

A Phenomenological Study of the Effects of Unresolved Sexual Trauma on Intimacy in African
American Women Relationships

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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

Childhood sexual abuse (CSA) has multifaceted effects on survivors. The psychological distress stemming from CSA often leads to the development of abnormal cognitions and behaviors that persist throughout a survivor's lifetime. While substantial research has focused on the long-term consequences for women who have experienced childhood sexual assault, there is still a need to explore the experiences of African American (AA) women who have encountered CSA and how it shapes their ability to engage in intimate sexual relationships. This phenomenological study aims to investigate the lived experiences of AA women who have endured CSA, with a particular focus on the impact on their capacity for intimate relationships, trust, and communication within those relationships. By examining the personal stories of these survivors, this research endeavors to enhance our comprehension of the unique relational behaviors associated with childhood sexual assault.

Keywords: Childhood Sexual Abuse, Adult Survivors of Childhood Sexual Abuse, Unresolved Childhood Sexual Abuse, Sexual Abuse, African American Childhood Sexual Abuse

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Dedication

With profound gratitude, I dedicate this study to my Savior, Jesus Christ, whose boundless grace has carried me through this challenging process and continually reminded me of His eternal and unwavering love. He knew me before I was born, set me apart, and appointed me to do his work (Jeremiah 1:5).

In addition, I extend my heartfelt gratitude to the individuals who have played a significant role in shaping my academic journey and personal growth. My mother, Shirley Johnson, stands at the forefront of my dedication, as she has always been a pillar of unwavering support, nurturing my dreams and ambitions. Her love and encouragement have been instrumental in my pursuit of knowledge and academic excellence.

Furthermore, paying tribute to the memory of James Franklin Johnson Sr. (my grandfather), James Franklin Johnson Jr. (my father), James Franklin Johnson III (my brother), and Grover Alfred Johnson (my uncle), whose collective wisdom and boundless love fostered an environment that enabled me to truly understand myself.

Moreover, I would like to express my deep appreciation to my children, Gion Johnson-Clark, GiVonna Johnson-Jackson, and Jermaine Jontae Jackson, whose resilience and determination inspire me daily. Their presence in my life has been a driving force in my pursuit of academic excellence.

In addition, I extend thanks to my sisters, Jamie Johnson, Carmen Butts, and Verta Ree Harper, and my brother DeShuan Johnson, as well as my dear friends, Dr. Keisha D. Johnson, Pamela McCoy, and Electra Railey, for their daily unwavering support and encouragement.

Furthermore, I would also like to acknowledge the unwavering dedication of DeWayne Edwards, whose love and support were pivotal during the later stages of my dissertation journey. DeWayne, your presence in my life illuminated the path to completion, and I am forever grateful for your role as my confidant, inspiration, and guiding light. You provided the essential support when I needed it most, and I cannot thank you enough for being there during my final steps.

Finally, I acknowledge Captain Donald Schmidt of the United States Public Health Service Commissioned Corps and Michael D. Timmons for their exceptional support, guidance, and daily inspiration. Your contributions have been instrumental in my academic achievement, and I am deeply grateful for your unwavering encouragement.

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constant source of inspiration. With his positive outlook and unwavering strength, DeWayne has shown me that we can triumph with a smile no matter what life throws his way. My deepest appreciation and thanks go to DeWayne for being my guiding light during the final stages of this journey.

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List of Abbreviations

African American (AA)

American Association of Christian Counselors (AACC)

Attachment to God Inventory (AGI)

Childhood Sexual Abuse (CSA)

Institutional Review Board (IRB)

The World Health Organization (WHO)

Post-traumatic Stress Disorder (PTSD)

Sexually Transmitted Infection (STI)

Sexually Transmitted Disease (STD)

Health Insurance Portability and Accountability Act (HIPAA)

Evidence-based Measure of Empowerment for Research on Gender Equality (EMERGE)

Qualitative Data Analysis Software (QDAS)

Chapter One: Introduction

Overview

The purpose of this phenomenological study was to investigate the experiences of African American (AA) women who had endured childhood sexual abuse (CSA) and evaluate its influence on their ability to engage in intimate sexual relationships with their partners. Although extensive research had explored the effects of childhood sexual abuse on individuals, there existed a notable gap in the literature concerning its specific impact on the romantic relationships of African American women. Furthermore, limited attention had been given to the perspective of African American women in apparently healthy relationships, and there had been no recent studies exclusively dedicated to African American women in marriages or long-term partnerships who had a history of CSA. This study employed a phenomenological methodology to collect insights from African American women regarding how they perceived the impact of CSA on their capacity to nurture sexual intimacy, trust, and communication within their relationships to gain a better understanding of the impact. The primary objective of this study was to uncover the essence of these women's lived experiences, with a particular focus on the challenges they faced in fostering these crucial aspects within their relationships.

Background

Child Sexual Abuse has been linked to a range of adverse outcomes, with profound and individualized effects on the lives of survivors (Krishnan et al., 2017). These impacts might have manifested at different stages of life and encompassed a range of symptoms, including dissociation, anxiety, self-harm, relationship challenges, and the development of addictive or compulsive behavior patterns (Aaron, 2012). Early experiences of sexual abuse often left a lasting mark on an individual's ability to form and maintain intimate relationships (Krishnan et

al., 2017). The process of communicating and negotiating sexual intimacy could have been particularly challenging when one partner was a trauma survivor in the process of healing and recovery (Pulverman et al., 2018). It was essential to acknowledge that the healing process might have remained incomplete for some women if the underlying issues associated with CSA were left unaddressed. This study aimed to explore the impact of unresolved CSA on African American females in the context of intimacy.

The prevalence of child sexual abuse was estimated to be 7.9% for males and 19.7% for females worldwide (Singh et al., 2014). Perpetrators of sexual abuse were often individuals known to the victims, with family members, such as brothers, fathers, uncles, or cousins, accounting for roughly 30% of cases. Additionally, approximately 60% were other acquaintances, including babysitters, neighbors, or "family friends," while strangers were estimated at 10% of child sexual abuse cases (Repič Slavič & Gostečnik, 2017; Sullivan et al., 2020; Walsh et al., 2012). Although men accounted for most child sexual abuse cases, women were responsible for 15% to 20% of recorded offenses against children (McLeod et al., 2021).

Trust emerged as a central issue in partnerships when a history of CSA was present (Ng et al., 2020; Olson, 2021; Bates-Duford, 2019). Relationships characterized by higher conflict and lower satisfaction were more likely to be unstable and dissatisfying (Pulverman et al., 2018). Women with a history of abuse often experience sexual dysfunction, with sexual desire and arousal issues being commonly reported as the central problem (Pulverman et al., 2018). The sympathetic nervous system, sexual self-schemas, cognitive associations with sexuality, body image, self-esteem, shame, guilt, and sympathetic nervous system activation were the mechanisms used to explain the connection between CSA and sexual dysfunction (Akeflo et al., 2021).

An essential observation was that, despite the absence of sexual abuse in the children studied, the research conducted by Colman and Widom (2004) suggested that childhood trauma had no substantial impact on the participants' likelihood of entering into marriage. However, a history of abuse did increase the likelihood of cohabitation with romantic partners (Colman & Widom, 2004). Furthermore, Colman and Widom observed that a history of abuse was associated with an increased incidence of interpersonal problems, with survivors being twice as likely to end a romantic relationship (Colman & Widom, 2004). Abused women were also significantly more likely to report infidelity and perceive their relationships as caring, helpful, and communicative compared to the control group (Colman & Widom, 2004). Additionally, the authors found that married victims of abuse and neglect had a twofold higher likelihood of experiencing divorce than individuals in the control group (Colman & Widom, 2004).

Historical

State-level reporting requirements for suspected instances of child abuse were not mandated until Congress passed the Child Abuse Prevention and Treatment Act in 1974 (Bates, 2010; National Child Abuse and Neglect Training and Publications Project, 2014). Family historians have uncovered evidence that in affluent European households during the fifteenth and sixteenth centuries, there were occasional instances of adults using young children for sexual purposes (Bates, 2010). In New York City, between 1790 and 1876, a third and a half of rape victims were under 19; in the 1820s, this proportion rose to seventy-six percent (Chenier, 2010). Between 1817 and 1899, newspapers reported more than 500 cases of father-daughter incest (Sacco, 2009). According to Hamilton and Godkin (2010), the most common type of sexual crime was the rape of children.

In the context of intimacy, references in psychoanalytic literature were predominantly

made in two contexts: romantic relationships and clinical treatment. Freud made fragmented statements regarding how the ego surrenders to an idealized object, which is replaced by the ego ideal when love is present, leaving the ego unprotected (Freud, 2011). Our ego boundaries often dissolve when we fall in love, leading to euphoric feelings (Kanwal & Akhtar, 2018). Kanwal and Akhtar (2018) pointed out that this feeling of boundary dissolution was illusory, as many areas of our ego remained inviolate. Physical proximity and frequent contact could create 'closeness,' but they did not necessarily guarantee 'intimacy' (Muniruzzaman, 2017; de Jager et al., 2021). Intimacy included elements such as trust, concern, porous self-boundaries, mutuality, lack of shame, sharing experiences, and tenderness (D'Emilio & Freedman, 2013). In the era of the 'Protean Man' and the 'culture of narcissism,' there was an emphasis on appearances, acquisitions, goals, and self-beneficial 'adjustments' to circumstances (Kanwal & Akhtar, 2018).

Intimacy, love, and compassion were all interconnected facets of the human experience that developed over time (Fielder, 2015). Adult intimacy involves an awareness of and acceptance of one's private sentiments and behaviors, truthful communication with another, and acceptance of the other's conscious and unconscious positive and negative aspects (Fielder, 2015). Attachment theory, initially proposed by Bowlby (1958) and empirically validated by Ainsworth (1967), was rooted in an ethological and Darwinian evolutionary framework. Its core premise was that newborns had an innate tendency to seek and form a unique and enduring affectional attachment to maximize their chances of survival. This connection between attachment and intimacy suggested that early attachments shaped the quality of subsequent romantic relationships and the expression of closeness (Mayseless & Scharf, 2007). A study of married couples found that individuals with secure attachments were more comfortable with intimacy, trusted more easily, and reported higher marital satisfaction compared to those with

insecure attachments (Feeney, 1996). In the early 1970s, articles on the role of intimacy began to emerge throughout the United States (Sexton & Sexton, 1982). Sexton and Sexton (1982) emphasized that intimacy was a personal experience that remained within 'the most private and unrevealed aspects of the individual' (p. 13).

Situation to Self

Epistemology can be seen as both a lens through which we look and a distinct branch of philosophy. As a lens, it provides a framework for understanding how we acquire and evaluate knowledge. It influences our perception of the world and shapes our approach to gathering and interpreting information, serving as a fundamental perspective through which we view the nature of knowledge and belief.

Simultaneously, epistemology is a branch of philosophy with various theories and perspectives falling under its umbrella. It explores questions about the nature of knowledge, the criteria for justified belief, and the methods we use to gain understanding (Moon & Blackman, 2014). Different philosophers propose various theories within epistemology, such as empiricism, rationalism, and pragmatism, each offering distinct perspectives on how knowledge is attained and justified.

Adopting a social constructivist approach in my research allows for viewing knowledge and truth as products that emerge from the lived experiences of individuals and their interactions within society (Andrews, 2012). To truly understand the experiences of survivors, it is imperative to see the world through their eyes. This can only be achieved by actively listening to understand and allowing individuals to structure their experiences in a way that reflects their unique worldview. The driving force behind this study is a profound desire to understand how African American women navigate the trauma of childhood sexual abuse and the profound

impacts of this unresolved trauma on their intimate relationships later in life. In recognizing the centrality of survivors' experiences, my research approach is rooted in the principles of epistemology and social constructivism, emphasizing the importance of understanding and valuing their perspectives.

In this context, social constructivism provides the framework through which the research is approached, shaping the perspective and methods for understanding the experiences of survivors. Epistemology, on the other hand, underlies the fundamental principles of knowledge and belief that guide the research journey, allowing for a critical examination and justification of the knowledge gained (Andrews, 2012).

Theoretical

The definition of *childhood sexual abuse* could vary depending on legal and policy frameworks, encompassing various concepts and criteria. A key factor in defining CSA was the description of specific acts and the issue of informed consent. It is important to note that the age of consent might differ from state to state, sometimes allowing exceptions for consensual sexual activity among minors close in age, typically under the age of 18 (Krugman, 1993). CSA was consistently defined as instances where an adult engaged in sexual acts with a child, emphasizing the inherent power imbalance (Seshadri & Ramaswamy, 2019).

The World Health Organization (WHO) provided a comprehensive definition of CSA, characterizing it as any sexual activity involving a child who lacks the cognitive and emotional capacity to fully comprehend or provide informed consent for such acts (WHO, 2022). This definition aligned with societal norms and legal standards, underscoring the violation of these norms. Survivors of CSA were compelled to tackle the multifaceted consequences and adverse effects of trauma associated with sexual abuse, encompassing psychological, emotional, and

interpersonal challenges (Draucker et al., 2011).

Draucker et al. (2011) developed a CSA Healing Model that addressed the abuse's elements and recognized the healing process's dynamic nature. This model considered the impact of CSA on a survivor's life course, including the effects on family legacies and life patterns influenced by individuals who might have either challenged or affirmed these legacies. It also delved deep into the survivor's journey to understand their own sexuality and assert their rights in this domain (Schoon & Briken, 2021). Furthermore, the model explored the survivor's narrative, emphasizing the violence experienced and examining the role of spirituality and faith in the healing process. The final aspect focused on strategies for helping others, making the model comprehensive in addressing the diverse issues commonly experienced by adult female survivors of unresolved CSA.

Problem Statement

A comprehensive phenomenological study that examined the effects of unresolved sexual trauma on intimacy within African American relationships had yet to be conducted on a significant scale. Notably, previous research on psychopathology in sexually abused children spanned 43 years, but it had less than 1% representation of African Americans (Cutajar et al., 2010). The challenges experienced by survivors of childhood sexual abuse in relationships were multifaceted, encompassing issues related to self-esteem, trust, sexual intimacy, communication, substance use/abuse, emotion regulation, cognitive development during childhood, coping mechanisms, depression, unhealthy attachments, and post-traumatic stress disorder (PTSD) (Kim et al., 2017).

CSA is a type of trauma with enduring and destructive consequences if left untreated, particularly when it occurs during a person's formative years, during which cognitive and

psychological capacities are limited (Shakespeare-Finch & de Dassel, 2009; Saladino et al., 2021). Survivors were vulnerable to various physical health issues, including anxiety, depression, trust issues, PTSD, and substance abuse (Jacques-Tiura et al., 2010; Saladino et al., 2021; Ensink et al., 2020). The psychological outcomes for adult CSA victims were influenced by how they navigated closeness and intimacy in childhood relationships (Dimitrova et al., 2009; T. Levy, 2017; Muniruzzaman, 2017).

African American couples often lacked an understanding of the impact of unresolved CSA on their long-term relationships. The healing process was unique for each survivor, and awareness within the African American community was vital, as marriages were more likely to encounter challenges when one partner concealed the trauma associated with CSA (Elliott & Briere, 1992; Anguelova, 2018, p. 16). Distrust among adult abuse survivors was one of the most common relational stressors in relationships where one partner had endured childhood abuse (Brandis, 2022). Power imbalances could further exacerbate this distrust, creating additional complexities in the relationship (Wells, 2015). Despite the detrimental impact of CSA on romantic relationships, these same relationships played a substantial role in the long-term consequences of CSA. Research indicated that survivors exhibited lower relationship satisfaction, increased relationship distress, and less stable relationships (Cherlin et al., 2004; DiLillo & Long, 1999; Kim et al., 2017). Survivors of CSA often reported symptoms such as poor psychosexual functioning, extradyadic involvement, and difficulties disclosing their prior abuse to their current romantic or marital partners (Johnson et al., 2019). This study aimed to determine whether the symptomology and its intensity differed among African American women who had experienced unresolved CSA, as most studies lacked significant representation of this population or relied on outdated information (Dunlop et al., 2015).

Purpose Statement

This phenomenological study sought to explore how unresolved childhood sexual abuse affected the capacity of African American women to navigate intimacy within a relationship. The study involved African American women who had experienced childhood sexual trauma, were between the ages of 21 and 50, and were currently in heterosexual relationships. This most basic violation of trust, safety, and security could profoundly influence a survivor's ability to trust, be vulnerable, and feel secure, even within the context of an intimate partnership (Johnson, 2004). Research indicated that psychological distress and interpersonal dysfunction tended to be more prevalent in couples where at least one spouse had a history of child sexual abuse compared to couples with no such history (Chen & Carolan, 2010; Nelson & Wampler, 2000).

