Latina Christian Women Describe Their Religious Experience Overcoming

Child Abuse Trauma in the Western United States

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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Abstract

This phenomenological study aimed to understand and discover the childhood abuse experienced by Christian Latinas in the Western United States. The theory guiding this study was Lazarus and Folkman's stress and coping theory, as it focused on the adaptation to stress as a process of interaction between individuals and stressful stimuli. This study explored issues concerning religious coping and how participants adapted and managed child abuse. Data was collected through a semi-structured interview process, whereby the discussion was recorded to ensure that all pertinent information was collected with participant consent. The interviews lasted 1–1.5 hours each, depending on the candidate's experience level. The data collected were isolated into distinct categories, and eight themes were identified and analyzed. Latina Christian women had difficulties with trauma and struggled to heal childhood abuse. These women experienced childhood trauma, resulting in post-traumatic stress disorder (PTSD), depression, anxiety, relationship challenges, and behavioral challenges in adulthood. Latinas had a higher prevalence of experiencing child abuse trauma. Also, their cultural values and beliefs made shame and guilt keep them quiet, and they did not seek the treatment they needed. The developmental stage when child abuse occurred, and the perception of the abuse made significant differences in the impact of the trauma. Childhood abuse affects the attachment relationship in adulthood. Trauma-informed care approaches that included cultural values and acceptance were essential in treating the Latina population with a Biblical base that reflected God's love and mercy.

Keywords: child abuse, trauma, post-traumatic stress disorder (PTSD), depression, anxiety, Latina, Christian women.

Dedication

In dedication to God for His guidance, grace, and knowledge. To my mother, daughters, and grandchildren, who inspire me to become a better version of myself daily. To Pastor Samuel and Karina Ramirez, SVCC, and my church family for their prayers, encouragement, and support. Especially to those survivors of CA near and close to me that encourage me to prepare myself to provide an excellent service.

Acknowledgments

To Dr. Thomas C. Veil for his dedication, motivation, and support throughout the dissertation. Also, thank Dr. Al Sarno for his encouragement. To the twelve brave women who shared their stories with me to be a blessing to others who are still hurting. May this study share hope that through God, healing is possible even in the most severe child abuse experiences.

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List of Abbreviations

Adverse Childhood Experiences (ACEs)

Binge-eating Disorder (BED)

Borderline Personality Disorder (BPD)

Child Sexual Abuse (CSA)

Childhood Trauma (CT)

Cognitive Emotion Regulation Strategies (CERS)

Compassion-focused Therapy (CFT)

Complex Post-traumatic Stress Disorder (C-PTSD)

Emotion Regulation (ER)

Obsessive-compulsive Disorder (OCD)

Post-traumatic Stress Disorder (PTSD)

Responsibility for Harm (RFH)

The Substance Abuse and Mental Health Services Administration (SAMHSA)

Trauma-informed (TI)

Unacceptable Obsessional Thoughts (UOT)

Chapter One: Introduction

Overview

After being exposed to traumatic stressors, post-traumatic stress disorder (PTSD) can develop into a complex and often persistent psychological condition (Ruff, 2021). The cognitive model suggests that negative trauma-related cognitive appraisals play a vital role in disrupting post-traumatic recovery and, thus, in maintaining PTSD (Dunn et al., 2018). Cultural and social beliefs and values significantly affect people's appraisals of life experiences and psychological well-being (Chun et al., 2008a). Similarly, substantial research has indicated that poor social support is a powerful predictor of PTSD (Karyotaki et al., 2021). In post-trauma adjustment, social support has also been acknowledged in theoretical accounts of PTSD. Regarding trauma-related cognitions, social support has been argued to help prevent their persistence and promote recovery (Johnson et al., 2019).

People's meaning-making of significant life experiences can be influenced by religion during times of distress (Badgett, 2018). Consequently, religion may play an essential role in post-trauma adjustment. In most studies, people from other religious groups, including Christians, were not considered, especially Latina women (Lekhak et al., 2023). Research on Western and other populations have gained current understanding regarding appraisals in PTSD; PTSD was a universal phenomenon. In Latina Christian women, PTSD was currently unknown in its etiology, maintenance, and treatment (Hoyt et al., 2021).

This study aimed to fill this gap in the literature by exploring how the Christian faith influences how Christian female adults appraise traumatic experiences. Post-traumatic symptoms and psychological adjustment were also investigated based on Islamic appraisals, religious coping, and perceived social support. PTSD will be briefly described in this chapter, as well as

its prevalence rates and implications. Afterward, the chapter will discuss current understandings of the psychological processes involved in PTSD. Using several contemporary models, PTSD is examined, and psychological treatments for PTSD are discussed. This section describes how religion impacts people's perceptions of life events, of others, and self-perceptions. An overview of the literature on how Christianity affects individuals' trauma appraisals follows. A summary of the study's rationale, research questions, and definitions of critical terms concludes this chapter.

Background

Post-traumatic stress disorder is a psychological condition that can develop in individuals who have experienced or witnessed a traumatic event. It is characterized by symptoms such as intrusive memories, nightmares, hyperarousal, and avoidance behaviors (APA, 2000). The burden of PTSD extends beyond the individual, affecting their interpersonal relationships, functioning, and overall quality of life. Latina Christian women who have endured child abuse (CA) trauma may encounter unique challenges in navigating the complexities of their religious experiences while coping with the aftermath of trauma (Stephens, 2020).

A Christian Psychology Conceptualization explores how individuals make meaning of their traumatic experiences and construct their sense of self concerning those experiences (Badgett, 2018). Understanding how Latina Christian women conceptualize and integrate their religious beliefs and practices into their journey of overcoming CA trauma has shed light on the role of religion in their healing process. By examining these intersecting factors in the context of the Western United States, this research explored the religious experiences of Latina Christian women and their resilience in overcoming CA trauma while addressing the burden of PTSD.

Post-traumatic Stress Disorder

Post-traumatic stress disorder has been associated with extreme stress (Bourdon et al., 2021). Typical stressors include military combat, assault, kidnapping, hostage holding, terrorism, torture, disaster, severe car accidents, or diagnosis of a life-threatening illness (APA, 2020). The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) defined PTSD as suffering from seventeen persistent symptoms divided into three clusters: relieving, avoidance, and hyperarousal. Symptoms of reliving included recurrent and intrusive memories of the trauma, such as flashbacks re-experiencing and reliving the trauma in the present, distressing dreams during which the event was relived, emotional and physical reactions to trauma reminders, and, in rare cases, dissociative states (APA, 2000).

There were several avoidance symptoms, including emotionally charged thoughts, feelings, conversations, and attempts to avoid people, places, and trauma-related activities. In addition, people living with PTSD may experience detachment from others, diminished interest in previously enjoyable activities, and emotional numbing. Sleep problems, hypervigilance, and increased startle response were all hyperarousal symptoms. Furthermore, individuals with PTSD may have additionally increased irritability, anger outbursts, and concentration difficulties (APA, 2020). Symptoms of PTSD measured in this study were based on DSM-IV-TR diagnostic criteria and the DSM-IV-TR definition of PTSD (APA, 2000). There were some revisions to the diagnostic criteria in the recently released DSM-5 (APA, 2013). For example, PTSD is no longer classified as an anxiety disorder in the DSM-5 but appears under the new category of "trauma and stressor-related disorders" (APA, 2013, p. 265).

Additionally, there are now four clusters of PTSD symptoms rather than three: re-experiencing, avoidance, changes in mood and cognition, and hyperarousal (APA, 2013). A

change in awareness as a diagnostic criterion recognizes the importance of trauma-related cognitions in developing and maintaining PTSD (Bogen et al., 2021). This diagnostic criterion was especially relevant to this research, given its association with appraisals central to the cognitive model of PTSD (Barboza, 2018). The PTSD symptomology has been revised to include three new symptoms and modified expressions of seventeen existing symptoms, including persistently blaming oneself or others, persistently negative emotional state, and reckless or self-destructive behavior (APA, 2013). Moreover, a PTSD diagnosis no longer requires the subjective reaction of helplessness, intense fear, or horror immediately following the trauma, as this criterion had poor predictive validity (Groarke & Hogan, 2019). Finally, dissociative symptoms have been added as a diagnostic subtype. In addition to meeting the diagnostic criteria for PTSD, individuals may also suffer from persistent or recurring depersonalization or de-realization symptoms (APA, 2013).

The Burden of PTSD

There is an association between PTSD and impairments in psychosocial and occupational functioning and a decrease in overall well-being (APA, 2013). Medical morbidity and mental health problems are higher in people with PTSD (Pos et al., 2019). Stephens (2020) discovered that 83% of people with PTSD also met the diagnostic criteria for another psychological condition. Comorbid problems include depression, bipolar disorder, drug abuse, and alcoholism (Bohus et al., 2019). Thus, trauma survivors, their families, healthcare providers, and society have suffered substantial social and economic consequences due to PTSD (Vallières et al., 2017). According to Hazzard et al. (2021), the PTSD-related incapacitation's social and welfare costs in the Kingdom amounted to £103 million. As a result of PTSD, Felicilda-Reynaldo et al. (2019) reported a $3 billion annual loss in productivity in the United States.

Situation to Self

Various forms of trauma characterized my childhood. A combination of emotional abuse, traumatic loss, and socioeconomic, cultural, and linguistic hindrances led to early childhood depression. As a single-mother immigrant, my mother would send me to Mexico to care for my grandparents. I was sent to an alcoholic grandfather, who was verbally abusive and would throw my grandmother, sister, and me out whenever he got drunk. I would be in Mexico for years and forget how to speak English, which made my transition to school in the United States difficult. According to Stover et al. (2018), when traumatized students receive teacher support, school can be a haven for them. My fifth-grade teacher became my only school support. She made me her teacher's assistant, and I spent any time I could in her classroom. Despite this, the school was not a refuge for me due to bullying and sexual harassment, but instead was a place to relive my trauma. Most of my time was spent alone, and I had no friends. In my adolescence and early adulthood, I was a teen parent, physically and emotionally abused by my now ex-husband. I experienced weight problems, self-esteem issues, and suicidal thoughts. I have also witnessed firsthand the extreme emotional pain and suffering of women close to me who are survivors of CA.

Recovery and transformation were slow processes for me. My healing process began when I left my childhood community and environment and accepted the Christian faith. Before taking external help, I had to believe I was a valued human. During my spiritual quest, I read, asked for prayer support, and spent time alone. It took me a long time to become resilient and overcome childhood trauma (CT) through this inner quest, and I knew I would need outside help to complete my journey. I was encouraged to return to school by a worker's comp counselor who saw my potential, and I earned my college degree. She took the time and went with me to get

college information from the local colleges. As a result of this new direction, I overcame my fear of learning and was forced into a social environment that taught me how to interact with others. I knew I would need additional psychological counseling to succeed in my higher education journey. I learned forgiveness for myself and others through therapy and my spiritual journey. Psychological therapy helped me learn to value myself as a mother. These factors led to a deep desire to help those in need and guided me through my CT to be a successful mother and student. These factors also helped guide my collection and analysis of data.

Problem Statement

Children who endure childhood abuse (CA) often suffer long-lasting effects due to the trauma they experienced. According to Akiki and Abdallah (2019), there are fifty-seven million survivors of CA in the United States. However, difficulties typically manifest psychologically, interpersonally, behaviorally, and physically. The psychological impact of CA on survivors can be more significant than the psychological impact on non-victims (Lalchandani et al., 2020). Due to their sexual promiscuity, substance abuse problems, and lack of trust, they struggle to establish and maintain healthy interpersonal relationships and attachments (Hou & Cao, 2018). Survivors often do not disclose their abuse or seek treatment because of the guilt, shame, and silence associated with CA (Barlow et al., 2017). Despite numerous articles on coping strategies and treatment modalities in the CA literature, few articles have discussed treatment efficacy for this population (Rajabi et al., 2021; Huh et al., 2017; Leahy, 2022). Additionally, there is a lack of understanding of the impact of religious activities on healing in CA literature (Pressley & Spinazzola, 2015).

Purpose Statement

This phenomenological study aimed to understand the relationship between the Christian faith and healing among Latina Christian women who are CA trauma survivors in the Western United States. Participating in religious activities, belonging to a community, and having a relationship with God influenced survivors' healing processes. An empirically supported treatment for CA is discussed in the following literature review. The American church's historical and current role in the lives of its members is also examined.

Significance of the Study

There are two ways in which this study met multicultural goals. Beginning the study provided a forum for Latina women to share their perspectives on the impact of their Christian faith on their healing process. These participants had been previously underrepresented in research studies. Based on the social-cultural history of Latinas and Christianity, statistics have suggested that women are more likely than men to be abused before the age of 18 years (Lalchandani et al., 2020). Once the qualitative study has been replicated to evaluate generalizability, it may expose the future analysis of Latina Christian women and people of other cultures and religions. Since this study examined the Christian faith's role in healing, the diversity and multiculturalism goals were also met. Integrating religious beliefs into existing empirically supported treatment modalities may improve the effectiveness of future treatment of religiously active individuals presenting for treatment.

The present study fell into the category of qualitative research design. Lekhak et al. (2023) asserted that there was no qualitative method per se, only methods to gather information with which people construct their qualitative understanding. Likewise, Schreier et al. (2019) and Love and Torgerson (2019) defined qualitative research as an umbrella concept covering several

forms of inquiry that help people understand and explain the meaning of social phenomena with as little disruption of the natural setting as possible. A phenomenological study centers on a concept or phenomenon and seeks to understand the meaning of experiences of individuals about the phenomenon. These studies are based on phenomenology, a school of philosophical thought. The phenomenon here refers to phenomenology and the typical use of the word (& Poth, 2018). The study sought to discover and understand a phenomenon, a process, or the perspectives or worldviews of the people involved.

Research Questions

RQ1. How do Latina Christian women describe their experiences with child abuse?

RQ2. How do Latina Christian women describe their challenges of the traumatic experience in adulthood relating to others?

RQ3. How do Latina Christian women describe how they have coped with their experience of child abuse effects as adults?

Definitions

1. *Post-traumatic Stress Disorder (PTSD)* - Abnormal and debilitating disorder that advances persons subsequently experiencing a traumatic experience with a lifespan prevalence of 6.4% in the United States. It is characterized by a long-lasting and frequently harsh period through a considerable problem and degree of incapacity (Akiki & Abdallah, 2019).

2. *Psychological Trauma* - The person's occurrence or lengthy circumstances in which the person's capability to incorporate their emotive incident is devastating (Luoni et al., 2018).

3. *Religious Coping* - A method of coping using religious resources to facilitate problem-solving to prevent or alleviate the negative emotional consequences of stressful life situations (Hvidt et al., 2019).

4. *Trauma* - An experience of slight-to-severe responses to mysterious and sensitively devastating circumstances that might include real or endangered disease, dangerous hurt, or danger to the individual character (Cloitre et al., 2021).

5. *Trauma Symptoms* - Psychological symptomatology consistent with post-traumatic stress. These include intrusive symptoms, avoidance symptoms, adverse changes in cognition and mood, and alterations in arousal and activity (APA, 2020).

Summary

The possibility of developing PTSD, major depressive disorder, and other psychiatric disorders is greater among CA survivors than non-victims (Vonderlin et al., 2018). They tend to be sexually promiscuous, report more substance abuse problems, and lack trust, making it difficult to form and maintain healthy interpersonal relationships (Fortuna et al.,2019; Lueger-Schuster et al., 2018). Survivors of CA have often been prevented from disclosing their abuse and seeking treatment due to the abuse's guilt, shame, and silence (Barlow et al., 2017). Even though the CA literature contained numerous articles on coping strategies and treatment options, the literature on treatment efficacy was limited. There was also no understanding of how religious activities affected the healing process among this population in the CA literature (Rajabi et al., 2021; Huh et al., 2017; Leahy, 2022).

This phenomenological study investigated the impact of the Christian faith on the healing process among Latina Christian women who were CA trauma survivors in the Western United States. This study examined how CA survivors' involvement in religious activities, community

membership, and relationship with God affected their healing process. A theoretical framework

guided the study in Chapter Two and its literature.

Chapter Two: Literature Review

Overview

This phenomenological study aimed to understand the relationship between the Christian faith and healing among Latina Christian women who were childhood abuse (CA) trauma survivors in the Western United States. Participating in religious activities, belonging to a community, and having a relationship with God influenced survivors' healing processes. A literature review follows that describes CA, its sequelae, and empirically supported treatment options. There is also a discussion of the role played by the American church in the lives of its members throughout history and today.

The purpose of this chapter was to review the literature most relevant to the current study. Initially, it presents an overview of the research on traumatic stress from a diagnostic and developmental perspective. The chapter then discusses religion, spirituality, and clinical mental health research, focusing specifically on religious and spiritual coping by adults and children following childhood trauma (CT).

Theoretical Framework

The coping theory of Lazarus and Folkman (1984) was used as the basis for this study based on Pargament et al.'s (1998) model of religious coping. Adaptation to stress is a process of interaction between individuals and stressful stimuli, according to Lazarus and Folkman (1984). Individuals employ a variety of cognitive and behavioral strategies when they are faced with adversity. Several theorists have remarked that coping is the essence of living since it contributes to mental health and well-being (Mokokwe et al., 2022).

Spirituality and religion may also have something to do with coping. According to Gewirtz-Meydan (2022), a fundamental function of faith is to heal the sick soul, such as those

suffering from severe mental illnesses. Religion and spirituality strongly influence coping (Vitorino et al., 2018). According to Lee & Cha (2021), Spirituality and religion provide distinctive perspectives for interpreting stressful experiences; particular beliefs and practices facilitate coping and sacred significance for achieving desired outcomes. Therefore, religious coping involves a process of spiritual discovery beginning with an awareness of the sacred (Lee & Cha, 2021).

Over time, people have conserved their religion and spirituality through various means, such as knowledge, action, relationships, and experiences. Through these pathways, people remained in touch with the sacred or divine. Occasionally, however, this involved dealing with highly stressful situations that may threaten their religious or spiritual beliefs. As a result of highly stressful circumstances, religious coping methods serve to conserve the sacred (Badgett, 2018). These methods include making spiritual meaning, seeking spiritual support, and purifying the spirit. As a result, many people have struggled to remain meaningfully connected to the divine, a phenomenon known as a spiritual struggle. On the other hand, some people experience meaningful positive changes in their relationship with the sacred, known as spiritual transformation (Lee & Cha, 2021).

Related Literature

Childhood Trauma

Females between 13–17 years of age are most likely to experience sexual abuse (0.69%), followed by females between 5–12 years of age (0.11%) and females between 0–4 years of age (0.06%) (Rajan et al., 2017). Anguish, depression, anxiety, psychotic illnesses, bipolar disorders, stress disorders, and alcohol and drug misuse are more common among women and men diagnosed with sexual abuse than those without (Grey, 2021). Latina teens are likelier to

encounter depressive symptoms and less likely to obtain mental health treatment than White

patricians (Fonseca et al., 2019).

In addition to harshness, childhood maltreatment contributes to alcohol use and

difficulties through emotional regulation complications (Dutcher et al., 2017). Despite emotional

regulation problems and alcohol difficulties, youthful mistreatment harshness continues to have

additional effects. As a result of childhood mistreatment, bitterness, and alcohol, it is noteworthy

that emotion regulation (ER) problems play a prominent role (Nowalis et al., 2022). Adolescent

survivors of CT who have encountered arousal activity may be more likely to use alcohol or

drugs to reduce their symptoms (Love & Torgerson, 2019). Likewise, to manage their symptoms,

adult survivors often self-medicate with alcohol and drugs (Dutcher et al., 2017).

Leahy (2022) found that individuals with adverse childhood experiences (ACEs) exhibit

higher HIV rates, risk-taking, problem drinking, and depressive symptoms at maturity than those

without ACEs. A significant association was found between depression and anxiety, seriousness,

and maladaptive approaches. An adaptive method intervention resulted in a partial reduction in

depressive symptoms (Leahy, 2022). Additionally, Eher et al. (2019) found that cognitive

emotion dysregulation significantly influences effective depression and anxiety symptoms in

individuals who experience ACEs. Likewise, Piscitello Martin (2020) found that further child

abuse (CA) recurrence was associated with advanced depressive symptoms.

