family member, caregiver, or by someone known to the child (Ralston, 2019).

Male survivors of CSA were much more likely to experience physical harm, particularly if the perpetrator was a stranger (Gewirtz-Meydan & Finkelhor, 2020). Certain populations of

males, such as those experiencing homelessness or who have physical, psychiatric, or cognitive disabilities are much more likely to experience sexual victimization (Ralston, 2019).

Resilience

Resilience has been defined in the medical and behavioral sciences as the ability to bounce back or adjust to stressful events (Nishimi et al., 2020). Resilience also includes functioning normally in everyday life regardless of the survivor's traumatic experience. Resilience is connected to resistance from disease despite encountering stressful or adverse events (VanMeter et al., 2020). Resilience has been beneficial for overcoming negative mental health outcomes for survivors of CSA, specifically depression and loneliness (Fedina et al., 2021).

Childhood maltreatment has been reliably connected with poor physical and mental health outcomes in adulthood, such as cardiovascular disease, diabetes, hypertension, depression, and loneliness (Assink et al., 2019). Childhood maltreatment includes witnessing domestic violence and personally experiencing physical, psychological, emotional, and sexual abuse. Epidemiological research has examined the connection between childhood maltreatment and the reduced adult resilience capacity (Nishimi et al., 2020).

Adult resilience capacity is defined as an individual's capacity to process and cope with traumatic life experiences (Nishimi et al., 2020). Some specific patterns of maladjustment following different types of trauma have been noted in the literature (Baumann et al., 2020). For example, relative to other maltreatment types, emotional abuse has been associated with an increased risk for adverse outcomes, particularly regarding emotion regulation and internalizing symptoms of psychiatric distress in young adulthood (Pittenger et al., 2019). Emotional and physical abuse predicts how a survivor of CSA interacts and responds in their intimate

relationships and ultimately influences their levels of resilience, life satisfaction, and sexual fulfillment (Linde-Krieger et al., 2020).

False Denials

Denial is a survivor's inability or unwillingness to disclose their feelings of shame, fear, and guilt (MacGinley et al., 2019). Denial may serve a shielding purpose for a survivor of CSA in the short term. Denial has been described as a hindering tactic to thwart traumatic experiences from being tackled directly (Romeo et al., 2018). The debate around denial has been assimilated with various science components and has been commonly affirmed as a coping strategy in treatment plans among male and female survivors of CSA (Wamser-Nanney & Campbell, 2020). Focused conclusions addressing false denials were few based on current research. Predictably, only distant similarities can be represented from associated research in an endeavor to increase the perception of false denial literature (Romeo et al., 2018).

Males who experienced unwanted sexual contact are much more likely to deny their abuse than females (Ralston, 2019). Males are also much less likely to report their abuse and utilize false denials to their intimate partner or authorities because of their shame and embarrassment (Gordon, 2017). Males were much more likely than females to experience PTSD, loneliness, substance abuse, and suicidal ideation as a result of their traumatic experience. Males also fear their sexual abuse encounter may not be believed by their intimate partner or the authorities, This fear contributed to low reporting, non-disclosure, and false denials, Characteristically, males do not want to be viewed as a victim of a sex crime because of the social stereotypes connected with being raped and taken advantage of (Walfield, 2018).

Nondisclosure

Disclosure is known to facilitate mental health healing in male and female survivors of CSA and lowers the likelihood and risk of revictimization. Survivors of CSA, both male and female, choose to indifferently confide in a friend, family member, clinician, or physician about their abuse (Romeo et al., 2018). However, survivors of CSA are not always forthcoming about their experiences. Childhood disclosures commonly occurred after a long period of concealing their traumatic experience. Furthermore, male and female survivors of CSA often never disclose their abuse experiences or wait to disclose until well into adulthood (Guyon et al., 2020).

Reasons for nondisclosure typically center on the child's fear of retribution and their feelings of shame, guilt, fear, and self-blame. Although the child can become angry and resentful, frequently, their decision not to disclose originates with their feelings of attachment to the perpetrator and their fear of losing the safety of the relationship connected to the perpetrator (Lemaigre et al., 2017). Nondisclosure is also influenced by age and gender. The younger the victim, the greater the chances of nondisclosure. Disclosure rates in correlation to the survivor's age vary depending upon circumstances. Research found higher rates of disclosure among older children 9–13-years old (Guyon et al., 2020).

Typically, however, young survivors of CSA are more likely to delay the disclosure of their sexual abuse entirely (Romeo et al., 2018). Male survivors of CSA are much less likely to disclose their experiences than female CSA survivors (Winters et al., 2020). Male survivors of CSA typically fail to seek comfort or contact professionals for healing. Males are also less likely to disclose sexual violence than female survivors (Gordon, 2017). Furthermore, it frequently takes male survivors a prolonged time to disclose their experiences of sexual abuse (Tryggvadottir et al., 2019). Disclosure is a complicated progression for male survivors of CSA,

and masculine norms and stereotypes have influenced an environment that too often offsets the experiences of males suffering sexual abuse, especially in childhood (Pittenger et al., 2019).

Disclosure

Disclosure of traumatic events is a very complex and iterative life-long process (Lemaigre et al., 2017). Many social movements and prevention campaigns encourage Borderline Personality Disorder (BPD) and emotion dysregulation survivors, who have experienced CSA, to disclose their maltreatment and seek help from a licensed clinician as quickly as feasible because the earlier a survivor of CSA discloses their traumatic experience, the earlier they can receive specialized care and support (Collin-Vezina et al., 2021). However, survivors typically decide to delay reporting their assault experience, some decide they will never disclose

Seeking specialized care and support often lessens the risk of negative repercussions and adverse mental and physical health outcomes (Collin-Vezina et al., 2021). Disclosure has been identified as a meaningful aspect of a survivor's recovery and can influence the presence of adverse consequences of CSA (Lemaigre et al., 2017). However, its effects may depend on the harmful or helpful impact of responses following this disclosure from friends and family. Disclosing CSA may lead to relief and social support, a notion centered around the understanding that survivors who disclosed are surrounded by individuals who were empathetic and supportive. However, in cases of negative or unsupportive responses, disclosure may also lead to further distress and social isolation (Romeo et al., 2018). Research suggests that survivors typically experienced mixed responses to CSA disclosures (Collin-Vezina et al., 2021).

One study that used a sample of 70 community couples who disclosed CSA to their partner, examined associations between the survivors' sensitivity to their partner reactions to

disclosure, and both partner's sexual and relationship satisfaction (Kim & Yu, 2015). In one study survivor's perceptions of being denounced and treated differently by their intimate partner were associated with their own, and their partner's, poorer relationship satisfaction (Baumann et al., 2020). The perceived responses to the disclosure of CSA to their partner can positively or negatively impact both partners' life fulfillment and relationship satisfaction (Baumann et al., 2020).

In a study by Artime et al., (2014), among 487 male survivors of CSA who disclosed the abuse in childhood, approximately 57% conveyed their family members believed the accuracy of their assault disclosure. However, out of the 57%, only 29% experienced feelings of comfort and support. Among the 79% of male survivors who disclosed to a person other than their mother and were believed, only 34% felt supported (Ralston, 2019). Research discovered mixed responses to CSA among female and male survivors even when they disclosed to a public health professional (Pulverman & Meston, 2020). Although, the relationship between support following disclosure and children's post-disclosure functioning is unclear, disclosure is nonetheless a prominent factor in the restorative process of a survivor and has been described as the critical, first step to healing and recovery (Collin-Vezina et al., 2021).