The study involved African American women who have experienced childhood sexual trauma, are between the ages of 21 and 50, and are currently in heterosexual relationships. This most basic violation of trust, safety, and security can profoundly influence a survivor's ability to trust, be vulnerable, and feel secure, even within the context of an intimate partnership (Johnson, 2004). Research indicates that psychological distress and interpersonal dysfunction tend to be more prevalent in couples where at least one spouse has a history of child sexual abuse compared to couples with no such history (Chen & Carolan, 2010; Nelson & Wampler, 2000).

Significance of the Study

Understanding the relationship challenges of African American women who have not resolved the past trauma associated with childhood sexual abuse was complex. While the focus on protecting children and prosecuting offenders in cases of CSA was crucial, it had sometimes overshadowed the essential aspect of therapy (Kotzé & Brits, 2019). It was important to

acknowledge that no therapy could entirely reverse the effects of abuse, but the availability of counseling services could significantly mitigate these effects.

Some individuals might have struggled with uncertainty regarding whether they had experienced sexual abuse. Even when they recognized the violation, they might have erroneously perceived it as their fault, accepted the pain as normal, or considered the abuser's behavior as acceptable (Krishnan et al., 2017). The prevalence of sexual assault varied by country, socioeconomic status, and age group, but it remained a distressingly common occurrence. Regrettably, despite the potential for evidence-based interventions to mitigate the harmful consequences experienced by child victims, these victims were often left unidentified, without access to clinical assessments and counseling services, particularly when the perpetrator was another youth (Slemaker et al., 2021). Numerous barriers obstructed the identification of CSA victims and their ability to access behavioral or mental health services, primarily due to various factors.

Research Questions

RQ1: How do AA women who have experienced CSA and are in a long-term relationship or marriage describe their experiences throughout their relationship with their current partner?

RQ2: How do AA women describe their experiences within an intimate long-term relationship where communication is a barrier because of CSA?

RQ3: How do AA women describe the effects of CSA on their intimate relationship with their partner?

RQ4: How does the presence of CSA influence the performance of AA women in a long-term or committed relationship?

Definitions

Listed below are the definitions of the terms used throughout the study. Providing these definitions is essential because it serves to enhance the readability and comprehension of our research. By clearly defining key terms and concepts, we eliminate potential confusion and ensure readers have a solid foundation for understanding the study's content. This, in turn, facilitates a more accessible and insightful reading experience, allowing readers to engage more effectively with the research findings and analysis.

1. Childhood sexual abuse - CSA is any sexual activity aiming to deliver sexual pleasure, arousal, or gratification to an adult who utilizes a minor for this purpose, taking advantage of a position of authority (Castro et al., 2019).
2. African American Women – Black (African descent) women who were born female in the United States of America (Mayberry, 2018).
3. Minor - anyone under 18 (Seshadri & Ramaswamy, 2019).
4. Couples with a history of CSA – an intimate relationship where one of the partners has experienced CSA (Nasim & Nadan, 2013).
5. Partner – the male individual in the relationship or marriage (Nasim & Nadan, 2013).
6. Marriage – is the consensual union of an individual born male and female (Grossbard, 1999).
7. Long-term committed relationship – two individuals living together (cohabitation), unmarried for greater than a year (Gaspard, 2017).
8. Survivor – is an individual who has experienced CSA (Nasim & Nadan, 2013). However, it is important to acknowledge that not all individuals may identify with this label due to varying preferences and responses to trauma.

Summary

The issue at hand revolved around survivors of CSA who, as children, were denied the ability to refuse and comprehend the sexual acts forced upon them. African American women, in particular, often remained silent about their CSA experiences due to the social stigma and discrimination they feared, particularly from family members. The aftermath of CSA left survivors dealing with symptoms such as depression, shame, trust issues, sexual disorders, and PTSD, all of which detrimentally affected their relationships with others.

Child sexual abuse was a pervasive problem that robbed countless children of their childhoods, leaving long-lasting scars that persisted into adulthood. These survivors often found it difficult to navigate their journey into adulthood due to the trauma they had endured. With this in mind, the study sought to examine the experiences of African American women who continued to struggle with unresolved CSA, which had manifested in relationship problems, causing emotions like anger, embarrassment, despair, and depression that they struggled to comprehend and process. The study focused on African American women who had experienced CSA and now faced difficulties in establishing and maintaining intimate relationships.

Chapter Two: Literature Review

Overview

The literature review is structured into three distinct sections. The initial section explores the profound implications of childhood sexual trauma. CSA exerts a profound and enduring influence on a child's psychological development, shaping their worldview into adulthood and positively and negatively impacting their spirituality. Moreover, as survivors progress through the life course, their emotional and evaluative dimensions of psychosexual functioning deteriorate. Furthermore, survivors exhibit a heightened vulnerability to physical health disorders, including anxiety, depression, trust issues, PTSD, and substance abuse. Notably, these manifestations seem to be particularly prominent among African American females. It is important to note that CSA transcends racial and socio-economic boundaries, affecting all children.

The subsequent section centers on the repercussions of CSA on the sexual functioning of female individuals. Sexual assault poses formidable challenges to the initiation and maintenance of intimate relationships. For those affected by CSA, fundamental aspects such as physical contact, intimacy, communication, and trust often prove difficult to establish and maintain. This is exacerbated by the reenactment of past distressing interpersonal patterns that tend to define the dynamics of their relationships. CSA survivors frequently experience a profound sense of powerlessness when confronted with sexual situations. Women who have experienced sexual abuse in childhood are more likely to engage in unrestricted sexual behavior, are at a higher risk for repeated sexual assaults, and report decreased overall sexual satisfaction in their relationships.

The third and final section examines the symptomology linked to CSA, which may vary

depending on the individual and the severity of the trauma; however, there are common symptoms linked to this specific type of trauma. Recognizing these hallmark signs of child sexual abuse empowers parents and caregivers to take the necessary measures to ensure a child's well-being. Clinical presentations may exhibit variability based on factors such as the child's age, the extent of the sexual trauma, the child's temperament, and their acquired coping mechanisms. A thorough examination of the adult symptoms resulting from CSA enables a more precise diagnostic approach and facilitates the development of targeted interventions to address the pathological symptoms and challenges faced by women with histories of sexual abuse.

Theoretical Framework

Information Processing Model

There is a growing realization that individuals exhibit diverse reactions to traumatic events. The information processing model serves as the primary theoretical framework for this research. Resick and Schnicke (1992) introduced an information-processing model of trauma response patterns, emphasizing that individuals incorporate the event differently into their pre-existing beliefs and schemas. Individuals can respond to trauma in three distinct ways: assimilation, which involves adjusting the experience to align with existing schemas; accommodation, which entails modifying existing schemas; and over-accommodation, which leads to maladaptive schema changes (Hartman & Burgess, 1993). Littleton (2007) supports the idea that these behavioral patterns manifest in distinct coping mechanisms among survivors of sexual assault.

The information processing model was employed to explore the interplay between sensation, perception, and cognition because it provides a framework for examining human behavior and understanding human responses to traumatic events (McLeod, 2008). This model

serves as a method for investigating information processing. Information processing studies focus on elucidating how external or intentionally induced stimuli reach the central nervous system, resulting in various reactions (Melkonian & Ham, 2018).

Attachment Theory

A valuable and enlightening conceptual framework for characterizing the familial causes and enduring effects of sexual abuse is provided by attachment theory. The dynamics within families with a history of sexual abuse typically revolve around themes associated with insecure parent-child attachment. These themes include rejection, role reversal/parentification, fear, and unresolved trauma (Gewirtz-Meydan & Finzi-Dottan, 2017). Specific categories of outcomes are also tied to potential attachment experiences (Alexander, 1992). Adult and childhood attachment styles exhibit substantial similarities. A child's capacity to comprehend intimacy or romantic love is limited; thus, CSA disrupts the child's perspective on attachment (Gewirtz-Meydan & Ofir-Lavee, 2021).

Three fundamental factors underlie attachment styles and patterns. The first dimension is closeness, referring to one's emotional and intimate comfort with another person (Levy, 2017). The second factor pertains to a person's comfort level in depending on others and having their partners depend on them or their independence/avoidance tendencies. The third factor is anxiety, representing the extent to which individuals are concerned about being abandoned or rejected by their partners (Levy, 2017). The application of attachment theory to adult relationships is predominantly rooted in the belief that the intimate emotional connections between children and their parents significantly influence the type of attachment they form within their future intimate relationships (Gewirtz-Meydan & Ofir-Lavee, 2021). Romantic Attachment Theory, which builds upon the development, maintenance, and breakdown of relationships beyond childhood,

employs attachment theory as its foundation to elucidate how trauma can impact intimate relationships (Fraley & Shaver, 2000).

Child Sexual Abuse Accommodation Syndrome

Roland Summit, M.D., first coined the term Child Sexual Abuse Accommodation Syndrome (CSAAS) in 1983 (Malloy & Mugno, 2015). CSAAS is a widely accepted and straightforward concept that describes the typical responses of most children to sexual abuse. The syndrome encompasses five components, with two characterizing inherent childhood vulnerability and three being sequentially dependent on sexual assault: (1) secrecy, (2) helplessness, (3) entrapment and accommodation, (4) delayed and unconvincing disclosure, and (5) retraction (Summit, 1993). The accommodation syndrome serves as a straightforward and coherent framework, aiding clinicians in enhancing their comprehension of the intricate dynamics of sexual abuse from the child's perspective (Celik et al., 2018).

What follows a child's disclosure of sexual assault may lead to secondary trauma. If the child's disclosure is met with disbelief, they face the risk of further harm, potentially undermining their trust in others (Denne et al., 2021). The primary concern is the fear that no one will believe them when speaking out. Victims of sexual abuse frequently experience feelings of guilt and shame regarding their experiences (Freeman & Morris, 2001). The stakes are often elevated due to the perpetrator warning the child about the adverse consequences of disclosing the abuse to others (Celik et al., 2018). Consequently, children often experience isolation and helplessness, developing coping mechanisms to navigate repeated instances of sexual abuse (Weiss & Curcio Alexander, 2013). After experiencing sexual abuse, children may display inconsistent behaviors, which adults can sometimes misunderstand (Malloy & Mugno, 2015).

Related Literature

This study examines the lived experiences of female survivors of CSA and how they function intimately in a relationship. Few studies have examined the experiences of African American couples in which the female partner is a survivor of CSA. Despite the documented prevalence of CSA within African American communities, a weakness in the literature about CSA is the lack of attention to the relationships of ethnically diverse sexually abused women (Liang et al., 2006; King et al., 2021). In order to fully appreciate the unique experiences of African American couples, it is essential to examine and acknowledge the historical and contemporary social contexts within which African Americans live. This research is intended to provide insights for couples with a history of CSA and mental health professionals, enhancing their understanding of how CSA impacts the intimate relationships of African American women (King et al., 2021). This chapter will delve into the effects of childhood sexual trauma, the spectrum of sexual functioning throughout the lifespan, and the symptomology associated with CSA, concluding with an overview of the chapter.

Emotional and Social Effects

Childhood sexual abuse has long-term consequences that develop over time if untreated because of the significant influence that CSA can have on a person's life. It can potentially affect a person's conduct throughout their lives substantially. The longer the sufferer is alive without a trauma resolution, the more significant the long-term impact (Gaon et al., 2013). In addition, there are often connections between children who were CSA victims and their childhood traumas, adult traumas, and post-traumatic and dissociative symptoms (Sar et al., 2009; Watson et al., 2006). As a result, professionals should not dismiss the possibility of CSA or minimize its negative implications on adult psychopathology (Gaon et al., 2013).

A woman abused as a child is likelier to have health issues for the rest of her life. This is because women are more likely to be abused before the age of 18, and the ability to process the abuse is difficult (Batten et al., 2004; Bensley et al., 2003; Carlson et al., 2003; McCauley et al., 1997; Moeller et al., 1993; Nicolaidis et al., 2004; Thurston et al., 2008; Walker et al., 1999). In addition, the older the child is at the time of the CSA increases the probability of the child being afraid of sex. Typically, younger children lack awareness of sexual organs on a functional or relational level, and consequently, they have a limited comprehension of sexual abuse and its consequences. For example, older children who disclosed sexual abuse had a better probability of processing relational closeness as adults than younger children who disclosed sexual abuse (Easton et al., 2010). Adolescent and adult sexual maladjustment has been associated with CSA (Beitchman et al. 1991; Kendall-Tackett et al. 1993; Knutson 1995).

When a child is sexually abused by a family member, especially a parent, the betrayal and the painful sexualization become more impactful than when victimized by a non-family. The older the individual, the more detrimental the effects are on the emotional and evaluative components of the psychosexual functioning of the survivor (Green et al., 2012; Easton et al., 2010; Catabay et al., 2019). Two severity indicators are being physically harmed by the offender and being abused by multiple individuals. For instance, being abused by several abusers increased the likelihood of feeling guilty during sex with intimate touch and difficulties with sexual arousal, whereas incest only increased the likelihood of having problems with intimate touch in adulthood. As a result of the explicit sexual aspects of CSA, the effects are likely to differ from other types of child abuse (Catabay et al., 2019). The Individuals' emotional and behavioral characteristics were negatively altered, but not their evaluative dimension, according to a study conducted by Easton et al. (2010). The possibility of developing unhealthy views

about sex increases as concerns about sexuality and intimacy become more important as the individual ages (Noll et al., 2003).

Women might experience sexual distortion as they enter adolescence or early adulthood when CSA is present (Easton et al., 2010). Achieving a healthy romantic relationship is especially difficult for children who have experienced CSA. In addition, romantic intimacy issues were linked to age and gender issues (Feiring et al., 2009). Childhood abuse has been linked to social isolation among women (Green et al., 2012). Children who have been sexually assaulted are more likely to isolate themselves to protect themselves from the trauma of the abuse, which can lead to self-destructive behavior (Neubauer et al., 2019). This dissociation allows them to cope with the trauma from childhood to adulthood.

Post-traumatic Stress Disorder

Childhood sexual abuse has a wide range of negative consequences, including psychological, behavioral, and social issues (Shakespeare-Finch & de Dassel, 2009). After experiencing sexual assault, survivors' lives are severely impacted in numerous ways. For example, survivors are more likely to experience physical health issues, anxiety, sadness, difficulties trusting people, post-traumatic stress disorder, and substance abuse (Jacques-Tiura et al., 2010). In addition, according to Jacques-Tiura et al. (2010), African American women experience PTSD symptoms more frequently than Caucasian women. Several characteristics of CSA are inherent in its nature, contributing to its long-term and damaging effects. When CSA occurs during a child's formative years, it can significantly impact their cognitive and psychological capabilities during this phase of their life (Shakespeare-Finch & de Dassel, 2009). The survivor's support system's undermining and mythological ideas about rape might raise the possibility of revictimization and exacerbate the consequences of PTSD (Wyatt et al., 2017).

Many people who have been victims of child sex abuse have felt guilt, self-blame, and powerlessness due to their experiences (Shakespeare-Finch & de Dassel, 2009). For example, children who have been abused are often coerced into keeping their abusers' identities a secret, which prevents them from receiving the therapeutic assistance they need to cope with their trauma (Shakespeare-Finch & de Dassel, 2009). Ullman and Filipas (2005) and Shakespeare-Finch and de Dassel (2009) conducted a study on social support, and the researchers found that negative responses from CSA social support were widespread and related to a wide range of adverse reaction outcomes. Some of these symptoms included psychiatric symptoms, somatic health issues, vague memory, and relationship difficulties. In addition, trauma presents unique situations and obstacles that may impact post-traumatic development (PTG) processes (Shakespeare-Finch & de Dassel, 2009). According to Shakespeare-Finch and de Dassel (2009), PTG refers to beneficial improvements some CSA members have had to survive a traumatic event.

According to Lamoureux et al. (2012), CSA has been associated with post-traumatic stress disorder, irritability, and poor social judgment among adult women who have experienced CSA. Stovall-McClough & Cloitre (2006) discovered that unresolved trauma increased the risk of being diagnosed with PTSD 7.5 times more than girls who have not been exposed to CSA and were positively linked to PTSD-avoidant symptoms. PTSD was more likely to arise in AA college students at HBCUs who were first sexually assaulted as children and then revictimized as adults because they feared the offender more (Lindquist et al., 2013). As a result, they were more likely to have poor mental health outcomes, resulting in significant relationship impairments if they were injured during the sexual assault. Compared to White women, American Indian, African American, Hispanic, and Asian women show substantial increases in one or more PTSD

symptom clusters, including post-traumatic stress disorder, peritraumatic dissociation, and depressive symptoms (such as depression) after experiencing CSA (Bryant-Davis et al., 2009).