The prevalence levels of all psychological conditions containing personality disorders are

significantly higher in children who have experienced child maltreatment (Lueger-Schuster et al.,

2018). Additionally, these children tend to demonstrate elevated signs of suffering across all

dimensions of psychiatry, including depression, anxiety, somatization, dissociation, and

indications of post-traumatic stress disorder (PTSD; MacIntosh et al., 2019). Some symptoms of

PTSD include reliving traumatic events, evading trauma-related stimulants, having negative thoughts, and experiencing heightened responsiveness and stimulation (Luoni et al.,2018). Moreover, PTSD co-occurs with other psychiatric conditions more frequently than non-related ones, such as depression, anxiety, and substance use (Khamesi et al., 2021).

Childhood trauma has been associated with borderline personality disorder (BPD). Of adults with BPD, 90% or more have experienced sexual, physical, or emotional abuse. In addition, associations between general CT and BPD indicators in adulthood have been developed over three intermediaries: affected dysregulation, fear-based attachment schemas, and dissociation, which provides alternate replicas of distinctive types of offenders, trauma type, and time of occurrence (Bohus et al., 2019). Several studies have identified sexual trauma in early infantile life and harsh attachment uncertainty (and ineffectiveness) as significant causes of adult BPD (van Dijke et al., 2018). Healthy relationships with family, friends, and God may pose challenges for survivors. Individuals have difficulties trusting their instincts and get too close too early to those who do not reciprocate their feelings. After realizing the differences, they become heartbroken because they invested all their time and energy into cultivating new relationships (Proctor et al., 2019).

As a result of cumulative CT, performance difficulties are internalized and externalized through emotion regulation (ER), dissociation, or both. Clinicians should routinely perform screening of vulnerable clients for other CT. Emotion regulation, competencies, and dissociation should be addressed in clinical interventions for sexually abused youth (Barboza, 2018). In addition to sexual abuse, Saadatmand et al. (2021) found that 75% of abused children also experience other forms of abuse. Child sexual abuse (CSA) showed that one out of five children was mistreated differently. As a result of these findings, it was essential to examine the

undesirable effects of collective CT among sexually abused children. As a result of this improved understanding of traumatic climaxes, children who were treated inappropriately and experienced perplexing actions previously in their teenage years may be able to develop resilience, particularly in instances where the individual was overreacting to the situation.

Additionally, maladaptive approaches play a significant role in the association between inclusive CT and depression and anxiety severity in the healing process. For example, CSA has been shown to increase attachment insecurity and disorganization in children. All minors with advanced self-reported depression symptoms have an insecure attachment as their primary influence (Huh et al., 2017). A significant increase in parent-reported minors expressing difficulties, sexualizing difficulties, and dissociation were associated with CSA (Ensink et al., 2020). As a result of the reports, five topics were identified as representing the prevalent and damaging effect of shame resulting in CSA: 1) Emotional outcomes and trauma signs; 2) Relationships and social associations and interruptions; 3) Exposure; 4) Self-perception; and 5) The progress of recovery (MacGinley et al., 2019).

Adaptive methods, however, are partial to depressive symptoms because of an intervention. Cognitive emotion dysregulation influences depression and anxiety symptoms in individuals who have experienced CT (Nowalis et al., 2022). In a qualified intervention study, emotion dysregulation facilitated the connotation between ACEs and anxiety symptoms. The intensity of this result varied as a function of psychological resilience. Additionally, ACEs had a more significant impact on emotional dysregulation among those with minimal psychological strength than those with high stability (Newton, 2020).

In addition, how people cope with difficult emotions and comprehend their traumatic experiences may be more significant predictors of PTSD symptoms than the trauma itself. The

connection between abuse experiences and PTSD symptoms has been clarified through an analysis of adverse trauma assessments, ER problems, and stages of self-compassion (Siler et al., 2019). How the individual perceives the traumatic experience determines the response and the symptoms. In addition, their past traumatic experiences, knowledge, and cultural background significantly impact how they react (Woud et al., 2019). According to Gulbas et al. (2019), one participant who experienced CA described her existence as hopeless and miserable, and she was incapable of recognizing how to decrease the pain due to the weight of emotional agony.

There has been a lower rate of adaptive cognitive emotion regulation strategies (CERS) in individuals with obsessive-compulsive disorder (OCD) and CA. In suicidal danger, it was sensible and well-thought-out to consider unacceptable obsessional thoughts (UOT) and responsibility for harm (RFH). Child abuse had an unintended consequence on suicidal ideation, but adaptive CERS, UOT, and RFH prevented it (Devlin et al., 2019; Rajabi et al., 2021). Due to difficulty regulating emotions, CA survivors' relationships, behaviors, and lives tend to be complex. Moreover, it pushes people away, resulting in more uncertainty and devastation. Thus, suicidal ideation and feeling alone can increase their risk of committing suicide (Barlow et al., 2017).

Compared with those without CA or neglected involvements, those with a history of abuse or neglect have meaningfully higher dissociative experience scale scores (Vonderlin et al., 2018). Furthermore, screenings for depression, PTSD, and substance abuse are significantly higher for those who experience sexual assault (Stephens, 2020). Additionally, women who suffer from physical assault have the highest chance of sexual assault (Fortuna et al., 2019). Latina survivors are strongly associated with PTSD and depression (Lueger-Schuster et al.,

2018). Because of shame, lack of information, and fear, Latina survivors of CT might go untreated and keep their depression and PTSD symptoms secret (MacGinley et al., 2019).

Developing a health-related danger flow with a high community health impact can be intellectualized as the longstanding consequences of CT (Kaleta & Mróz, 2020). Life progression approaches suggest that there are viewpoints on increasing hardships to understand the longer-term effects of primary life difficulties (Krause et al., 2019). Thus, families, communities, and individuals are all affected by CA. Several dissociative managing methods instinctively utilized by survivors are not disorders that indicate absence from normality, as standard trauma theory may structure adult displays of individuals' actions (Gildea, 2021). They manifest the individual's originality and resourcefulness that should be honored, and honored inclusively and respectfully, acknowledging the difficulty of growing up in violence that may or may not have occurred in the individual's life (Gildea, 2021). Untreated CA survivors cause harm to those around them (Duncan & Dehart, 2019).

Individuals and others may experience emotional disturbances due to maladaptive attachment styles and CA. The interference with the parent-child attachment connection might have lasting effects on the minor's mental health in CA cases. Child abuse and attachment types continue to influence depressive symptoms into adulthood (Nowalis et al., 2022). Researchers have suggested that teens with a history of CA and avoidant attachment styles are more likely to engage in dating violence and care interference attempts for nurturing attachment association to lessen the correlation between prior abuse experiences and dating violence participation (Scarsella & Krehbiel, 2019).

Teenagers who have experienced major depressive episodes have higher levels of emotional abuse and neglect in their childhood, leaving them vulnerable and in danger of

attachment trauma. Combining attachment-related features with precise psychotherapeutic interventions in that phase may lead to a healthier conclusion (Gander et al., 2018). The study of attachment patterns and attachment-related features can benefit those treating teens with trauma histories, providing a deeper understanding of the operational psychological inside (Gander et al., 2018). Clinicians can support adolescents in avoiding the higher adverse consequences of non-suicidal self-injury (NSSI) by obtaining information about abuse history, current sexual assault, attachment, and emotion control competencies (Krause et al., 2020).

Traumatic past incidents may delay binge-eating disorder (BED) treatment achievement, and PTSD might be supplementary to the trauma experience. As a result of generational PTSD, BED incidence and CA are associated: CA predicts BED incidence in individuals with PTSD but not among individuals without PTSD (Hazzard et al., 2021). In self-organization indication groups, minors with complex PTSD (C-PTSD) have reported difficulties in self-regulation, a damaged self-concept, and relationship difficulties with diagnostic measures for PTSD. Moreover, a small proportion of resilient juveniles meet the diagnostic norms for C-PTSD, stating disruptions in dysregulation, undesirable self-concept, and interpersonal difficulties (Herbert et al., 2021).

The therapeutic, personal relationships and community righteousness of individuals abused as children appear to have been affected by the abuse. Scoglio et al. (2022) proposed disclosure as a stressful option for intervention following sexual abuse. Individuals can be assisted and encouraged to join with others during the disclosure process and progress throughout their journey to restoration and recovery. Furthermore, to ensure that the next generation is armed with the tools to care for one another during difficult periods, primarily after sexual violence, community consciousness and advertising of encouraging results might be

considered to influence children and teenagers. Scoglio et al. (2022) also indicated a need to create awareness of sexual violence and provide a space to exchange personal trauma experiences, associate with others in similar situations, and offer support. Therefore, to highlight confirmation, there has been an analysis of the framework that shows a revealing of sexual trauma via Twitter using the hashtag #MeToo (Bogen et al., 2021).

Childhood Traumatic Stage

Individuals who experience trauma at any stage of childhood have more complex feeling dysregulation results than those who have not experienced trauma. However, individuals who experience child mistreatment or relational violence throughout middle childhood have higher difficulty emotion dysregulation marks than individuals who initially share it throughout other developing phases. These developing effectiveness alterations remain noticed even afterward for socio-demographic factors, experience with further trauma, and occurrence of trauma experience (Dunn et al., 2018;2017). Additionally, later regulation for present psychiatric signs reduces the result of different interpersonal trauma experiences in mid-childhood. Initial experience with additional relational violence in childhood has been related to meaningfully lesser emotion dysregulation symptoms (Dunn et al., 2018). Multiple cases of abuse before age ten have been associated with a more significant probability of developing PTSD than individuals with no abuse (Comtesse et al., 2019). In addition, "parent-child relations are predominantly applicable in the framework of family violence/PTSD since literature and theory propose that trauma-related signs can harmfully affect parenting and relational skills" (Cooper et al., 2020, p. 916). According to Mokokwe et al. (2022), young adult women who have experienced CSA and individuals with a repetition of sexual abuse in early adulthood have more than three times and

more than five times, respectively, the odds of experiencing an anxious attachment. Women who self-report CSA are typically at risk of attachment insecurities (Mokokwe et al., 2022).

Treatment for Childhood Trauma

Individuals diagnosed with BPD with severe and critical indicators might benefit from treatment intended to empower them to work through fears of rejection and disloyalty concerning previous childhood relational trauma (van Dijke et al., 2018). Fear of rejection is a significant challenge for survivors. Indication supporting conceivable delicate stages might update policy and practice to direct application and upsurge efficiency of early interventions for people who experience trauma is crucial (van Dijke et al., 2018). Novel information around the effectiveness of tender ages can help central clinicians bring interventions at distinct age phases once these interventions can be more probable to produce more solid results concerning counterweighing the undesirable consequences of trauma (Dunn et al., 2018).

According to Groarke & Hogan (2019), there are three suggestions: First, the clinician's essential focus on ER and additional skills may be particularly beneficial. Second, CA is linked with mixed symptoms, and it might be helpful to complement treatment methods to the individual's demonstration. Third, concentrating on damaging trauma assessments too quickly might be counterproductive. By carefully considering negative trauma appraisals, ER difficulties, and self-compassion, CA survivors and mental health professionals can produce positive alterations, cultivate trauma healing, and develop upcoming health and resilience (Groarke & Hogan, 2019).

The adverse consequences of CSA are frequently considerable and long-lasting. A therapeutic intervention that effectually lessens these outcomes is compassion-focused therapy (CFT), which was initially developed for individuals experiencing high intensities of self-

criticism and shame (Tatnell et al., 2017; MacGinley et al., 2019). In addition, there is a severe need for an ethnically approachable trauma-informed (TI) method that supports the position of the framework, distinguishes multi-generational vulnerabilities, and encourages little and cultural humbleness to reduce the multifaceted inequalities in provision availability practiced by minoritized groups (Meléndez Guevara et al., 2021). Inferences for treatment comprise references for TI approaches that aim to minimize arousal/reactivity and substance use (Love & Torgerson, 2019). Understanding values prevalent in the Latina community can help clinicians identify and challenge rigid applications that maintain cognitive distortions surrounding CSA. Effective treatment requires intentional cultural sensitivity (Amaya & Gray, 2021). Access, retention, and effectiveness of mental health services can be improved by adapting existing evidence-based practices (EBPs) to Latina survivors' cultural values and context (Dunn et al., 2020).

Considering damaged initial relations, modifications in optimum neurobiological and physiological development, and extensive shortfalls in self-regulatory abilities, it is not hard to envision why the analytical performance of complex trauma survivors is so challenging (Carney et al., 2020). Complex trauma must correspondingly be comprehended in conditions of its long-term biological impression on individual growth, with the utmost severe neurobiological significance associated with younger abuse and neglect (Dunn et al., 2020). Interventions to stop re-victimization or post-crime abuse might similarly support survivors in recuperating from the trauma and avoiding future abuse (Creighton et al., 2019). Regardless of the related encounters and stipulations, developments in the knowledge of trauma, dissociation, and the resources of their remedy linger to transport optimism that even the most monstrous psycho-spiritual harms

might be restored (Badgett, 2018). Therefore, adult CA survivors need healing and reduced trauma and PTSD symptoms for their minds, body, and spirit.

Perceptions of Childhood Trauma

The community stigma of CT might, therefore, create an area where the damaging significance of CT can be known, focused on, and avoided (Schomerus et al., 2021). Refining other viewpoints on CT survivors might expand the psychosocial results of CT (Schomerus et al., 2021). If the Latino communities' view of CA and CT is transformed, there may be an opportunity for survivors to have freedom of expression and receive the most needed treatment. Psychoeducation, advocacy, and support are needed for every individual who suffers from CA (Wilson & Goodman, 2021).

Post-traumatic Growth

It is possible to report positive outcomes after a traumatic event despite experiencing stress and negative emotions. Approximately 70% of people who have suffered trauma still see at least one positive effect of the adverse event (Creighton et al., 2019). Diverse types and trauma situations have been reported to result in post-traumatic growth (PTG; Molero-Zafra et al., 2022). When trauma victims experience the same event, their reactions can differ. It is most likely that their perception of their trauma and whether or not they experience positive growth will depend on their appraisal rather than the event itself (Swinden, 2018). Therefore, the development and change of the self in the aftermath of a stressor, no matter how harsh, can be entirely determined by the victim's perception. As a result, this means that just because one person changes positively does not mean everyone else will also (Proctor et al., 2019).

Post-traumatic growth is a psychological change caused by a traumatic experience (Dawson et al., 2021). Changes in life goals, relationships with others, or spiritual beliefs can be

part of PTG (Siler et al., 2019). In that sense, PTG differs from just recovering from trauma. An individual's mental balance is not simply restored, but their psychosocial function is also enhanced compared to before the traumatic event. For years, researchers have studied the relationship between PTG and resilience (Poole et al., 2017). Scoglio et al. (2022) noted that resilience contributes to PTG development. Furthermore, due to their robust coping mechanisms, resilient individuals may experience less PTG (Kirkner & Ullman, 2020). Growth and resilience are related, and those who have grown will become more resilient. It has also been found that people under heavy pressure seek the support of a higher power to deal with stress (Qureshi, 2020). Thus, religious activities and religiosity are also positively related to PTG (Liu et al., 2021).

Resilience

A term called resilience first appeared in mathematics and physics. The concept refers to an object's ability to return to its previous state after being influenced by force (Barlow et al., 2017). A system's resilience refers to the speed at which it returns to equilibrium (Kato et al., 2019). However, resilience was examined at an individual level in this current study. It is the ability to adapt, function effectively, or be competent despite a high-risk status, chronic stress, or trauma (Marzi et al., 2019). As a result of this type of resilience, it is termed psychological resilience. Recovery and resilience are different (Poole et al., 2017). Zang et al. (2018) argued that recovery was more like a trajectory where normal functioning temporarily gave way to a threshold or subthreshold psychopathology (e.g., depression or PTSD), usually for at least several months, and then gradually returned to pre-event levels.

Being resilient involves maintaining balance within oneself (Hébert & Amédée, 2020). The current researcher distinguished between the two terms but acknowledged patterns that

resilience can be part of recovery. Kent et al. (2015) examined resilience as a factor that aids recovery after adverse experiences. In this current study, resilience was also viewed as a quality that may or may not be present that speeds up a person's recovery from trauma. It is understood that "recovery" is the process of returning to a normal state of health, mind, or strength, as defined by the Oxford Dictionary (Nguyen et al., 2019). To cope with the consequences of the traumatic event, resilience, and coping mechanisms were considered. According to Kørup et al. (2021), resilience can be described by four patterns and dispositional design consisting of ego-related and physical characteristics, including health, intelligence, and temperament. Biological factors contributing to resilience include inborn and genetic (Pressley & Spinazzola, 2015).

Ego-related subgroups include those who possess a healthy sense of self-confidence and self-reliance. The relationship pattern consists of an individual's social network, social group support, interests and hobbies, social activities, and openness to new contacts (Kørup et al., 2021). An example is a situational pattern, where resilience is characterized by cognitive appraisal skills, problem-solving ability, and characteristics that indicate being able to act (Kato et al., 2019). Several traits can be found within this cluster, including awareness of changing circumstances, problem-solving skills, curiosity, and creativity. As a construct of philosophy, it contains all the personal beliefs and explanations of events in people's lives. People who believe that everything happens for a reason or that there is always justice in this world follow this pattern (Krause et al., 2020). The ability to be resilient is not rare; it is quite the contrary (Zang et al., 2018).

Flexibility and coping with stress are traits found in many people. A resilient person can also be aware of their emotions and able to balance them. There is no guarantee that affected individuals will not suffer distress, including PTSD. Although they may still be sad or find the

situation complicated, they must adapt (Zang et al., 2018). Bogen et al. (2021) asserted that

resilience can be fostered. Resilience can be taught to children from an early age. The strength of

children can be developed as early as preschool; then, in college, they can build stronger

relationships with classmates and teachers, be more open to giving and receiving help, set

lifelong goals, and be mentored by others in a protected environment (Bogen et al., 2021).

Resilience is also built through cultivating positive emotions, self-enhancement, optimistic

attributions, and hardiness (Liu et al., 2021). According to the American Psychiatric Association

(APA; 2020), several factors can develop and strengthen people's resilience.

However, only some individuals are influenced by those factors. Similarly, every strategy

is only suitable for some individuals. It is essential to take an individual approach because people

manage stressful situations differently (Bogen et al., 2021). Some prefer to deal with them alone,

while others cope better in groups. Many cases, however, can benefit from the following

strategies: making connections, avoiding crisis, and overwhelming problems, accepting change

as part of living, moving toward your goals, taking decisive actions, looking for opportunities,

nurturing a positive view of yourself, maintaining a positive outlook, and taking care of yourself

(Devlin et al., 2019; Rajabi et al., 2021).

Psychological Treatments of Post-traumatic Stress Disorder

Theoretical Context

There are similar implications for the treatment of PTSD that can be drawn from the

psychological models discussed in previous sections. There is a tendency in these models to

focus on memory and appraisal as treatment targets (Zang et al., 2018). Two main components

are proposed for treating PTSD: the cognitive model (Vonderlin et al., 2018) and the Phase-

based treatment (PBT) (Oprel et al., 2018). People with PTSD are encouraged to repeat exposure

tasks to integrate trauma-related images and memories into previous autobiographical knowledge. In addition, patients are assisted in making meaning of the trauma (i.e., assigning blame and cause) to reduce discrepancies between the trauma information and previous beliefs (Akiki & Abdallah, 2019).

The conceptual self (TCS) model (Johnston, 2022) adds that the trauma survivor's cultural orientation, which is believed to influence post-trauma appraisals, must also be considered. Consequently, it emphasizes assessments of autonomy, relatedness, identity, and social roles (Johnston, 2022). Sebri et al. (2020) proposed that trauma memory is assimilated with one's previous schema and autobiographical knowledge by creating non-threatening trauma representations. At various levels of illustration, the described models highlight the importance of integrating distinct aspects of trauma memories with other autobiographical memories. In addition to providing emotional support, social support can function as therapeutic exposure, correct negative appraisals, and promote recovery, according to the models (Sebri et al., 2020). As a result of these theoretical insights, the National Institute for Health and Care Excellence reviewed the literature (Zang et al., 2018). It concluded that trauma-focused cognitive behavioral therapy (TF-CBT) and eye movement desensitization and reprocessing (EMDR) are the best-supported psychological treatments for PTSD (Hébert & Amédée, 2020). Treatments, such as TF-CBT and EMDR, target trauma-related memories and appraisals, which are aligned with psychological models of PTSD (Zang et al., 2018).