Recent research has indicated the impact of disclosure on the well-being of survivors of CSA depends on whether the responses to the disclosure was either positive or negative (Briere et al., 2020). Positive responses to CSA disclosures have been found to result in feelings of relief, reassurance, and healing, as well as, improved mental and physical health outcomes (Fedina et al., 2021). Survivors who disclose their sexual abuse experience fewer somatic complaints and aggressive and intrusive behaviors towards their romantic partner. Negative responses to the disclosure of CSA are associated with sexualized behavior among children,

sexual revictimization in adulthood, unhealthy coping strategies, and decreased levels of relational and life satisfaction (Collin-Vezina et al., 2021).

Lack of support following disclosures hinders the recovery process and increases distressing feelings among survivors. Feelings such as shame, guilt, and anger have been shown to exacerbate the association between CSA, depression, loneliness, distress in marital relationships, and suicidal ideation (Andrews et al., 2002). Disclosure is critical in the CSA survivors' recovery process and contributed to positive or negative outcomes. Since disclosure is so critical to CSA survivors, the outcomes of such disclosure continue to necessitate scholarly attention (Guyon et al., 2020).

Research has focused primarily on the initial response to disclosure and its impact on the individual victim. Research investigated harmful behaviors throughout the disclosure process (Collin-Vezina et al., 2021). Research indicated the longer it takes a survivor to disclose, the longer the perpetrator may go undetected, and the greater the risk to the survivor. The longer a perpetrator goes undetected the bolder they become increasing the frequency and severity of the abuse (Winters et al., 2020).

Recantation

Recantation is the revocation of a previous claim. The recantation of an authentic CSA disclosure is viewed as a rare occurrence. Nevertheless, the repercussions of recanting are incalculable (Assink et al., 2019). When a CSA victim recants their claim, the motivating factors behind the recantation are not fully considered. As a result, incidents of CSA were not scrutinized appropriately and as closely as they should be which contributed to further endangerment of survivors and other potential victims (Assink et al., 2019).

Some survivors of CSA recant they believe it is the only means possible for relational harmony to be restored (Kilimnik, 2018). Recantations represented a need to control the emotional and psychological turmoil that arises after disclosing CSA. Occasionally, survivors dismiss earlier claims of abuse by reframing them as dreams, saying they imagined the event, or claiming to have lied to draw attention to themselves (Romeo et al., 2018).

Coping strategies need to be identified and well defined as efforts are expanded to assist adult male and female survivors of CSA move into the "here and now" (VanMeter et al., 2020). Although coping strategies have been adequately defined and well expounded upon in terms of the motivations sustaining their use, this research's conclusions was that defining these strategies contextually require much more attention from researchers and government agencies (Romeo et al., 2018). Gender is understood to be a risk factor for the recantation of CSA, with females recanting more often than males. However, it is essential to mention that underreporting and recantation is believed to occur among both male and female survivors of CSA (Sanjeevi et al., 2018).

Gender also plays a role in the adverse mental health outcomes of CSA later in life. Female children and adolescents who were sexually abused were much more likely to experience recurrent abuse in the form of physical abuse and neglect (Sanjeevi et al., 2018). Male children and adolescent survivors of CSA have been found to show more negative behaviors than female survivors (Artime et al., 2014). African Americans report higher rates of sexual abuse than European Americans, but race affects gender in adverse outcomes (Assink et al., 2019). Furthermore, age was also perceived to be a risk factor of recantation. The younger the age sexual abuse begins, the more likely the survivor is to experience poor outcomes such as

recurrence of abuse, recantation, hospitalization for suicide, and of sexually transmitted infections (Sanjeevi et al., 2018).

CHAPTER THREE: METHODS

Hypotheses

H1₀: Adult male and female survivors of CSA will not experience increased scores on the measure of loneliness.

H1_a: Adult male and female survivors of CSA will experience increased scores on the measure of loneliness.

H2₀: Loneliness will not correlate with increased scores on the measure of depression among adult male and female survivors of CSA.

H2_a: Loneliness will correlate with increased scores on the measure of depression among adult male and female survivors of CSA.

H3₀: Adult male and female survivors of CSA will not experience increased scores on the measures of loneliness and depression.

H3_a: Adult male and female survivors of CSA will experience increased scores on the measures of loneliness and depression.

H4₀: CSA, loneliness, and depression will not have statistical significance on the measure of marital satisfaction among adult male and female survivors of CSA.

H4_a: CSA, loneliness, and depression will have statistical significance on the measure of marital satisfaction among adult male and female survivors of CSA.

Instrumentation

DASS-21 Depression Scale:

The Depression, Anxiety, and Stress Scale (DASS-21) is a set of three self-report scales that was designed to measure the emotional states of depression, anxiety, and stress. DASS-21 is a very well-known and established tool and was developed by Lovibond and Lovibond in 1995

(as cited in Bibi et al., 2020). The three DASS-21 scales each contain seven items, divided into sub scales with very similar content. DASS-21 is a self-report instrument that does not require any special skills to administer or score the results. DASS-21 can be used as a reliable screening for PTSD among survivors of traumatic life experiences and has been found reliable, valid, and easy to administer. The DASS-21 has an excellent Cronbach's alpha value of 0.81, 0.89, and 0.78 for the subscales of depression, anxiety, and stress respectively. DASS-21 was found to have excellent internal consistency, discriminative, concurrent, and convergent validities, and good correlations with self-rating depression scales and state trait anxiety inventory (Bibi et al., 2020).

Difficulties with mental disorders affect the lives of many people around the world. Individuals of all ages can experience depression, anxiety, and stress. Depressive disorders contribute to 40.5% of disability adjusted-life years (Bibi et al., 2020). Anxiety disorders contribute to 14.6% of disability adjusted-life years. The prevalence of anxiety and mood disorders is rapidly increasing, and they now a severe, worldwide health challenge. Depression and stress are the most common cause of adverse mental health problems among students attending college. Depression, anxiety and stress are closely correlated and negatively linked to positive mental well-being, resilience, life satisfaction, and social support (Bibi et al., 2020).

KISS-9 Loneliness Scale:

The KISS-9 Loneliness Scale was used to measure the level of loneliness affecting survivors of CSA. This study hypothesized there is a direct and statistically significant relationship between CSA and marital satisfaction and that the relationship between CSA and marital satisfaction is mediated by loneliness and depression. The KISS-9 Scale was utilized to measure the direct relationship between CSA and loneliness. The KISS-9 Loneliness Scale also

evaluated if there was a direct relationship between loneliness and depression and if either was a predictor of poor marital satisfaction (Wu & Yao, 2008).

The KISS-9 Loneliness Scale has validity and reliability in measuring loneliness but can also be helpful to clinicians who are treating survivors of CSA. The KISS-9 Loneliness Scale has been shown to be effective in helping survivors understand the relationship between CSA, Loneliness, Depression, and their traumatic life experiences. The KISS-9 showed adequate reliability and validity across every psychometric property. The score from the ULS-6 correlated highly with the score from the longer scale ($r = .87$). Cronbach's alpha was .77. The ULS-6 score correlated with other psychological variables in a very similar way to the longer scale (Wu & Yao, 2008).

DASS-21 Depression and KISS-9 Loneliness Scales:

The DASS-21 Depression Scale and the KISS-9 Loneliness Scale when combined measured depression and loneliness and predicted if there was a likelihood of survivors of CSA experiencing poor marital satisfaction as a result of their depression, loneliness, and traumatic life experiences. This study aimed to determine if there was a direct relationship between Loneliness and Depression. This study hypothesized that there is a direct, statistically significant relationship between CSA and marital satisfaction, CSA and loneliness, and depression and loneliness, and depression and marital satisfaction. This research attempted to discover the negative impact that CSA has on marital satisfaction. The psychometric properties of DASS-21 and KISS-9 indicate they are very valid and reliable when administered together and have been effective in the diagnosis of depression and loneliness (Bibi et al., 2020).