Long-Term Effects

Sexual abuse in childhood can have a detrimental effect on various developmental processes, such as emotional control, cognitive style, and coping mechanisms, consequently impacting the individual long-term (Milojevich & Veitch Wolfe, 2020). Abuse occurring within the familial home was the strongest predictor of adult relationship issues (Watson & Halford, 2010). However, non-contact CSA (i.e., pornographic exposure, verbal sexual harassment, and taking sexual photographs) does not have a clear definition; on the other hand, it has been associated with adolescent anxiety and a decreased quality of life in CSA survivors, according to Wekerle et al., 2022. Women who experienced childhood sexual abuse were seven times more likely to develop post-traumatic stress disorder (Baril et al., 2020; Lim et al., 2021). Women who were sexually abused as children were nine times more likely to develop a drug or alcohol addiction (Baril et al., 2020; Lim et al., 2021). Women who had been sexually assaulted as children were nearly 8.5 times more likely than non-abused women to be diagnosed with borderline personality disorder (Baril et al., 2020).

Morrow and Sorell (1989) found that the nature of sexual acts, age, and ethnicity contributed linearly to female victims' self-esteem, despair, and angry behavior. According to Meiselman (1992), sex before puberty can have long-term damaging effects on how the survivor views sex and intimate touch in adult females. According to Courtois (1979), prepubertal childhood sexual assault had a more significant impact on adolescent sexual development than victimization after puberty. According to Blakemore et al. (2017), recurrent feelings of low self-worth and issues trusting others may worsen and weaken existing relationships as the victim

ages. Matta Oshima et al. (2014) identified the age of the CSA victim as a risk factor. A study by Kaplow et al. (2005) found that the younger a person was when they were sexually abused, the more anxious they were years later. Cicchetti et al. (2010) discovered that children sexually abused in the first five years of life had more significant internalizing issues, such as childhood depression and adult major depressive disorder. According to Finkelhor and Brown's (1985) Traumagenic Dynamics Model, when teenagers are faced with negative sexual labels (stigmas) due to being a victim of CSA, these negative self-concepts get incorporated into their lives. This makes it more likely for them to develop obsessive, repetitive patterns related to specific sexual feelings. As a result, these behaviors are connected to sexual abuse.

According to developmental psychology research, self and social development are essential because they are ongoing throughout the life cycle (Cole & Putnam, 1992; Majer et al., 2010; Wang et al., 2022). Incest has a negative impact on self and social development, and the psychiatric illnesses connected to a history of incest in childhood reflect these challenges. Each developmental transition is linked to revision and change in self-definition and integration, self-regulation of behavior, affect, and the extent and quality of one's social life relationships—unresolved trauma interferes with communication, intimacy, and polarized positions of control (Pistorello & Follette, 1998; Bückner et al., 2012; Lewis et al., 2021). Recurrent sexual abuse, substance addiction disorders (Epstein et al., 1998; Triffleman et al., 1995; Kendler et al., 2000), hormonal and physical alterations, cognitive impairment, and affective symptoms are all common among younger victims in their adolescent and adult years because of CSA (Rodgers et al., 2004; Bremner, 1999; Bremner & Narayan, 1998; Nakayama et al., 2020).

CSA has long-term negative impacts on various developmental outcomes for women transitioning from youth to adulthood (Hahm et al., 2009). Adult survivors may be less adept at

self-defense and more willing to tolerate victimization from others (Committee opinion no. 498: Adult manifestations of childhood sexual abuse, 2011). For females between 16-25 years old, according to Fergusson et al. (2008), CSA is linked to an increased risk of depression, anxiety disorder, conduct/antisocial personality disorder, substance dependency, suicidal ideation, and suicide attempts. In a study by Fleming et al. (1999), those subjected to CSA with penetration are at a higher risk of adjustment issues. Catabay et al. (2019) perceived that stress among AA women who had suffered sexual violence was significantly linked to poor mental health, which greatly impacted the intensity of their depression and PTSD symptoms.

According to Bryant-Davis et al. (2010), increasing poverty worsens mental health outcomes among AA sexual assault survivors. Sexist, racist, and classist experiences negatively impact African American women's well-being, exacerbating depression and PTSD symptoms. In a study, Pegram and Abbey (2016) discovered that AA women survivors of CSA had higher levels of alcohol consumption, sexual assault intensity, and depressive symptoms than CSA Caucasian survivors. Sexual assault psychologically impacts ethnic minority women, with a higher incidence of PTSD, depression, substance misuse, suicidality, low self-esteem, and somatic symptoms than their non-assaulted counterparts (Bryant-Davis et al., 2009). Minority women sexually abused as children were more likely to be sexually assaulted as adults or repeatedly throughout childhood (Bryant-Davis et al., 2009). Most African American women sexually assaulted as a child never discussed the abuse until they were adults because of fear.

Risk factors

CSA is more likely to affect girls with mental health issues and learning difficulties (Butler, 2013) than girls without disabilities. Impulsive, emotionally dependent children and those with learning or physical challenges, mental health issues, or substance abuse may be at

greater risk for CSA (Butler, 2013; Davies & Jones, 2013). In adulthood, childhood traumas, particularly sexual abuse, are a substantial risk factor for developing sexually deviant behaviors (Strickland, 2008). In addition, CSA victims are more likely to be minorities with lower socioeconomic positions (Bryant-Davis et al., 2009). A widespread misconception concerning CSA is that it is uncommon for male strangers to victimize only girls in poor, inner-city neighborhoods (Murray et al., 2014). Childhood sexual abuse frequently happens in conjunction with other forms of abuse or neglect, as well as in family situations that may have low levels of family support and high levels of stress, such as high levels of poverty, low levels of parental education, absent or single parenting, parental substance misuse, domestic violence, or low levels of caregiver warmth (Pérez-Fuentes et al., 2013; Butler, 2013). Adolescence alone appeared to increase the risk of CSA (Finkelhor et al., 2009; Jones et al., 2013). Many children are sexually abused without exposure to a dangerous situation (Finkelhor, 1994), although family members and acquaintances may be the abusers. Finkelhor (1994) and Assink et al. (2019) indicated that a child's daily activities do not always define their vulnerability to maltreatment.

Prevalence

According to (Ullman & Lorenz, 2020), rape is common among African American women; 21% of African American women have experienced sexual assault of some kind. Most AA sexual assault victims are survivors of CSA and are aware of their assailants (Lindquist et al., 2013). According to Martin et al. (2008) research, around a quarter of women in North Carolina have experienced a sexual assault with a current or past intimate partner throughout their adult lives. Sexual assault is prevalent among African American and American Indian women (Bryant-Davis et al., 2011). CSA is more likely to occur in the family home, according to McGuigan (2002), by primary caregivers, relatives, or close family members (U.S. Department

of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2022). According to Fergusson et al. (2008), persons subjected to CSA attempts or sexual penetration are 2.4 times more likely to acquire a mental illness than those who have not been subjected to CSA. Tillman et al. (2010) research focused on AA women's experiences with sexual assault and disclosure patterns and found that AA women have issues with disclosure due to family beliefs.

Stereotypes

If AA women are seen as eager to have sex, then any sexual acts will be acceptable to them, a common belief, and the allegation of rape will be dismissed. Because AA males are more likely to be accused of rape, AA women typically struggle with reporting an AA male attacker due to internal conflict (McNair & Neville, 1996). In addition, AA girls are discouraged from reporting sexual assault of any type, including CSA, since they are taught in AA households that they should never put their business on the streets (Washington, 2001).

According to Neville et al. (2004), AA women are frequently viewed as "Jezebels" due to their social positions; they are perceived as sexually loose. This is something that AA participants internalized as a key reason why they were raped or sexually abused as children. Compared to White girls, African American girls were regarded to be less affected by their victimization (Alley et al., 2019). According to a study by Alley et al. (2019), African American women are also viewed as promiscuous and hypersexual. The theory that a child seeks sexual encounters, particularly if they do not report the abuse, is a common myth (Collings, 1997). Denov (2003) acknowledges society's sexist beliefs of women as passive, innocent, and incapable of sexual aggressiveness, which feed into CSA's previously limited assumptions of perpetrators.

Social and Personal Impact

Social Consequences

If a childhood trauma due to sexual abuse is left unresolved, an individual may have various social problems. Many women endure unfavorable social consequences that impact their sexual lives, intimate relationships, and socioeconomic outcomes (Jeglic & Calkins, 2018). Significant links were found between reporting CSA and a decline in socioeconomic class, increasing sexual issues, disrupting intimate relationships caused by trust issues, and a tendency to regard their partners as insensitive and overcontrolling (Murray et al., 2014; Jeglic & Calkins, 2018). CSA was highly likely in people from troubled or dysfunctional families and those who had experienced physical or emotional abuse. This explained some of the apparent links between CSA and unfavorable outcomes but not all of them (Mullen et al., 1994). According to Noll et al. (2003), a sexual abuse survivor may see having a child as a tool for healing and redemption. A woman may believe they can create an individual who will always love them and never hurt or abandon her.

The well-documented challenges that sexually abused children face in school with academic performance and behavior are likely to have a negative impact on later academic achievement and impede the development of the social skills and discipline required to be functional in a working environment (Mullen & Fleming, 1998; Al Odhayani et al., 2013; Azi & Saluhu, 2016). Children who had experienced CSA tended to have a lower economic position in society (Bagley and Ramsey, 1986; Letourneau et al., 2018). According to a random community R, the women in this study reported job histories in the lowest socioeconomic groups. It was also noted that CSA women are more likely to be with partners who work in the lowest socioeconomic classes (Bagley and Ramsey, 1986; Mullen & Fleming, 1998; Jeglic & Calkins,

2018). This was due to a considerable drop in socioeconomic status among individuals reporting child sexual abuse from their family of origin, not just because of women with histories of child sexual abuse coming from lower socioeconomic status homes, which most do. As a maladaptive coping strategy, risky behaviors arising from CSA are prevalent and negatively affect the person, family, and larger social systems (Hughes et al., 2015).

Compared to those who did not receive help after disclosing sexual abuse, those who received supportive reactions had fewer psychological symptoms and slightly greater self-esteem (Testa et al., 1992). Sexual abuse causes interpersonal problems like distrust and insecure bonds. Instead of learning healthy, socially acceptable methods to relate to others, abused children are exposed to dysfunctional patterns of relating that can obstruct their relationships. Formerly abused persons face a significant disadvantage in developing the skills necessary to foster a healthy, meaningful romantic relationship due to their decreased capacity to understand and relate to others (Arata et al., 2005; McGuigan, 2002).

A CSA survivor's social support plays a significant role in handling the longer-term consequences of sexual abuse. Sexual assault history was associated with relatively low levels of social support (Golding et al., 2002). Therefore, it is anticipated that those with social backing and positive coping skills to address and recognize CSA stressors will have better outcomes (Sperry & Widom, 2013). To be able to speak freely, the child needs to feel safe. Creating a comfortable environment for a sexual assault survivor to open up about the experiences is critical. Parents must understand the importance of a secure parent-child line of communication.

Religious

According to Bryant-Davis et al. (2011), African American women who felt God was punishing them utilized prayer as a religious coping strategy, believing they should passively

wait for God to correct the situation and might have failed in faith. That prayer is a tool for avoidance. Loss of trust, betrayal, abandonment, detachment, and isolation are common themes linked with survivors' relationships with God (Tailor et al., 2014). In addition, a history of CSA was linked to a higher incidence of psychiatric distress and decreased religious involvement (Rosmarin et al., 2018). Exline et al. (1999) highlighted how confronting painful and unjust experiences beyond an individual's explanation might lead to an attributional spiritual journey in which God is labeled the cause of the suffering. CSA survivors have exhibited feelings of blame and anger directed at God because they believe God is malevolent (Kane et al., 1993; Pritt, 1998). Furthermore, some religious organizations are more subject to religious departure than others (Tailor et al., 2014).

Every Christian's heart desires to have a relationship with God (Glock & Stark, 1965). Elements of the Christian relationship with God have been viewed as an attachment bond, which is vital to the significance of the relationship (Kirkpatrick, 1998, 2005). The same elements that characterize the parent-child attachment bond can be found in the human-divine relationship (Granqvist & Kirkpatrick, 2013); Kirkpatrick, 1998, 2005). Spirituality and religion have beneficial and harmful effects on CSA victims' outcomes. Spirituality and religion are effective coping mechanisms for trauma survivors, and those who turn to spirituality and religion for personal growth and support are more likely to have post-traumatic growth in the years following their CSA experience (Bryant-Davis et al., 2012; Gall, 2006).

Moreover, many CSA survivors describe difficulties in the realms of spirituality and religion, such as problems connecting with a church group, difficulty trusting God, and a more punitive or unfair perspective of God (Korbman et al., 2021). According to Ahrens et al. (2009), African American survivors were likelier than survivors of other ethnicities to utilize both forms

of religious coping of positive and negative dimensions. Positive religious coping is linked to higher well-being and lower depression, while negative religious coping is linked to higher depression, regardless of ethnicity (Ahrens et al., 2009).

Survivors often use religious spaces (e.g., churches, mosques, etc.) as a support system as they heal from their trauma (Choruby-Whiteley & Morrow, 2021). Some trauma survivors can find meaning and comfort in their religious identity (Harris et al., 2013), but others may feel like God has abandoned them (Herman, 1997) or wonder how God or a higher power could have let the traumatic event(s) happen in the first place, which may lead them to question the existence of God or a higher power (Van Deusen & Courtois, 2015; Choruby-Whiteley & Morrow, 2021). Negative religious coping seems to precede and maybe induce future depression, which is consistent with the concept of "basic spiritual difficulties" (Pirutinsky et al., 2011). Krumrei et al. (2009) made a distinction between spiritual struggles, in which primary spiritual struggles cause distress, and when secondary spiritual struggles manifest, the distress causes the struggles. For example, people who become less interested in religious activities have increased feelings of guilt, while having negative thoughts about God creates more doubts about their relationship with God (Krumrei et al., 2009). Complex spiritual struggles create struggles that affect the cause and the effect of the distress (Krumrei et al., 2009).

Victimization

Traumatization challenges the development of the self toward a competent identity (Wekerle et al., 2022). Additional early traumas encountered by CSA survivors may heighten adult sexual victimization. Survivors of sexual assault may have been victimized several times as children and adults. Women with a history of CSA are more likely to be abused as adults (Wekerle et al., 2022). In comparison, the likelihood of revictimization is significantly higher in

survivors of color with a CSA history (Walsh et al., 2012). The interconnectedness of early adversities, both violent and nonviolent, may compound the risk of subsequent victimizations of childhood survivors (Ports et al., 2016). Following a sexual assault, sexual minorities and racial minorities are more negatively affected. Bisexual and AA women had more difficulties with rehabilitation (Sigurvinsdottir and Ullman, 2015); repeated adult victimization impacted their recovery.

Women's sexual victimization is still a widespread social, criminal, and public health issue. In addition, previous sexual victimization as a child or adolescent is a known risk factor for adult sexual victimization (Durrant & Ward, 2015; Fargo, 2008). Women's victimization and the social world's response are cumulative, affecting how any single instance of sexual assault affects and impacts women's mental health (Campbell et al., 2009). According to Fargo (2009), revictimization is influenced by intervening events and risk factors rather than earlier sexual victimization. The child-adolescent sexual victimization relationship is determined by what happens during adolescence in terms of risk-taking behavior. Women who had been sexually abused in childhood were revictimized as adults more than women who had not been sexually assaulted (Rinehart et al., 2014).

Little is known about whether the effects of sexual assault are different for White or minority women or if they change over time (Kaukinen & DeMaris, 2005). Although African American and White college women were more likely to experience sexual violence that met the legal definition of sexual assault, Kalof (2000) discovered that African American women were less likely to consider themselves victims of sexual assault. According to Kaukinen & DeMaris (2005), due to violent victimization such as sexual assault, African American women are more likely to engage in escapist behaviors. Zephyr et al. (2015) noted that the more secure the

attachment between the CSA victims and their parents/caregiver, the less internalizing and externalizing difficulties they experience, while disorganized attachment partially mediates the relationship between CSA and internalizing and externalizing behavior problems a year later if left untreated (Charest et al., 2018).