Trauma-focused Cognitive Behavioral Therapy

Trauma-focused cognitive behavioral therapy has four main elements: psychoeducation, relaxation training, exposure therapy, and cognitive therapy (Johnson et al., 2019). In general, psychoeducation is aimed at helping patients understand how trauma impacts their overall well-

being and functioning. In addition, it provides a rationale for therapy by assisting patients in

understanding what caused their symptoms from a theoretical perspective. Third, it promotes

realistic expectations and confidence in the effectiveness of treatment. Relaxation training

teaches patients how to control their arousal level and negative emotions. The goal is to replace

avoidance with more adaptive coping skills by utilizing deep breathing and progressive muscle

relaxation techniques. While relaxation training may help treat PTSD, the literature does not

support its use as a standalone treatment (Johnson et al., 2019).

Relaxation training has been found inferior to exposure therapy, cognitive therapy, and a

combination of the two despite significant reductions in symptoms (Vera et al., 2022).

Equivalent results were found by Schomerus et al. (2021) when exposure therapy was compared

to relaxation training alone. Danielson et al. (2020) argued that exposure therapy is a crucial

component of TF-CBT. Patients are encouraged to imagine or experience the trauma repeatedly.

As well as promoting self-efficacy, exposure therapy reduces emotional reactions to intrusive

memories and helps control intrusive memories (Castaneda, 2021). Many randomized controlled

trials (RCTs) have examined the effectiveness of exposure therapy in various populations,

including refugees, earthquake survivors, and war veterans (De La Rosa & Riva, 2021).

Exposition therapy consistently outperforms waiting lists and nonspecific control conditions in

these studies. Cognitive therapy teaches patients to identify and challenge dysfunctional beliefs

to alter negative appraisals (Leahy, 2022).

These appraisals frequently involve safety, danger, trust, and a sense of self (McCarthy et

al., 2019). Liu Benton (2021) found no significant differences between cognitive restructuring,

exposure therapy, or both. Even so, all three approaches are more effective than relaxation

training alone. According to Castaneda (2021), cognitive therapy is as effective as imaginal

exposure. In McCarthy et al. (2019), the mental therapy group did better than the imaginal exposure group, even though treatment effects were preserved at five years.

Cognitive Model of PTSD and PTSD

based on Ehlers and Clark's (2000) cognitive model of PTSD, CT-PTSD has three main treatment goals. First, more balanced information; second, Socratic questions; and third, behavioral experiments to modify negative trauma-related appraisals are introduced (Bogen et al., 2021). Furthermore, homework tasks titled "Reclaiming Your Life" are assigned to reengage the individual in activities they have abandoned since the trauma (Vonderlin et al., 2018). Hopefully, these assignments will reduce the sense of permanent change that people living with PTSD commonly report (Elkins et al., 2018). As part of updating trauma memories, appraisals are modified along with trauma memories (Vonderlin et al., 2018). When negative trauma-related assessments are identified and challenged through disconfirming evidence, alternative estimates are actively incorporated into the trauma memory introduced (Bogen et al., 2021).

These procedures aim to shift the dysfunctional meanings attached to trauma. By imagining reliving, developing an organized trauma narrative, revisiting the site of trauma, and recognizing triggers, victims can reduce intrusions and increase memory elaboration (Proctor et al., 2019). By highlighting the problem-perpetuating nature of dysfunctional coping strategies, such as avoidance and suppression, it is possible to reverse dysfunctional coping strategies. Several RCTs have shown that CT-PTSD is highly acceptable and effective (Ensink et al., 2020). According to an RCT by Elkins et al. (2018), comparing CT-PTSD with self-help and a waiting list for motor vehicle accident survivors, CT-PTSD was more effective than either condition or had no dropouts. Similarly, Proctor et al. (2019) demonstrated that CT-PTSD was more effective than other RCT waiting lists.

Eye Movement Desensitization and Reprocessing

Based on trauma's adaptive information processing model, for an individual with PTSD, trauma memories are not fully processed according to this model, like with the PBT (Proctor et al., 2019). Unprocessed information is primarily physiological and stored in memory systems that store cognitions, images, feelings, and sensations (Bogen et al., 2021). As a result, unprocessed distressing memories lead to dysfunctional reactions (Proctor et al., 2019). Therefore, processing trauma memories correctly reduces suffering, distorted perception, and dysfunctional reactions. In eye movement desensitization and reprocessing therapy (EMDR), the patient recalls their trauma memory, cognitions, images, and physical responses while being stimulated with dual attention. A rhythmic swing of a finger across the patient's field of vision usually induces this stimulation (van Dijke et al., 2018)

According to the research literature, EMDR is a viable treatment option for PTSD. In an RCT by van Dijke et al. (2018), EMDR was compared with fluoxetine and placebo pills. A total of eighty-eight males and females with PTSD following various traumas were included in the study. Compared to placebo pills and fluoxetine, EMDR produced significantly greater improvements (van Dijke et al., 2018). Stover et al. (2018) reviewed seven meta-analyses of PTSD published between 1998 and 2006. According to the authors, EMDR was as effective as exposure therapy in replicating van Dijke et al.'s (2018) findings.

However, EMDR does have some drawbacks compared to other forms of therapy. First, it only works with conditions related to traumatic experiences. If one has a mental health condition because of an inherited condition, an injury, or other physical effects on the brain, then EMDR is unlikely to help. Second, why EMDR works is still theoretical since it was an accidental discovery. Despite the evidence, experts still cannot fully explain why it works (van Dijke et al.,

2018). Therefore, since it is a new method, more research is necessary before experts determine if EMDR is a long-term solution or if people need additional therapy years or decades later (van Dajki et al., 2018).

Religion

According to theologians, there are two broad approaches to defining religion: substantive and functional (Vitorino et al., 2018). According to the substantive tradition, religion primarily concerns God, sacred deities, supernatural beings, or any other force perceived as a higher power. In this tradition, religion is defined by Zainudin & Ashari (2018) as the feelings, actions, and encounters of those in their seclusion, as they observe themselves relating anything they observe as celestial. The other approach is the practical tradition in the functional tradition. As seen from this perspective, religion deals primarily with the fundamental problems of life (Vitorino et al., 2018). This tradition was consistent with those who defined religion as whatever is done by individuals to manage the inquiries encountered, subsequently, those who are alive will die (Yamaoka et al., 2019). According to both approaches, religion is a system of beliefs, practices, symbols, and experiences. Thus, religion is a multidimensional construct. The two methods differ, however, in terms of their point of reference (Vitorino et al., 2018). While the substantive tradition focuses on the definition of the sacred, the functional characterization views religion as dealing with one's ultimate concerns in life–tragedy, injustice, significance, and death (Bosch et al., 2020).

Religious Coping

Given religion's complex and subjective nature, more than one definition is needed for consensus (Almuneef, 2021). Instead, Vitorino et al. (2018) suggested constructing a description corresponding to the subject of interest. For this study, the phenomenon under study was

psychological coping following trauma. Regarding coping, Vitorino et al. (2018) argued that religion explores worth in paths connected to the consecrated. Like religion, religious coping is also considered a multidimensional construct involving a wide range of spiritually and religiously based cognitive, emotional, behavioral, and interpersonal responses (Yamaoka et al., 2019). Accordingly, several religious coping methods include forgiveness, spiritual support, prayer, confession, conversion, and religious appraisals (McLean et al., 2022). Religious assessments are conceptualized as the fundamental religious beliefs concerning the cause and meaning of events, while religious coping reflects the application of religious beliefs into specific coping methods (Nguyen, 2020). Pargament et al. (1998) depicted religious management as multifunctional in that it helps people find and give meaning to events (i.e., religious appraisals), provides comfort and a sense of belonging (i.e., spiritual, and social support), and aids in problem-solving (i.e., religious ways of dealing with distress to foster hope and acceptance).

Similarly, Hardner Wolf (2022) argued that while humans can cope with an impressive range of living conditions, they cannot deal with the uninterpretable. Thus, in religious coping, the effort is not to deny the undeniable–that there are unexplained events, that life hurts, or that rain falls upon them–but to deny that there are inexplicable events, that life is unendurable, and that justice is a mirage. The core function of religion is giving (Munsoor, 2019).

Pargament et al. (1998) highlighted three factors that make people more likely to employ religious coping: 1.) At the personal level, religiously committed people will resort to their religion during critical times; 2.) At the situational level, religious coping is often used in threatening and challenging situations, such as trauma; and 3.) At the contextual level, religious coping appears more common in religious and cultural environments, such as Islamic societies.

Thus, religious coping is more likely to be used in situations that highlight the limitations of human resources.

Religious Coping During Disasters

Religious meaning is more prevalent in survivors of natural disasters than in human-made disasters (Hébert & Amédée, 2020). For example, Lekhak et al. (2023) found that members of an affected community attributed a 23-year-long fire in a coalmine to human error rather than divine intervention. On the other hand, the survivors of natural disasters referred to their experiences as acts of God. However, in communities of African descent, such as Haitians, disasters are more challenging because they are human-made disasters: slavery, colonialism, and governmental mismanagement (Krause et al., 2020).

After the Oklahoma City bombing, Pargament et al. (1998) sent surveys by mail to members of two churches in Oklahoma City. Among the participants, 72% were Baptists and 27% were Disciples of Christ. Everyone knew someone who had been injured or killed in the bombing. Positive religious coping was strongly associated with higher levels of stress-related growth and more positive spiritual outcomes, such as growing closer to God or the church. There was, however, a slight association between more PTSD symptoms and positive religious coping, and there was no meaningful relationship between positive religious coping and callousness. In addition, more negative religious coping was associated with more positive PTSD symptoms, higher levels of callousness, and a slight increase in stress-related growth (Vitorino et al., 2018).

In response to a disaster, there can be a psychological and spiritual transformation in the form of PTSD or development, depending on the quality and response of available resources (Balachandran et al., 2020). For example, Choruby-Whiteley & Morrow (2021) found that survivors' spirituality was linked to PTG in their study of 607 survivors of an earthquake in

Taiwan. Communities in Taiwan developed collective spiritual narratives about suffering that contributed to individual psychological growth (Choruby-Whiteley & Morrow, 2021). Disasters can impair spirituality by decreasing a person's connection to God, faith, purpose in life, ability to transcend difficulties, inner peace and harmony, and inner strength (Hébert & Amédée, 2020). Resilience can be enhanced by religion and spirituality by providing hope, motivation, empowerment, and a sense of control. Increasing social support from religious organizations following disasters can serve as models for suffering and decision-making within congregations (Hébert & Amédée, 2020). A conceptual paper by Yan et al. (2019) concluded that unforgiveness is a potential byproduct of human-made or natural disasters; those affected may blame God or the federal government for their slow and meager response to the event. According to Worthington et al., forgiveness transforms resentment, bitterness, and fear into a stronger sense of purpose and improves social relationships. People can access resilience through forgiveness and participation in religion, which promotes interactions with the systems of their ecosystem. Religious communities can provide a social context and moral guidelines for forgiveness, promoting further discussion in the broader community and families (Worthington et al.).

Coping and Social Support

There are diverse ways to cope with stress, depending on age, sex, stressor type, and cultural background (Nguyen et al., 2019). It is possible to divide coping strategies into positive and negative ones. Yan et al. (2019) identified some primary coping strategies. A positive coping strategy is an engagement, and a negative coping strategy is a disengagement. Disengagement involves problem-solving, cognitive restructuring, expressing emotions, and seeking social support (Yan et al., 2019).

In contrast, engagement consists of problem avoidance, wishful thinking, and self-criticism; social withdrawal was initially only hypothesized but later confirmed as an eighth coping strategy (Yan et al., 2019). Two types of emotion-focused plans and problem-focused strategies have been described at the secondary level. Krause et al. (2020) pointed out that coping styles differ depending on the situation, and sometimes both types are used simultaneously. Coping alters and balances emotions while managing based on problem-solving changes the outcome (Krause et al., 2020).

The problem-focused approach differs from the emotion-focused approach. Emotion-focused approaches are passive and focus on changing one's emotions to reduce negative experiences, while problem-focused approaches deal with stressors and remove their influence over current situations. Depending on how a person assesses the case, they may decide which type of coping is preferred in most situations. Khamesi et al. (2021) found that coping strategies predict resilience changes. In addition to discussing positive and negative religious coping strategies, social support was discussed as a positive coping strategy. According to Carney et al. (2020), social support was accessed through social connections with other individuals, groups, or communities; it can take the form of a network of family, friends, neighbors, and community members who provide psychological, physical, and financial support in times of need.

By building resilience, social support can prevent the development of PTSD, according to a recent study by Gershfeld-Litvin (2021). A combination of self-esteem and appraisal support is used to achieve this goal. The researchers were able to increase a victim's resilience to stress, thus protecting the victim from potential stressful events and preventing PTSD by increasing a victim's self-esteem support–a perception that others value them–and appraisal support–a

perception that they can get advice when coping with thirteen difficulties (Gershfeld-Litvin, 2021).

Religion contrasts with regular coping in that religious people engage in religion-specific activities. Pargament et al. (1998) identified several religious coping mechanisms, both positive and negative. Seeking spiritual support, forgiveness, purification, and benevolent religious appraisal were all related to less psychological distress and PTG. The harmful coping mechanisms, including spiritual discontent, demonic or punishing God reappraisal, and interpersonal religious discontent, were related to depression, lower quality of life, and psychological symptoms. Additionally, positive coping was used more than negative coping (Vitorino et al., 2018), a finding supported by research by Hébert and Amédée (2020).

Trauma and Faith

Trauma leads to an interruption or separation from others and God, and Christians are deprived of the interpersonal activity so vital to their faith. Discovering approaches to support Christians consequently distressed to resolve their trauma, foster a cohesive and robust sense of self, and create and preserve significant relations with others (including God and their Christian congregation) is vital for their emotional and spiritual well-being. When treating Christians, choosing therapeutic methods that accentuate relationship, incorporation, restoration, and conversion are more likely to resound with their worldview and have a constructive therapeutic result (Proctor et al., 2019). Addressing survivors' need to be loved and accepted is crucial, including Biblical base, clinical knowledge, and prayer in recovery.

Religious Schemas

The correspondence and compensation hypotheses explain how early childhood experiences influence a person's adult relationship with God (Sugamura, 2021). The religious

beliefs of their parents are more likely to be adopted by people who developed positive schemas from their early interactions with caregivers. When their parents are religious, this may result in them developing strong religious beliefs; if not, they might develop weak religious beliefs. The opposite is true for people with dysfunctional schemas due to insensitive parenting. Such individuals are said to search for substitute parental figures to compensate for the negative schemas of distrust and malevolence they created as children (Chan & Khodabakhsh, 2020). Highly religious individuals interpret and assign meaning to life events based on their religious beliefs (Hébert & Amédée, 2020). They may be considered intrinsically sacred (Choruby-Whiteley & Morrow, 2021). Rather than only reflecting on their beliefs during times of need, they attempt to live through their religion in their daily lives instead.

Trauma may lead people to exhibit cognitive distortions that pervert their view of the world as just and fair (de Oliveira, 2020). These people increase the likelihood that life events will influence their religious beliefs by continually relating these events to their religious beliefs. Individuals may modify their religious schemas (i.e., change their religious beliefs) if they experience interpersonal trauma. It is possible for such individuals to enhance or decrease the complexity of their religious schemas or to reject them entirely. As an example, they may perceive trauma as evidence that "God does not care," "my understanding of God's care is not complete," or "there is no God." Furthermore, they may already have an explanation for the presence of trauma and not change their religious beliefs. Assimilation or new accommodations may depend on their ability to fit the traumatic event into their preexisting schema.

Latina Christian Women and Trauma

Latina Christian women struggle with trauma and have challenges healing CA. Latina Christian women experience CT, resulting in PTSD, depression, anxiety, and relationship and

behavioral difficulties in adulthood. Experiencing various forms of psychological trauma might generate adverse outcomes for trauma survivors, such as weak mental and physical well-being and financial, social, and intellectual operational consequences (Dawson et al., 2021). Compared to other cultures, Latina women undergo amplified stages of mistreatment (Page et al., 2021). Studies investigating the association between historical and current violence experiences and mental health propose that the outcomes of childhood difficulty are particularly malevolent (Miller-Graff & Cheng, 2017). However, statistics do not include the many individuals who do not share or disclose their abuse.

Latinas' descriptions provide awareness of the command environment and fundamental influence constructions inside Latina culture that influence their CSA. Latinas' testimonials validate the focus of the family when selecting to disclose and hide their occurrences of CSA. Outcomes designate that instruction to guard indicators of distinctiveness and evade the sensation of ancestral shame; therefore, survivors decide to stay quiet. Latina women value family opinions and might choose to keep their silence even to their detriment. Furthermore, results have specified that reliable male-controlled moralities inspire Latinas to sustain specific gender characteristics, such as compliance and purity, influencing exposure (Patterson et al., 2020). The value of being a virgin for an unmarried Latina woman will also contribute to not disclosing the CSA for fear of reciprocation in the family system. The cultural perception becomes the survivor's new matter and recognizes and directs gender character prospects, relational associations, and devoutness in everyday life. These influences can impact Latina schemas that influence how survivors construe traumatic understandings. Through expansion, these communal principles might give way to tendencies in conventional interventions' involvement, perception, and treatment efficiency (Miller-Graff & Cheng, 2017). The notion of

schema is protracted in emotional schema therapy as a description of views, suppositions, and approaches that include challenging philosophies of sentiment that result in adverse strategies of sentiment regulation and reception of emotion (Creighton et al., 2019).

The maximum communal control method is practiced, comprehending issues that position women of color at risk of re-victimization. The results sustain the current growth in plans that mark social rules for violence and inspire witnesses to interfere in circumstances where women may be susceptible to directing by perpetrators. In addition, results encourage beneficial sexuality plans and curriculums to increase women's ability to set limits and be confident to say no to unsolicited sexual advances. Identification is a predictor for women in which conditions can start reducing the amount of re-victimization (Chun et al., 2019). A woman who has suffered a sexual attack is in danger of further sexual persecution. Two associated issues growing victims' susceptibility to other sexual abuse are problems in recognizing situational sexual attack danger signals and decreased self-efficacy to reject unsolicited sexual advances assertively; that is, survivor's deficiency of self-assurance in their capability to effectively engage in powerful tactics to battle a conceivable sexual assault (Shin et al., 2020). For CSA survivors, gaining knowledge, skills, and confidence is the primary tool to prevent re-traumatization.

To assist in the healing process of trauma, survivors must heal personal trauma and utilize TI approaches. Trauma-informed methods of treatment are described as a provisional arrangement founded and focused on a consideration of how trauma distresses the survivors' neurological, biological, physiological, and social growth, which involves training and teaching, provisional developments, and occasionally showing for trauma involvements (Djupe et al., 2018). Training pastors, counselors, and leaders for service improvement and screening their

traumatic experiences. The Substance Abuse and Mental Health Services Administration (SAMHSA) describes any location as TI if the individuals there comprehend the prevalent trauma, identify symbols and symptoms, react by joining information into exercise, and oppose additional performance damage (Stephens, 2020). Pastors, counselors, ministers, and leaders must have the most efficient tools to serve God's people with love and kindness.

Forthcoming studies can connect adverse trauma assessments, such as shame, guilt, and disaffection, with coping-related evaluations, such as development or resilience, which will assist survivors of CA to overcome trauma and thrive as healthy adults (Lizotte& Carey, 2021). Also, Sharma & Kumra (2020) proposed that future efforts should not merely unravel the properties of trauma category and staging on sign appearance and mental health over the period; instead, evaluating the history of abuse, the effects during stages of development, and the status will assist survivors in a well-rounded healing process.