Couples Satisfaction Inventory:

The Couples Satisfaction Inventory (CSI) was developed to measure levels of marital satisfaction and obtain information about couples through psychological counseling. Marital satisfaction is a significant indicator of physical well-being and positive mental health outcomes. The CSI is a 32-item scale that was designed to measure satisfaction in a relationship and determine if depression is an altering factor within the marriage relationship (Lamela et al., 2020).

The scale utilizes varying items with different response scales and formats. Participants indicate their degree of happiness in their adult relationship, all things considered, by indicating (0) Extremely unhappy, (1) Fairly unhappy, (2) A little happy, (3) happy, (4) Very happy, (5) Extremely happy, or (6) Perfect. Most couples experienced stress in their intimate relationship and the CSI measures the extent of their disagreements. The CSI has been systematically utilized to compare depressed females to females who were not currently experiencing feelings of depression in connection with their romantic relationship. The psychometric properties of CSI have been found to be reliable and valid and the CSI has been found to be a productive instrument in measuring the degrees of couples' satisfaction in intimate relationships (Lamela et al., 2020).

Research Design

This research project utilized a quasi-non-experimental, quantitative model, and the Hayes advanced regression model 6 to determine if CSA survivors experienced increased levels of depression and loneliness. The quasi-non-experimental design utilized a mediation model, a correlation analysis, matched designs, and statistical controls; however, no random assignments and no manipulation of the independent variable were utilized (Warner, 2013).

This research project examined how depression and loneliness affected levels of marital satisfaction. The independent variable, CSA, was also be mediated by depression and loneliness and validated the direct relationship between CSA and increased levels of depression and loneliness and the direct relationship between CSA and decreased levels of marital satisfaction (Warner, 2013).

CSA and ASA occur at alarming rates in the United States and are associated with increased adult psychological adjustment complications (Aosved et al., 2011). Emotional intimacy, including trust in romantic partners, is negatively affected, as is satisfaction with sexual intimacy among male and female CSA survivors (Georgia et al., 2018). There is limited research on coping strategies used by CSA survivors and how male and female CSA survivors process their feelings of sexual shame, depression, and loneliness (Gordon, 2017).

CSA among males is not uncommon with an estimated prevalence rates across countries and different studies indicating that 8% of boys experienced sexual abuse before age 18 (Gordon, 2017). Several unfavorable outcomes have been identified in terms of mental health and behavioral and relational difficulties (Rapsey et al., 2020). Clinical experts suggest that sexual shame can lead to depression, addiction, violence, loneliness, and sexual dysfunction in men. Shame may be associated with traditional masculinity, which suggested that men with these gender ideas may be particularly vulnerable to CSA's adverse mental health outcomes (Gordon, 2017).

Research Questions

The research questions and hypotheses for this study are as follows:

Research Question 1

RQ1: How does CSA correlate with scores on the measure of loneliness among adult male and female survivors of CSA?

H10: Adult male and female survivors of CSA will not experience increased scores on the measure of loneliness.

H1a: Adult male and female survivors of CSA will experience increased scores on the measure of loneliness.

Research Question 2

RQ2: How does loneliness correlate with increased scores on the measure of depression among adult male and female survivors of CSA?

H20: Loneliness will not correlate with increased scores on the measure of depression among adult male and female survivors of CSA.

H2a: Loneliness will correlate with increased scores on the measure of depression among adult male and female survivors of CSA.

Research Question 3

RQ3: How do increased scores on the measures of loneliness and depression mediate the relationship between CSA, loneliness, and depression among adult male and female survivors of CSA?

H30: Adult male and female survivors of CSA will not experience increased scores on the measures of loneliness and depression.

H3a: Adult male and female survivors of CSA will experience increased scores on the measures of loneliness and depression.

Research Question 4

RQ4: Will CSA, loneliness, depression, have a statistically significant effect on the measure of marital satisfaction among adult male and female survivors of CSA?

H4o: CSA, loneliness, and depression will not have a statistically significant effect on the measure of marital satisfaction among adult male and female survivors of CSA.

H4a: CSA, loneliness, and depression will have a statistically significant effect on the measure of marital satisfaction among adult male and female survivors of CSA.

Participants

In this quasi-non-experimental research project, the use of various populations was considered to study coping strategies among male and female survivors of CSA. Participants were required to be at least 18 years of age, but not older than 65 years of age, and CSA survivors. All races, religions, and ethnic backgrounds were eligible to participate in this research project as were participant with and without college experience. All participants agreed to this research project's parameters, signed and completed proper consent forms, and abided by all ethical requirements. Male and female survivors of CSA are at an increased risk of adverse mental health outcomes throughout their life. Behavioral problems such as violence, criminality, substance abuse and dependence, and decreased levels of relationship or marital satisfaction were all connected to their adverse outcomes (Kim & Yu, 2015).

Finally, the relationship between the independent variable, CSA, and the dependent variable, marital satisfaction was mediated by loneliness and depression. The relationship between the independent and dependent variables was analyzed by archival data that were approved by the IRB (Appendix A) which correlated to the statistical significance of the direct and indirect relationship between the variables (Orr & Hershey, 2018). The IRB approved (Appendix A) analysis examined the direct and indirect relationships between the variables and

the variances between the moderated mediators of loneliness and depression. This research project hypothesized that male and female survivors of CSA experienced increased levels of loneliness and depression that were contrary to healthy and productive mental health outcomes and well-balanced relationships (Hayes, 2018).

This study also hypothesized that adult male and female survivors of CSA experience increased levels of depression and loneliness and decreased marital satisfaction levels. Previous research has indicated that findings vary by age, gender, culture, religion, and ethnicity (Sanjeevi et al., 2018). However, this was not the primary concentration of this research. Researchers measured all of the independent and dependent variables that were meaningfully related to the hypotheses and the researcher's expected outcomes (Warner, 2013).

Measures

Child Sexual Assault

Adult male and female survivors of CSA report increased levels of psychological anguish and increased occurrences of significant psychological disorders and personality disorders compared to males and females who have not been victims of sexual abuse (Polusny & Follette, 1995). The consequences of abuse include self-blame attributions, loneliness, sexual shame, depression, avoidance, disengagement, negative coping strategies, and perceived adverse social reactions from others. Disclosure and non-disclosure coping strategies are related to negative physical and mental health adjustments and outcomes (Ullman & Filipas, 2005). Research has found that survivors of CSA are typically highly dissatisfied with their intimate relationships and commonly reported excessive sexual difficulties when compared to male and female adults who are satisfied with their intimate relationships (Baumann et al., 2020).

KISS-9 Loneliness Scale

The KISS-9 Loneliness scale measures life satisfaction, social support, and adult attachment style. Results of the confirmatory factor analysis supported the one-factor model of the ULS-8 with adequate values of various fit indices, revealing that the eight items of the scale were homogeneous for measuring loneliness in connection with this study's independent and dependent variables (Wu & Yao, 2008).