Sexual Functioning in a Relationship

Intimacy

Sexual abuse in childhood is linked to sexual functioning issues such as preoccupation with sexuality, negative attitudes toward sex, fear of intimacy, unrestrained sexual behavior, sexual dissatisfaction, and sexual maladjustment, according to Perry and DiLillo (2007). Sexual aversion and avoidance, excessive masturbation, sexual preoccupation, increased sex play, and early coitus are signs of enhanced sexuality or sexual obsession caused by CSA (Noll et al., 2003; Wohl & Kirschen, 2018). It is rare for assessments to include both promiscuity and aversion as separate operational definitions of sexuality (Noll et al., 2003). Children who had been sexually abused linked intimacy with shame and dread rather than warmth and care concerns about dominance and submission rather than mutuality, according to Feiring et al. (2009). Sexual relationship issues were common among women with a CSA history (Rellini et al., 2012). Women who had experienced a CSA were more likely to have relationship problems with their partners (Watson & Halford, 2010). Easton et al. (2010) found that women were more likely to fear sex and feel guilty during sex, making them less satisfied with sex in adulthood. Healthy intimacy requires a social and sexual exchange between adolescents of similar ages and sensitivity to and concern for the partner's well-being. Because depressive symptoms are linked to viewing people as unfriendly, rejecting, emotionally unresponsive, and dominating, they

obstruct the establishment of closeness. These depressive symptoms further impact the CSA survivor's understanding of intimate touch (Wohl & Kirschen, 2018).

Sexual abuse, according to Hall & Hall (2011), impedes the development and growth of partnerships. The most typical issues are trust, fear of intimacy, fear of being different or unusual, difficulty establishing interpersonal boundaries, passive actions, and involvement in abusive relationships. The ability to acclimatize to personal relationships deteriorated as the degree and duration of sexual abuse increased (Hall & Hall, 2011). The following are the primary sexual concerns that CSA survivors face as a result of the abuse, according to Maltz (2002):

- avoiding, fearing, or being uninterested in sex
- treating sex as a chore
- having difficulties becoming aroused or feeling sensation
- feeling emotionally distant or not present during sex
- having intrusive or uncomfortable sexual thoughts and ideas
- having trouble establishing or maintaining an intimate relationship
- feeling vaginal pain or orgasmic issues (women)
- having erectile, ejaculatory, or orgasmic difficulties.

Because of the link between sexual activity, violation, and suffering, CSA can produce changes in desire, arousal, and orgasms (Committee opinion no. 498: Adult manifestations of childhood sexual abuse, 2011). Sexual abuse may predispose individuals to adult sexual dysfunction, increasing the possibility of a relationship between childhood abuse and adult sexual dysfunction (Sarwer & Durlak, 1996). They also noted that sexual penetration throughout childhood was linked to difficulties with adult sexual intimate relationships for women. Abuse

by trusted adults can cause adjustment problems or damage the survivor's ability to have adult sexual relationships, mainly when the abuse involves penetration and force (Martinson et al., 2012). Penetrative abuse may make learning sexual behavior patterns connected to the sense of desire or the facilitation of orgasm more difficult for the victim (Sarwer & Durlak, 1996; Committee opinion no. 498: Adult manifestations of childhood sexual abuse, 2011; Wohl & Kirschen, 2018).

The magnitude of the trauma (genital penetration/genital trauma) directly influenced marital discontent. As a result, CSA survivors are more likely to enter relationships, but they may experience worry, inhibitions, discomfort, or self-reliance (Liang et al., 2006). A study conducted by Martinson et al. (2012) found that those with a history of sexual trauma and were now diagnosed with post-traumatic stress disorder (PTSD) had longer reaction times when stimulated by sexual or intimate touch or penetration in the relationship. Vaillancourt-Morel et al. (2018) argued that a partner's behavior was critical for CSA survivors. If female survivors trusted their partners, they were more likely to participate in sexual acts. Victims of the Civil Rights Act of 1964 (CSA) report that diminished sexual desire, painful intercourse, and difficulty conceiving were related to CSA (West, 2002).

According to research, CSA can disrupt normal psychosexual development, causing sexual function and enjoyment to manifest differently in this population (Stephenson et al., 2014). Sexual abuse can result in abnormalities in the function of the sympathetic nervous system (Hulme, 2011), which can affect sexual arousal (Lorenze et al., 2012). Furthermore, people who were physically abused as children typically have difficulties creating and maintaining healthy relationship boundaries (Alpher & France, 1993). As a result, they are more prone to engage with partners who mistreat them or have inadequate relationship boundaries.

Distress, frustration, and conflict in relationships greatly impact sexual desire, decreasing motivation for sexual closeness or withholding sex. Low sexual desire can lead to relationship dissatisfaction, validating the reciprocal nature of satisfaction and willingness to participate in an intimate situation (Girard & Woolley, 2017). In addition, negative emotional situations can lead to anxiety, exacerbating the stress cycle (Mark, 2015). The severity of the sexual abuse, the age at which the abuse began, and the child's relationship with the abuser can impact the child's sexual functioning. Physical contact, intimacy, sexuality, communication, and trust are often challenging for couples in which one person has experienced CSA, and their relationship dynamic may be characterized by reenactments of past traumatic interpersonal patterns (Nasim & Nadan, 2013). However, unlike other types of assault, violent or nonviolent, interpersonal violence, CSA combines exploitation and assault with mixed signals of affection and love (Briere, 1996).

Sexual Behavior and Motivation

Traumatic sexualization can lead individuals to have many sexual partners or to agree to risky sexual activity to obtain affection or other rewards (Senn et al., 2017). CSA has been linked to inappropriate sexual behavior (Brown et al., 2000; Holmes, 2008; Sikkema et al., 2009; LeMieux and Byers, 2008) and hypersexuality (McCellan et al., 1996; Noll et al., 2003). Low sex drive and less sexual satisfaction have been linked to CSA for married and unmarried women later in life. Hyposexuality, a sign of female sexual interest/arousal disorder involving hypoactive sexual desire (low libido) and/or sexual aversion (fear of sex), is a frequent complaint among women, particularly victims of CSA, according to the self-reported data (Senn et al., 2017). CAS victims feel powerless in sexual situations where they cannot refuse sex (Senn et al., 2017). CSA causes victims to develop out-of-control sexual behavior that places them at risk for

repeated sexual abuse as adults (Skegg et al., 2009). Childhood sexual abuse significantly impacts CSA adult victims' risky sexual behaviors and the quality and quantity of their intimate relationships (Testa et al., 2005). Risky behaviors associated with CSA include earlier age of first intercourse, a more significant number of sexual partners, and trading sex for money or drugs (Senn et al., 2012).

Socially and economically disadvantaged women who experience CSA have higher rates of sexually risky behavior (Senn et al., 2012). In a study conducted by Noll et al. (2003), the participants who had been sexually assaulted expressed greater sexual preoccupation than those who had not been sexually abused. Even when past psychological concerns such as depression, anxiety, dissociation, and sexual behavior disorders were managed, there were issues with sexual urges. Negative memories and feelings connected with traumatic sexualization impact sexual arousal, and sexual aversion patterns emerge. There may be a strong repugnance towards sexual beliefs, feelings, and situations that remind the individual of their abusive relationship (Noll et al., 2003; Martinson et al., 2012; Milojevich & Veitch Wolfe, 2020). Disgust, embarrassment, shame, and low self-esteem are all symptoms of sexual aversion (Noll et al., 2003; Milojevich & Veitch Wolfe, 2020). The compounded humiliation associated with abuse may result in overgeneralizing the abusive experience toward other potential sexual encounters and a general aversion or avoidance of sexual ideas, feelings, and situations (Murray et al., 2014).

CSA victims' risky sexual behavior can lead to significantly higher STI rates, impacting the quality of their intimate relationships (Testa et al., 2005). Adult survivors of CSA tend to display inappropriate sexualized behaviors (Martinson et al., 2012). Women who have experienced CSA are more likely to participate in unrestricted sexual behavior and are at greater risk of repeated sexual assault, especially during their adolescent years (Niehaus et al., 2010).

Lamoureux et al. (2012) linked adverse intimate relationship outcomes, including decreased satisfaction in romantic relationships, intimate partner violence, and sexual assault in adulthood, to CSA. In addition, women who have experienced sexual abuse are more likely to exhibit risky sexual and suicidal behaviors. (Hahm et al., 2009). Compared to nonabused women, women with a history of CSA have lesser associations involving sexual impairment and subjective sexual distress (Stephenson et al., 2014). Those who had been abused showed higher levels of psychological discomfort and lower levels of sexual adjustment, according to Bhandari et al. (2011).

In a 30-year longitudinal study conducted by Fergusson et al. (2013), adults aged 18-30 who experienced a CSA had greater chances of developing mental health issues and higher rates of sexual risk-taking behaviors than those with no history of CSA. Findings showed that sexual avoidance and compulsiveness are not mutually exclusive. Both symptoms may co-occur within CSA survivors and help explain couple dissatisfaction and lower couple adjustment. CSA survivor symptoms of sexual inhibitions and compulsiveness may coexist and create sexually ambivalent attitudes and behaviors (Vaillancourt-Morel et al., 2015). Fleming et al. (1999) determined that CSA affects a woman's ability to maintain intimate relationships by interfering with her capacity to develop her own sexuality and trust in others. They also noted that CSA victims lack concern, are intrusive, and are over-controlling with their partners. Sexually abused women are more prone to relationships with emotionally detached and domineering partners because low self-esteem and reduced initiative limit their choices or some neurotic compulsion to repeat behaviors (Fleming et al., 1999). CSA and adult sexual assault (ASA) are associated with an increase in lifetime sexual partners. Sexual attitudes and ethnicity affect the number of sexual partners someone might have over their lifespan (Rinehart et al., 2014).

Ullman & Lorenz (2020) noted that those with early sexual abuse by close, trusted family members might have difficulty setting boundaries in later relationships, especially sexual boundaries with men. Because they have difficulties with boundaries, they do not understand what is normal or abnormal in relationships. The inability to disclose the abuse to others places them at risk for future revictimization, and they often struggle with shame and feelings regarding their sexuality. Victimized AA women (CSA) perceive less control over their sexuality (West, 2002). African American women (CSA victims) fear a violent response from their partners, so they, most of the time, do not practice safe sex (use of condoms) (West, 2002). African American CSA survivors often engage in risky behaviors such as prostitution, anal sex, group sex, partner swapping, and sex with non-monogamous partners. African American women indicated more liberal sexual attitudes with more severe victimization histories linked to less effective reactions to dangerous situations (Nason & Yeater, 2012). According to Dodd and Littleton (2017), low-income reproductive-aged women with a history of sexual victimization are more likely to participate in serial or simultaneous sexual relationships rather than one-night stands. CSA survivors were more likely than nonabused women to have initiated consensual sex before they were 16, separated from their husbands, and reported lower overall relationship sexual satisfaction (Watson & Halford, 2010).

Symptomology

Health-Related Issues

According to Hailes et al. (2019), there are links between CSA and psychological and health-related illnesses like HIV and obesity, impacting 12% of the global population. CSA has been repeatedly associated with poor mental and physical consequences for adult women, according to Lamoureux et al. (2012). With many victimizations, sexually abused AA women

reported more unwanted pregnancies and abortions, genital discomfort, vaginal infections, STD/STIs, and other productive health concerns (West, 2002). Childhood sexual abuse appears to be more closely linked to bulimic disorders than anorexia, although it does not appear to be linked to the severity of the condition (Wonderlic et al., 1997). A study by Gewirtz-Meydan and Lahav (2020) noted that attachment insecurities may have specific implications for sexual functioning in survivors of CSA. Among the 33 women who reported a history of abuse in a study by Waller (1992), hinging was more common among those who described inappropriate sexual experiences at a young age or with a family member. In cases of intrafamilial sexual abuse, vomiting was more common. O'Leary et al. (2010) highlighted that notifying someone without the (child's) victim's consent was associated with increased adult mental health symptoms.

Sleep Disturbances

Kajeepeeta et al. (2015) discovered a strong link between CSA and sleep disorders of adult female victims. Adult victims of childhood or adolescent sexual abuse reported higher degrees of suffering linked with nightmares than adult victims. Compared to victims victimized by a single offender, victims assaulted by numerous offenders experienced more nightmares (Belleville et al., 2019). Poorer sleep quality related to repeated abuse. Hyperarousal can be triggered by a perceived threat to one's life (Ehlers & Clark, 2000), leading to nightmares. The age at the time of abuse and the number of perpetrators may play a role in sleep difficulties, such as quality and length. The strong correlation between childhood trauma and adult sleep quality emphasizes the significance of early life experiences on adult health (Koskenvuo et al., 2010; Heath et al., 1996).

Childhood sexual abuse is linked to stress-related sleep disturbances and poor sleep quality during pregnancy. Women who had experienced physical and sexual abuse as children were more than twice as likely to have stress-related sleep disturbances (Gelaye et al., 2015). Regarding specific behavioral processes, children in abusive households may have established chronically destructive sleep patterns as active coping attempts to avoid future victimization, such as intentionally changing sleeping locations or sleeping only after the violent family member had fallen asleep or left the residence (Spilsbury, 2009). Poor sleep habits developed in childhood may continue into adulthood, resulting in sleep difficulties, anxiety, and depression.

Suicide

Women who had been sexually abused as children acknowledged having long-term suicidal thoughts; by age nine, they had multiple unsuccessful suicide attempts (Bruce & Laporte, 2015). In a study of CSA women, Khan et al. (2015) discovered that CSA is a more significant risk factor for suicidal thoughts than depression. Due to self-blame, suicidal ideation, and attempts were common among AA women childhood sexual assault survivors (Sigurvinsdottir et al., 2019). There is a strong link between CSA and suicidal conduct (Kapoor et al., 2017).

A study by Kapoor et al. (2017) discovered that culture significantly impacted the extent and nature of validating suicidal thoughts and behaviors. African American women who have experienced sexual abuse exhibit issues with their intrapersonal strengths and suicidal resilience in adulthood. African American women with a history of CSA, particularly low-income AA women, were more likely to attempt suicide (West, 2002). When sexually assaulted, younger children were more likely to have anxiety (Banyard et al., 2004) and attempt suicide (Boudewyn

& Liem, 1995) as adults. According to O'Leary et al. (2010), the severity of sexual abuse between childhood and adulthood may impact mental health, causing increased suicidal thoughts and attempts.

More suicide attempts were linked to the onset of sexual abuse and its length. Severe sexual abuse in childhood, such as vaginal or anal penetration, appears to be linked to a higher likelihood of suicide ideation and attempts than less severe sexual behaviors, such as molestation (Lopez-Castroman et al., 2013). Suicide attempters who had been sexually abused had shown more suicidal behavior in the past than their non-sexually abused peers (despite being much younger) and had a more problematic history (van Egmond et al., 1993). Among female suicide attempters, those who had experienced sexual abuse are more likely to attempt suicide again.

Shame

Women with a sexual history reported higher degrees of shame in their daily lives, which was linked to increased conflict with intimate partners (self-verbal aggression and partner-physical violence) and in the family (Kim et al., 2009). Because survivors take responsibility for the abuse, shame, remorse, and self-blame are widespread, according to Hall & Hall (2011). Shame, sadness, and PTSD are all exacerbated by self-blame. The conventional views of African American women about sexuality and their cultural duty to protect AA male abusers from actual and perceived unfair punishment in the criminal justice system stop them from reporting sexual assault (Tillman et al., 2010). Because AA women focus on “why” this happened to them, their cultural beliefs significantly impact their self-esteem (Neville et al., 2004).

Finkelhor and Browne (1985, p. 535) argue that guilt and shame are logically linked to the stigmatization dynamic because they are a reaction to being shamed and receiving negative emotions from others about the abuse. It was also noted that these children receive messages of

guilt and shame related to the abuse both during and after the assault. These messages get ingrained in the child's identity. Adult women regard adult sexual experiences as natural; having more sexual partners may lead to less sexual guilt in adulthood (Senn et al., 2012). Following a sexual encounter, these adults frequently experience unpleasant emotions such as remorse, grief, and shame (Easton et al., 2010.). When a child experience higher-than-normal instances of shame and betrayal during childhood, they find it hard to trust intimate partners, have heightened feelings of guilt, and experience a disruption of psychosexual functioning (Easton et al., 2010; Basson et al., 2000). According to Easton et al. (2010), older children are more prone to suffer guilt, shame, and fear, frequently reinforced by the perpetrator's emotional manipulation.

Depression

Due to the survivor's inability to externalize the abuse and negative thoughts about themselves, depression is the most common long-term symptom among CSA survivors. They frequently avoid others because they believe they have nothing to contribute due to their insignificance of emotions (Hall & Hall, 2011). In AA females, sexual abuse that began in adolescence indicated more extreme anxiety, while sexual abuse that lasted longer predicted more severe PTSD symptoms (Ensink et al., 2020). Sexual assault victims reported feeling sad/blue/depressed, worried/tense/anxious for several days, or believing their mental health was poor (Martin et al., 2008). Depression is widespread among CSA AA survivors. Women with a history of depression are subject to revictimizations, including marital rape and CSA.