Although the previous decades made considerable progress in research investigating the longstanding significance of CSA amongst adults, reports of short-term associations amongst children have been scant, resulting in significant gaps in the scientific works. Due to the damaging impressions of CSA on various features of child growth, it is vital to supplement the grasp of the related significance of CSA with examples. It can discover the possible mechanisms linking CSA to adverse outcomes (Hébert et al., 2018). Thus, there is a severe and continuous necessity for continuing studies concentrated on treatment results with adults affected by CT, and there are other difficulties to focus on in assessing optimum interventions for Christians (Djupe et al., 2018).

Gender Differences in Protective Factors

It is possible that social learning theories can explain gender differences in protective

factors. As children watch and imitate adult models, men and women are socialized into gender

roles by learning what it means to be a child. Children quickly learn the specific behaviors,

attitudes, feelings, cognitions, and values associated with each gender and apply them throughout

their lives (Hébert & Amédée, 2020). How men and women cope with trauma and stress is

primarily influenced by gender socialization. For example, Helminiak's (2020) study indicated

that gender differences in coping may reflect socialization differences: men are expected to be

more independent, instrumental, and ambitious, while women are expected to be emotional,

supportive, and dependent, as reflected in traditional gender-role orientations. Accordingly,

women are socialized to be highly dynamic, emotion-focused, and passive in their responses to

problems because of their socialization. Conversely, men are expected to be independent,

emotionally reserved, highly active, and problem-focused when dealing with stressors

(Almuneef, 2021).

Women use more active and avoidant coping strategies, while men use more emotion-

focused strategies (Stephens et al., 2020). The role of gender socialization in coping with stress

and trauma is so pervasive that it seems reasonable to anticipate that protective factors are also

influenced by gender. Gender plays a role in determining the extent to which a factor acts as a

protective factor. Family and community protective factors, which have social underpinnings,

may play a more significant role in positive outcomes for maltreated females than abused males

since social factors are more often emphasized and viewed as acceptable sources of support for

women. As a result, individual protective factors may also be more associated with resilient

outcomes for men than women since men are more likely to identify internal or personal factors as appropriate sources of support.

A warm and supportive relationship with a nonoffending parent (Lizotte & Carey, 2021), a strong emotional connection to family, and the presence of both parents at home are all associated with resilience in women compared to men (Stephens et al., 2020). There has been some empirical support for these theoretical expectations. According to Helminiak (2020), maternal education and parental concern are protective factors more associated with men. Likewise, Stephens et al. (2020) found gender differences in resiliency, reporting that female students with high emotional stability make better college adjustments than male students.

Summary

Multiple Latina women suffer from unhealed CT and struggle with numerous effects that affect their emotions, relationships, and faith. Various levels of suffering have not allowed the survivors to have hope that their lives can improve, and their suffering resulted from CA. Additionally, survivors of CA feel they are not worthy of love from themselves, others, and God. There is a prevalence of Latinas with PTSD due to CT that has not been treated and, at times, not even discussed. Thus, there is an interest in studying the benefits of interviewing and providing psychoeducation to Latina Christian women with trauma and PTSD due to CA. This includes an empathetic and knowledgeable approach that considers a Christian base and well-rounded studies that show the best-used tools and techniques for survivors. The focus has been on the underserved Latinas, reflecting God's love, grace, and understanding. Utilizing a TI approach with Latina adult survivors and implementing kindness, compassion, and acceptance may assist them in a healthier journey. In this process, there is no re-traumatization or judgment.

Chapter Three: Methods

Overview

This phenomenological study aimed to understand the relationship between the Christian faith and healing among Latina Christian women who are childhood abuse (CA) trauma survivors in the Western United States. Participating in religious activities, belonging to a community, and having a relationship with God influenced survivors' healing processes. This exploration was needed, in turn, because of a need to study a group or population and identify variables that cannot be easily measured and hear silenced voices. Furthermore, this study provided a comprehensive picture of the relationship between the Christian faith and healing among Latina Christian women who are CA and childhood trauma (CT) survivors using the phenomenological approach with 12 Latina Christian women. Multiple Latina women suffer from unhealed CT and struggle with numerous effects that affect their emotions, relationships, and faith. This chapter discusses the study design, procedures, participants, and ethical considerations.

Design

This study used a phenomenological qualitative research design. This study aimed to develop a rich understanding of how the Christian faith impacts the healing process in female Latina CA survivors by using a qualitative research methodology, precisely a phenomenological approach. Kazdin (2016) defined qualitative research as using multiple techniques to explain or interpret a subject's experience of a phenomenon, including interviews, conversations, and photographs. According to Creswell and Poth (2017), phenomenology is a way of understanding concepts and phenomena based on lived experiences. As Latina women struggling with trauma caused by CA, these individuals were ideal candidates for this research plan overview. It focused

on what they experienced and how they dealt with trauma. Their firsthand experiences of human trauma as children, as well as their attachment to God and their ability to relate to others, were examined in the study (Badanta et al., 2020).

As part of this study, Corbin and Strauss's qualitative research approach was employed in the following manner. In the first step, semi-structured interviews were conducted with participants to collect data. Field notes were taken on participants' reactions and effects during the interview. The coding team later incorporated this information into the data analysis process. To identify convergent and divergent themes among the participants, a group of coders, composed of the investigator and two graduate students, analyzed, and interpreted the interviews. This was accomplished through flip-flops, constant comparisons, and axial and open coding. Flip-flopping was used to consider alternative perspectives of participants' experiences by flipping a concept inside out. The classification of the data and the constant comparison involved comparing incidents. Open and axial coding were used to identify and categorize data and identify causal relationships between categories. After this, a synthesized analysis of the information was conducted to determine whether the patterns that had been identified were meaningful. The study used a qualitative methodology to gain insight into a phenomenon absent from the literature on CA. As a result of this study, knowledge was generated about the relationship between the Christian faith and the healing process. This knowledge may be used to enhance treatment for CA survivors who are religiously active.

The Rationale for the Research Design

Research about a given society aims to understand people's experiences and produce viable solutions to some of their challenges (Doyle et al., 2020). Two significant approaches dominate such research: quantitative and qualitative. Quantitative research is the inquiry into

social or human problems based on evaluating a theory composed of variables measured with numbers and analyzed with statistical procedures to determine whether the predictive generalizations of the theory hold (Schreier et al., 2019). In contrast, qualitative research is an inquiry process of understanding a social or human problem based on building a complex, holistic picture formed with words, reporting detailed informants' views, and being conducted in a natural setting (Schreier et al., 2019).

Most past social research has been based on the quantitative research design approach (Doyle et al., 2020). As helpful as this has been, by nature, quantitative research is limited to finding new knowledge about problems and issues that can be quantitatively or objectively evaluated. However, not all social concerns are composed of variables that can be measured with numbers and analyzed through statistical procedures to predict generalizations about a theory. Some problems may only be evaluated subjectively. At the same time, the concern of a specific community may be not only the why of a thing but also the how and what. Thus, subjective research is the purpose of qualitative research design.

The current study fell in the category of qualitative research design. Creswell and Poth (2017) asserted that there was no qualitative method per se, only methods to gather information with which people construct their qualitative understanding. Likewise, Schreier et al. (2019) and Love and Torgerson (2019) defined qualitative research as an umbrella concept covering several forms of inquiry that help people understand and explain the meaning of social phenomena with as little disruption of the natural setting as possible.

In examining qualitative research literature, Creswell and Poth (2017) classified five significant inquiry traditions: biography, phenomenological study, grounded theory study, ethnography, and case study. The biography traditionally focuses on the life history of an

individual. Phenomenological research centers on a concept or phenomenon and seeks to understand the meaning of experiences of individuals about the phenomenon. This study was based on phenomenology, a school of philosophical thought. Grounded theory studies focus on generating a substantive theory about a phenomenon. Ethnographic designs study the behaviors of a culture-sharing group—that is, a description and interpretation of a cultural or social group or system. Lastly, case studies focus on a case within a defined boundary. They involve situating the case within its setting, whether a physical setting or a social, historical, or economic setting (Creswell & Poth, 2017).

Research Questions

RQ1. How do Latina Christian women describe their experiences with child abuse?

RQ2. How do Latina Christian women describe their challenges of the traumatic experience in adulthood relating to others?

RQ3. How do Latina Christian women describe how they have coped with their experience of child abuse effects as adults?

Setting

The setting for this study was a counseling community center within SVCC that serves San Fernando Valley and the surrounding areas. The community center has several offices and conference rooms that were utilized for individual interviews and group sessions. The center's website contained notes, videos, and information about the study. This site was used due to its convenient location and the safe conditions it provided for the participants.

Participants

This study included twelve participants. The participants (Latina Christians) were from three different churches in the San Fernando Valley in the Western United States. The participants

were between 20 to 70 years old and had experienced trauma from CA. The ministry met for

sessions over 2.5 months. During this time, the church, led by a few facilitators, provided a safe

place for men and women to share their stories of abuse while working toward forgiveness (of self

and others), self-esteem and self-worth, and the reclamation of their best life by focusing on Godly

principles and biblical truths. This population was chosen for this study due to the homogeneity of

their beliefs and the rich history of Christianity. Using a homogenous sample aided in developing

a richer understanding of the processes that helped facilitate change among this specific sample of

CA survivors.

Inclusion criteria included being Latina, female, and between 20–70 years of age, and self-

identifying as a survivor of CA occurring before their 18th birthday. They also had to attend the

family community center at the church. Exclusion criteria included being below 20 years old and

not participating in the family community center.

Procedures

First, the researcher had to obtain Liberty University's institutional review board (IRB)

approval for the study. Once the approval was granted, the family community center posted fliers

recruiting participants for this study. In the flier, potential participants were informed that an

investigation was being conducted to investigate how the Christian faith impacts the healing

process in female Latina CA survivors. The investigator was available by telephone for those

who were interested. Interested individuals provided a brief overview of informed consent during

the conversation. The participants were informed about what was needed to participate in the

study, what procedures were followed, how their psychological state might change after

participating in the study, and the limits of confidentiality. After consent was stated, an interview

was scheduled for individuals who wished to continue. The family community center hosted the

interviews. It was also possible for participants to choose another location for their interview. The full informed consent document was reviewed by the participants and signed before the interview, and the limits of confidentiality were explained. Before the interview, participants were given a participant number. The interview process was expected to last approximately 80 minutes per participant.

Before the interview, participants completed a demographic questionnaire, a brief multidimensional religiousness/spirituality (BMMRS) measure, and the posttraumatic cognitions inventory (PTCI). Participants were briefed on the interview process and were assigned a coding measurement with their pseudonyms of choice. They were informed that a copy of the study's findings would be available. Participants that needed therapeutic intervention by the relevant institutions if they requested were not deemed and, if requested, would have been determined. All participants were asked to sign a release of information form if they participated in counseling through the institutions. The investigator referred the patients to the institutions. Crisis intervention would have been recommended if participants were assessed to require immediate services. Each signed consent document and the standardized measure were filed in a locked cabinet after each interview.

After the interview, the transcription began after the audiotapes were stored and locked. Following transcription, the investigator immediately erased the audio recordings. Pseudonym-encrypted transcripts on removable disks were password-protected. The transcripts were delivered to the coding team of three doctoral students. The students analyzed and interpreted each transcript individually based on various grounded theory techniques (e.g., flip-flop, constant comparisons, and open and axial coding techniques). The coding team met biweekly to identify

themes and subcategories until consensus and saturation were reached. After the transcripts were thoroughly analyzed, the results were written.

The Researcher's Role

In this study, I played an insider and outsider role to the participants. I assessed the problematic information to reveal, created helpful, considerate associations without labeling, and used markers that participants did not integrate. Based on a Christian foundation and well-rounded studies, a knowledgeable and empathetic approach was taken to help survivors with the best tools and technology designed to reflect God's love, grace, and understanding for the underserved Latina population. The principle of fidelity/veracity implies faithfulness, truthfulness, keeping promises or agreements, and loyalty (Paul, 2019). This principle applies directly to interpersonal relationships, including counselor-client, teacher-student, and researcher-participant (Yamaoka et al., 2019). Respecting differences based on culture, religion, gender, and other factors was essential. Being mindful of vulnerable individuals and imbalanced authority relationships and obtaining appropriate consent before engaging danger-prone members ensured as minor risk as possible to the participants. Furthermore, participant identities were protected by keeping all data coded and using pseudonyms. In addition, data and materials will be held in a secure area for seven years to ensure data safety.

Data Collection

Participants provided demographic information and participated in a personal interview for this study. The researcher's password-protected computer was kept in a secure location, and qualifying church information, which included church names, contact information, and pseudonyms, was stored in a secure Excel document. The researcher held this information to organize data and coordinate meetings. All the documents will be saved with all other research

documents for seven years after completing the data analysis. As often as possible, interviews with participants occurred at the community center and were expected to last about 80 minutes each.

The researcher recorded all interviews and stored them on a password-protected computer. A backup recording was made on a recording device. The interviewer documented all discussions, noting important points and non-verbal communication. A password-protected Dropbox account was used to store the notes, which were not identifiable by the participant. Demographic questionnaires were scanned to the researcher's computer and filed in the researcher's password-protected Dropbox account. No identifying information was requested on the demographic questionnaire. All original hard copies were shredded after de-identifying, scanning, and saving the demographic questionnaires.

Interviews

The primary means to gather the data was through a semi-structured interview. The discussion was recorded to ensure that all pertinent information was collected with the participants' consent. The interviews lasted 1–2.5 hours, depending on the candidate's experience level. If necessary, a second interview was scheduled. All participants were asked to answer ten preliminary survey questions. In addition to introducing themself, the researcher described the study's purpose, research, confidentiality, risks, and benefits. Although the information was confidential, some participants were emotionally affected because it was their first time telling their stories. At least six counseling sessions provided by a licensed marriage and family therapist were available for participants suffering from flashbacks, anxiety, or any other consequences of the study or reliving traumatic experiences. There was no limit to how many questions participants could ask and how many clarifications could be requested. The

interview was documented in detail, and any alterations or changes were discussed during the follow-up calls.

The respondents privately answered the following interview questions:

1. Please share your favorite activity that gives you peace, calmness, or serenity (Icebreaker).

2. Please describe, in as much detail as you feel comfortable, your child abuse experience.

3. Please describe, in as much detail as you feel comfortable, how the child abuse experience affected your life.

4. Please describe, in as much detail as you feel comfortable, how your childhood experience has affected your relationship with God and others.

5. Please describe how you have overcome or worked through your child abuse experience in as much detail as you feel comfortable.

6. Is there any other information that I need to know?

Data Analysis

After the interviews, the digital recordings were transcribed word-for-word using a software application. Additionally, the researcher took notes during the interview along with the transcription and analyzed the data. The data were examined by performing a comparative analysis. This approach allowed the researcher to differentiate one category/theme from another and to identify properties and dimensions specific to that category/theme (Corbin & Strauss, 2008b, p. 10). Therefore, each interview was transcribed and read several times before assigning codes to get an overview of the information presented (Siler et al., 2019). While reading the transcriptions, codes were assigned to segments of the interview discourse to make the data more

manageable to analyze. Codes were assigned to meaningful constructs, themes, and concepts to help identify essential ideas that emerged from the interviews.

<center>**Trustworthiness**</center>

Credibility

Triangulation strengthens credibility and examines information collected from participants through interviews, demographic questionnaires, documents reviewed, and member checking for comparison (Hou & Cao, 2018). The data collected was given a detailed description without restrictions or limitations (Gonnerman et al., 2008). The investigator reviewed the transcriptions for accuracy. The data aligned with multiple sources, demonstrating credibility (Hou & Cao, 2018). The researcher compared the interview transcripts, discipline documents, and discipline manuals to triangulate the data collected. Member checking allowed the participants to review the transcripts, interpretations, and findings to ensure accuracy and truthfulness while verifying the data (Siler et al., 2019).

Dependability and Confirmability

Dependability, also identified as consistency, is one of four criteria in qualitative research (Janis, 2022). This criterion is focused on ensuring that the results are reliable and that the study can be replicated. This study established dependability by retaining a record of notes and memos collected throughout the interview process, introductory data analysis, and committee member meetings. Committee members operated as the exterior assessors to verify that strategies were comprehensive, specific, and objective. Confirmability occurs when a transparent connection or association between the data and the findings is not based on the researcher's opinions or preferences (Stenfors et al., 2020). Confirmability was achieved throughout an audit trial. An audit trail describes a researcher's actions and procedures (Creswell & Poth, 2018). This study

consisted of an audit trail, a sequential record of notes, reviews, data involving reiteration of the data investigation activity, and evidence memos. Lastly, the dissertation chair evaluated the procedures involving data collection and analysis.

Transferability

Transferability in qualitative research is like validity in quantitative analysis. Both research methods require evidence that similar studies can be replicated (Gonnerman et al., 2008). To provide proof, the researcher maintained an interview journal that noted and described profound statements, aha moments, and phrases mentioned during the semi-structured interviews online (Hou & Cao, 2018). The researcher discussed how the participants forfeited their time, considerations, and activities to participate in the discussions.

Ethical Considerations

The Research Ethics Committee at Liberty University approved the study for ethical liability and issues. A participant information sheet was sent to people who responded to the study advertisement. This included details about the study, inclusion criteria, voluntary nature of the study, consent, participation procedures, confidentiality issues, potential benefits, and risks of participating in the study, procedures for storing and discarding data, support for distress, complaint procedures, and an offer to receive study findings.

Latina women are an at-risk population, and appropriate steps were taken to protect their identity, mental health, and autonomy. Collecting information for vulnerable populations was completed with existing governing entities' protocols, including data security measures. All the data use agreements, IRB applications, and appendices reflected specific data security procedures to ensure the privacy and confidentiality of the data since it included identifiers. The most significant risk in this study was the potential for a breach of privacy and confidentiality of

the Latina women by sending the data files with the identifiers required to merge them. The procedures for protecting the population included having a dedicated computer in a locked office. Furthermore, this computer underwent software upgrades, including installing encryption software, antivirus, security system, and secured file transfers so that all data manipulation occurred on the encrypted computer. These procedures addressed the risk of a confidentiality and privacy breach to the greatest extent possible.

Summary

This study consisted of semi-structured interviews to understand the relationship between the Christian faith and healing among Latina Christian women who were CA survivors in the Western United States. The participants participated in religious activities, belonged to a community, and had a relationship with God to influence their healing processes as survivors. This chapter detailed the methods used in the data collection and analysis processes. The chapter discussed the rationale for the research design, population and selection processes, data collection instruments, data collection procedures, the study's trustworthiness, and ethical considerations.

Chapter Four: Findings

Overview

This phenomenological qualitative research aimed to understand the relationship between the Christian faith and healing among Latina Christian women who are childhood abuse (CA) trauma survivors in the Western United States. Chapter Four begins with a description of the participants' demographics. This study used the thematic analysis approach to analyze the feedback provided by the participants. Next, the chapter states the purpose of the study, which was to provide a blueprint of the objectives of the interview questions. After that, the chapter highlights the steps used in developing the themes within the context of the responses, providing direct quotes from participants to provide relevance to the themes. This chapter provides a connection between the themes and the theoretical framework and concludes with a discussion of the analysis.

Participants

Twelve participants from three churches, all Evangelicals in the San Fernando Valley, participated in the research. The participants were Latina women between 20–and 70 years of age who had experienced child abuse (CA) of different magnitudes during their childhood. Each woman met eligibility requirements and was able and prepared to recount and communicate their experiences of CA trauma. Each participant signed the institutional review board (IRB)-approved consent form that explained the voluntary participant expectations and the researcher's commitment to confidentiality. See Table 1 for a summary of participant information, including demographic information, education, and ages of CA experience, which was taken before the interviews. This population was chosen for this study due to the homogeneity of their beliefs and the rich history of Christianity. Using a homogenous sample aided in developing a richer

understanding of the processes that help facilitate change among this specific sample of CA

survivors. Women's descriptions were deliberately ambiguous to ensure participant

confidentiality and were presented in numerical order.