Depression, Anxiety, and Stress Scale

The DASS-21 is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety, and stress. The DASS-21 was not constructed specifically as a set of scales to measure conventionally defined emotional states. However, DASS-21 furthers the process of defining, understanding, and measuring the ubiquitous and clinically significant emotional states that were generally described as depression, anxiety, and stress (Psychology Foundation of Australia, 2018)

The DASS-21 should meet researchers', scientists', and professional clinicians' requirements in measuring the statistical significance of depression associated with CSA. The DASS-21 utilizes a 4-point scale ranging from 0 (Did not apply to me) to 3 (Applied to me most of the time). Research analyses have established the DASS-21 validity and reliability as a psychometric instrument and suggest that the DASS-21 subscales successfully differentiate anxiety and depression (Psychology Foundation of Australia, 2020).

Couples Satisfaction Inventory

The CSI has been developed to support studies in marital satisfaction and obtain information about couples in a short time through psychological counseling (Canel, 2013). Research utilized the CSI to show variance in the moderated mediators, depression and loneliness, in direct relationship to our dependent variable, marital satisfaction. Furthermore, this

research validated that adult male and female CSA survivors experienced decreased marital satisfaction levels connected to the moderated mediators, depression and loneliness (Baumann et al., 2020).

Materials

This research project utilized questionnaires, surveys, and archival data analysis to validate the alternative hypotheses. This researcher utilized archival data that were approved by the IRB (Appendix A) to determine if an individual was a survivor of CSA or not. Individuals who were not victimized could not participate in this research study. This study also incorporated the KISS-9 Loneliness Scale-9, the DASS-21, and the CSI to correlate the direct relationship between CSA, increased levels of depression and loneliness, and poor marital satisfaction. The scales also examined the indirect relationship between the dependent variable and the moderated mediators.

Procedures

This research study utilized covariates. Covariates are participant characteristics that potentially differ between groups before treatment plans that have the potential to inflate the experimental errors. The statistical inference contributed to the inferential technique required to rigorously substantiate the researcher's descriptive claims (Hayes, 2018).

This study shows differences at the $p < .05$ level of significance on the KISS-9, DASS-21, and the CSI scales. If the sample is large enough, statistical significance may not mean clinical significance (Orr & Hershey, 2018). Cohen's d was the effect size measurement used to validate that the statistically significant results are also clinically significant (Warner, 2013).

Effect size, or magnitude of difference between populations in this study, was significant and valid in this research because the statistical power calculations determined the amount of

error this study was able to tolerate (Orr & Hershey, 2018). Effect size is informative when researchers report effect-size information with the statistical significance of the test results. Also, the effect size can help researchers determine the minimum sample size required to achieve sufficient statistical power (Warner, 2013).

The foundation of scientific research is hypothesis testing (Orr & Hershey, 2018). Statistical power is defined as the probability of obtaining a value of t that is significant enough to reject the null hypotheses if they are false (Warner, 2013). To resolve a research question, researchers assess the null hypothesis, which maintains there is not a statistically meaningful difference to be discovered when comparing the means between two populations (Orr & Hershey, 2018). Statistical power in this research indicated that adult male and female CSA survivors experienced increased levels of depression and loneliness and decreased marital satisfaction levels, allowing the researchers to reject the false null hypotheses. The probability of X's causal inference of Y rejected a false null hypothesis (Hayes, 2018). Neglecting to integrate a statistical power calculation in this study would be a fatal research error (Orr & Hershey, 2018).

This research information was organized chronologically and included archival data that were closely related to the participants' interactions throughout the study. Archival data also demonstrated how the participants were recruited and how they learned of the study, IRB approval (Appendix A) and the study's strict observance of ethical principles (Heppner, 2016). The ethical principles included informed consent procedures, response rates, attrition rates when applicable, and documented circumstances describing why the participants contributed. The research also described how many participants had experiences with the independent variable, which in this study was CSA (Heppner, 2016).

Additionally, researchers described the participant's connection to the dependent variable; marital satisfaction which was mediated by depression and loneliness. Mediation was moderated by the indirect effect of CSA on marital satisfaction through the mediators; depression and loneliness (Hayes, 2018). Researchers minimized the threat to internal validity by demonstrating the confidence readers can infer by the causal relationship between the dependent and independent variable and the mediators, thereby eliminating all opposing hypotheses (Heppner, 2016).

Internal validity was ensured to enhance the scientific integrity of this research (Crano, 2020). This approach moves the concept of external validity to a new realm of rational significance while improving the internal validity of this body of research (Crano, 2020). Internal validity was centered on the most common research aspect: the relationship between the variables of interest (Heppner, 2016). This research's internal validity was entirely centered on the statistical significance of the relationship between the independent and dependent variable. Furthermore, research validated the causal inference between the independent variable, CSA, the dependent variable, marital satisfaction and the moderated mediators, depression and loneliness (Heppner, 2016).

External validity refers to the generalization of a study's results and was limited to how the conclusion will hold (Heppner, 2016). Random sampling from a well-defined population contributes to the generalizability of the sample. However, generalization to the population can be difficult because of the infrequency of accurate random sampling (Williams, 2020). Generalization across populations is of interest to readers because it is essential to determine the relationship between the variables (Williams, 2020). This research's external validity was

significant because of the relationships between the independent variable, dependent variable, and mediators. The external validity was examined across multiple settings (Heppner, 2016).

Threats to external validity were connected to the research units which include age, race, gender, ethnic background, and degrees of dysfunction (Lee et al., 2012). Treatment variations within this research were limited and adhered to treatment protocols. Outcomes were measured by specific instruments, i.e., a specific self-report depression scale (DASS-21) rather than a clinician's diagnosis (Wamser-Nanney & Campbell, 2020); (Williams, 2020). Outcomes were a proponent of dynamic therapies that utilized behavioral and symptom outcomes, personality, and well-being measurements. Identifying religious, educational, and institutional settings conducive to this research could be difficult and was an additional threat to this research's external validity (Heppner, 2016).

Statistical conclusion validity supports the alternative hypotheses and the notion that researchers came to the correct conclusion regarding the relationship between the independent and dependent variables in connection to the research questions (Heppner, 2016). Rejection of the null hypotheses and acceptance of the alternative hypotheses supports the direct relationship between the variables (Lee et al., 2012). To confirm a trustworthy relationship between the variables, researchers applied a statistically significant t-test with the p-value set at $p < .05$. The significance level of 0.05 indicated that the chances of incorrectly stating a trustworthy relationship between the variables were fewer than 5 in 100 (Heppner, 2016).

Ethical Considerations

This study was designed to guarantee anonymity for the participants and to protect them from harm and danger. The best interest of the participants was the overwhelming factor throughout the collection of data for this research project and the regulations and guidelines from

the IRB were strictly followed. Additionally, and equally importantly, the American Counseling Association's (2014) ethical guidelines for research were implemented throughout the study (Redman & Caplan, 2021).

This study's demographic items did not include or request identifying information and the data from this study did not contain any identifying information from the participants. The safety and privacy of the participants were of utmost concern, and it was determined that the participants would not encounter any adverse risks by participating in this study. Participants were provided with an online counseling resource in the informed consent form in case they experienced any distress while completing the survey (Redman & Caplan, 2021).

It was the intention and goal of this researcher to protect the safety of the participants of this study and to offer counseling services if their responses to this survey triggered any adverse mental health outcomes. This study utilized archival data, however, the parties involved in collecting the archival data have indicated that every possible measure was integrated to protect our participants. *The Belmont Report* helps researchers understand the importance of protecting research participants and offers a framework for overseeing research with humans and these principles were implemented into this study. The three foundational principles of *The Belmont Report* are respect of persons, beneficence, and justice (Redman & Caplan, 2021).

The principle of respect of persons involves supporting autonomous participation through informed consent by all the research study's participants. Beneficence requires a study to examine tolerable risk-benefit ratios connected to prohibiting harm and inflicting harm upon the study's participants. Justice in research refers to a process of selecting subjects that is fair and easy to understand. *The Belmont Report* provides a foundation for federal regulations that govern

the research associated with human research and serves as a normative document for the protection of research subjects (Redman & Caplan, 2021).