Although CSA predicts reduced relationship and sexual satisfaction in depressed people, depressive and anxious symptoms appear to mitigate the long-term effects of CSA (Dunlop et al., 2015). For women, depression symptoms modulate the link between anxiety, sexual dysfunction, and relationship quality (Dunlop et al., 2015). They also stated that research has conclusively

demonstrated that CSA is an independent risk factor for both Major Depressive Disorder (MDD) and sexual dysfunction. MDD leads to sexual dysfunction, and impaired sexual dysfunction can lead to depression and anxiety symptoms. Low efficacy, or powerlessness, was observed to contribute to the incidence of depressive symptoms in a study of victimization (Classen et al., 2002). According to Caetano and Cunradi (2003), African American women suffer from depression at a higher rate than white women. According to a study by Kaukinen and DeMaris (2005), African American women's higher risk of victimization may explain differences in depression levels.

Trust

CSA survivors encounter difficulties building healthy relationships, according to Liang et al., 2006, since they lack trust in themselves and members of the offending sex. As a result, anxious, ambivalent, or unhealthy attachment patterns can emerge in CSA victims. In addition, experiencing sexual abuse creates a feeling of powerlessness in the child and leaves the child with the perception of having little control over what happens (Testa et al., 1992). Sexual abuse can psychologically impact a woman's sense of trust and safety in a relationship (Stephenson et al., 2014). According to Larsen et al. (2011), CSA was linked to an impaired ability to trust others, a sense of detachment from others, and difficulty building safe bonds. Women who were sexually assaulted as children may have difficulties identifying who is trustworthy or may have a low threshold for deciding who can or cannot be trusted (Senn et al., 2012).

Substance Abuse

Childhood sexual abuse is believed to be a precursor to adolescent substance use and sexual risk behaviors. Adolescent substance abuse and sexual risk behaviors are particularly problematic because of their adverse proximal and distal health implications (Draucker &

Mazurczyk, 2013). Compared to the general population, adolescents with a history of CSA are four times more likely to have a substance use disorder and three times more likely to have problematic substance use as adults (Sanders et al., 2017). Once a child has been sexually abused, it is no longer a risk factor that can be prevented or changed. Also, focusing only on drug use is insufficient because PTSD symptoms play a huge role in starting and continuing drug use (Sanders et al., 2017). For example, increased cocaine/stimulant usage days were linked to a significant rise in unprotected sexual occasions in women with CSA (Cohen et al., 2009). Researchers suggest that exposure to traumatic events can elicit negative emotions that persist over time, are difficult for individuals to manage, and potentially lead to using substances for self-medication (Garland, Pettus-Davis, & Howard, 2013; Jacobsen, Southwick, & Kosten, 2001). Drug and alcohol use positively correlates with CSA, subsequent trauma exposure, and emotion dysregulation (Mandavia et al., 2016). The results suggested that CSA is a distinct risk factor for tobacco and cannabis use, especially among adolescents, and a strong predictor of very early alcohol use, implying that CSA history might be used as a marker of high risk for substance-related disorders (Sartor et al., 2013).

African American survivors of CSA and sexual assault consistently reported significantly larger rates of abuse and use of numerous drugs, such as alcohol, marijuana, and crack cocaine, compared to their peers (West, 2002). In addition, Rinehart et al. (2014) found a strong link between childhood trauma and substance use disorder (SUD). Minority adult sexual assault victims are also more likely to use illegal drugs. As a result of childhood sexual violence, African American women are more likely to resort to coping mechanisms such as prescription drugs (Kaukinen & DeMaris, 2005). Individuals may experience negative emotions, a lack of resources to help manage those emotions, and turn to substances to temporarily relieve the

undesirable feelings associated with the negative emotional disposition (Khantzian, 1997, 2003). In a study of high-risk African young adult methamphetamine users conducted by Berg et al. (2017), it was noted that drug use coping was found to be a prevalent method of stress management, particularly for those who reported a history of CSA, which was indicated a positive correlation to depressive symptoms. Substance misuse and dissociation are perceived as protecting the individual from painful effects, with substance abuse enhancing dissociation's anesthetic impact (Rodriguez-Srednicki, 2002).

Attachment

Attachment theory, which focuses on the processes involved in developing close connections with people, is used as the foundation for sexuality study (Costa & Brody, 2011; Leclerc et al., 2014; Stefanou & McCabe, 2012; Gewirtz-Meydan & Finzi-Dottan, 2017). However, CSA has been recognized as an attachment trauma (Karakurt & Silver, 2013) and is consistently linked to reduced sexual functioning and satisfaction (Burns Loeb et al., 2002; Pulverman et al., 2018). Liang et al. (2006) discovered that maternal attachment acted as a buffer in the association between the intensity of trauma and interpersonal issues. Adult women's attachment styles are negatively affected by CSA (Dimitrova et al., 2009). As an adult, one of the most prevalent clinical manifestations of CSA is the development of insecure attachment (Sullivan et al., 2020). The severity of the negative association between attachment security and self-reporting depression was more significant in married and cohabiting heterosexual women with a history of CSA than in individuals with no history of CSA. Aspelmeier et al. (2007) hypothesized that attachment security is linked to the psychological effects seen in people who have experienced CSA.

This type of attachment may substantially impact how well attachment security within the relationship guards against the adverse effects of CSA. In close adult, parent-child, and peer relationships, a history of CSA is consistently linked to significantly higher levels of trauma-related symptoms and lower levels of attachment security (Aspelmeier et al., 2007). As children begin to comprehend the abuse, they realize that people are not trustworthy, reliable, or honest, making attachment a risk they are unwilling to take (Alexandrov et al., 2005). According to Ensink et al. (2020), CSA victims were more likely to have an insecure and disorganized attachment with all types of relationships. An insecure attachment was also linked to higher self-reported depressive symptoms in all children, while CSA was linked to more parent-reported child externalizing difficulties, sexualizing problems, and dissociation (Ensink et al., 2020).

Summary

The literature review in the second chapter was divided into three components. In the first section, the consequences of childhood sexual trauma were reviewed. According to the evidence, CSA significantly impacts the child's long-term psychological development, alters their worldview in adulthood, and may positively or negatively influence their spirituality. Furthermore, the impacts on the emotional and evaluative aspects of the survivor's psychosexual functioning become increasingly damaged as the survivor ages. In addition, physical health disorders such as anxiety, depression, trust issues, PTSD, and substance abuse are more common among survivors, and the impact of these symptoms appears to be more prominently in African American females. Finally, CSA impacts all children and is not based on race or social-economic status.

The second portion evaluated the influence of CSA on the sexual functioning of females. Sexual assault makes it difficult for intimate relationships to develop and thrive. Physical

contact, intimacy, communication, and trust are generally difficult for CSA couples, and reenactments of past painful interpersonal patterns may define their relationship dynamic. CAS victims feel powerless when they cannot resist sexual contact. Women who have experienced sexual abuse in childhood are more likely to engage in unrestricted sexual behavior, are at a higher risk for repeated sexual assaults, and report decreased overall sexual satisfaction in their relationships.

The third section examined the symptomology associated with CSA, which may vary depending on the individual and the severity of the trauma; however, there are common symptoms linked with this specific trauma. Recognizing common signs of child sexual abuse can assist parents and caregivers in taking the proper steps to safeguard the child's welfare. The clinical presentation may differ depending on the age, the extent of the sexual trauma, the child's temperament, and the learned coping skills of the individual. By examining the adult symptoms of CSA, it will be possible to make more accurate diagnoses and develop interventions for adult pathological symptoms and problems in women with sexual abuse histories.

Chapter Three: Methodology

The research explored the effects of unresolved trauma on CSA and how it impacted intimate, long-term committed relationships and marriages of African American women through a phenomenological approach. The purpose of the phenomenological method was to describe the phenomena of everyday experiences to understand the essential structures of the phenomenon (Heppner et al., 2016). These experiences and feelings produced in-depth sketches of the phenomenon by seeking reality from individuals' narratives. In the constructionist view, the subject constructed what it knew. In contrast, from a phenomenological perspective, the subject knew what it constructed, not appearance, but it had an appearance in consciousness (Rockmore, 2011). People believed they understood themselves and their place in society, even when they did not understand life. As a result, humans tended to accept that their perception of reality was the most accurate illustration of what reality truly was (Rockmore, 2011).

The qualitative researcher had an obligation to be methodical in reporting sufficient details of data collection and analysis processes to permit others to judge the quality of the resulting product (Patton, 2015). When using phenomenology, it was believed that the researcher would be biased toward their research because they wanted to prove their hypothesis. The researcher had to resolve any unresolved issues related to the research topic so they were not distracted by their emotions, feelings, and beliefs. This research aimed to neither overestimate nor underestimate how CSA affected African American females' ability to be intimate in a relationship but took seriously the responsibility to describe and study the effects accurately.

Design

This phenomenological study aimed to describe the experiences of African American women who had been sexually abused during childhood in a marital or long-term committed

relationship in Prince George's County, Maryland. Phenomenology studies pre-reflective lived experience through reflection (van Manen & Adams, 2010). The writings of prominent theorists, including Merleau-Ponty, Heidegger, Sartre, and Husserl, impacted this theory (Williams, 2020). This kind of study entailed thoroughly examining a topic to gain an in-depth understanding or gain new insights into an issue (Tenny et al., 2022). For this kind of in-depth investigation to produce new insights on a topic, understanding other people's experiences was crucial (Neubauer et al., 2019). According to Creswell and Poth (2018), a phenomenological study attempted to describe the individual lived experiences that the individuals had in common with the phenomenon. The behaviors of the individuals experiencing the phenomenon could not separate themselves from the phenomenon (Moustakas, 1994). The focus became the collective experiences and the essence of these experiences (Creswell and Poth, 2018).

This study used a qualitative phenomenological approach to find the underlying long-term psychological impact of CSA in African American women in intimate relationships. Exploring the participants' lived experiences created the rich data used for this phenomenological study. The behaviors of those experiencing the phenomenon could not be separated from the experience itself (Moustakas, 1994). The emphasis shifted to the shared experiences and the essence of these shared encounters (Creswell and Poth, 2018). Interviews could be led or redirected by the researcher in real-time and were not limited to answering a set of questions (Tenny et al., 2022; Neubauer et al., 2019). The study framework and focus could easily change as new information became available. There were generally two basic phenomenological approaches: interpretative and descriptive. Martin Heidegger and Edmund Husserl created interpretative and descriptive phenomenology (Connelly 2010). Insights about people's actions

and intentions could be gained through descriptive phenomenology, which broke through long-held presumptions and challenged conventional wisdom (van Manen & Adams, 2010).

Research Questions

RQ1. How do AA women who have experienced CSA and are in a long-term relationship or marriage describe their experiences throughout their relationship with their current partner?

RQ2. How do AA women describe their experiences within an intimate long-term relationship where communication is a barrier because of CSA?

RQ3. How do AA women describe the effects of CSA on their intimate relationship with their partner?

RQ4. How does the presence of CSA influence the performance of AA women in a long-term or committed relationship?

Setting

The Counseling Network allowed the use of space at a pay-per-use hourly or daily rate to all therapists not performing services via the contractual agreement. The office building had private counseling office space. The office building was in Upper Marlboro, Maryland, Prince George's County. The building was in a private business park with adequate lighting. There was nighttime security, the doors were locked, and all clients had to show identification before entering, or a therapist had to identify the client. Even though it was a faith-based organization, clients did not have to have a religious affiliation, and participation in religious activities was not expected.

Participants

There were eleven participants used in the study. Denzin and Lincoln (2018) suggested no more than five, while Creswell and Poth (2018) recommended no more than 25. No clients

under my care were eligible to participate in the study. Clients of The Counseling Network could choose to participate. Counselors had the opportunity to provide information about the study to their clients, but this did not guarantee participation. The study sought volunteers only. Flyers were placed in all patient areas. In addition, there were postings on multiple social media platforms. All volunteers received a prescreening questionnaire to check eligibility. All participants had experienced a CSA and were born female. Female participants were between 21 and 50 years old. They were married or in a long-term committed relationship (more than three years). A randomizer called Raffle Name was used to select the participants for the study if there were more than 10 participants.

Procedures

Before the interview, the researcher reviewed the consent form with participants to ensure they understood the study's objectives, procedures, risks and benefits, and how anonymity would be kept. The Liberty University Internal Review Board (IRB) reviewed and approved the consent form before the beginning of the research (see Appendix A). Before beginning the interview process, the consent form was emailed to all participants. It was discussed, reviewed, and signed by the participant. A copy of the consent form was given to the participants, and the researcher kept one for recordkeeping. All documents, including audio recordings, were stored on a cloud storage system (Google Drive) and a password-protected laptop. All documents were kept in a locked file cabinet to protect the participant's personally identifiable information. Access to the audio recordings was restricted to the researcher (me) transcribing them. The transcripts were de-identified to preserve participant confidentiality once transcription was completed. The researcher ensured that no personally identifying data would be in the final report. The participants were instructed to contact the researcher directly if they felt they were a

candidate for the study. Participants were informed that they were not required to provide a detailed explanation or answer all the questions if they did not want to. They were informed that they did not have to complete the study and that no consequences or questions would be asked. Each participant was given a \$50 gift card for their participation in the study. Participation in this study had no known benefits and no known risks.

The Researcher's Role

Data was collected in adherence to all ethical codes. Data was collected in semi-structured interviews of African American females who had experienced CSA. I did not provide therapeutic treatment to any of the participants. The participants were referred to a local therapist in their area if treatment was needed. To manage any possible biases, I was mindful of personal beliefs that could hinder the study, creating an unethical environment. As the researcher, I believed that childhood sexual traumatic events impacted the relational dynamics of the participant and her intimate partner. It was hypothesized that data from the patterns and themes collected from the semi-structured interviews would mirror the dysfunctional relational dynamics influencing the negative coping mechanisms the CSA survivor used. It was also believed that CSA had created the stress the participant and their intimate partner were experiencing. My role as the researcher was to continuously monitor for possible biases that could emerge from the research data because of personal preconceptions.

Data Collection

In-depth interviews were used to gather data for this phenomenological study based on the recommendations made by Creswell (2018), Marshall & Rossman (2016), and Moustakas (1994). Interviews for phenomenological studies often had three components. One's total experience with the phenomenon could be described in three ways: 1) past experiences with the

phenomenon, 2) recent experiences with the phenomenon, or 3) a blend of past and present experiences (Marshall & Rossman, 2016). This study used a list of informal open-ended questions to facilitate the flow of the semi-structured interviews. One semi-structured interview was used to gather data. Topics of interest were expounded upon, and relevant follow-up or clarifying questions were asked. Semi-structured interviews allowed the researcher to use an informal question list (Creswell & Poth, 2018). This made the interviews more like a *conversation* than a *question-and-answer* session (Creswell & Poth, 2018). Some participants were asked follow-up questions after the initial set of procedural questions. The interviews lasted between 30 and 120 minutes, depending on the participant's information. The interviews were verbatim recorded on audio and transcribed by the researcher. After the participants reviewed and modified (if needed) their transcripts for accuracy, they were saved electronically, and a paper copy was printed for accessibility for data analysis. The interviews were conducted in a private office in Prince George's County, Maryland.

Interviews

Interviews were structured discussions between the researcher and the participants (Yin, 2018). These interviews were recorded for the accuracy of data and notes. Semi-structured interviews were used to collect the data. During the interviews, two important tasks were performed. According to Yin (2018), these tasks consisted of gaining an in-depth knowledge of the responses following the interview questions and engaging in a meaningful conversation with the participant. Some participants were not asked questions in the sequential order as written because as they told their story, it encouraged me to elaborate by asking the related questions. The order of the questions and how they were asked vary in semi-structured interviews (Creswell & Poth, 2018). Semi-structured interviews examined the participant's viewpoints (Creswell,

2018).

Furthermore, according to (Creswell & Poth, 2018), semi-structured interviews resulted in a combination of yes/no responses and insightful answers that led to in-depth conversations. Additionally, interviews allowed the researcher to meet the research's demands while presenting respectfully (Yin, 2018). One hundred twenty minutes were set aside as the maximum time allotted for conducting participant interviews in the current study, which were conducted at a private office in Prince George's County, Maryland. Part of the demographic data was captured when the participants filled out the pre-questionnaire. The remaining data was collected in the interview. The potential participants filled out the pre-screening questionnaire using Survey Monkey.

Survey Monkey is a web-based survey software that allows consumers to generate online surveys. Survey Monkey is HIPAA compliant and offers advanced security features to ensure participant data privacy. This survey tool required the user to log in, and two-step verification was offered. All data was exported to my computer, which was only used for this research project. The pre-screening questionnaire ensured that all participants met the research criteria. Once the pre-screening questionnaire was completed, it was reviewed, and if the participant met the qualifications, they were emailed the consent form.