Table 1

Participants' Demographics

Participant Characteristics	Number of Women
Age	
Below 39	1
40 to 49	4
50 to 59	4
60 or Greater	3
Highest Level of Education	
Middle School	3
College	5
University	4
Employment	
Full-time	5
Part-time	3
Unemployed	4
Marital Status	
Married	5
Single	2
Divorce	2
Separated	3
Raised	
Both parents	7
Grandparents	1
Single parent	4
Age First Experience Child Abuse	
Under three years old	1
Between 4 to 5	7
Between 6 to 7	4
Participants who Experienced Second Child Abuse	10

Participant one

Participant 1 (P1) was in her early forties and was employed part-time. She was married,

had two minor children, and worked from home to care for them. She was raised in a single-

mother home, and her stepfather came to live with them after she was seven years old. Her stepfather's friend came to live with them and started grooming and caressing her sexually from around seven until she was thirteen. He used games to have her participate in sexual acts. P1 stated, "This man came and lived with us, and we all called him Mr. My mom would say Mr., pick up the girl." That was the time that her stepfather's friend would utilize. P1 stated, "He would pick me up from school and help me with homework. He would take me out to eat." This participant now understood that she saw this man as a father figure because he spent time with her, helping her and taking her places.

P1 continued to describe how CA affected her relationship with God and others: "I never, ever, ever, blamed God. It is an extraordinary thing. I cannot explain it to you. That is just because God is wonderful. I do not think it affected my relationship with God." She understood that God was always with her. However, it was not the same with the relationship with those around her. She had difficulties trusting that people would not hurt her or her children: "I just did not trust people, especially when I had my children." When asked how she overcame or worked through her CA experience, P1 stated:

> I think that coming to Christ, there is no other way. Because I am a person who does forgive, I see what God is doing now and how I see that I have been able to have freedom in this. Through prayer, God has brought everything up to the surface.

Participant two

Participant 2 (P2) was in her mid-sixties and was unemployed. She was divorced and lived with her adult son. She was brought up with both parents at home. Her father abused her with put-downs, shaming, and verbal mistreatment. She remembered this being as young as five years old until her early twenties. P2 stated, "I was abused by my dad, physically but primarily

emotionally. He beat me a lot verbally." Also, at eight 8eightyears old, her drunk uncle molested

her. P2 stated, "My uncle's situation was something I did not expect either."

P2 continued to describe how CA affected her relationship with God and others:

With God, I have every confidence in Him. He is never going to leave me. However, yes,

I pray for Him to teach me how to love as He loves me. I feel like I love Him, and He

loves me.

However, her relationships with others were the opposite: "I became aggressive with everyone. I

could not love others because I had not received love." She also talked about her aggression

towards all her partners and husbands. When asked how she overcame or worked through her

CA experience: "Forgiveness, that has helped me. Forgiving my father and my uncle."

Participant three

Participant 3 (P3) was in her late thirties and was unemployed. She was separated and

had three minor children, of whom she was their primary support. She was raised with both

parents at home; however, her father often traveled for work. Her older brother, who was only a

few years older than her, would be severely physically abusive from when she was five years old

until adulthood. The last time she was hit was in her early twenties. P3 stated, "My older brother

used to abuse me and my other two siblings over nothing. He used to hit us badly. Just because

he is a male chauvinist." Her father would travel for work and leave her older brother in charge

as the father figure, even though he was a child. Her mother respected her father's decision and

would not interfere to protect the other children from their brother.

P3 continued to describe how CA affected her relationship with God and others: "My

relationship with God was not affected much because I thought wherever I was, God was there.

God only allows things to happen as lessons." However, she stated:

It affects my relationships because I am a lot more aggressive. I must try to stay calm. I

lacked confidence, and I tried to be in control. I have always wanted to isolate myself as

much as possible. I like to be alone.

She discussed how now, as an adult, she has become so aggressive that she does not allow

anyone to say anything to her. Her brother is still feisty and sometimes tells her he will hit her.

She defends herself by telling him, "If you touch me, I will call the police." When asked how she

overcame or worked through her CA experience, P3 stated, "Looking to God, I learn more from

him daily. I pray and talk to Him. The word of God calms me."

Participant four

Participant 4 (P4) was in her late forties and was employed full-time. She was single and

had one minor child. She was raised with both parents at home; however, her father often

traveled for work. Since she was about 5–6 years old, she felt responsible for parenting her

younger siblings. She had an absent father and a working mother. Also, around the same age, her

older brother molested her, and their mother walked in on him. P4 stated, "She found him doing

something to me. What I saw after is what traumatized me. What my mother did with my

brother, she hanged him, shocking him; God, I was so scared she would kill him."

P4 continued to describe how CA affected her relationship with God and others. She was

confused with her relationship with God:

I would say I do not understand where God is. Where God has been. If God exists, why

has He allowed everything I went through or what I am going through? I did not conceive

that He was a loving father.

When asked how she overcame or worked through her CA experience, P4 stated, "It was by

agreeing to attend church and learn more about God's love."

Participant five

Participant 5 (P5) was in her early forties and unemployed. She was married and had one minor child and a young adult son still at home. She was raised with both parents at home; however, her father often traveled for work. She remembered the beatings her father gave her mother as early as she was five years old. She would step in to defend her mother and get beaten, too. P5 stated, "I experienced domestic violence in my house to an alcoholic father beating his wife and children. A mother who was very dependent on her husband." At age eight, a neighbor sexually assaulted her: "The neighbors touched me."

P5 continued to describe how CA affected her relationship with God and others. She said, "I believe that in the beginning, when I started my walk with God, it was one of the things that I think is most difficult for me to open myself to Him. I was distrustful of God at first." She had a similar relationship with others in her life. She said, "I could not socialize, distrustful of other people and suspicious. I had a challenging time getting into conversations. I struggled to talk with people because I did not like to open up to people." When asked how she overcame or worked through her CA experience, P5 stated, "In prayer, it has been working in counseling. Both secular and spiritual counseling, that is how I have been able to move forward."

Participant six

Participant 6 (P6) was in her late fifties and employed full-time. She was single and did not have children. She was raised by both parents in her early childhood and then by her grandparents. Her uncles molested her when she was 7 or 8 years old. During family gatherings, they would find places in the house that were not occupied and use them to assault her. P6 stated, "Family members touched me in my private parts as a child."

P6 continued to describe how CA affected her relationship with God and others. She had a detached relationship with God: "I blamed God because I said, why did that happen to me? Even in my twenties, I still thought: Why did God not do something to keep it from happening." She continued, "It affected me a lot in the relationships, especially during courtships, because I could not stand anyone touching me." When asked how she overcame or worked through her CA experience, P6 stated, "I began congregating to church. I began to want to know more about God's things. I become more involved in serving the Lord."

Participant seven

Participant 7 (P7) was in her early sixties and employed full-time. She was separated and lived with her adult daughter and granddaughter. Her mother passed away as a baby, so she grew up with her father and various family members. Her maternal grandmother's partner molested her. P7 stated, "I would have been about 2 or 3 years old." This was the first of many cases of abuse she went through before age 18.

She continued to describe how CA affected her relationship with God and others. She said, "With God, I taught myself to talk to him as a child. I felt protected, so I spoke to him all the time." However, she did not feel safe with people: "It did affect me with people, I was afraid. When a suitor wanted to approach me, I ran away because I feared them." When asked how she overcame or worked through her CA experience, P7 stated, "Thank God was with me and my faith."

Participant eight

Participant 8 (P8) was in her early sixties and employed full-time. She was divorced and lived with her adult son. Both parents brought her up. She was molested by her mother's older brother when visiting her grandparents. P8 stated, "I was maybe 4 or 5 years old, and it was on

the ranch where my grandparents lived, and it was with an uncle." She was abused a second time before the age of 18 years.

P8 continued to describe how CA affected her relationship with God and others. She said, "For many years, I did not have a relationship with God. I felt abandoned." She understands now that the primary relationships were also affected: "My relationship with my husband was quite short." When asked how she overcame or worked through her CA experience, P8 stated, "Ah, well, I think forgiving, forgiveness. Because I tell you, yes, I have forgiven."

Participant nine

Participant 9 (P9) was in her early fifties and was employed part-time. She was separated and had no minor children. A single mother brought her up. There was violence in her home, and she witnessed her mother being beaten. P9 stated:

> I watched how, ah, my stepfather beat my mom. And if we wanted to defend ourselves, he mistreated us, too. He did not hit us, but he used to say many vulgar words and made signs that he would hit us. Also, it was a type of rape that a friend of my brother did at night, and I was terrified.

P9 continued to describe how CA affected her relationship with God and others. She said, "It affected my relationship with God. I just thought He did not exist. People would say that God cared for the children and did not care for me." With their relationships with others, she was extremely aggressive with everyone: "If anyone saw me the wrong way, I would be ready to hit them; it did not matter if it was girls or boys." When asked how she overcame or worked through her CA experience, P9 stated:

> I prayed, cried, kept vigils, and explained to him everything I remembered about everything that I could sit down all night to talk about what enormous danger has

happened to me in my life from so many testimonies that I have as God has rescued from those.

Participant ten

Participant 10 (P10) was in her late fifties and was employed part-time. She was married, and three of her adult children were living with her, as well as a grandchild. Both parents brought her up. At age six years, she was molested by her uncle while sleeping with her younger brother. P10 stated, "I remembered vaguely that he would arrive, and I was sleeping with one of my little brothers because then the same poverty made us all sleep together. My uncle would go in and touch me."

P10 continued to describe how CA affected her relationship with God and others. She said, "My relationship with God is a relationship. Genuine a relationship that I know he will not tell anyone so I can tell him everything." P10 talked about how she spends days depressed and has difficulty getting out of bed. In addition, regarding her relationship with her husband: "I been married for 30 years and have not had sex for the last 15 years. As soon I started remembering, as my husband wanted to touch me and asked how she overcame or worked through her CA experience, she said, "Praying, asking God to help me and give me wisdom and strength to keep going each day."

Participant eleven

Participant 11 (P11) was in her mid-forties and was unemployed. She was married and had two minor children. Her single mother brought her up. She experienced severe physical and emotional abuse from her mother throughout her childhood. P11 stated: The abuse was physical and emotional at home. I found the church to be a haven for me because when I was there, and we were there a lot, I felt safe. I knew that my mom could not put her hand on me.

However, "Unfortunately, years later, when I was about 14 or 15, a gentleman, a minister from our church, molested me, and that is when church suddenly did not become very safe for me."

P11 continued to describe how CA affected her relationship with God and others. She said, "I walked around with much shame for an exceptionally long time. I would attend church for many years, only to check the box." She had difficulties relating to others: "I did what I was asked to do, what I knew to do. No one knew me, and I did not stay in any one place for a long time." When asked how she overcame or worked through her CA experience, P11 stated, "I finally had to seek counsel through my leaders at church."

Participant twelve

Participant 12 (P12) was in her mid-fifties and was employed full-time. She was married and had one adult child living with her. Her grandparents brought her up. She experienced molestation at the age-old by a man on her grandparent's farm. P12 stated:

I remember that there was a man there, and he was a farm worker, and I was little, six years old, and I liked to run around, and this man, I remember that he suddenly grabbed me. She would start tickling me but then grab my private parts.

P12 continued to describe how CA affected her relationship with God and others. She stated, "I thought God does not love me either. Where was He when all this happened? Because? Why did God not give me other parents? Why didn't He take care of me?" Her relationship with others was similar: "I did not trust anyone, and when and when I, when someone approached me, I always thought that someone wanted to get something out of me." When asked how she overcame or worked through her CA experience, P12 stated, "God, I think if God had not met me at one point in my life, I do not know how I would be today."

Results

Participants completed a brief multidimensional measure of religiousness/spirituality (BMMRS) and the posttraumatic cognitions inventory (PTCI) before the interview. See Table 2 for some of the answers about this study from the BMMRS and Table 3 for responses from the PTCI. These tools revealed that those who forgave or always could control their anger and did not do something terrible could feel normal emotions again and accept that the abuse was not a result of their actions. Most of the participants believed that God had forgiven them. They all reached out to God in times of need for strength and guidance. Also, all the participants were part of a church community and attended multiple services during the week.

Table 2

BMMRS Responses

BMMRS Questions	Response
Because of my religious beliefs:	
I have forgiven myself for things I have done wrong.	
Always or almost always	6
Often	5
Seldom	1
Never	0
I have forgiven those who hurt me.	
Always or almost always	9
Often	2
Seldom	1
Never	0
I know that God forgives me.	
Always or almost always	10
Often	2
Seldom	0
Never	0
I look to God for strength and guidance.	
A great deal	11
Quite a bit	1
	0
In an average of a week, how many hours do you spend on behalf of your church or for Spiritual reasons?	
Under 7 hours	8
Over 10	4

Table 3

PTCI Responses

PTCI questions	Response
I will not be able to control my anger and will do something terrible.	
Totally Disagree	9
Disagree Slightly	1
Neutral	2
I feel dead inside.	
Totally Disagree	11
Disagree Slightly	0
Neutral	1
Somebody else would have stopped the event from happening.	
Totally Disagree	11
Disagree Slightly	0
Neutral	1
The event happened because of the way I acted.	
Totally Disagree	7
Disagree Slightly	3
Agree Very Much	2
I will never be able to feel normal emotions again.	
Totally Disagree	10
Disagree Slightly	1
Agree Slightly	1

Theme Development

The research for this study was conducted through interviews with twelve participants, who provided various responses to help achieve the goal of this study. In this chapter, the interviews were analyzed using the thematic approach of analysis that requires familiarization of the responses. Analyzing the responses was conducted using familiarization, generating initial codes, developing the themes, reviewing themes, defining, and naming the themes, and writing the results.

Familiarization

This analysis's first stage entailed the researcher familiarizing herself with the audio recordings transcribed into a Word document (Braun & Clarke, 2019). The researcher reviewed

all the interviews, taking notes and marking some preliminary ideas that would be treated as codes. Familiarization is more about understanding the data. The transcripts were significant in providing the original nature of the data provided by the interviewees. According to the advice provided by Braun and Clarke (2019), the transcripts must retain the information needed within the verbal account in a way that is true to its original nature.

Generating Initial Codes

After familiarization, codes were assigned to the data. A code briefly described what was in the interviewee's response. The codes were significant in starting to organize the data for analysis. Coding takes note of the keywords or information that aligns with the research questions and objectives (Braun & Clarke, 2019). This phase of the thematic analysis was done along with the first phase, which entailed familiarizing the data.

Developing the Themes

Themes are broader and entail the interpretation of codes into something interesting that aligns with the data, and research aim, and objectives. In this step, the researcher drafted a map to evaluate the relationship between all the identified themes and how these themes led the researcher to the main agenda of relating CA during the women's childhood and salvation.

Reviewing Themes

This phase of thematic analysis entailed refining the themes developed in the previous step (Braun & Clarke, 2019). During this phase, the researcher extensively read the extracts to validate whether the context supported the themes. This was done according to the Braun and Clarke recommendation that the data within themes should be cohesive while ensuring that the themes are distinguishable (Braun & Clarke, 2019). This process of reading the extracts was

done repetitively to ensure that the range of themes at the end was coherent, distinctive, and valuable in interpreting the oral data provided by the participants.

Defining and Naming Themes

This phase entailed naming and describing the themes within the context of the responses, aligning the description to the research aim (Braun & Clarke, 2019). In the reports, the researcher was obligated to include information on what was interesting about the theme and why it was used in the research. This was an important requirement by Braun and Clarke (2019) to establish the themes within the research before conducting further analysis. At this point, the theme was simple: to establish a coherent story; otherwise, it would need a review again.

Writing the Results

The descriptions of the themes were used as the basis of writing the findings in Chapter Four. However, when presenting these themes, it was essential to incorporate the quotations from the responses given by the participants (Braun & Clarke, 2019).

Themes

The analysis of the interview responses from the participants provided eight themes:

1. Forgiveness

2. Trauma

3. Patriarchy

4. Anger and Hatred

5. Domestic Violence

6. Parental Neglect

7. Belief in Christ

8. Sexual Harassment

Forgiveness

The events that unfolded during most participants' childhood days were traumatizing. Therefore, it can be understood when they feel offended by the people meant to be on the front line to ensure they are protected. Forgiveness is an act that entails not holding grudges against anyone who wronged but instead writing it off. Most of the participants found forgiveness as a course toward healing, with one significant example being P4 and her father:

> There was a time when I went to my dad, talked to him, and told him everything I went
>
> through; he was surprised. He listened to me, and I told him, but he knew that I was no
>
> one to judge him. Also, I have judged him all this time. Judge, but only God, right? He is
>
> the only one who can judge. I wanted to ask for forgiveness and forgive him. I wanted to
>
> forgive him because all this had consequences.

Thus, P4 acknowledged that she could not judge her father's actions; instead, she could forgive and embrace him with her two arms.

Forgiveness is an act that individuals execute voluntarily, and some participants found it challenging to forgive those who had offended them. When asked if she had forgiven her father, mother, and brother for the abuse she experienced while young, P3 declined to forgive them and complained about their role in making her life miserable, especially her brother and her father and mother for allowing it. According to P3, her father was unavailable during her childhood and gave her brother the power he used to humiliate her physically. Her mother never contradicted her brother's actions, with the participant citing this as a move for her mother to maintain a close relationship and love for her son. Her brother was at fault for torturing her childhood, even threatening to "kick her ass" during a family meal, showing the extent of authority he felt over

the participant despite her age. However, now in adulthood, she is aggressive and knows how to defend herself from her brother and stop the physical violence.

In addition to P3, two other women could not forgive those who abused them. These same women were the ones who are still affected by their trauma in the present. P3 is so aggressive toward everyone that it made her the abuser, making it hard for her to relate to others. P6 is timid and afraid of having a relationship, and she has never been married and did not have children. P10 cannot be intimate with her husband because she cannot stand for him to touch. See Table 4 for a summary of the participant responses.

Table 4

Forgiveness

Participant	Response
P1	Forgiveness is a tool that is used to heal.
P2	Forgiveness is what helped me heal.
P3	I have not been able to forgive my brother or my father.
P4	I wanted to ask for forgiveness and forgive him. I wanted to forgive him because all this had consequences.
P5	Forgiveness towards myself. I also decided to forgive people who, in my path, without realizing it, hurt me.
P6	It has been hard to forgive them. I have prayed and pleaded to God to help me to forgive them. I cannot forgive him.
P7	I forgave her for what happened.
P8	Many years ago, I decided to forgive him.
P9	I forgive that man like that. I was in trouble. This is how I began to heal.
P10	I have not been able to forgive either of them.
P11	It took a long time to forgive.
P12	I asked God for forgiveness, and I felt like something snapped when that happened.

Trauma

From the context of the interviews, it was evident that most participants experienced adverse impacts on their social lives due to the damaging mental effects of what they experienced or saw in their childhood. Many respondents reported an injured social relationship

and their perspectives on marriage in the courtship journey. For P4, the domestic violence, living with the stepparents, and the sexual harassment by the people who collaborated with her dad and brothers all showed her that men were not to be trusted:

> As for me. How can you tell the best way or what I lived regarding violence with my parents? My dad did. My mom was always insecure about thinking you could have a relationship or marriage, right? Well, that also in that aspect, if it affected, I think, what I see that it could also have been that because...Well, one of the things that I can look at is that when someone came, he proposed marriage; I mean, I said, oh, no, older you get, the better so as not to suffer so much; that was my thinking, that was my way of looking at a relationship or a marriage. You could say that, for me, marriage was suffering.

Some participants mentioned having a daughter and were constantly worried that someone else would do the same to them. The experiences made some women overprotective of their children to prevent such misfortunes from happening to their children. One crucial example is P1:

> That affected me when I had kids because now, I was just like in this trauma of someone going to kidnap my children. My sister and mom always said you do not let your daughter go to the corner. I am like, of course, she is my responsibility, and I must take care of her.

The same was the case with P10, who, in this case, had daughters and granddaughters and was still traumatized by her being touched at a tender age. She explained that the feeling had made her feel dirty and not worthy of all that comes with purity:

> She is already developing, and I tell my daughter to take great care of her little girl and not leave her with anyone; it is a trauma for me. I do not allow the grandchildren to go with anyone, including my grandson.