This study integrated the key ingredients of *The Belmont Report* into the research that was utilized in this examination.

CHAPTER FOUR: RESULTS

The purpose of this study was to examine the direct relationship between CSA and Marital Satisfaction as well as the direct relationship between CSA and marital satisfaction when mediated by loneliness and depression. This study explored the direct relationship between CSA and marital satisfaction by utilizing the Hayes regression model 6. This study also utilized moderated mediators; loneliness and depression and hypothesized that survivors of CSA experienced decreased levels of marital satisfaction as a result of increased levels of depression and loneliness. Survivors of CSA were much more likely to experience depression and loneliness.

Data Analysis

This researcher utilized the IBM SPSS Statistics Version 25 with the PROCESS macro to analyze this study's archival data (Hayes, 2018). Participants who did not complete all the items for any measure were excluded from the analysis. Testing of two mediation models used Model 6 to assess the four research questions (Hayes, 2018). This study utilized a sample size of 258 adult participants and the dataset was properly screened for missing cases, individual items, and the computed scales.

This study's final sample ($N = 258$) post excluded participants whose responses were incomplete when compared to the study's primary measures and the demographic criteria of interest. Participants were required to provide informed consent to be included in this study. Participants also had to report being married and were required to meet the age criteria of 18 to 65 years of age. Participants who did not meet the aforementioned criteria were excluded from the study.

Participants ranged in age from 23 to 65-years and had a mean age of 37.97. Although the percentages of males reporting sexual assault to authorities is historically much lower than females, the percentage of males participating in this study who had experienced CSA was much closer to the percentage of females who have experienced CSA. Of the female participants in this study 56.6% (146) had experienced CSA compared to 43.4% (112) males. Previous research indicated that males experience CSA to a significantly lesser degree than females. However, this study's research indicated that the percentages were much closer than initially anticipated. Males and females both grapple with underreporting and non-disclosure, but, males were much less likely to report or disclose their CSA experiences than females.

The ethnic breakdown of male and females who had experienced CSA was consistent with the literature reviewed for this study emphasizing the importance of law enforcement agencies and health care institutions designing curriculums to drastically improve the likelihood of disclosure and reporting. Law enforcement agencies and health care institutions must also design programs that encourage early detection of CSA.

Of the participant who had experienced CSA, 196 (76.0%) were White or Caucasian, 16 (6.2%) were Black or African American, one (0.4%) was American Indian or Alaskan Native, 22 (8.5%) were Asian or Asian American, 19 (7.4%) were Hispanic or Latino, and four (1.6%) identified with other ethnicities. Only 53 (20.5%) of the participants surveyed indicated they have experienced CSA which was consistent with previous findings indicating that nearly 20% of children and adolescents experience CSA before the age of 16.

This percentage (20.5%) was consistent with the literature reviewed for this study, which showed that one out of five females experience CSA, but was not consistent with the research that indicated that one out of 71 males' experiences CSA before their high school graduation.

The prevalence rate of CSA among adult males was much higher than this study initially anticipated. As previously discussed, males are much more likely to withhold their CSA experiences from authorities and their intimate partner. Males are very concerned with the perception of appearing weak and vulnerable in front of their friends and family.

Correlation Results

The Pearson's r correlation analysis served as the basis for the hypothesized models. Prior to conducting the mediation analysis, the correlation analysis was conducted to determine if the individual relationships were consistent with expectations. Insignificant correlations or effects are reported using **red font** in all tables.

Table 1

Pearson's r , Means, and Standard Deviations

Table 1. Pearson's r , Means, and Standard Deviations.

	1	2	3	4
1) CSA	1			
(2) Loneliness	.105	1		
(3) Depression	.105	.678**	1	
(4) Marital Satisfaction	-.067	-.482**	-.292**	1
Mean	.205	4.253	11.892	57.756
SD	.405	2.152	11.916	17.625

**Correlation was significant at the .05 level (2-tailed).

*Correlation was significant at the .01 level (2-tailed).

A Pearson's r correlation test was conducted to assess whether the present study's variables were correlated in expected ways (see Table 1). In contrast to expectations, findings

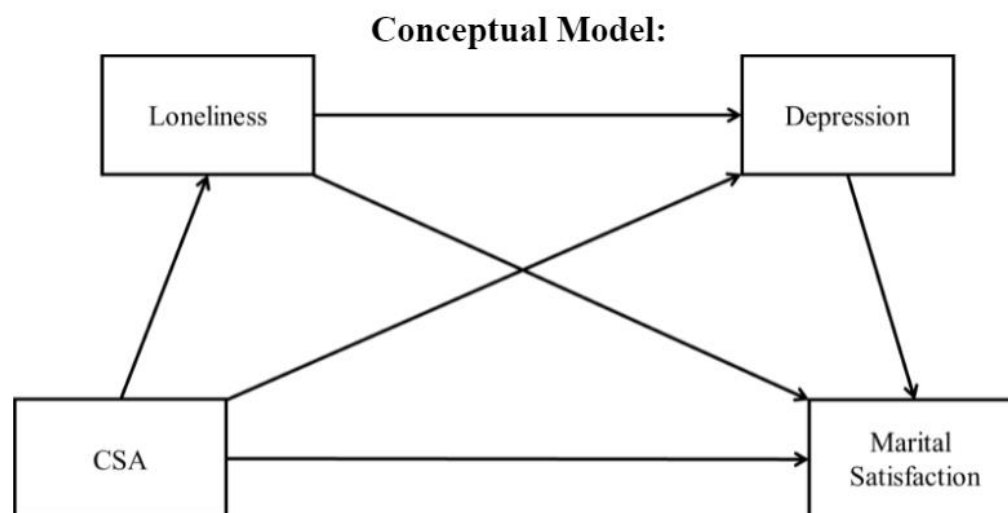
showed that CSA was not significantly correlated with loneliness ($r = .105, p > .05$), depression ($r = .105, p > .05$), or marital satisfaction ($r = -.067, p > .05$). As such, findings suggest that whether participants reported experiencing CSA was not significantly associated with changes in scores on loneliness, depression, or marital satisfaction.

Consistent with expectations, loneliness was found to be significantly positively correlated with depression ($r = .678, p < .01$) and significantly negatively correlated with marital satisfaction ($r = -.482, p < .01$). Furthermore, findings suggested that participants' scores on loneliness was associated with increased scores on depression and decreased scores on marital satisfaction. Also consistent with expectations, depression was found to be significantly negatively correlated with marital satisfaction ($r = -.292, p < .01$).

Additionally, findings suggest that higher scores on the measure of depression were associated with lower scores on the measure of marital satisfaction. The hypotheses depicted in the model below suggested that survivors of CSA experienced increased levels of loneliness and depression and decreased levels of marital satisfaction. The solid line indicated a positive relationship between our independent and dependent variables, CSA and marital satisfaction as well as this study's mediators; loneliness and depression.

Figure 1

Conceptual Serial Mediation Model



Direct Effect

The effect of X on Y. As one variable increases so will the other variables increase. X was a predictor of Y and as both increase so does the strong positive relationship between our variables (Hayes, 2018). This study's hypotheses suggested that there would be a positive relationship of X on Y, meaning that CSA would have a positive, statistically significant relationship with marital satisfaction. The results, however, indicated that there was not a positive relationship between X and Y: meaning that CSA does not have a direct, statistically significant relationship with marital satisfaction, validating this study's null hypotheses.