Pre-Screening Questionnaire

1. Are you between 21 and 50 years old?
2. Are you an African American female?
3. Are you heterosexual?
4. Are you married or in a long-term relationship (greater than three years)?
5. Have you experienced childhood sexual abuse?

Standardized Open-Ended Semi-Structured Interview Questions

1. Please introduce yourself.
2. Please start by telling me about your current relationship. Please start with how you met your current partner.
3. Are you married or in a committed relationship? How long?
4. Do you see your relationship as healthy or unhealthy? Please explain your answer.
5. Can you please explain how your history of CSA has affected your current relationship?
6. How have you dealt with your history of childhood sexual trauma in your current relationship? Have you had individual or couple therapy?
7. What strengths and weaknesses do you have related to your childhood sexual trauma?
8. How have these strengths or weaknesses helped or hindered your relationship?
9. What difficulties do you have around trust?
10. What do you need from your partner to trust him?
11. Do you feel insecure in your relationship or secure in your current relationship?
12. How do you communicate with your partner about your emotional, physical, and intimate needs, sexual and nonsexual?
13. How could communication improve?
14. What do you think you need to help improve communication with your partner?
15. What does sexual intimacy look like to you?
16. What does nonsexual intimacy look like to you?
17. Do you like cuddling, hugging, or holding hands?
18. How has your childhood sexual trauma affected your sexual relationship with your partner?

19. Do you have issues with initiating sex?
20. Do you have issues with telling your partner no when he initiates sex?
21. If you could offer another couple advice that has been struggling with the impact of the partner's CSA, what would you tell them?
22. Is there anything you would like to add that was not covered?

Questions 1-9, 12, 13, and 17-20 were knowledge questions. Question 11 was a feelings question. Lastly, questions 14-16, 21, and 22 were opinion and values questions. Knowledge questions were designed to be open, general, and debatable (Merriam & Tisdell, 2016). They were concise, grammatically correct, and employed exact terms and vocabulary (Glesne, 2016). They elicited discursive discussion instead of a single, definite response (Patton, 2015). These were non-threatening questions. Knowledge questions measured how much factual information people had retained in their long-term memory and how effectively they could recall it to respond to questions about a specific topic (Merriam & Tisdell, 2016). The knowledge questions were used to gain insight into the participants' experiences and the impact of these experiences. Gleaning this information allowed for a better understanding of the participant's symptomology and its effects on their relationship. Feeling questions explored meaningful aspects of the human experience (Merriam & Tisdell, 2016). These objective responses showed how individuals processed emotions (Glesne, 2016). Feeling questions also helped them understand how they communicated their feelings to others. Opinion and values questions allowed the interviewer to gain insight into a person's belief system and access their opinions and thoughts on the discussed topic (Merriam & Tisdell, 2016).

Questions 1-9, 12, 13, and 17-20 were used to better understand the participant's childhood and how they felt CSA had impacted their worldview. These questions allowed the

participants to express how they believed CSA had hindered their ability to express and effectively communicate their needs to others. The questions also allowed the researcher to learn the symptomology most impactful to the participants' overall relationship quality.

Question 11 helped with better understanding the participant's attachment style and if there were any issues related to attachment. Questions 14-16 gathered information about the participant's values regarding intimacy. These questions allowed the participants to explain how they viewed intimacy and its meaning. Questions 21 and 22 were opinion questions that explored the participants' views about CSA and what they thought would benefit women with similar experiences.

Surveys/Questionnaires

Three surveys developed by O'Sullivan et al. (2006) were used to understand sexual relationships better. They were planned to be used alongside the interviews. Multiple researchers have cited these instruments. The Evidenced-based Measure of Empowerment for Research on Gender Equality (EMERGE) had over 400 measures. The EMERGE platform was an open-access, one-stop shop for gender measurements in health, politics, economics, and other social spheres. Researchers, program managers, survey implementers, and other measurement enthusiasts could use EMERGE to select, extract, and analyze quantitative gender equality and empowerment metrics. It was continuously updated with new measures and measurement instructions. Experts in gender equality and empowerment were consulted to help select metrics for inclusion on EMERGE, and measures were compiled based on published and grey literature reviews. Every effort had been made to ensure that the content on their website was accurate, comprehensive, and current with the status of the field. As it was a new and multidisciplinary field, they acknowledged that they may not have captured every metric or every piece of

evidence relating to the measurements they had published on their website. EMERGE sought to advance the science of gender equality and empowerment measurement by finding gaps in the literature, compiling and evaluating existing measures, and supporting scientifically rigorous measure development research (O'Sullivan et al., 2006).

Document Analysis

Document analysis involves systematically assessing and evaluating documents, including printed and electronic content (Bailey, 2018; Bowen, 2009). Like other qualitative research approaches, document analysis examines and interprets material to elicit meaning, gain insight, and develop empirically (Braun & Clarke, 2019). Data from document analysis was extracted as excerpts, quotations, or complete sections and was then specifically grouped into primary themes, categories, and case examples using content analysis (Morgan, 2022).

Document analysis was frequently used as part of triangulation, which integrated approaches to studying the same phenomenon and other qualitative research techniques (Sayer & Crawford, 2017). The qualitative researcher had to use numerous (at least two) sources of proof. In addition to documentation, these sources included interviews, participant or nonparticipant observation, and physical artifacts (Yin, 2014). By reviewing data acquired using various methodologies, the researcher could corroborate findings across data sets, reducing the impact of potential biases that may be present in a single study (Bowen, 2009).

According to Patton (2015), triangulation prevented the researcher from alleging that the results of a study were the outcome of a single method, source, or investigator's bias. The main purpose of document analysis is to supplement other research techniques (Morgan, 2022). The importance of documents in case study research, their significance in methodological and data triangulation, and their relevance as a stand-alone approach for specialized types of qualitative

research were all reasons to utilize document analysis (Morgan, 2022). Research documents had several purposes. Documents could provide information about the study participants' setting; this was an example of the text providing context (Sayer & Crawford, 2017). Document research suggested new questions and observations (Sayer & Crawford, 2017). For example, Goldstein & Reiboldt (2015) used document analysis to help generate new interview questions while conducting a longitudinal ethnographic study of service usage among families living in disadvantaged urban settings. Documents provided additional research data and a tool for monitoring change and development (Sayer & Crawford, 2017). Documents offered background information and context, supplementary data, a way to track change and development, and confirmation of findings from other data sources (Goldstein & Reiboldt, 2015; Sayer & Crawford, 2017). In short, they served a variety of purposes. Skimming (a shallow examination), reading (a detailed examination), and interpretation were all parts of document analysis (Bowen, 2009).

Observations

Researchers had "privileged access to people's basic experience of the lived world" when they conducted qualitative interviews (Brinkman & Kvale, 2015, p. 32). The objective was to gain insight into the meaning and experience of the lived world from the participant's perspective, expressed in their own words and recounted in great detail to an open researcher who could set aside what they believed and were aware of regarding the experience being described (Rubin & Rubin, 2012; Pope, n.d.). In other words, the objective of a qualitative interview was to record the research participant's individualized point of view (Rubin & Rubin, 2012; Pope, n.d.). Field notes were descriptive and reflective. After an observation was completed, field notes had to be expanded as quickly as possible. Descriptive data was data

researchers made an effort to accurately record factual information (such as the date and time) and the circumstances, actions, behaviors, and conversations witnessed (Flick, 2014). Reflective data was observed and compiled by writing down ideas, questions, and concerns while carrying out the observation (Flick, 2014).

Data Analysis

It was challenging to separate and gather phenomenological information from the analysis of information being researched, as the two were so delicately connected throughout all phases of the study (Vagle, 2018; Peoples, 2018). Numerous authors have emphasized the necessity of knowing the philosophy underpinning one's research process (Giorgi, 2000; Lopez & Willis, 2004). According to Husserl, the objective of science was to get closer to the truth through the accumulation of evidence (Husserl & Welton, 1999). Pure truth is equated to perfect evidence for Husserl. He had talked about two types of perfection. Accumulating complete evidence refers to the sufficiency of the evidence gathered (Williams, 2018). Husserl and Welton (1999) defined *intentionality* as the relationship between the mind and the world objects as an important term in phenomenology. Human consciousness is purposeful because it is a consciousness of something (Williams, 2018).

Human cognition operates practically and incorporates data intake or experience (Williams, 2018). A clear organizational structure for qualitative data was imperative from the outset (Bowen, 2009). The most important requirements for qualitative data analysis were adequate time and absorption of the data (Moustakas, 1994). Although the quality and depth of research were usually proportionate to the time involved, various strategies could be used to speed up field analysis (Husserl & Welton, 1999; Moustakas, 1994; Vagle, 2018; Peoples, 2018). The epoch or bracketing technique prevented biases, previous understandings, and assumptions

about the topic of interest (Christensen, 2017; Neubauer et al., 2019). A sequence of reductions was necessary for this process (Neubauer et al., 2019; Vagle, 2018; Peoples, 2018). Examining how the phenomenon manifested itself in the participants' world aided in determining its essence, which served as the basis for all information about the phenomenon (Christensen, 2017; Neubauer et al., 2019). All significant statements essential to the subject were listed using horizontalization, giving them equal weight (Creswell & Poth, 2018). The statements had been clustered into themes or meaning units (Given, 2008). It aided the reader in understanding the variety of viewpoints on the phenomenon (Moerer-Urdahl & Creswell, 2004).

The analysis method utilized was modified from the Van Kaam phenomenological data analysis method (Moustakas, 1994)—using the complete transcription of each research participant.

1. Listing and Preliminary Grouping
 - a. Listed each expression applicable to the experience (Horizontalization) (Moustakas, 1994; Vagle, 2018; Peoples, 2018).
2. Elimination and reduction to identify the invariant constituents.
 - a. Checked each expression against two conditions.
 - i. Did it include a specific instance from the experience that was both a necessary and sufficient element for understanding?
 - ii. Could it be abstracted and labeled?
 1. If so, the experience's horizon was expressed.
 2. Expressions were removed if they did not meet the above requirements.

3. Additionally, overlapping, repeated, vague phrases were omitted or replaced with more specific descriptive language.
 4. The invariant elements of the experience were the horizons that were still identifiable (Moustakas, 1994; Vagle, 2018; Peoples, 2018).)
3. Clustering and Thematizing the Invariant Constituents
 - a. Clustered the invariant constituents of the experiences into thematic labels. The primary themes of the experience were clustered and labeled into elements (Moustakas, 1994; Vagle, 2018; Peoples, 2018).
4. Final Identification of the Invariant Constituents and Themes by Application
 - a. Compared the invariant components and the related themes to the research participant's entire record.
 - i. Were they stated clearly in the entire transcription?
 - ii. Were they compatible even if not expressly explained?
 - iii. If they were neither explicit nor compatible, they were irrelevant to the co-experienced researchers and should be removed (Moustakas, 1994; Vagle, 2018; Peoples, 2018).
5. Created an Individual Textural Description of the Experience for each co-researcher using the applicable, validated invariant constituents and themes. Direct quotes from the interview transcription were included (Moustakas, 1994; Vagle, 2018; Peoples, 2018).
6. Created an Individual Structural Description of the experiences of each co-researcher based on the Individual Textual Description and Imaginative Variation (Moustakas, 1994; Vagle, 2018; Peoples, 2018).

7. Created a textural-structural description of the meanings and essences of the experience for each research participant, considering the constant elements and themes (Moustakas, 1994; Vagle, 2018; Peoples, 2018).

A Composite Description was created, comprising the meanings and essences of the experiences from each Textural-Structural Description, representing the group as a whole. Computer-assisted analysis has several advantages for qualitative data analysis. Therefore, ATLAS.ti was used as the Qualitative Data Analysis Software (QDAS). ATLAS.ti helped by organizing and analyzing the data while creating a workflow that allowed all the data to be in one place. This software helped the researcher decide what concepts were worth moving forward by evaluating interviews, surveys, focus groups, and all other research data that might be used. Charts and graphs were developed based on the data from the research, helping validate the hypothesis.

Trustworthiness

All research must be trustworthy to be relevant (Adler, 2022). The trustworthiness of the research was discussed in this section. Overall, qualitative research appeared trustworthy (Connelly, 2016; Adler, 2022). This was because quantitative research was more systematic and obvious, and identifying links between numbers was thought to be more rigorous than generating meaning from words and deeds (Gunawan, 2015; Connelly, 2016; Adler, 2022). Sandelowski (1993) and Gunawan (2015) noted that trustworthiness became a matter of persuasion when the researcher was perceived as having made those techniques visible and consequently auditable. Additional information on the concepts was expounded on in the following subsections so readers could better understand the study's validity and objectivity, enhancing its credibility. Seeking participant feedback was one of the techniques used. Asking participants how accurately the data analysis reflected their experience (Creswell & Poth, 2018). This technique established

credibility because the participants evaluated statement accuracy and offered feedback (Creswell & Poth, 2018).

Thematic analysis was significant in qualitative research (Braun & Clarke, 2006). It identified, analyzed, and interpreted themes in qualitative data (Guest et al., 2012). It was often used for interviews or transcripts. A thematic analysis followed a six-step process: familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up (Castleberry & Nolen, 2018). Familiarization involves transcribing audio, reading content, taking initial notes, and examining data (Nowell et al., 2017). Coding involves identifying phrases or sentences and creating shorthand labels or codes to explain their meaning (Nowell et al., 2017). Reviewing the codes, identifying patterns, and generating themes was important. Themes were often broader than codes. Codes were combined into a theme (Castleberry & Nolen, 2018). Ensuring the themes accurately represented the content (Lochmiller, 2021) was important. If problems existed with the themes, they could be split, merged, eliminated, or developed into new ones (Lochmiller, 2021). Naming and defining themes were next. Writing up was next once a final set of themes was named and defined. The data was analyzed and written up. Like other academic works, a thematic analysis needed an introduction to set the research topic, goals, and research approach (Braun & Clarke, 2006).

Credibility

The credibility of a study is established when researchers or readers are introduced to the experience and can recognize it (Nowell et al., 2017). Credibility focuses on the fit between respondents' opinions and how the researcher represents them (Tobin & Begley, 2004). There are many methods for addressing credibility, and the researcher intends to utilize triangulation. Peer debriefing was also suggested by Nowell et al. (2017) as a way to provide an external check on

the research process, which may strengthen credibility. They also suggested examining referential adequacy to compare preliminary findings and interpretations of the raw data. The member-checking process involves testing the findings and interpretations with the participants and can also be used to operationalize credibility (Lincoln & Guba, 1985). Ensure the research follows qualitative research guidelines; the research design suggested by Creswell and Poth is essential and will be used to ensure credibility (2018).

Dependability and Confirmability

Researchers can ensure dependability by using a logical, traceable, and well-documented process (Janis, 2022). Readers can more accurately assess the research's dependability when they understand how the research was conducted (Janis, 2022). Auditing a research study's procedure (O'Kane et al., 2019), which will be covered in more detail below, is one technique to show dependability. Confirmability is all about confirming that the researcher's interpretations and findings are formed from the data; thus, the researcher must provide evidence of how conclusions and interpretations have been reached (Janis, 2022). Credibility, transferability, and dependability are all established when confirmability is established, according to Lincoln & Guba (1985). For others to understand how and why decisions were taken, Nowell et al. (2017) advised researchers to incorporate markers like the justifications for theoretical, methodological, and analytical choices throughout the study.

Transferability

Transferability, the qualitative term for external validity, was the capacity to transfer research findings or methodologies from one group to another with similar situations (Janis, 2022; Thomas & Magilvy, 2011). One method for establishing transferability was to describe what was being studied in detail. Researchers could use transferability in various ways (O'Kane

et al., 2019). By giving the reader various experiences to draw on as interventions were developed, an understanding of the data was developed, and a determination could be made as to whether the study was applicable Nowell et al. (2017).

Ethical Considerations

All research studies had to consider the protection of human participants by applying the required ethical standards. However, it is always advisable to consider and discuss any potential ethical problems that might have arisen, regardless of the stage your research might have been at (Haines, 2017). Every stage of a qualitative study has to consider ethics to balance the risks of the research and its possible benefits (Mohd Arifin, 2018). Confidentiality, privacy, and concerns about repeatability and study quality were only a few ethical issues raised by qualitative research analysis methods (Haines, 2017). When conducting qualitative research, it was crucial to consider possible ethical concerns because the data interpretation and results were more individualized (Sanjari et al., 2014). This could have made it more challenging to maintain the data's reproducibility.