The experience of CA also went on to affect the social relations of some participants. It was difficult for them to stay at peace with their spouses or partners, making it challenging to maintain a long-term relationship. P3 was a perfect example:

> It affected me greatly because it made me aggressive toward those trying to help me. I have always been like that, including with my kids. I also experienced physical and verbal abuse from my ex-spouse. It is because what I went through in my childhood affected my marriage and relationships. As I said, I was the aggressive one. We constantly fought, and I would push and push, which eventually got physical. All my relationships have been like this because I would get aggressive and angry before my spouse did.

Some respondents have had to live with horrible memories, and some flashbacks kept reminding them of the pain of their past. Some could see themselves going through the abuse as if it were yesterday. P5 recalled her childhood when her mother, a pregnant woman, was constantly subjected to continuous violence by her husband even when she was not wrong. P5 recalled one night when her father was aggressive towards her mother. When she rushed out to help, she was also threatened by her father, who was carrying a knife. She was overwhelmed by the acts of her father, and she ran to her grandparents, only to be told that she was too late and that her mother had already been beaten and was in intensive care due to domestic violence. She stated that the violence she experienced during her childhood traumatized her throughout her childhood, especially the events that led to almost losing her mother:

It affected me in the way that I was always on the defensive. I always said I would do it to them to protect myself from being hurt before they did it to me. Unfortunately, my husband, I hurt him quite a lot. A sister always said you wanted him to pay for what your dad did.

See Table 5 for a summary of participant responses.

Table 4

Trauma

Participant	Response
P1	That affected me when I had kids because now, I was just like in this trauma of someone going to kidnap my children.
P2	I left home at 14 and would not let anybody hurt me; I would hit back when my husband hit me.
P3	It is because what I went through in my childhood affected my marriage and relationships.
P4	Well, one of the things that I can look at is that when someone came, he proposed marriage; I mean, I said, oh, no, the bigger you get, the better so as not to suffer so much; that was my thinking.
P5	It affected me because I was always on the defensive. I always said I would do it to them to protect myself from being hurt before they do it to me."
P6	I stop greeting them. I isolated myself from people.
P7	At 15 years old, I realized what happened to me. I felt like I was worthless. I felt dirty; no one was going to love me.
P8	My self-esteem came to the ground, and for many years, I felt very insecure about myself and incapable.
P9	It affected me with God because I believed He did not exist because. I experienced so much pain.
P10	She is already developing, and I tell my daughter to take great care of her little girl and not leave her with anyone; it is a trauma for me.
P11	I became like I did not even recognize myself, very promiscuous.
P12	It was something so traumatic, so, so difficult.

Patriarchy

This can be described as a situation where the father or the eldest male assumes total control of the family; the men have the voice, and the women should remain subject to every demand made by the male entity in the family. In such a situation, the mother was always left to be submissive, even to her sons, to maintain her sons' love. The absence of a father figure throughout the childhood of some participants underlines the effect of patriarchy in the families and the effects on the females, especially the daughters. The interview with P3 showed the power her eldest brother had to the extent of suppressing their mother's voice:

> I think until I got married, until now, you know, he thinks he has power over us, you know, he always tries to tell us do not say anything, or I am going to kick your ass or things like that.

She continued, describing her mother's position throughout her life:

> My mom always held my brother on this pedestal. My mom would allow it because she said that is what men do. She would say be quiet because your brother is coming. My mom never brought my brother down from his throne. It is like she needed validation from my brothers. She needed their love and validation because she never received any from my dad.

Patriarchy can be part of why most of the mothers of the participants in this research never responded to complaints by their daughters that they were being abused physically, emotionally, or sexually. However, P9 responded differently: "I told my mother that the man touched me. Then I saw my mom incredibly angry." She continued, "My mom did something about it. That was the way she was, and she searched for him. I do not know what she did, but he

never returned to the house, which gave me peace." See Table 6 for a summary of participant

responses.

Table 5

Patriarchy

Participant	Response
P1	I was always looking for a father, which is disturbing because how can you think that is your father?
P2	My mom always told us to respect our dad.
P3	Until now, you know, he thinks he has power over us.
P4	My mom always told us to respect our dad.
P5	In the absence of my father, my Godfather took care of me.
P6	My brothers were the father figures when my father was in the United States.
P7	My father was out working and not available.
P8	My father, my grandfather, and all the men around me were the ones who decided on the house.
P9	My stepfathers became the negative father figure in my life because they were abusive.
P10	My father was the head of the household, and we all did as he told us.
P11	My stepfather was my father figure; however, my mother decided.
P12	I never knew who my father was. My grandfather was my father figure.

Anger and Hatred

For some participants, the absence of a father figure in the family brewed nothing but hatred for the women towards their fathers, mothers, and siblings. For instance, P4 bore the burden of taking responsibility for looking after her siblings in the absence of their parents, and even when something minor happened, like her brother twisting his ankles, she was scolded:

Because they were mine, you can say my responsibility. To a certain extent, even accidents like my brothers happened, that one who played and twisted his foot to the point that I did not even warn my parents what was happening and the fact that I was scolded because my dad said, "Who do you believe you are?

The anger piled up with reality hitting when the sister of P4 mentioned the term hatred to her. It was because she assumed her eldest sister had become bossy. The hatred can be evidenced in the fight between P4 and her sister, and her brothers had to intervene:

Well, she was the one who told me, "I hate you so much." I do not know why we were fighting then, but that is why it was a daily. We used to fight like that. Like wrestling, we scratch and tear our clothes apart. Everything you can imagine is the way they reacted. Yes, my brothers and I because they got into it.

P3 also reported her father being away for significant periods, leaving most of the responsibility to the eldest brother. The eldest brother was overly aggressive and physically abused her at any chance he got, mainly when she was found talking to boys. Her brother hit her at every opportunity, including when she was married:

My parents would hit me; however, it was just occasionally, but it was because I did not behave well. I used to misbehave, but my older brother used to abuse me and my other two siblings over nothing. He used to hit us badly. Just because you know he is a male chauvinist.

See Table 7 for a summary of participant responses.

Table 6

Anger and Hatred

Participant	Response
P1	I do not know what kind of person I am because I never hated the man.
P2	I am unsure if I could say I was angry with my uncle; I loved him.
P3	I would get aggressive and angry before my spouse did.
P4	They made me angry. We would fight, and we would scream to each other I hate you so much.
P5	I was angry with my mother because she would not leave her abusive relationship.
P6	I disliked my uncle; why did he have to do that?

P7	I was angry with my stepmother for not caring for me.
P8	I am still angry with my uncle.
P9	I had a lot of courage and anger in my life.
P10	My husband touching me makes me incredibly angry.
P11	I felt all kinds of emotions because I was angry with what she did.
P12	At that moment, I would not say I liked it.

Domestic Violence

Some participants did not think they had experienced domestic violence until they were asked the question and thought about it. Other participants were exposed to escalated levels of parental violence, which led them to be mentally, physically, or emotionally abused. P4 recalled: "He also would get drunk because he said nobody gets involved because you will get it. Then we were afraid, but I do not know why I got in or got involved in defending my mother." When asked if her father hit her or just used words, P4 stated, "They were just words because I do not remember that he hit me, although he said to stay away. He could give me some, but he simultaneously said no, never, no, he did not hit me."

Some of the scenes children see go on to disturb the children mentally while growing up and result in harmful behaviors when the children are grown. Violent memories have an impact on the mental health of the children and inadvertently on their social well-being. P7 stated:

My dad takes me with him. I see circumstances with my grandmother, who wanted to kill him. What had a knife in his neck, Dad? Yes, my dad's mom because they did not want my grandmother to be with another person. My grandmother had fallen in love with a young man. So, my three uncles were furious about it.

P9 described one of the episodes of violence between her mother and stepfather. Different from other participants, P9's mother fought back:

Domestic violence by my stepfather to my mother, how severe was it? I was about 4 or 5

years old, and I remember seeing the two hit each other. Moreover, he grabbed one of the

logs they used to get into the fireplace and hit my mom, and my mom grabbed another

log and hit him.

See Table 8 for a summary of participant responses.

Table 7

Domestic Violence

Participant	Response
P1	No domestic violence, thank God. Just the usual Latino yelling.
P2	I asked my dad. Why do you hit him like that? He shut me up.
P3	All the men were abusive, including my father.
P4	We were afraid, but I do not know why I got in or got involved to defend my mother.
P5	We experienced domestic violence in my house from an alcoholic father beating his wife and children.
P6	My parents would fight a lot.
P7	I see circumstances with my grandmother, who wanted to kill him. She had a knife in his neck, in my dad's.
P8	Both sides of my family were dysfunctional and aggressive.
P9	I watched how my stepfather beat my mom. If we wanted to defend her, he mistreated us too.
P10	I would leave the house because I was tired of the screaming.
P11	My mom was abusive to my stepdad.
P12	My grandparents were controlling regardless of how it affected everyone.

Parental Neglect

Parental neglect in different forms affected most of the participants and was discussed

with tears and pain. The unavailability of the parents to support the growth of their children was

a significant concern for some of the respondents, as P4 stated:

So, for example, I felt that it did not matter. It did not matter what I did or where I went

because they were continuously too busy for me. My dad always. Well, most of the time,

he was not there. He was in the United States, and because I was the oldest, there was a

time when I felt burdened because it was like, you are the most senior. You must first set

an example. You must see for your brothers; you are the one who must help.

The father figure had been one of the indicators of parental neglect. Some participants mentioned

the father figure taking their innocence out of them. The researched could see in P1's face when

she realized that this man was seen as her father figure due to the lack of her biological father:

I remember even saying it in front of my mom, but we were going to play something, and

of course, he just went along because, well, nothing wrong happened, right? However,

one thing led to the next; the next time we played this game, he put his penis in my

mouth, and I said, what? Moreover, I remember just chewing and thinking, what is this?

Furthermore, that is how it started. So, there was never intercourse, but as time went by,

this man would always have me promise him that as soon as I turned eighteen, I would

lose my virginity to him.

P1 experienced this significantly in her childhood despite having no intercourse. Her mother

could not address the issue then, indicating unintentional neglect, which made her feel guilty for

not coming to her little girl's aid. She showed guilt when she preferred not to talk about the issue

but instead for them to live their lives.

In the instances where the stepparent is a woman, there is a possibility that she bears

stepchildren or has children older than the participants at an early age. The stepsiblings often

abuse those younger than them in the belief that they are not blood related. P7 stated:

I remember that he threw me, closed the door, threw me to the floor, opened my legs, and

crucified me, right? Furthermore, I just saw that he rode on me. At that time, I was five;

he would have been eight years old, and that was my half-brother.

P7 also reflected that her stepmother never allowed her to have friends and directed verbal abuse toward her at every chance she got. Her father would work and be out of the home often, which made her stepmother the caretaker until she turned sixteen, when her father and stepmother decided she was old enough to leave the house and take care of herself.

The issue of family order has caused many single mothers to resort to introducing non-biological parents into their children's lives. The children often suffer the most, as with P9, who saw her stepfather hit her mother. If that was not enough, she received a beating for coming to the aid of her mother:

First, I was very ignored and felt alone. And then I watched how my stepfather beat my mom. Moreover, if we wanted to defend her, he mistreated us, too. He did not hit us, but he used to say inappropriate words and made signs that he would hit us.

P9 acknowledged that the CA she experienced made her feel ignored and alone. Even after thinking about the violence, she witnessed, she could not shake off the guilt in thinking of what she could have done to improve the situation. Whenever she thought about these events, she would end up sad and depressed. See Table 9 for a summary of participant responses.

Table 8

Parental Neglect

Participant	Response
P1	My mom just trusted anybody, very gullible. She would ask my stepdad's friend to pick up my daughter and take her for me.
P2	My mom did not get involved; she always told me to respect him. It did not matter how abusive he was.
P3	My mom always held my brother on this pedestal. My mom would allow it because she said that is what men do.
P4	I felt that it did not matter. It did not matter what I did or where I went because they were continuously too busy for me.
P5	A mom who is very dependent on her husband. Very afraid to say anything.
P6	My parents were not aware they were always out working.

P7	An open door in front of me. I could see my aunts; this man wanted to hold me and sit in the bed in the back of the room.
P8	My grandparents did not notice what my uncle was doing to me.
P9	I was very ignored and felt alone. And then I watched how my stepfather beat my mom. If we wanted to defend her, he mistreated us too.
P10	My mom knew because my mom was aware of everything. However, she did not do anything.
P11	My father did not get involved to stop the abuse.
P12	My mom always told me I was so busy. I cannot take care of you. So, I grew up with my grandparents.

Belief in Christ

Belief in Christ worked differently when the participants experienced CA and even through their path to recovery. Participants showed different acceptance regarding belief in divine existence. Some questioned the presence of God for allowing the misfortunes to occur to them. P4 explained:

That is what it was that affected me a lot. As I said, I do not understand where God is and where God has been. Because if God exists, why did He allow everything I went through or what I am going through? Then I did not conceive that, and more than that, they said He is a father as I said, "Oh, no." He is a father and then a father like the one I had, so never. Yes, He was present. Yes. Not all the time, but yes, He was there, but as I say, it is like He is not there. So, I told the truth that if God is a father, and I imagined a father like that, I do not know the truth. That is why I must get to know Him better.

Christ provided a shoulder to lean on and a place for them to seek healing from the pain they had endured all through their childhood. Growing as such, only God had the correct answers for them and the recovery from their emotional pain. P1 described:

When I go out with my daughter, who sometimes clings on to me, I think once you come to Christ, it shows you things, and now, I see my battles and how I must fight for my kids. I think, thank God, that you know Jesus has rescued me because then I would be in

a terrible place. Because even though I never said it is because of what happened to me now, I see that it is something that did follow me and manifested in this way.

P3 has struggled with her faith during her recovery. However, she had found a way to obtain peace in her heart and spirit: "Looking to God. Every day, I learn more from Him. Pray and talk to Him. The Word of God calms me." See Table 10 for a summary of participant responses.

Table 9

Belief in Christ

Participant	Response
P1	I think, thank God, that you know Jesus has rescued me because then I was in a terrible place.
P2	My prayer, I always tell God, help me to know you and help me to love you. As you love me, because I am sure He loves me.
P3	I was looking to God. Every day, I learn more from him. Pray and talk to him. The word of God calms me.
P4	I do not know if God is a father, and I imagined a father like that. That is why I must get to know Him.
P5	Right now, in this precise moment, I can look back and say thank you, God, for everything you have done in my life, for everything you have allowed.
P6	God is everything. Thus, thanks to him, I have overcome.
P7	I thank God because He was always with me.
P8	God is my savior, and he loves me.
P9	Praying and praising God through singing fills my heart with joy.
P10	When I talk to God, it gives me serenity. It gives me peace.
P11	I thank God that I was able to turn my life around.
P12	Now I see it and thank God, and I can speak about it with freedom, about what God did in my life.

Sexual Harassment

When the participants were asked if they had experienced any sexual harassment, some acknowledged that they were survivors. Others immediately responded, "No, I am not," They lowered their head and stated, "I have never told this to anyone." P10 confessed, "This is exceedingly difficult for me to talk about. These are things that, unfortunately, one hides." The absence of the father's love and protection can provide leeway for various CAs. P4 explained

that she was sent to live with her godparents between the ages of 6–11 years, where she experienced a significant amount of physical violence and sexual harassment. Likewise, P7 described one of the times that she was abused in her grandparents' home:

>	I remember that there was a girl at that same time in that town. A little girl played with me, and that girl was throwing herself at me. I would get under the bed often, but that girl would kiss me.

P8 described her experience while away from her parents at her grandparents' home:

>	It was on the ranch where my grandparents lived with an uncle, but it was not abuse that took place. No, I remember that it was he who touched me. Hey. Moreover, that scared me. Well, she was a girl, a girl, right? However, she went through many years. It is all unnoticed. Then, when I was about 16 years old, on a trip from our town to the capital, where I studied with the same uncle, I was going there with him, and he tried again. I remember him wanting to touch me.

See Table 11 for a summary of participant responses.

Table 10

Sexual Harassment

Participant	Response
P1	He said you are going to sit on this chair, and I am going to blindfold you, and he said I will give you different objects.
P2	He was drunk; I told him I did not remember what he did.
P3	None that I remember.
P4	My uncle went at night, and he touched me.
P5	One of the neighbors touched me.
P6	Family members touched me in my private parts as a child.
P7	I would get under the bed often, but that girl would kiss me.
P8	I remember that it was he who touched me.
P9	There was a type of rape that a friend of my brother did at night, and I was terrified.
P10	My uncle would go in and touch me.

| P11 | A gentleman, a minister from our church, molested me. |
| P12 | He would start tickling me but then grab my private parts. |

The participants related the theoretical framework to the themes. According to Lazarus and Folkman's theory, people typically engage in two phases: primary and secondary appraisal (Steinmetz, 2021). During the preliminary appraisal phase, the oppressed individuals take time to evaluate the stressor and the offense. The appraisal phase is crucially termed to involve various emotions, such as anger, betrayal, abandonment, or hurt (Steinmetz, 2021). After the evaluation at the appraisal phase, the individuals then engage in secondary appraisal, whereby they must assess the available resources that could help them cope. For instance, in the evaluation of the interviews, most of the participants evaluated the possibility of going to God for redemption and healing. Some considered sharing their issues with people to gain the courage to forgive people who had previously wronged them in several ways. Therefore, forgiveness can be viewed as an adaptive strategy within interpersonal conflict (Zagrean et al., 2020). Forgiving enabled most participants to eliminate the emotional burden of pulling them down, promote mental health, and create peace of mind. It was evident that by choosing to forgive wrongdoings and people in the past, they could relieve themselves of the psychological stress caused by the offenses committed, promote the healing process, and restore the family ties earlier bruised by the abuse. However, it is essential to note that forgiveness is an individual's choice, as evident in the various interviews where most are forgiven (Zagrean et al., 2020). In contrast, very few were not able to change. Resources, such as the Word of God, were significant in influencing the decisions of individuals.

The Lazarus and Folkman theory emphasizes the significance of coping strategies to relieve psychological stress (Uzunkaya & Berk, 2023). It is considering turning to God as a strategy to manage in various ways, which include seeking guidance or wisdom from the religious teachings; this is evident in multiple ways, which include seeking advice and

counseling from the religious leaders and adhering to the word of God that encourages believers to forgive those who have wronged them in any way (Uzunkaya & Berk, 2023). The coping strategies related to the teachings of Christ provide a reliable method for coping and healing from the events that cause distress for individuals, as well as understanding that they were not alone and are not ever alone because God has always been with each of them.

The theory also makes it possible to evaluate how people under stress cope with the trauma that surfaces days, weeks, months, or even years after abuse. When experiencing the traumatic effects of events in their early life, individuals must undergo the primary appraisal that significantly assesses the extent of the impact of the traumatic events, especially on the individual's mental well-being (Steinmetz, 2021). The secondary assessment allows the individual to evaluate the options on the table to resolve the effects of the past event (Steinmetz, 2021). According to the theoretical framework, individuals must choose a strategy to distract themselves in several ways. For instance, some spoke to those who wronged them about their feelings (Uzunkaya & Berk, 2023). Some women considered speaking up for themselves when they grew into adulthood—some counseling and participating in religious-related activities to get closure. The theory also emphasizes the need for the survivors to find meaning in the traumatizing events, which is crucial for them to establish a psychological change and encourage growth in the period following the traumatizing events. For some, the events served as a lesson to do things differently than society expected.

Patriarchy was also significant in causing considerable stress for most women who participated in this research. The issue of gender roles in society has often jeopardized Latina women's position in society (Kreft, 2023). In this context, the individuals may consider evaluating their situations through the lenses determined by the dynamic of power and the

inequalities (i.e., gender). Most respondents evaluated their concerns and acknowledged the impacts of gender roles and expectations on their situations and experiences. This affected the coping strategies employed by the individuals to ensure that they coped as necessary. In instances where patriarchy was the case, the women had to incorporate salient and aggressive approaches to navigate through their stressors, with one outstanding example being the response by P3 to her brother, who had been granted power from his father to determine what was right or wrong for the females of the family. P3 chose to speak up and even took it a notch higher to state that she would have involved the police if her brother had continued such misbehavior. Such impact is crucial in reducing the effects of the patriarchal system and empowering women to stand and fight for their space. Although the theory advocates for individual coping, it is essential to note that patriarchal systems take a collective approach or advocacy for gender equality within the social spectrum.