Effects

A positive effect means that higher levels of X (CSA) are associated with higher levels of Y (marital satisfaction). A negative effect means that higher levels of X were associated with lower levels of Y, which supports this study's hypotheses but contradicts the findings. The findings indicate that higher levels of CSA were not correlated with lower levels of marital satisfaction once again validating this study's null hypotheses. However, a positive,

statistically significant effect was indicated between CSA and loneliness and between loneliness and decreased levels of marital satisfaction, which suggests survivors of CSA experience loneliness, and loneliness contributes to decreased levels of marital satisfaction. This study's hypotheses suggested a positive, statistically significant effect between loneliness and depression. Findings indicate that the hypotheses were validated and that the null hypotheses should be rejected.

Indirect Effect

The indirect effect is the effect through each mediation pathway. The findings indicated there was an indirect effect between CSA, loneliness, depression, and poor marital satisfaction. This study's findings suggest that there was a direct effect between CSA and loneliness and between loneliness and decreased levels of marital satisfaction.

(Loneliness: $R = .105$, $R^2 = .011$, $MSE = 4.598$, $F(1, 256) = 2.845$, $p > .093$. Depression: $R = .679$, $R^2 = .461$, $MSE = 77.107$, $F(2, 255) = 109.140$, $p < .001$. Marital satisfaction: $R = .484$, $R^2 = .235$, $MSE = 240.535$, $F(3, 254) = 25.964$, $p < .001$).

How to Determine if an Effect was Significant

Each effect type, direct or indirect, was determined by whether the p value was less than .05, this study's significance cut-off, and whether the range for the confidence interval LLCI to ULCI not included zero. The outcome of this research indicated that the p value was greater than .05 between CSA and Marital Satisfaction, between CSA and loneliness, and between CSA and depression which was contrary to the hypotheses of this study. The outcome of this study further revealed the p value was less than .05 in the relationship between the loneliness and depression relationship, and in the relationship between loneliness and marital satisfaction.

Model

The Serial Mediation Model in this study examined the direct effect of CSA (X) on Marital Satisfaction (Y). This direct relationship between the independent and dependent variables was mediated by both loneliness (M1) and depression (M2). Correlation refers to the relationship between two distinct variables; however this research was designed to identify the statistical significance of the direct relationship between two variables and two mediators, which requires a Hayes multiple regression model (Heppner, 2016).

The solid lines on the serial mediation model indicates that there was a direct, statistically significant relationship between the variables and mediators. The dashed lines on this study's Serial Mediation Model indicate that there was a statistically insignificant relationship between the independent and dependent variable and the independent variable and mediators.

Figure 2

Serial Mediation Model

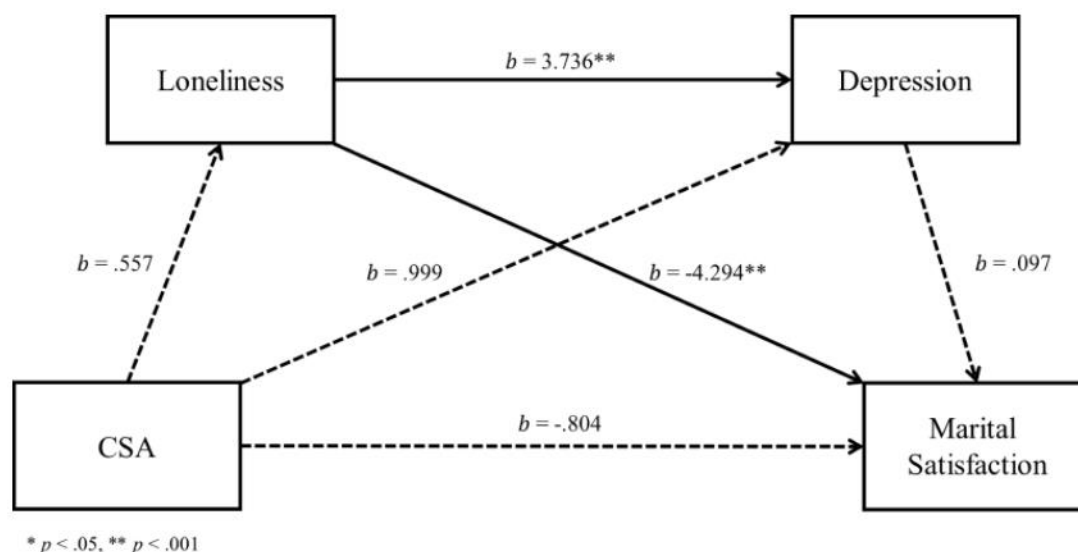


Table 2*Serial Mediation Model Results*

<i>Source</i>	<i>b</i>	<i>se</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
Loneliness: $R = .105$, $R^2 = .011$, $MSE = 4.598$, $F(1, 256) = 2.845$, $p > .093$						
CSA	.557	.330	1.687	.093	-.093	1.208
Depression: $R = .679$, $R^2 = .461$, $MSE = 77.107$, $F(2, 255) = 109.140$, $p < .001$						
CSA	.999	1.361	.743	.464	-1.681	3.678
Loneliness	3.736	.256	14.598	<.001	3.232	4.240
Marital Satisfaction: $R = .484$, $R^2 = .235$, $MSE = 240.535$, $F(3, 254) = 25.964$, $p < .001$						
CSA	-.804	2.406	-.334	.738	-5.542	3.934
Loneliness	-4.294	.612	-7.012	<.001	-5.500	-3.088
Depression	.097	.111	.878	.381	-.121	.315

Individual Effects Singular Relationships

A sample of participants ($N = 258$) was recruited from Amazon Mechanical Turk and each participant received \$1 as compensation for their participation. The archival data utilized for this study were part of a larger dataset that included other measures that were not utilized in the present research. Hayes Process Macro (version 3) was applied to generate regression coefficients, p -values, and confidence intervals in order to test a serial mediation model to research and examine the effect of CSA (X) on marital satisfaction (Y). The effect of CSA on marital satisfaction was mediated by both loneliness (M1) and depression (M2).

In contrast to what was hypothesized, CSA was not found to have a significant effect on either loneliness ($b = .557$, $SE = .330$, 95% CI [-.093, -1.208]) or depression ($b = .999$, $SE = 1.361$, 95% CI [-1.681, - 3.678]). Findings did not support the hypotheses that CSA would have a direct, statistically significant relationship with increased levels of loneliness or depression. Consistent with expectations, loneliness was found to have a significant positive effect on depression ($b = 3.736$, $SE = .256$, 95% CI = [3.232, 4.240]).

Furthermore, findings suggest increased loneliness was associated with higher levels of depression. CSA was not found to have a significant effect on marital satisfaction ($b = -.804$, $SE = 2.406$, 95%, CI [-5.542, - 3.934]). Likewise, depression was not found to have a significant effect on marital satisfaction ($b = .097$, $SE = .111$, 95%, CI = [-.121, -.315]). Finally, findings did not support the expectation that CSA or depression was directly or significantly connected with marital satisfaction. Consistent with expectations, loneliness, on its own, was found to have a significant negative effect on marital satisfaction ($b = -4.294$, $SE = .612$, 95%, CI [-5.500 - 3.088]). Furthermore, this study's research suggested that higher scores on loneliness was associated with decreased levels of marital satisfaction.