At a basic level, these principles focused on assuring the public good of research and statistics. These principles focused on assuring the public good of research and statistics, safeguarding the confidentiality of data, understanding the potential hazards and limitations of new research methods and technologies, compliance with legal requirements, evaluating public acceptability of the project, and transparency in the collection, use, and sharing of data on a fundamental level (UK Statistics Authority, 2022). Assigning fictitious names or aliases and creating profiles could have helped protect the participants' privacy, which could have been a concern (Creswell & Poth, 2018; Pietilä et al., 2019). Utilizing language appropriate for the intended audience would have addressed another potential risk, which might have been caused

by using communication that was not clear, straightforward, or acceptable (Creswell & Poth, 2018; Pietilä et al., 2019). The data storage of materials could have also been a significant issue. According to Creswell and Poth (2018) and Pietilä et al. (2019), this could have been solved by taking the proper security precautions, such as storing data and materials in a secure location for five years.

Delimitations

The study's design strategically chose several key delimitations to shape the research's scope and focus. First and foremost, the research deliberately centered on African American women with a history of childhood sexual abuse, a specific group carefully selected to narrow the study's research direction. Moreover, the study deliberately focused on heterosexual African American women, ensuring a homogeneous participant size. This approach aimed to facilitate a comprehensive exploration of the unique challenges they experienced in the context of childhood sexual abuse. Additionally, the study confined its age range to participants between the ages of 21 and 50, encompassing various life stages and experiences within this age group. These delimitations collectively served as the intentional boundaries and strategic choices made by the researcher to define and refine the research's focus and object.

Summary

This qualitative phenomenological research study utilized Moustakas's (1994) phenomenological process, enabling me to glean and examine the data collected through individual interviews and questionnaires to investigate the impact of unresolved CSA on African American women's ability to thrive in an intimate sexual long-term relationship. The study's design incorporated several key delimitations, including the specific focus on African American women with a history of childhood sexual abuse, exclusive inclusion of heterosexual African

American women, a confined age range, and a limited participant size. These delimitations were strategic choices that helped define the study's scope and focus while addressing ethical considerations. Additionally, putting aside any biased opinions allowed me to examine the collected data for the research topic impartially while addressing the ethical considerations of using human subjects. These tools and techniques allowed me to understand and process the participants' lived experiences, ensuring credible, confirmable, and reliable data.

Chapter Four: Findings

Overview

In this chapter, I will present the findings of the current research study, which sought to explore the profound and lasting effects of unresolved childhood sexual abuse on the ability of African American women in marital or long-term committed relationships to navigate sexual intimacy. The focus of this chapter is to provide an in-depth examination of the results derived from the data analysis.

Research Question 1: Characterization of Experiences

In response to Research Question 1, I sought to understand how African American women who have experienced childhood sexual abuse characterize their experiences within their current marital or long-term committed relationships.

Theme 1: Emotional Detachment

Within the context of their relationships, the participants frequently conveyed a profound sense of emotional detachment. A range of distressing symptoms, including fear, anxiety, depression, and flashbacks, often accompanied this detachment. Consequently, participants encountered significant challenges in effectively communicating their emotional needs to their partners. This emotional distance contributed to an overarching theme of *Emotional Detachment*.

Theme 2: Relationship Dissatisfaction

Participants shared their struggles with self-worth and trust, particularly in the context of their relationships with male partners. Distorted self-perceptions and a pervasive mistrust of males, in general, contributed to a prevailing sense of dissatisfaction within their relationships. This dissatisfaction served as a central theme in their experiences.

Research Question 2: Articulation of Encounters

Turning to Research Question 2, I delved into how African American women articulate their encounters within intimate, long-term relationships marked by communication challenges stemming from childhood sexual abuse.

Theme 1: Misinterpretation of Social Interactions

In response to Research Question 2, participants consistently highlighted the phenomenon of misinterpretation of social interactions. They described heightened vigilance as a response to their past experiences, significantly impacting their ability to accurately interpret nonverbal cues conveyed by their spouses during intimate interactions. This heightened vigilance often led to difficulties in correctly interpreting and responding to messages within the context of their relationships, resulting in communication challenges and, at times, incorrect responses.

Research Question 3: Impact on Intimate Relationships

Proceeding to Research Question 3, I aimed to uncover how African American women characterize the impact of childhood sexual abuse on their intimate relationships with their partners.

Theme 1: Intimacy is Dangerous

Two overarching themes emerged in response to this question. The first theme, *intimacy is dangerous*, encapsulated participants' experiences of feeling undesirable and experiencing dissociation during sexual activities. For many, engaging in sexual intercourse was often seen as a last resort, primarily fulfilling wifely obligations. Participants struggled with navigating emotions of love and close physical contact, often hindered by recurring memories of their past, which they attributed as the underlying cause for this lack of intimacy.

Theme 2: Unworthy of Love

The second theme, *unworthy of love*, conveyed participants' pervasive feelings of undesirability and a profound sense of unworthiness regarding receiving affection. These emotions stemmed from their experiences of childhood sexual abuse and significantly affected their ability to establish emotional connections with their spouses. Consequently, these women encountered difficulties comprehending, managing, and expressing love and intimacy within their relationships.

Research Question 4: Impact on Efficacy in Relationships

Finally, Research Question 4 explored whether the presence of childhood sexual abuse impacted the efficacy of African American women in long-term or committed relationships.

Theme 1: Irrevocably Flawed

In response to this question, discussions with participants unveiled a predominant theme of feeling *irrevocably flawed*. This pervasive sense of inadequacy affected participants' ability to establish trust within their relationships, which, in turn, substantially influenced their capacity to cultivate mutually beneficial and constructive connections with their partners. These manifestations were further characterized by mood variability, tendencies towards self-blame, engagement in avoidant behavior, wrath, and paranoia. Ultimately, these emotional barriers significantly hindered their ability to effectively express genuine emotions and sentiments, culminating in a profound despair within their marital or long-term committed partnerships.

This structured presentation of these findings aims to provide a comprehensive understanding of the multifaceted experiences of African American women who have faced childhood sexual abuse within the context of their relationships. Hopefully, these findings contribute to the existing body of knowledge surrounding this sensitive and critical issue,

offering insights that can inform future support and intervention strategies tailored to the unique needs of survivors in similar circumstances.

Participants

The study's number of participants consisted of 11. All the participants in the study satisfied the predetermined criteria:

1. Female.
2. African American.
3. Heterosexual.
4. Between 21-50 years old.
5. Married or in a long-term relationship of more than three years.
6. Experienced childhood sexual abuse.
7. Born female.

See Table 1 for a snapshot of the participant's demographic information.

Table 1 – Participants' Demographics

Participant	Rochelle	Alicia	Monica	Denise	Janice	Diane	Michelle	Erica	Maxine	Jackie	Lisa
Age	28	26	28	23	27	47	28	25	29	30	49
Average Age of Participant					28.5						
Gender	Female	Female	Female	Female	Female	Female	Female	Female	Female	Female	Female
Race	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA	AA
Relationship Type	M	M	C	C	M	M	C	M	M	M	M
Relationship Type Total	Total Marriage 8 Total Committed Relationships 3										
Years in Relationship	4	3	3	3	5	10	4	3	4	3	23
Average Years in Relationship	5.9										
Children	2	0	1	1	2	4 BC 4 SC	1	1	1	1	2

Key

AA = African American

M = Marriage

C = Committed Relationship

BC = Biological Children

SC = Stepchildren

Rochelle Demographics

Rochelle, age 28, was an African American, heterosexual female who had been married for four years. She has two children. She was abused at the age of nine, and it continued for several years. Her parents were married and still are.

Alicia Demographics

Alicia, age 26, was an African American, heterosexual female married for three years. She did not have any children. The onset of her CSA was during her school-age years (elementary). She did not mention her parent's relationship status.

Monica Demographics

Monica, age 28, was an African American, heterosexual female in a committed relationship for three years. She has one child. She was abused at the age of six, and it continued until she left her parent's house after high school. Her parents were married and still are.

Erica Demographics

Erica, age 25, was an African American, heterosexual female married for three years. She has one child. She was abused in her middle childhood age years. Her parents are married, and she has a great relationship with them.

Denise Demographics

Denise, age 23, was an African American, heterosexual female in a committed relationship for three years. She has one child. She is engaged, and they plan to marry in less than six months. She was abused during her middle childhood age years, and it continued into her adolescent years. She did not talk about her parents.

Janice Demographics

Janice, age 27, was an African American heterosexual female who had been married for five years. She has children. She was abused in her middle childhood age years. She did not talk about her parents or her relationship with them.

Diane Demographics

Diane, age 47, was an African American heterosexual female who had been married for 10 years. She has four biological children and four stepchildren. She was abused in her teenage years. Her father is deceased, and her mother is still alive.

Michelle Demographics

Michelle, age 28, was an African American, heterosexual female in a committed relationship for four years. She has one child. She was abused when she was 8 years old. She did not talk about her parents or her relationship with them.

Maxine Demographics

Maxine, age 29, was an African American heterosexual female who had been married for four years. She has one child. She was abused at six years old until she was 17 years old by her father. She does not talk to her parents.

Lisa Demographics

Lisa, age 49, was an African American heterosexual female who had been married for 23 years. She has 2 children. She was abused in her middle childhood age years. Her parents are still married, and she has a great relationship with both parents.

Jackie Demographics

Jackie, age 30, was an African American, heterosexual female married for three years. She has one child. She was abused multiple times in middle childhood and did not say when it stopped. She did not talk about her parents or her relationship with them.

Results**Theme Development**

Thematic analysis served as a foundational element in this study, marking the inception of the analytical journey. The primary goal at this stage was to organize the data into coherent patterns that could yield novel insights. A system of codes was meticulously crafted to facilitate this, providing a structured framework for subsequent data analysis. This approach was characterized by employing a hybrid coding strategy, starting with an inductive approach and subsequently incorporating deductive coding to validate the data. Certain overarching themes emerged once the data had been categorized into distinct groups based on shared characteristics. Transitioning to a line-by-line coding approach allowed for a more granular exploration of the participants' experiences, enabling the capture of nuanced content that provided rich detail regarding their encounters. All participant data was coded by color for later use, which was used to support the themes.

The process of sorting these themes into discrete data sets necessitated a thorough and iterative review of the interview transcripts. This entailed multiple readings to discern common threads that united the participants' responses. Selecting themes for further investigation was challenging, as their salience was not always immediately apparent. However, this meticulous process ultimately facilitated the progression to the analysis stage.

Applying descriptive statistics represented a critical initial phase in my data analysis. It served as a foundational step in my journey to unveil the underlying insights hidden within the responses obtained from the questionnaire. This vital process encompassed several distinct steps. Firstly, measures of central tendency were employed, including the mean, median, and mode, to provide a concise snapshot of where the data was typically concentrated. These measures allowed me to understand the average or typical response to each survey question.

Secondly, an exploration was conducted into the spread or variability within the data by calculating statistics such as the range, variance, and standard deviation. These metrics provided insights into the extent to which responses deviated from the central tendency, shedding light on the level of consistency or diversity in participants' answers.

Furthermore, data visualization techniques, such as histograms, bar charts, and other graphical representations, were used to scrutinize the distribution of responses and uncover any patterns and outliers (See Appendices P, Q, R, S, T). These visual aids were invaluable in communicating my findings effectively to my audience. Lastly, cross-tabulations and summary tables were employed to investigate relationships between different variables and compile a comprehensive overview of responses to individual questionnaire items. This approach enhanced the ability to detect trends, associations, or disparities across demographic groups or specific survey sections.

In essence, descriptive statistics were a vital tool that empowered the interpretation of data captured from the questionnaires and set the stage for more advanced statistical analyses. These initial insights, derived from descriptive statistics, formed the foundation upon which the dissertation's subsequent analyses and conclusions were created from the interviews and the questionnaires. Adhering to this systematic process allowed for a data-driven journey, ensuring

the research was well-grounded, rigorous, and equipped with a comprehensive understanding of the collected data. This approach guaranteed that the findings were robust and comprehensible to both the academic community and a broader readership, thus enhancing the credibility and impact of my study. Within the analysis stage, a comprehensive and detailed account of each participant's experiences was developed, shedding light on the intricate ways in which their histories of childhood sexual abuse impacted their intimate relationships with their partners. Subsequently, the forthcoming section will delineate the themes derived from this thematic phenomenological analysis.

Research Question Responses

The data collected from the participants revealed a significant level of depth. Through the analytical process, several sub-themes emerged. As the study progressed, it became evident that certain categories were interconnected, leading to their consolidation into overarching themes. After completing the analysis, six primary themes were identified. A visual representation of these themes and their associated sub-themes can be found in Figure 1.

Figure 1 Themes, Codes, Groups – The Effects of CSA on AA Women Relationships

Unprocessed Trauma, Intimacy, and Trust Disstress	Characterization of Experiences	Emotional Detachment	Avoidance Feeling Disconnected
		Relationship Dissatisfaction	Not feeling supported Anxiety, Inflexibility
	Articulation of Encounters	Misinterpretation of Social Cues	Self-blame and Shame Misinterpret any Physical Contact, hyper-vigilant
	Impact on Intimate Relationship	Intimacy is Dangerous	Emotionally detached or aloof Misinterpret others' intentions as malicious
		Unworthy of Love	Avoidance of sexual and nonsexual relationships Struggling to express or accept love and affection
	Impact on Efficacy in Relationship	Irrevocably Flawed	Tendency to withdraw Ongoing feelings of guilt and self-blame, Low self-worth, and self-esteem. Addictive Behaviors such as substance use

The individual's ability to experience love was limited by the aggregate impact of unprocessed trauma, intimacy issues, and trust distress, which formed the overriding topic of the study. As mentioned, these topics were a reoccurring and central element intricately intertwined with several themes. The participants provided accounts of their own experiences in the process of achieving healing while also recognizing and acknowledging the various obstacles they encountered along the way. The individuals underscored the profound impact of their lived experiences, which were significantly shaped by the presence of unresolved trauma, the ongoing management of enduring discomfort, and a steadfast dedication to daily personal development. This data will be covered in more detail later in this chapter.

The experiences of the individuals were characterized by an analysis of the dysfunctions that became evident in their interpersonal interactions, which included engaging in behaviors that weakened their intimate relationships with their partners. Frequently, participants experienced

difficulties identifying the persistent consequences of their diminished self-efficacy on their relational connections with their significant others. Subsequently, the themes emerged, including emotional detachment, dissatisfaction within the relationship, misinterpretation of social interactions, perceiving intimacy as dangerous, feeling unworthy of love, and the belief of being irrevocably flawed.

The participants in this study saw the themes as manifestations of delayed emotions resulting from their unresolved traumatic experiences. Notably, the impact of childhood sexual abuse on trust and intimacy was a salient aspect. This was associated with the removal of individual control and psychological consequences. Despite the participants' ongoing commitment to personal growth and healing, the survival instinct of fighting through the pain emerged as they sought the support of their partner, parents, children, family members, and friends. The following section will examine the details of how these themes emerged and explore the intricate connections between them.

Unresolved Trauma, Intimacy, and Trust

The pervasive overarching responses to unresolved intimacy and trust distress were evident in all the participant interviews. Even when sharing their most challenging narratives, particularly those related to the adverse effects on intimate relationships, glimpses of lingering trauma were intertwined with signs of a gradual progression toward resilience and healing. Subsequent sections will provide a detailed exploration of the research questions, featuring comprehensive insights derived from the participants' responses.

In the context of this study, an organized approach was taken to systematically align survey/interview questions with their respective research questions, ensuring that the subsequent analysis and findings remained consistent with the specific themes developed throughout the

research process. These themes revolved around pivotal dimensions, specifically focusing on the intricate dynamics of emotions, the well-being of relationships, and the enduring influence of past trauma on personal intimacy. The theme of "Emotional Detachment" revealed participants' sentiments of either security or insecurity within their relationships, offering valuable insights into the subtle complexities of emotions in intimate connections. Meanwhile, within the theme "Dissatisfaction Within the Relationship," a thorough exploration was undertaken to investigate participants' perceptions of relationship health, along with the nuanced roles of strengths and weaknesses, all of which contributed to a more profound comprehension of the dynamics governing intimate partnerships.

Moreover, additional thematic dimensions explored the profound influence of childhood sexual abuse on participants' perceptions of intimacy, particularly within the context of "Intimacy as a Perceived Risk." These themes also investigated the strategies and approaches employed by individuals in navigating their past traumas within the realm of relationships, a topic thoroughly addressed under the overarching theme "Challenges in Self-Worth and Love." The research was guided by a commitment to furnishing a comprehensive understanding of the intricate nature of intimate relationships, underpinned by their psychological and emotional undercurrents, thereby enhancing the understanding of these relationships' profound implications. Below, the interview and survey questions have been categorized for easier reference. They are organized first by overarching titles and then by the themes falling under each title, with the questions numbered in accordance with their listing on the Interview Question Guide.