Anger and hatred are some of the perceived emotions when individuals are affected by traumatic events that occur in their lives. Individuals often appraise the events that trigger emotions and evaluate the significance of the perceived anger and hatred (Woud et al., 2019). The appraisal of these childhood events, such as domestic violence, oppression, physical and verbal abuse, sexual harassment, and parental neglect, often incorporates the harm and personal importance of the events, which are significant determinants of how these emotions last for the individuals (Woud et al., 2019). Therefore, individuals must identify the best coping strategies to help them manage their anger in ways such as conflict resolution and engaging the people around them, just like P1 did in involving her husband and mother during the healing process. Participants, such as P3, engaged in constructive restructuring, which involved challenging patterns and beliefs associated with hatred and anger. Most participants coped with rage and

hatred by restructuring their perspective of things; for P3, it was no longer the case of patriarchy, but she believed that she could speak up against the cases of oppression by the dominant gender.

The Position of Women in Latino Families

The gender roles and beliefs in Latino culture have fueled the creation of a patriarchal community that sees the male gender as the alpha dominant in the family unit and that the female gender should always be submissive to men (Janjua & Kamal, 2023). For example, P2 thought she must respect the house's men, especially her father. Moreover, this can underline the reasons behind the domestic violence cases in different scenarios for the participants, with the men having the entitlement from family to always stay in control. Most male characters in the other stories have exhibited one or all characteristics of the patriarchal kind of men, including controlling, coercive, abusive, and obsessive behaviors.

The coerciveness can be encapsulated by the fact that the male partner would want to override the autonomy of their partners and destroy their sense of self-identity (Kreft, 2023). Most of them created an environment of extreme tension, which negatively affected the participants' mental well-being. Experienced coercive controllers often use physical and sexual violence to assert their authority over the females and ensure that women and children stay under control (Kreft, 2023). In Latinas, culture plays a significant role in their lives (Shigeto et al., 2019). Most women assumed the role of loyal wives to their husbands, even in extreme danger. Furthermore, patriarchal values encourage Latinas to support specific gender roles, such as submissiveness and purity (Castaneda, 2021). In the case of one participant in the interviews, she may have tolerated such coercive behavior from her husband until she was almost killed while seven months pregnant. Notably, the men abuse women and children because they feel entitled to

be in control. In the case of P3, it was evident that within the family, men feel powerful over the women in the family, including the mother, who stays silent even when things go wrong.

The patriarchy has created room for so many trauma-based events that have ruined the lives of most women in society (Kreft, 2023). One of the participants had to bear the consequences of having a physically violent brother, which led her to have difficulty coping with her relationships due to these childhood experiences. Some hated men because of what they saw their fathers do to their mothers and themselves as children. Patriarchy has also created a disparity in establishing family order (Kreft, 2023). For instance, single mothers often went into relationships and gave their children the father figure through their spouses, who would go on to become the stepfathers. Most of them were nightmares for their daughters, who were subjected to sexual harassment by the adults around their stepfather, who resorted to touching the children inappropriately.

A clear case of this was the story of P1, who was subjected to traumatizing events, including her stepfather's friend making her put his sexual organ in her mouth under the guise of play. She was forced to endure events that lived to haunt her until adulthood, and she remained insecure about the safety of her daughter. Such are the effects of patriarchy in the family setting, as it is accepted by Latina culture. From the literature review, the stance of the Latina community on the issue of CT and CA has had a significant effect on the women, as they were not allowed to share their experiences according to the social stratification of Latinas. Therefore, it is recommended that the required social resources be available for the victims of CT to aid with the recovery process.

The Word of God

Most participants turned to Christ to seek solace and healing from the traumatizing events. The Word of God has always been a comforting entity that has encouraged believers to run to Christ for healing and redemption. Although many of the participants questioned the presence of God during their challenging times, God always came up when it mattered the most– in the end, when the individuals needed to offload the burden and relieve some of the emotional limitations they carried. Going through the healing period was frustrating and confusing for most of them. Additionally, their lives circled the memories of the tormenting and traumatizing events that would instead render their lives useless. These healing times gave the women emotional and spiritual growth, as most participants grew deep into the Word of God. Most participants reported reading the Word, hearing the Gospel, singing praise, or participating in church activities to wash away the distress that came with the events experienced earlier in their lives. To contextualize the impacts, evaluating some of the Bible verses was essential.

Psalms 34:18

"The Lord is near to those who have a broken heart, and such as have a contrite spirit" (*New King James Version*, Ps. 34:18). Psalms 34:18 can be interpreted as God is omnipresent and omnipotent. The Word acknowledged that God is entirely with those who feel distressed and saves those who fear him and repent their sins. He underlines that He is with every child who experiences hardships and difficulties and whose hearts are afflicted by life's calamities and dissonances (*New King James Version*, Ps. 34:18).

Psalms 23:4

"Yea, though I walk through the valley of the shadow of death, I will fear no evil; for you are with me; Your rod and Your staff, they comfort me" (*New King James Version*, Ps. 23:4).

Psalms 23:4, on the other hand, reminded the believers that they have nothing to fear whenever they feel overwhelmed by the troubles that life has provided. The verse encouraged believers enduring a problematic life moment to be appropriately guided through the valleys (i.e., difficult moments) until they reach a point where there is light, and His presence is always assured (i.e., omnipresence; *New King James Version*, Ps. 23:4).

Isaiah 40:29

"He gives strength to the weary and increases the power of the weak" (*New King James Version*, Isa. 40:29). Isaiah 40:29 (*New King James Version*) confirmed that God strengthens the wary and raises the influence of the frail as the loving God, the Father of mercy and all comfort.

2 Corinthians 1:3–4

"Blessed be God, even the Father of our Lord Jesus Christ, the Father of mercies, and the God of all comfort, who comforted us in all our tribulation, that we may be able to comfort them which are in any trouble, by the comfort wherewith we are comforted of God" (*New King James Version*, 2 Cor. 1:3–4). This verse describes how God heals and prepares those who hurt to comfort others (*New King James Version*, 2 Cor. 1:3–4).

Deuteronomy 31:8

"And the Lord, He is the One who goes before you. He is with you; He will not leave you nor forsake you; do not fear nor be dismayed" (*New King James Version*, Deut. 31:8). Deuteronomy 31:8 (*New King James Version*) installed hope to all believers that God will never leave them and that they will not be alone.

Mark 11:25

"And whenever you stand praying, if you have anything against anyone, forgive him that your Father in heaven may also forgive you your trespasses" (*New King James Version*, Mark

11:25). In Mark 11:25, Christ stressed the significant potential of prayers and the necessity of conditioning the heart for prayers to reach the almighty God. In this way, the Bible taught that holding on to sins may be a significant hindrance for the blessings to be fruitful, requiring people to be tender at heart and gentle to forgive (*New King James Version*, Mark 11:25).

Colossians 3:13

"Bearing with one another, and forgiving one another, if anyone has a complaint against another, even as Christ forgave you, so you also must do" (Col. 3:13). Colossians 3:13 acknowledged that forgiving is an act that entails letting go of one's resentment towards others, encouraging believers to make room to accommodate the flaws of others to ensure peaceful coexistence and happiness within societies.

Ephesians 4:32

"And be kind to one another, tenderhearted, forgiving one another, even as God in Christ forgave you" (*New King James Version*, Eph. 4:32). As for Ephesians 4:32 (*New King James Version*), the Bible encouraged Christians to avoid the things that entangle the unbelievers, including bitterness, and instead to show positive attitudes, such as forgiveness and love, which underlines the significance of Christianity.

Matthew 6:14

"For if you forgive men their trespasses, your heavenly Father will also forgive you" (*New King James Version*, Matt. 6:14). Matthew 6:14 also underscored the importance of forgiveness in prayer as God made it a condition for prayers made by His believers; God required Christians to forgive others to achieve His forgiveness. Consequently, according to Christian belief, those who decline to forgive others will not gain the forgiveness of God (*New King James Version*, Matt. 6:14).

The evaluation of the selected verses indicated the immediate impact of the Word of God and its influence on the women to encourage them to forgive their past and rest in the house of the Lord. Most respondents reported confidence after interacting with the church and the leaders in different capacities. The individuals experienced change whenever they interacted with God to help them with their spiritual and emotional burdens. Most of them went on to become firm believers in the light of overcoming challenges and believed strongly in the Lord as a pillar of strength during their difficult moments, knowing that He is always with them and never leaves them.

Research Question Responses

This phenomenological qualitative research aimed to understand the relationship between the Christian faith and healing among Latina Christian women who are CA trauma survivors in the Western United States. Participating in religious activities, belonging to a community, and having a relationship with God influenced survivors' healing processes. Three research questions supported the purpose. This segment offers responses to each research question holistically and factually, assessing and integrating the eight themes developed throughout the data analysis process.

The first research question (RQ1) this study answered was: How do Latina Christian women describe their experiences with child abuse? For most participants, expressing their CA experience was difficult; for some, it was the first time they shared their experience with anyone. The researcher witnessed the participants crying, sobbing, and testifying what God had done in their lives. See Table 12 for their responses to RQ1. The second research question (RQ2) this study answered was: How do Latina Christian women describe their challenges of the traumatic experience in adulthood relating to others? See the participants' responses to RQ2 in Table 13.

The third research question (RQ3) this study answered was: How do Latina Christian women describe how they have coped with their experience of CA effects as adults? See the responses to RQ3 in Table 14.

Table 11

RQ1: Experience with Child Abuse

Participant	Response
P1	My stepfather's friend came to live with my mom and me. I was 6 or 7, I was a little girl. This man would always take me to school and pick me up, buy me food, and take me to the park; we play this game; well, he put his penis in my mouth. He quickly robbed my innocence, always touched me, and he would always have me masturbate him and give him oral sex, and he would give me oral.
P2	My dad had a temper; he would take it out on others and abuse me emotionally. When I was in kindergarten, he hit me so hard and violently that it became emotional and physical until I was twenty-one. Also, when I was eight, my uncle was drunk, and he got behind me and hugged me tight, and he had an erection.
P3	My older brother used to abuse me and my other two siblings over nothing. He used to hit us badly. Just because you know he is, he is a male chauvinist.
P4	At six years old, I was touched by my brothers, who are older than me. I was also touched by some workers who went with my dad to the fields.
P5	As a child, I experienced domestic violence in my house from an aggressive alcoholic father who beat his wife and his children—a mom who was very dependent on her husband and afraid.
P6	At seven or eight, I was touched in my private parts by a family member. At around ten, I was touched by another family member.
P7	I remember being in that bed at 2 or 3 years old. My grandmother's husband sits me on his legs and rubs me. I remember feeling wet, and I always have that smell.
P8	The first time I was 4 or 5 years old. It was on the ranch where my grandparents lived, and it was with an uncle; he touched me, and that scared me.
P9	I watched how my stepfather beat my mom. If we wanted to defend her, he mistreated us too.
P10	I was already seven years old. My uncle would come into our room at night and touch my private parts.
P11	The abuse was physical and emotional abuse at home. I found the church to be a haven for me because when I was there, and we were there a lot, I felt safe. I knew that my mom could not put her hand on me. Unfortunately, years later, when I was about 14 or 15, a gentleman, a minister from church, molested me, and that is when church all of a sudden was no longer very safe for me.
P12	There was a man there, and he was a farm worker, and I was little, six years old, and I liked to run around, and this man, I remember that he suddenly grabbed me. He would start tickling me but then grab my private parts.

Table 12

RQ2: Describe Their Challenges

Participant	Response
P1	I had become obsessive with wanting to know about child trafficking. In high school, I would envision how the little kids would get raped even though there was never any intercourse. I could not stop thinking of those thoughts. It affected me when I had kids because I would think someone would kidnap my children.
P2	When I was fourteen, I left my home with an attitude that no one would touch me. I married an abusive man, but I would fight him like he was a man. In all my relationships, there was domestic violence. I become cold and aggressive.
P3	It affected me greatly because it made me aggressive toward those trying to help me. I have always been like that, including with my kids.
P4	As an adolescent, even now as an adult, I was significantly affected regarding relationships. If a boyfriend proposed marriage, I said, oh, no, the older you get, the better so as not to suffer so much.
P5	Suspicious. I had difficulty conversing and did not like to open up to people. With my husband, I was always on the defensive. I always said that before they hurt me, I would hurt them. I was always protecting myself from being damaged.
P6	I became very isolated and would not greet any male family members. I became timid and quiet as if I wanted to disappear when I was around many people. I could not trust men.
P7	I felt like I was worthless, dirty, and lonely. I had no friends.
P8	I was very insecure, and my self-esteem was low. I felt ugly and had a tough time making friends.
P9	I felt guilty, and consequently made me sad and depressed. It made me feel angry, and I can describe it as a trauma that lowered my self-esteem. Growing up, I became extremely aggressive. People could not look at me a certain way. I would fight them, men, or women. It did not matter.
P10	Fear that my granddaughter is going to happen to her. So does there is fear in me. I have been married for 30 years and do not want to be touched. I have not had sex with my husband for over 15 years.
P11	I was 20 or 21 when I found myself with new freedoms I did not have before and experimented with alcohol. I started experimenting with sexual activity, not just with one boy but two. I did not even recognize myself; I was very promiscuous.
P12	My life was chaos. I was angry and distrustful. I had a challenging youth. I was feeling hurt and rejected. I was very insecure and weak. However, on the outside, I wanted to make everyone believe I was strong. I said to myself, nobody else is going to do anything to me again.

Table 13

RQ3: How They Coped

Participant	Response

P1	I think that coming to Christ is the only way; there is no other way. I have also been a very forgiving person.
P2	Forgiveness by forgiving as the Lord asks me in His word. It has been difficult, but I love God and want his forgiveness. I also went to counseling.
P3	The staff of God calms me and my prayer.
P4	I began to go to church; I listened to talks. When I realized that only God could judge. I wanted to ask for forgiveness but also forgiveness.
P5	In prayer, it has been working in counseling. Both secular counseling and spiritual counseling. Forgiveness to myself and those who hurt me in this healing process.
P6	I began to gather more in church. I began to want to know more of the things of God. I went to counseling for a brief time.
P7	Thank God that He was with me. Praying for strength having faith, and I have forgiven them.
P8	I think forgiving forgiveness. Because I tell you yes, I have forgiven spiritual retreats held before in the church discussing trauma. The church community helped me a lot.
P9	I got close to God. I prayed, cried, kept vigils, and explained to Him everything I remembered about everything that I could sit down all night. I study psychology, and that also helped me heal. I give it to God, and I forgive that man.
P10	I was praying, asking God to help me and give me wisdom. Please give me the strength to keep going—my church community.
P11	I finally had to seek counseling and counsel through my leaders at church. I forgave my mother when I saw my first child in my arms.
P12	God, I think if God had not met me at one point in my life, I do not know how I would be today. Today, I can say with all freedom that I found hope. I found the answer. I found love, I found acceptance. I found everything I needed in my walk with God. I ask Him for forgiveness and for the strength to forgive. God answered my prayers.

Summary

The data from the interviews were analyzed using the thematic analysis method, which entailed creating a code that identified various themes, including forgiveness, Christian faith, trauma, sexual harassment, domestic violence, parental neglect, and anger and hatred. The themes were well-defined and supported by quotes from the participants' responses. The discussion section in Chapter Five will include a discussion on how the research framework supported most of the themes and how the scripture spoke of the aspects of forgiving and the

presence of God through difficulty in establishing a relationship between difficult life moments and Christian faith.

The discussion in this chapter provided a comprehensive analysis and interpretation of the findings within the context of the theoretical framework and cultural factors. It effectively linked Lazarus and Folkman's stress and coping theory to the participants' experiences of trauma, forgiveness, patriarchy, anger, and healing. Applying Lazarus and Folkman's theory to the participants' narratives helped to understand their cognitive appraisal process in response to their traumatic experiences. The primary appraisal phase, where participants evaluated the stressors and abuse, aligned with their emotional reactions of anger, betrayal, abandonment, or hurt. The secondary appraisal phase, which involved assessing available coping resources, highlighted the significance of faith, forgiveness, seeking support from others, and finding meaning in traumatic events as adaptive strategies for managing and healing.

The discussion also highlighted the patriarchal nature of Latino families and its impact on the participants' experiences. The power dynamics and gender roles within the family contributed to domestic violence, oppression, and the participants' difficulties in finding their voice and standing up against abuse. The discussion emphasized the need for collective action and advocacy for gender equality within the social spectrum to address the harmful effects of patriarchy.

Furthermore, the role of the Word of God in the participants' healing journey was highlighted. The discussion acknowledged the participants' turn to Christ for solace, redemption, and guidance. The Bible verses demonstrated the scripture's impact in encouraging forgiveness, finding comfort in God's presence, and fostering spiritual and emotional growth. The

participants' reliance on the Word of God as a coping strategy and source of strength reinforced the importance of faith in their healing process.

Chapter Five: Conclusion

Overview

This research aimed to understand the relationship between the Christian faith and healing among Latina Christian women who were childhood/child abuse (CA) trauma survivors in the Western United States. Participating in religious activities, belonging to a community, and having a relationship with God influenced their healing processes. This chapter's literature review will discuss an empirically supported treatment for CA. The American church's historical and current role in the lives of its members will also be examined. The research questions associated with this study were:

RQ1. How do Latina Christian women describe their experiences with child abuse?

RQ2. How do Latina Christian women describe their challenges of the traumatic experience in adulthood relating to others?

RQ3. How do Latina Christian women describe how they have coped with their experience of child abuse effects as adults?

Summary of Findings

The analysis of the participants' interview responses revealed several key findings. Forgiveness emerged as a prominent theme among the participants. Most respondents chose forgiveness as a coping strategy for dealing with past traumas and offenses. By forgiving those who wronged them, the participants relieved themselves of emotional burdens and promoted their mental well-being. Forgiveness also played a role in restoring fractured family relationships and fostering peace of mind. The participants who were naturally prone to forgive had fewer mental health or relationship issues than those who had a tough time forgiving.

The participants shared their experiences of various traumatic events, including domestic violence, sexual harassment, and parental neglect. These traumatic experiences had a significant impact on their lives and well-being. Participants recounted instances of physical, emotional, and sexual abuse, leading to feelings of anger, hurt, and betrayal. The memories of these traumatic events often lingered and affected their mental health and social functioning.

Another significant finding was the influence of patriarchal norms and gender roles within Latino families. The participants described how gender inequality and the dominance of male figures shaped their experiences. The patriarchal system often led to oppressive dynamics, control, and abusive behaviors within families. Women were expected to conform to traditional gender roles, such as submissiveness and purity, further perpetuating power imbalances and harmful behaviors.

The participants also highlighted the role of religion and the Word of God in their healing process. Many turned to faith and sought solace in religious teachings to cope with their traumatic experiences. The Bible verses provided comfort, encouragement, and guidance, emphasizing the importance of forgiving, seeking God's presence, and finding meaning in their struggles. After turning to their faith and God, participants saw a life purpose and a reason to continue their journey, where they found a support system in their recovery.

In summary, the findings underscored the significant impact of traumatic events, patriarchal norms, and the role of forgiveness and faith in the participants' lives. These insights contributed to a better understanding of the experiences of individuals who have endured trauma within Latino families and highlighted the importance of support systems and resources for healing and recovery. Furthermore, a willingness to testify to those still recovering from

traumatic childhood experiences gave the women a source of value because they could support and assist others who are hurting.

Discussion

The interviews provided a detailed analysis of the Word of God's impacts on His believers' decisions; additionally, trauma was linked to the Christian faith and the healing process. Most individuals in this research believed God was not there for them when they endured their childhood sufferings. The participants experienced a significant turnaround in their journey to healing through the battle, struggling with the disruptions that come with the flashbacks associated with the suffering they endured throughout their childhood. However, religion allowed the children of God to seek closure within themselves as an innate approach to tackling past traumatic events. The research provided concrete evidence that religious belief is significant in supporting the healing process for traumatized individuals in the Latina community. The trauma also could change how people perceive their religion, as indicated in instances where some participants questioned the presence of God at a time when they expected to see His presence the most (Roberto et al., 2020). The close association between the religious schemas associated with Christianity and the optimistic assumptions of the world around every individual enabled the participants to maintain a positive course to recover from the effects of the traumatic life events that, in this case, may have robbed them of the happiness they perceive that they may have enjoyed (Munsoor, 2019). However, any changes in the world's assumptions may be expected to establish significant levels of challenges to the religious beliefs of individuals. According to Munsoor (2019), people exposed to traumatic events may have two outcomes on their religious beliefs: either relinquishing their religious behaviors or enabling them to pursue the depths of spiritual knowledge further.