Indirect Effect Mediation

Overall, this study's research did not provide support for the proposed serial mediation model. In contrast to what was hypothesized, findings did not indicate that CSA had a significant indirect effect on marital satisfaction through loneliness associated with depression ($b = .202$, $SE = .318$, 95% CI [-.338 - .957]). None of the indirect effects were found to be significant and this study's results do not support the hypothesized relationship. This study's findings were consistent with the expectations that loneliness, on its own, would predict an increase in depression. This study's research was also consistent with the expectation that loneliness would

predict decreased levels of marital satisfaction. These findings contradicted other research that previously indicated there was a direct relationship between CSA and depression, CSA and loneliness, and CSA and marital satisfaction.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary of Findings and Implications

This study utilized the Hayes Regression Model 6 to examine the correlation between the study's mediators' of loneliness and depression as well as connect a pathway between CSA and the outcome variable, marital satisfaction. This study hypothesized there would be a direct relationship between X (CSA) and Y (marital satisfaction). This study also hypothesized that there would be a direct, statistically significant relationship between CSA and marital satisfaction when mediated by loneliness (M1) and depression (M2). This study also hypothesized that there would be a direct, statistically significant relationship between CSA and the mediator's, of loneliness and depression.

The findings indicate that contrary to the hypotheses, there was not a statistically significant or direct relationship between X (CSA) and Y (marital satisfaction). Furthermore, this research study also discovered, contrary to the hypotheses, that there was not a statistically significance or direct relationship between CSA and loneliness, CSA and depression, or CSA and marital satisfaction. However, this study discovered there was a direct, statistically significant relationship between loneliness and depression and between loneliness and marital satisfaction.

Additional research was needed to determine how gender and sexual shame would further impact the outcome of a similar study (Ralston, 2019). Research has indicated that adult male survivors of CSA cope differently than adult female survivors of CSA. The findings of this study were not consistent with prior research that suggested that CSA would have a direct relationship with loneliness and depression. There has been very little research to date on whether CSA is significantly positively correlated with marital satisfaction.

Conclusions

Research Question 1:

This study's first research question examined how CSA predicted levels of loneliness among adult male and female survivors of CSA. This researcher's hypotheses suggested that there would be a significant positive correlation between CSA and loneliness among adult male and female survivors of CSA. This study hypothesized that survivors of CSA would be much more likely to experience increased levels of loneliness. Contrary to the expectations, this research indicated there was not a significant positive correlation between CSA and loneliness ($r = .105$, $p > .05$).

These findings contradicted this researcher's hypotheses and were contrary to previous research on CSA and loneliness. In this case the null hypotheses stating that there would not be a direct relationship between CSA and loneliness were corroborated. This researcher's sample size ($N = 258$) was large enough to provide appropriate statistical power to identify statistical significance. The positive correlation between CSA and loneliness was found to be insignificant contrary to this researcher's hypotheses.

Research Question 2:

This study's second research question examined the positive correlation between this study's mediators' of loneliness and depression. This study examined if loneliness was connected to increased levels of depression among adult male and female survivors of CSA. Consistent with expectations, the research discovered that there was a significant positive correlation between loneliness to depression ($r = .678$, $p < .01$). Furthermore, this study examined the direct relationship and statistical significance between loneliness and depression and determined that there was a direct, statistically significant relationship between loneliness

and depression. This research determined that male and female survivors of CSA who experienced increased levels of loneliness ultimately experienced increased levels of depression.

Consistent with this study's expectations, loneliness was found to be significantly positively correlated with depression ($r = .678, p < .01$). Additionally, findings indicate that participants' scores on the loneliness scale were connected with increased scores on the depression scale. In this case the researcher's hypotheses suggesting that loneliness would have a direct relationship with depression were validated and the alternate hypotheses implying there would not be a direct relationship between the mediators were rejected. This researcher's sample size ($N = 258$) was large enough to provide appropriate statistical power to identify a positive relationship and statistical significance.

Research Question 3:

This study's third research question examined how depression and loneliness mediated the direct relationship between CSA and marital satisfaction among adult male and female survivors of CSA? This study hypothesized that both depression and loneliness would have a negative effect on marital satisfaction among adult male and female survivors of CSA. Contrary to the hypotheses, findings indicated that loneliness, not depression, was significantly negatively correlated with marital satisfaction ($r = -.482, p < .01$). This study's findings indicated that depression is significantly negatively correlated with marital satisfaction ($r = -.292, p < .01$). Contrary to expectations, research indicated there was not a significant statistical correlation between CSA and loneliness ($b = .557, SE = .330, 95\% CI [-.093, 1.208]$), or CSA and depression ($b = .999, SE = 1.361, 95\% CI [-1.681, 3.678]$). As such, findings did not indicate that CSA had a significant positive correlation with loneliness and depression. This study's findings indicated there was a positive significant correlation between loneliness and depression

and predicts that adult male and female survivors of CSA will experience increased levels of depression due to their loneliness. Further research was needed to determine if loneliness and depression were more relevant among adult female survivors of CSA than among adult male survivors of CSA. The findings indicated that CSA and depression did not have a direct effect on marital satisfaction. Consistent with this study's hypotheses, loneliness was found to have a significant negative effect on marital satisfaction ($b = -4.294$, $SE = .612$, 95% CI [-5.500, 3.088]). Consistent with this study's expectations findings indicate that increased scores on the measure of loneliness were significantly positively correlated with depression ($r = .678$, $p < .01$) and significantly negatively correlated with Marital Satisfaction ($r = -.482$, $p < .01$). This researcher's sample size ($N = 258$) was large enough to provide appropriate statistical power to identify a positive relationship and statistical significance.

Research Question 4:

This study's fourth research question examined the statistical significance of the relationship between CSA, loneliness, depression, and marital satisfaction among adult male and female survivors of CSA. The findings indicated that there was not a direct, statistically significant relationship between CSA and depression ($b = .999$, $SE = 1.361$, 95% CI [-1.681, 3.678]), loneliness ($b = .557$, $SE = .330$, 95% CI [-.093, 1.208]), or marital satisfaction ($b = -.804$, $SE = 2.406$, 95% CI [-5.542, 3.934]).

The findings also indicated that depression alone was not connected with decreased scores on the measure of marital satisfaction ($b = .097$, $SE = .111$, 95% CI [-.121, 315]). However, they indicated that loneliness does have a significant positive correlation with depression ($b = 3.736$, $SE = .256$, 95% CI [3.232, 4.240]) and is significantly negatively correlated with marital satisfaction ($b = -4.294$, $SE = .612$, 95% CI [-5.500, -3.088]). This

study's research indicated that loneliness was the pathway to positive scores on the measure of depression and negative scores on the measure of marital satisfaction. Finally, the results revealed that increased scores on the measure of loneliness do have a direct, statistically significant relationship with decreased scores on the measure of marital satisfaction. There was not a statistically significant relationship between CSA loneliness, depression and marital satisfaction. This researcher's sample size ($N = 258$) was large enough to provide appropriate statistical power to identify a positive relationship and statistical significance.

Discussion

The outcome of this study seems to contradict previous research that suggested that CSA had a direct relationship with depression and loneliness (Briere et al., 2020). To date, there has been very little research surrounding the direct relationship between CSA and marital satisfaction (Baumann et al., 2020). However, this study's findings indicated that there was not a direct or statistically significant relationship between CSA and marital satisfaction. Further research is essential, not only to help the survivors who are grappling with the adverse effects of CSA, but to help clinicians find suitable treatment plans that promote healing, restoration, and recovery (Kilimnik, 2018).

The results do show a significant correlation connecting loneliness to depression, and loneliness to decreased scores of marital satisfaction. These findings suggest that adult male and female survivors of CSA experience loneliness to a greater degree than adult males and females who have not experienced the trauma associated with CSA. Adult male and female survivors of CSA experience loneliness because they feel detached from intimate, meaningful relationships that were designed to promote harmony, trust, and safety (Miljkovitch et al., 2020). Typically, CSA occurs in the most intimate environments which contributes significantly to survivors of

CSA feeling vulnerable and insecure. Survivors of CSA, as a result of the loneliness they experience, also grapple with increased depression (Assink et al., 2019).

Depression may contribute to negative coping strategies such as alcohol and substance abuse (Cicchetti & Handley, 2019), risky sexual behavior, eating disorders, and suicidal ideation (Fedina et al., 2021). Depression also contributes to adverse mental health outcomes and adult male and female survivors of CSA are much more likely to experience (PTSD, acute stress disorder, and BPD (APA, 2013). PTSD, acute stress disorder, and BPD exacerbate the negative coping strategies associated with CSA and have the potential to contribute to suicidal ideation and attempted suicides (APA, 2013).

Adult male and female survivors of CSA also experience feelings of helplessness, hopelessness, guilt, sadness, shame, anxiety, fear, avoidance, and hypervigilance, as well as alterations in cognitions and moods and in extreme cases dissociative symptoms such as depersonalization and derealization (APA, 2013). The presence of these negative coping strategies emphasizes the importance of early detection and the implementation of viable treatment plans by law enforcement agencies and healthcare and educational institutions (Sivagurunathan et al., 2019).

Survivors of CSA also experience adverse physical health outcomes due to the ramifications of their traumatic life experiences. Adult male and female survivors of CSA are much more likely to experience high blood pressure and cardio-vascular concerns than adult male and females who have not experienced CSA (Kilimnik, 2018). Males and female survivors of CSA also experience an exaggerated startle response, problems with concentration, and sleep disturbances connected to their trauma (APA, 2013).

Suggestions for Future Study

The initial purpose of this study was to examine the direct relationship between CSA and marital satisfaction and between CSA, loneliness, and depression. CSA was expected to be a predictor of marital satisfaction. This researcher's hypotheses suggested there would be a statistically significant relationship between this study's independent and dependent variables and this study's mediators, loneliness and depression. This study's findings emphasized the importance of understanding loneliness and the negative impact it can inflict, not only on the lives of survivors of CSA, but on the life of an average individual.

Other aspects associated with CSA, marital satisfaction, loneliness, and depression should be examined as well. Since loneliness predicts depression, one of the areas that needs to be further examined is how the relationship between CSA, depression and loneliness is influenced by gender. Males and females respond very differently to the adverse mental health outcomes and the negative physical health outcomes that are related to CSA. Males and females experience a varied range of health outcomes.

Another avenue of research that should be examined is how males and females cope with the adverse effects of CSA. Coping strategies vary by gender and by examining how males and females cope with CSA, advancements and improvements could be made in detection procedures and treatment plans. Improvement in treatment plans and strategies could eventually lead to improved levels of healing, restoration, and recovery. Complete healing, restoration, and recovery should be the primary objective of any clinician, and law enforcement agencies, educational institutions, and health-care facilities must make this a priority.

The last aspect of research that must be examined in the future is the responsibility of law enforcement agencies and health care and educational institutions related to the early detection and prevention of CSA. Research has indicated that many cases of CSA go under-reported,

unreported, and undisclosed because survivors are fearful of their ramifications (Briere et al., 2020). Survivors of CSA require a safe environment to engage in a healthy process of disclosing their traumatic experience (Uhernik, 2017)

Limitations of the Study

Limitations of this research study do not include the design or methodology. The design of this study included a hypothesis, research questions, an independent and dependent variable, two moderated mediators and an adequate sample size. The constraints on this study contributed to some generalizability and utility of findings that are the results of the methodology utilized in this study. The design of this study contributed to the study's internal and external validity. Limitations are focused on the lack of prior research on gender, coping strategies, and the associated mediators that were not available to contribute to this research project.

There are also limitations related to ethnicity because a large percentage (76) of this study's participants were White. The small number of participants across other races indicated that very little information was learned about how CSA effects all races and colors. The final limitation was the small percentage of participants who had actually experienced CSA. Only 20 % of the study's participants had experienced CSA leaving a small sample size to determine if CSA had a direct relationship with marital satisfaction when mediated by depression and loneliness.

Delimitations of the Study

The delimitations of this research project include additional mediators that may have contributed to this research study but were excluded due to the complexity of adding a larger sample size, additional research questions, variables, and objectives. Gender, forgiveness and

coping strategies have been excluded from this study to focus on the direct relationship between CSA and marital satisfaction.

Summary

The prevalence of CSA continues to increase, and CSA can begin at a very early stage in the child's development (Assink et al., 2019). This study created an increased awareness of the crisis that is facing children and adolescents. The goal of this research was to help survivors of CSA recognize their extreme need for treatment, restoration, healing, and recovery (Baumann et al., 2020). It was also important for survivors of CSA to understand they are not alone; although society's acknowledgement of the situation is not where it needs to be, there are viable treatments plans available to help survivors of CSA recover and heal from their traumatic life experiences (Assink et al., 2019).

Early detection and effective assessment policies are critical to decrease prevalence rates around the world. Clinicians who work with survivors of CSA must provide an environment of trust, safety, healing, and recovery (Baumann et al., 2020; Guyon et al., 2020). Enhanced research is needed to identify more effective treatment plans, symptomology, coping strategies by gender, and the effects CSA has on life gratification, relationship fulfillment, and marital satisfaction (Ullman & Filipas, 2005).

The findings of this research project were surprising because previous studies indicated that adult male and female survivors of CSA typically experience adverse physical and mental health outcomes. These adverse mental health outcomes were often connected to depression. The hypotheses for this study stated that adult male and female survivors of CSA experience loneliness and that loneliness contributes to depression. This study also hypothesized that CSA was connected to marital satisfaction through the study's mediators, loneliness and depression.

This study's research did not validate the hypotheses and there was not a direct, statistically significant relationship between our independent and dependent variable. This study did not validate that there was a direct or statistically significant relationship between the independent variable and mediators.

However, the findings showed there was a significant pathway between the two mediators, as loneliness was found to be a predictor of depression. There was also a significant pathway between loneliness and marital satisfaction. The findings of this research suggest that individuals who are lonely also experience greater levels of depression. These findings contradict previous research studies in the sense that there was no evidence depression predicts a decrease in marital satisfaction for a survivor of CSA (von Soest et al., 2020).

Loneliness, however, contributed to decreased scores on the measure of marital satisfaction and increased scores on the measure of depression. The findings of this research emphasize that loneliness is very detrimental to an individual's quality of life. Loneliness contributed to depression which contributed to numerous other adverse mental and physical health outcomes. Loneliness contributed to decreased scores on the measure of marital satisfaction which can contribute to decreased levels of sexual fulfillment and life gratification. The findings of this research emphasized the importance of intimacy in healthy relationships and healing, restoration, and recovery through progressive and dynamic diagnosis and treatment plans (von Soest et al., 2020).

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Appendix A IRB Exemption Letter**IRB #** IRB-FY20-21-975**Title:** A QUANTITATIVE STUDY OF A CHILD SEXUAL ASSAULT SURVIVORS'S STRUGGLES WITH POOR MARITAL SATISFACTION: MEDIATED BY LONELINESS AND DEPRESSION**Creation Date:** 06-02-2021**End Date:****Status:** Approved**Principal Investigator:** Thomas Litzinger**Review Board:** Research Ethics Office**Sponsor:****Study History****Submission Type:** Initial**Review Type:** Exempt**Decision:** Exempt**Exempt Decision Date:** 08-17-2021