This research indicated the potential impacts of trauma on religious beliefs. Trauma has the causative effect of making the victims establish appraisals of the meaning of the events experienced (Ogińska-Bulik et al., 2021). For the believers, they may appraise their traumatic events as significant to Christianity and, therefore, increase the probability of their belief in the religious context. The adjustments may come in three ways: modifying, elaborating, or rejecting religious beliefs (Ogińska-Bulik et al.). The research concluded that the traumatic events had an effect of magnifying the religious beliefs of a majority of the participants, as most of them mentioned a high engagement with the Word and continuous interaction with God as the solution to their grievances, enabling them to cope with the trauma of their past life (Ogińska-Bulik et al., 2021). Therefore, these individuals explained the paradox between the benevolent God and human suffering, establishing that God is always with humankind at every point.

Religious beliefs can, therefore, be treated as the primary framework through which individuals construct meaning in their world and with the potential to produce meaning from their past experiences (Hasanpoor-Azghady et al., 2019). For instance, the scriptures taught believers the need to forgive traumatic events. Even those who initially believed that God was absent were inclined to forgive once they engaged deeply with the Word of God. Typically, when believers encounter traumatic events, they seek to reconcile the meaning of their traumatic experiences with their preexisting beliefs to preserve their view of the world as a meaningful world within which to exist (Hasanpoor-Azghady et al., 2019). However, reconciling the belief and the context of the holy work was successful for eleven out of the twelve participants, indicating that the reconciliation only works for some, even though the majority get influenced by the Holy Scripture.

The Bible had been crucial in establishing the role of the Gospel in overcoming traumatic life events. Various scriptures in the Bible have established the relationship between the Christian religion and healing from traumatic life events. The research deduced that forgiveness was the critical link between the Christian faith and healing from traumatic events. Psalms 34:18 could be interpreted as God being omnipresent and omnipotent. The Word acknowledged that God is entirely with those who feel distressed, saves those who fear him, and forgives their sins. He underlines that He is with every child who experiences hardships and difficulties and whose hearts are afflicted by life's calamities and dissonances. Psalms 23:4, on the other hand, reminded believers that they have nothing to fear whenever they feel overwhelmed by life's troubles. The verse encourages believers enduring a problematic life moment to be appropriately guided through the valleys (i.e., difficult moments) until they reach a point where there is light, and their presence is always assured (i.e., omnipresence).

In Mark 11:25, Christ stressed the significant potential of prayers and the necessity of conditioning the heart for prayers to reach the almighty God. In this way, the Bible taught that holding on to sins may be a significant hindrance for the blessings to be fruitful, requiring people to be tender at heart and willing to forgive. Colossians 3:13 acknowledges that forgiving is an act that entails letting go of one's resentment towards others, encouraging the believers to make room to accommodate the flaws of others to ensure peaceful coexistence and happiness within societies. As for Ephesians 4:32, the Bible encouraged Christians to avoid the things that entangle the unbelievers, including bitterness, and instead show positive attitudes, such as forgiveness and love, which underline the significance of Christianity. Matthew 6:14 also highlights the importance of forgiveness in prayer as God makes it a condition for prayers made by His believers; God requires Christians to forgive others to achieve His forgiveness.

Consequently, according to Christian belief, those who decline to forgive others will not gain the forgiveness of God. These Bible verses were critical in evaluating the motivation and encouragement offered to traumatized individuals to heal from the traumatic events, considering that God is always present for them throughout their periods of suffering and always reflects their beliefs. Therefore, trauma, to an extent, furthers the relationship between the believers and God.

The traumatic events also showed the believers that God is omnipresent, even during challenging periods (Launonen & Mullins, 2021). Typically, humans feel distanced from God during suffering, asking themselves, "Where is He when I am suffering? And "Why always me?" However, the Bible provided different case scenarios of people who suffered during their lifetime but remained steadfast in their belief in Christ. David, a last-born son of a humble family, was carried to victory by God despite numerous challenges (Ps. 13:1). Job was a rich man who believed in God but was put to the test by Satan, who robbed him of every kind of wealth, including children, but remained firm in his faith in Christ. Job's wealth was restored after extensive suffering (Job 9:16).

Even the son of God, Jesus, asked the question, "My God, My God, why have you forsaken me?" (Matt. 27:46). It is the psychological normalcy that every human would feel as if God had turned His back on them, especially when undergoing such traumatic events in their lives. However, the Word recommended that even in suffering, believers should not question the presence of God, as He always comes through at the end, as established in Psalm 23:4: "Yea, though I walk through the valley of the shadow of death, I will fear no evil; for You are with me; Your rod and your staff, they comfort me." According to Job 1:12 and Luke 22:31, God was the creator of everything and was the one that allowed His followers to experience different

traumatic events while remaining fully in control of all things, including the devil, the instigator

of sin. Thus, this can comfort every Christian, encouraging them to believe more and understand

the Gospel, believing that in Him, they can gain comfort and light at the end of the tunnel.

The traumatic events also provided the probability of individuals drawing closer to God.

Passages, such as James 1:2, explained to believers that there is joy in difficult moments. Every

believer must consider that even Jesus experienced sad moments while going through tough

times at the cross, in Lazarus' grave, and the garden of Gethsemane. Like most Christians, they

become reluctant during the more leisurely time. However, James elaborated that every Christian

has the privilege of developing a more robust and more mature faith and a better ability for the

believers to put the Word into practice, arrange the traumatic moments behind them, and use

their recovery experience to walk with others who are going through similar hardships so they

can move on with life.

It can be stated that some of the spiritual practices that are pivotal in trauma recovery

include prayer and lamenting, mindfulness, reading, and writing about the scripture. In the

moment of trauma, most people have low motivation to pray and, therefore, only find the

strength to mutter a single-word prayer. However, it is essential to note that the Almighty God

sees the prayers of all His children and provides for people to exercise forgiveness to facilitate

the Holy Spirit's intercession. Therefore, at the lowest times, God only requires the utterance of

one word of faith to Him, and He reciprocates by answering their prayers. In the context of this

study, God provided peace of mind, restored family relationships, and supplied motivation to

share their stories to bless others who are struggling.

Throughout the Word of God, especially in the book of Psalms, prayers of lament

engaged God in a conversation, asking questions such as "Where are you?" "When?" and

"Why?" Lamenting during prayer allows the believers to pour out the pains that have congested their hearts and address the confusion. Such engagement with God helps offload the weight from the chest and ensures they stay in peace of mind. Reading the scripture can also form part of the recovery process, focusing the efforts and attention on the book of Psalms, which offered guidance to laments in prayers demanding God to visit one's life and ensure they feel a change from suffering.

In some instances, the participants reported participating in church activities that helped them focus on the present; thus, assisting individuals to focus on the present can be an excellent way to focus on Christ. P5, P11, and P12 were typical examples of individuals engaging in church programs through counseling and church programs, such as Start Over. These activities helped the individuals focus on improving the present by letting go of the past.

Implications

The study on the relationship between the Christian faith and healing from traumatic events holds important implications, aligning with the theoretical framework, reviewed literature, and interview findings. At the individual level, the results supported Lazarus and Folkman's theory of primary and secondary appraisal in understanding how individuals evaluate and cope with traumatic experiences. The participants' assessment of the stressors and offenses they faced in their past was influenced by their Christian faith. They turned to Christian teachings and practices as a resource for coping and finding solace. This implied that integrating faith-based perspectives and practices into therapeutic interventions can be beneficial in helping individuals navigate their healing journey and promote mental well-being and societal levels.

First, the relationship indicated the impact of religion on personal healing and coping. It was important to note that traumatic events have different impacts on an individual's life,

affecting mental, emotional, and physical well-being. Most participants developed some sense of insecurity around the institution of marriage, while others feared that the same might happen to their young daughters. These were evidence of the emotional effects of trauma. Others developed difficulty sustaining any social relationships, be it courtship or marriage, as they were haunted by their past, making them feel violence was the only way to validate their societal position. Therefore, exploring the association between the Christian faith and the healing process can provide believers with the framework and resources to help them find solace, peace, and hope in the face of trauma and when enduring the consequences of a traumatized childhood. Understanding the relationship can lead to individuals developing practices, such as prayer and positive existence, within the church community.

Second, the study highlighted spiritual support's implications in the healing process. The participants' reliance on prayer and engagement with the Christian community demonstrated the importance of spiritual resources in coping with trauma. The literature review supported this, indicating that faith and spirituality can provide. Prayer was a significant source of comfort, guidance, and meaning for individuals struggling with traumatic events. The Word from the book of Psalms in the Bible helped provide comfort and motivation during challenging moments. Understanding the relationship between Christian faith and healing from traumatic events can inform religious leaders, support groups, religious groups, and counselors, who can utilize these findings to address the individuals' spiritual and emotional issues. Understanding the association can help develop tailored approaches and interventions incorporating faith-based perspectives into their interventions, providing individuals with holistic support that addresses their spiritual and emotional needs in the various therapeutic practices.

Moreover, understanding the relationship between healing and the Christian faith sheds light on the help that can establish underlying spiritual, social, and psychological mechanisms that can contribute to a positive recovery. The participants' experiences reflected the significance of trauma. Specific aspects of Christian belief, such as meaning making and forgiveness as an adaptive strategy within an interpersonal conflict, aligned with the reviewed literature. The participants who chose to forgive reported relief from emotional burdens and restoration of family ties. This emphasized the role of forgiveness, which was crucial in promoting individual growth post-trauma.

Last, the study highlighted understanding the relationship between healing and well-being. Therapeutic approaches can be enriched by integrating forgiveness interventions inspired by process and Christian teachings, fostering personal growth, and facilitating healing.

Furthermore, the study's implications extended to fostering faith and developing dialogue and understanding among various religious communities. The interviews' findings provided insights into Latina women's experiences within a patriarchal society, where gender roles and expectations often contribute to traumatic events. Additionally, the results supported promoting empathy, facilitating a collective approach to addressing gender inequalities, and promoting gender equality within the social spectrum, as well as embracing that different faith communities can learn from each other and develop universe-healing approaches to help the believers. The dialogue can help build an inclusive and compassionate society that can be fostered by recognizing shared experiences and drawing on respecting the strengths of different faith communities.

The research implications supported the theoretical framework, reviewed literature, and interview findings. By recognizing the role of the Christian faith in healing from traumatic

events, individuals can be provided with the necessary resources and support to cope with the emotional and psychological impacts of trauma. Integrating faith-based perspectives into therapeutic interventions can enhance the healing process. Moreover, understanding the dynamics within patriarchal societies and fostering dialogue among religious communities can contribute to addressing gender inequalities and promoting a more inclusive culture. These implications emphasized the importance of considering the role of faith in trauma recovery and facilitating a comprehensive and culturally sensitive approach to healing.

The research on the relationship between the healing process and the Christian faith has several applications that align with the theoretical framework, reviewed literature, and interview findings. Understanding the relationship can help counselors and therapists to understand the impacts of religious beliefs on individuals. Psychological health can inform counselors about individuals, promote their mental and emotional health, and assist therapists in promoting culturally sensitive physical well-being and holistic approaches to therapy, facilitating the healing process. Incorporating such knowledge of the relationship between faith and healing can enhance mental health outcomes by developing tailored strategies that meet the spiritual needs of individuals and promoting overall well-being for the clients through culturally sensitive approaches.

This research also had applications in pastoral care and providing spiritual support. Pastors in counseling and other religious leaders can benefit from a deeper understanding of the role of faith in coping with trauma. This knowledge can equip them with the appropriate information to give the followers the proper guidance and support and ensure a smooth path to healing.

Trauma-informed (TI) faith communities' relationship can provide a foundation for developing practices that are responsive to helping the traumatized faithful recover. Having this knowledge at their fingertips can help create a safe and supportive environment for the faithful. The fellowships would be confident about congregating in an environment that would help them navigate demanding situations. This way, the faith establishments can become a fortress for the believers to find comfort and relief from their demanding situations, encouraging the healing process and finding solace in their religious beliefs. Furthermore, the research can contribute to the establishment of TI faith communities. By recognizing the impact of trauma and incorporating TI practices, religious organizations can create safe and supportive environments for individuals seeking healing. This can be fostered through resilience and provide a robust support system for those experiencing trauma.

The findings from this study can also be incorporated into the training process for pastoral counselors, mental health professionals, and religious leaders. By integrating the spiritual aspects of trauma recovery into their curriculum, training program developers can develop a curriculum that incorporates the spiritual elements of helping traumatic victims to enhance cultural awareness and equip professionals with the necessary skills to address the spiritual needs of individuals in their care within the professions. Therefore, cultural awareness facilitated the development of inclusive and comprehensive approaches to training professionals and clinical psychological practice.

Additionally, the knowledge from this research had implications for development, which also applied to the development of community outreach and social programs. Recognizing that programs help understand the role of the Christian faith in healing and ensuring recovery from trauma can inform traumatic life events. Sensitizing the design and implementation of programs

that provide support and resources to other religious organizations, community outreach, and

social services can help heal the traumatized individuals within the community. The services or

programs can be tailored to address specific traumatic events and to promote effective healing

and resilience, drawing many people toward serving God.

Lastly, the research findings can also contribute to developing policies and advocacy

movements to improve the mental health of individuals with traumatized childhoods and those

experiencing traumatic events. The development of advocacy efforts and policies can be focused

on improving mental health outcomes for individuals with traumatic childhood experiences and

those experiencing trauma. Guidelines can be developed to incorporate spirituality into the

healthcare system, promoting a TI approach that recognizes the importance of addressing the

spiritual well-being of individuals during the healing process. Some policies may include using a

TI approach, whereby the environment is developed to ensure that it is appropriate for recovery

from traumatic events.

In conclusion, the research has practical applications in clinical psychology, pastoral care,

community outreach, and policy development. By incorporating the knowledge of the

relationship between healing and the Christian faith, professionals, and organizations can provide

culturally sensitive and holistic support to individuals navigating the healing process. This

contributes to traumatized individuals' overall well-being and resilience and promotes a more

inclusive and comprehensive approach to trauma recovery.

Delimitations and Limitations

The research had several limitations that should be considered when interpreting the

findings and applying them to other contexts. For example, there was sample bias in the research.

The convenience sampling methods resulted in a sample not representative of the general

population. The participants in the study had specific religious beliefs or experiences that differed from the broader population, limiting the generalizability of the findings. Future research should aim to use more diverse and representative samples to enhance the external validity of the results.

The reliance on self-reporting in qualitative data introduced the potential for self-reporting bias. Participants may have responded in ways they perceived as socially acceptable or aligned with their faith, leading to biased or inaccurate information. Researchers should consider employing additional measures or methods to validate the self-reported data and ensure the reliability of the findings.

Furthermore, establishing a causal relationship between the Christian faith and the healing process was complex. Multiple variables were at play, including individual differences in religious beliefs, preexisting mental conditions, and the nature of traumatic events. Considering these variables and their potential interactions was essential when interpreting the relationship between faith and healing. Future research could employ more rigorous study designs, such as longitudinal studies or randomized controlled trials, to better understand the causal mechanisms underlying this relationship.

Additionally, measuring the variables of faith and healing presented challenges. Faith is a multifaceted construct encompassing various religious practices, beliefs, and experiences. Similarly, healing can manifest in diverse ways, encompassing spiritual, physical, and psychological dimensions. The complexity of these constructs made it challenging to measure and isolate their effects precisely. Researchers should employ multiple measures and methodologies to capture the multifaceted nature of faith and healing.

Moreover, the research focused specifically on the Latina community, which limited the generalizability of the findings from other cultural contexts. The relationship between faith and healing may vary across different communities and regions, considering the influence of cultural background, socioeconomic status, and social support networks. Future research should explore the relationship in diverse cultural and religious contexts to enhance the understanding of the generalizability of the findings.

Thus, while the research provided valuable insights into the relationship between the Christian faith and the healing process, it was essential to acknowledge and address the limitations inherent in the study. By considering these limitations, researchers can refine future studies to enhance the findings' validity, reliability, and generalizability.

Recommendations for Future Research

In future studies, it would be valuable to empirically analyze the effectiveness of faith-based approaches in addressing trauma among members of churches and religious organizations. This research could involve assessing the impacts of practices, such as prayer, community support, scripture reading, and religious rituals, in facilitating the healing process for trauma survivors. Researchers can provide valuable insights for mental health practitioners and counselors by examining how Christian faith practices contribute to healing.

Additionally, further research could explore the role of Christian faith in meaning-making among trauma survivors. Understanding how faith influences individuals' interpretation and understanding of traumatic events can shed light on the part of spirituality in promoting resilience, forgiveness, and personal growth within the Christian community. There is also a need to explore integrating spiritual aspects into psychological practices. Future studies could examine the benefits of incorporating a combined approach that integrates faith-based

perspectives alongside traditional psychological interventions. This would provide insights into the potential constructive collaboration between psychological and spiritual practices in addressing the effects of trauma.

Furthermore, considering the findings related to the role of patriarchy in causing trauma within the Latina community, future research could delve deeper into understanding the dynamics of gender roles and power structures within the cultural context. Exploring the intersection of gender, patriarchy, and trauma within the Latina community can contribute to a more comprehensive understanding of individuals' experiences and challenges in healing from traumatic events.

Lastly, conducting comparative studies between different psychological practices, including traditional and faith-based approaches, can help evaluate the efficacy and effectiveness of these other modalities. By comparing outcomes and considering cultural context and individual preferences, researchers can provide valuable guidance for practitioners and inform evidence-based interventions for trauma survivors.

Thus, future research in this field should focus on empirically evaluating the effectiveness of faith-based approaches, exploring the role of Christian faith in meaning-making, integrating spirituality into psychological practices, examining the dynamics of patriarchy and trauma within specific cultural contexts, and conducting comparative studies to inform evidence-based interventions. These avenues of research contribute to a more nuanced understanding of the relationship between the Christian faith and the healing process, benefiting individuals and communities affected by trauma.

Summary

Chapter Five concluded the research on the relationship between the Christian faith and healing among Latina Christian women who were CA trauma survivors in the Western United States. The study aimed to understand how religious activities, community belonging, and relationship with God influence the healing processes of trauma survivors. The research questions focused on describing the experiences with CA, challenges in adulthood relating to others, and coping mechanisms used by Latina Christian women.

The findings highlighted several key points. Forgiveness emerged as a prominent coping strategy among the participants. More forgiving people had better mental health and relationships than those who found forgiveness challenging. Participants shared traumatic experiences of domestic violence, sexual harassment, and parental neglect, significantly impacting their well-being and social functioning. The influence of patriarchal norms and gender roles within Latina families contributed to oppressive dynamics, control, and abusive behaviors. Religion and the Word of God played a crucial role in the healing process for many participants. They sought comfort in religious teachings, Bible verses, and faith to cope with traumatic experiences and find purpose. The discussion elaborated on how trauma could affect religious beliefs and how the Bible's teachings on forgiveness and seeking God's presence facilitated the healing process. The study's implications included applications in clinical psychology, pastoral care, community outreach, and policy development. Understanding the relationship between faith and healing could help develop more holistic and culturally sensitive approaches to trauma recovery.

The research had limitations, including sample bias and self-reporting bias, which limited the generalizability of the findings. Future research recommendations included empirically

analyzing faith-based approaches, exploring the role of Christian faith in meaning-making, integrating spirituality into psychological practices, studying the dynamics of patriarchy and trauma within specific cultural contexts, and conducting comparative studies to inform evidence-based interventions. Overall, the study shed light on the significant impact of traumatic events, patriarchal norms, and the role of forgiveness and faith in the lives of Latina Christian women who are trauma survivors. It provided valuable insights for professionals, religious leaders, and policymakers in addressing trauma and promoting healing within this community.

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