Characterization of Experiences

Emotional Detachment

- Question 11: Do you feel insecure in your relationship or secure in your current relationship?
- Dissatisfaction Within The Relationship
- Question 2: Are you married or in a committed relationship; how long?
- Question 4: Do you see your relationship as healthy or unhealthy? Please explain your answer. - Question 8: How have these strengths or weaknesses helped or hindered your relationship?

The questions under "Emotional Detachment" explore the participant's emotional security or insecurity in their current relationship, while questions under "Dissatisfaction within the relationship" aim to understand the participant's overall satisfaction and perception of the health of their relationship, which supported the creation of these themes.

Articulation of Encounters

Misinterpretation of Social Interactions

- Question 9: What difficulties do you have around trust?
- Question 10: What do you need from your partner to trust him?
- Question 12: How do you communicate with your partner about your emotional, physical, and intimate needs, sexual and nonsexual?
- Question 13: How could communication improve?
- Question 17: Do you like cuddling, hugging, or holding hands?
- Question 19: Do you have issues with initiating sex?
- Question 20: Do you have issues with telling your partner no when he initiates sex?

Questions in this category explore the participant's difficulties with trust, communication, and nonverbal forms of intimate encounters.

Impact on Intimate Relationships

Intimacy is Dangerous

- Question 5: Can you please explain how your history of childhood sexual abuse has affected your current relationship?
- Question 18: How has your childhood sexual trauma affected your sexual relationship with your partner?

Unworthy of Love

- Question 6: How have you dealt with your history of childhood sexual trauma in your current relationship? Have you had individual or couple therapy?
- Question 7: What strengths and weaknesses do you have related to your childhood sexual trauma?

In the "Impact on Intimate Relationships" category, questions under "Intimacy is dangerous" focus on exploring how childhood sexual abuse has influenced the participant's perception of intimacy within their current relationship. Meanwhile, questions under "Unworthy of love" delve into the participant's coping mechanisms, strengths, and weaknesses related to their history of childhood sexual trauma.

Impact of Efficacy on Relationships

Irrevocably Flawed

- Question 3: Please start by telling me about your current relationship. Please start with how you met your current partner.

- Question 14: What do you think you need to help improve communication with your partner?
- Question 15: What does sexual intimacy look like to you?
- Question 16: What does nonsexual intimacy look like to you?
- Question 21: If you could offer another couple some advice that is struggling with the impacts of the partner's childhood sexual abuse, what would you tell them?

In the "Impact of Efficacy on Relationships" category, questions under "Irrevocably flawed" center around the participant's current relationship, addressing the improvement of communication, exploring their perspectives on both sexual and nonsexual intimacy, and seeking their advice for other couples grappling with the effects of childhood sexual abuse on relationships.

The survey questions were methodically categorized under their respective groups to support this study's overarching themes. In conclusion, this research significantly deepened the conception of the intricate interplay among emotions, life experiences, and past traumas and how these factors mold our interpersonal connections within intimate relationships. These established themes encompassed vital aspects, including emotional dynamics, the health of relationships, and the enduring influence of previous traumas on intimacy. The data and findings from this research work aimed to contribute to a more comprehensive grasp of the intricacies inherent in intimate relationships and the psychological and emotional underpinnings that shape them.

Characterization of Experiences

The first research question (RQ1) that drove this study was: "How do African American women who have experienced childhood sexual abuse characterize their experiences within their current marital or long-term relationships?" The participants' responses to interview questions

and voluntary information shared during the interview shaped the study's focus on the distress exhibited by the participants when responding to the research questions. These answers collectively led to the two themes that applied to RQ1. The overarching title, *Characterization of Experiences*, was broken into two themes: (a) Emotional Detachment and (b) Dissatisfaction within the Relationship. Overall, the research showed that women who had trust issues and found it difficult to enjoy or receive intimate touch had difficulties receiving love and affection from their male partners as well as reciprocating that love and affection.

RQ1 centered on the deliberate and unintentional mechanisms by which participants created emotional distance, thereby facilitating detachment from their feelings and preventing the establishment of an intimate bond. While Ephesians 4:32 emphasizes virtues such as kindness, compassion, and forgiveness in interpersonal interactions, it does not explicitly address emotional detachment within marriage. However, in Ephesians 5:21-33, the Bible offers broader guidance on the conduct expected of husbands and wives in the marital relationship. This passage calls upon husbands to love their wives selflessly, following the model of Christ's sacrificial love for the church. Likewise, wives are encouraged to submit to their husbands, drawing a parallel between their submission and their devotion to the Lord. This biblical passage underscores the foundational significance of mutual respect and affection within marital relationships, serving as a cornerstone for establishing and nurturing a robust and harmonious union.

He heals the brokenhearted and binds up their wounds (Psalm 147:3). This beautiful verse elucidates the divine capacity for restoration and recuperation. The statement posits that God possesses the ability to provide healing to emotionally distressed individuals and mend their psychological injuries. The verse serves as a poignant reminder of the perpetual presence of God

in our lives, offering solace and restoration as we seek spiritual and emotional well-being through Him.

The experience of childhood sexual abuse can have enduring consequences on an individual's life. Individuals who have experienced CSA may encounter challenges in managing adverse affective states, including but not limited to depression, anxiety, and anger. Although the explicit reference to childhood sexual abuse is absent in Psalm 147:3, the verse implies that the capacity of God to provide healing for all types of afflictions is present because of His grace and mercy. This statement serves as a reminder of the solace that can be derived from the love of God and the perpetual presence that He maintains in our lives.

Emotional Detachment

All participants encountered challenges in expressing love towards their partners, creating an emotional divide conducive to detachment. This profoundly affected the participants' marital satisfaction, leading to a noticeable decline in overall marital contentment. These participants, however, expressed a longing for a closer and more intimate relationship with their partner. Their experiences were marked by sadness and loss due to the absence of a deeper, compassionate emotional connection in their marriages.

For individuals like Michelle, the deficiency of emotional intimacy induced feelings of isolation, hopelessness, unhappiness, and loss. Conversely, for others like Lisa, it inspired hope and a desire to enhance their relationship with their partner. Certain individuals, such as Erica, seemed to acknowledge and come to terms with the absence of emotional closeness in their relationships, believing there were limited opportunities for improvement. The individuals in question believed that preserving the relationship was a more secure option than making the emotional efforts necessary to work towards complete unity with their respective partners.

Lisa – Emotional Detachment

Lisa held a profound sense of optimism regarding her desire for a deeper emotional bond. She candidly acknowledged that the past decade of her life had been dedicated to nurturing and fostering emotional connectivity within her marital relationship. When asked about her current level of satisfaction and potential areas for enhancing the emotional connection she shares with her spouse; she articulated her sentiments as follows:

I feel that the emotional connection has improved over time; he now listens to me more, and I have the freedom to be direct and open in our communication. However, I still need to feel that he genuinely has my best interests at heart. I must have the assurance of a safe space where I can freely express my feelings. It is imperative for me to feel safe, knowing that there won't be adverse consequences if I express something unfavorable.

Erica – Emotional Detachment

When posed with the same question, Erica displayed a sense of conflict, openly expressing uncertainty about the need to share information with her partner. She stated:

I have a lack of trust in men and most people around me. I reserve my innermost thoughts for only a few individuals, like my mother and a select group of close female friends. The more I open up about my emotions, the more I feel at risk of someone betraying my trust.

Rochelle – Emotional Detachment

The profound impact of the traumatic assault that occurred when Rochelle was nine has caused her to struggle with emotional connections with her partner. She shared:

I struggle to trust my husband when he tells me, "I love you." I genuinely desire to trust him and learn how to do so. Patience on his part, without undue pressure to heal, is what I seek. What I need most is to feel loved. I'm fortunate that he has been supportive and actively participates in my healing journey, with therapy playing a crucial role. I want a connection.

Diane – Emotional Detachment

Displaying an insightful awareness of how her childhood sexual abuse (CSA) was affecting her emotional intimacy, she conveyed how her self-imposed limits on sharing intimacy had significantly influenced her connection with her husband; she stated:

Unconditional, genuine intimacy remains a challenge for me, primarily due to the shadow of my CSA. There are moments when I struggle to open up to him because of this history. While there has been some improvement, there's a lingering sense of insecurity. I'm aware of the type of women he's attracted to, and when I encounter someone who fits that description, it triggers my insecurities. I'm conscious of his love, yet I battle with insecurity.

Given that Diane provided the fewest responses to the impact questions, her perspective was eye-opening. Her experience stresses that challenges in emotional intimacy can affect any woman in a marriage or long-term relationship when she has a history of childhood sexual abuse.

Shared Experiences of Emotional Detachment

This section offers profound insights into the intricate dynamics of emotional detachment and its consequential impact on relationship dissatisfaction. The experiences shared by the participants, including Michelle, Lisa, Erica, and others, underline the challenges of maintaining a meaningful emotional connection within a marriage or long-term relationship. The emotional

distance experienced by these individuals has left a discernible void in their relationships, leading to noticeable declines in relationship satisfaction. The weight of this emotional disconnect is accompanied by feelings of isolation, hopelessness, unhappiness, and profound loss, as exemplified by Michelle's heartbreaking experience.

However, amidst the struggles, there is hope, as highlighted by Lisa's unwavering determination to enhance her emotional connection with her partner. Lisa's dedication to nurturing and fostering emotional connectivity signifies the enduring power of her loving spirit to seek a deeper and more compassionate emotional bond with her partner. For some participants, like Lisa, this journey towards emotional closeness becomes a driving force in their lives. On the other hand, some individuals like Erica, recognizing limited opportunities for improvement, choose to preserve their relationships rather than embark on the emotionally burdensome path toward complete unity with their partners. These multifaceted experiences provide valuable insights into the resilience, hopes, and challenges surrounding emotional detachment and relationship dissatisfaction within the context of intimate partnerships.

Relationship Dissatisfaction

In the context of a relationship where both partners contend with dissatisfaction concerning the behavior of a partner, the biblical wisdom embodied in Colossians 3:13 takes on a significant role. This particular verse, which emphasizes the pivotal significance of forgiveness in the context of interpersonal relationships, urges individuals to “bear with each other and forgive one another, just as the Lord forgave us” (Colossians 3:13, New International Version).

When confronted with the intricate dynamics of a relationship marked by dissatisfaction, the act of forgiveness emerges as a potent and transformative tool for mending and restoration. It provides a structured pathway to unburden oneself from the weight of past grievances, thus

enabling both partners to forge ahead collectively. It is of paramount importance to discern that the act of forgiveness should not be misconstrued as turning a blind eye to or condoning the hurtful actions. Instead, it represents a deliberate, conscience-driven decision to relinquish any residual resentment or anger while actively striving for reconciliation.

It is imperative to acknowledge that the process of forgiveness can be a challenging and time-consuming endeavor, particularly when the emotional wounds run deep. Nevertheless, it is equally crucial to recognize that forgiveness holds a twofold benefit, facilitating the healing and emotional release of the individual who extends it and promoting the overall well-being and restoration of the relationship itself. In summary, the insights derived from Colossians 3:13 hold valuable lessons for understanding and navigating the intricacies of forgiveness within the context of a relationship overshadowed by mutual dissatisfaction. This, in turn, paves the way for restoring emotional well-being and reestablishing a harmonious connection for both partners involved.

Within the realm of interpersonal relationships, a prevailing issue often involves intricate dynamics deeply interwoven with personal histories. Within this context, a specific facet of relationship discontent emerges the profound sense of inadequate partner support, extending beyond emotional discord into profound emotional and psychological distress. In the context of women struggling with the enduring effects of CSA, their unique experiences intersect with relationship dissatisfaction, resulting in significant challenges within the relationship. Their narratives frequently revolve around male partners they perceive as inflexible in addressing and supporting their past traumas. Consequently, disagreements between partners often escalate into prolonged arguments, shedding light on the multifaceted aspects of this dimension of relationship discontent (Gottman & Silver, 2015). As presented below, the responses from some

of the participants' experiences will help enrich the understanding of relationship dissatisfaction and the intricate interplay between CSA-related trust issues, partner support dynamics, and the potential for transformation when addressing past traumas within intimate relationships.

Eight of the eleven participants in the study exhibit avoidant behavior, recognized as an ineffective coping mechanism. Avoidant behavior, as observed in the study, provides individuals with a temporary escape from distressing thoughts, emotions, or experiences. However, it hinders them from addressing the underlying issues, often perpetuating a cycle of behavior that exacerbates feelings of anxiety and depression (Dunlop et al., 2015). Consequently, as identified in the study, this behavior can impede their capacity for efficient problem-solving, adaptive coping, and healing, ultimately contributing to relationship dissatisfaction.

Rochelle – Relationship Dissatisfaction

Rochelle felt that her choice to suffer in silence had significantly impacted her marriage. She found it difficult to depend on her husband, stating, “He's my husband, and I need his help, but I don't want it because I feel he will hurt me.”

Can you explain what has caused the dissatisfaction in your relationship/marriage?"

Rochelle expressed her struggles by stating, I do not like being married. My husband constantly complains about my mood swings and how I am withdrawn. We argue about sex, especially when he tries to touch me. I am afraid to speak up for myself, keeping how I feel to myself. This has taken a significant toll on my marriage. He gets mad and tells me I need therapy, which hurts my feelings, causing me to shut down and making him even angrier than when we started the conversation.

Jackie – Relationship Dissatisfaction

Jackie shared her attempts to communicate her feelings with her husband, likening it to conversing with an unresponsive entity. She expressed her dissatisfaction as follows:

My husband's actions often provoke irritation. During our interactions, I find myself dissociating, mentally escaping to another place. The atmosphere in my marriage is marked by emotional detachment and monotony, leaving me devoid of any desire to remain married. I yearn for my husband to demonstrate a deeper understanding of my experiences. In my journey towards healing from past trauma, I require assurance that he will provide the protection I need. I do not assume responsibility for the way he communicates with me, as my childhood abuse was not my fault.

Denise – Relationship Dissatisfaction

When asked the same question, Denise responded:

In our relationship, we keep butting heads, and it's frustrating. It feels like we argue all the time and don't really meet each other halfway during our conversations. It's hard to feel that deep emotional connection, and part of it has to do with my past trauma and the trust issues I'm dealing with. He's often unkind and rude, and that makes things even harder. This cycle of avoiding each other just adds more stress and tension to our relationship. It's a real struggle, and sometimes, I feel like I'm dealing with it all on my own. I want things to change, but it's tough because of the weight of my past trauma and trust issues.

Janice – Relationship Dissatisfaction

At the same time, Janice feels:

The way I feel is like a dark cloud hanging over our relationship, causing arguments left and right. It's hard to find common ground during our conversations, and that's

frustrating. I'm not really looking for a deep emotional bond, and my past trauma and trust issues are like roadblocks that we can't seem to get past. I find it easier to avoid him, especially when he can't fully grasp what I'm going through. It's a real struggle, and sometimes it feels like I'm carrying the weight of my past alone, especially when we talk about how it's affecting us.

Maxine – Relationship Dissatisfaction

Similar to Janice, Maxine perceived a challenge in her partner comprehending her dissatisfaction, prompting her to articulate in response:

Honestly, it's getting tiring. This constant back-and-forth, where he avoids me when he's mad, feels like a dark cloud hanging over our relationship. It leads to these repeated disagreements and ongoing tension in our conversations. We're stuck in this never-ending cycle, and it's becoming really frustrating, making me want to lash out at him all the time. Deep down, I wonder why I even got married. My past trauma and trust issues are creating big barriers. This ongoing dance of avoidance, coupled with the challenge of me expressing the extent of my experiences to him, is definitely contributing to the strain in our relationship. It's a real challenge, and sometimes it feels like I'm walking down a dark road with only my past as company, feeling like I'm on my own. The impact of this cycle is clearly causing a lot of stress and strain in our relationship, and at times, it feels unfixable.

Shared Experiences of Relationship Dissatisfaction

In exploring the complex dynamics of interpersonal relationships, a notable concern arises from the deep-seated feeling of inadequate partner support, which extends beyond emotional turmoil to encompass profound emotional and psychological distress. Rochelle, one of

our study participants, vividly illustrates the profound impact of her choice to silently endure her suffering, highlighting how this decision significantly impacted her marriage. Her poignant statement, "He's my husband, and I need his help, but I don't want it because I feel he will hurt me," powerfully encapsulates the intricate challenges within these relationships.

Additionally, the current research underscores that eight out of eleven participants exhibit avoidant behavior as an ineffective coping mechanism. This observed behavior offers a temporary respite from distressing thoughts and emotions but perpetuates a cycle of anxiety and depression, hindering their ability to address underlying issues. Consequently, this behavior impedes their capacity for effective problem-solving adaptive coping and ultimately contributes to the overarching issue of relationship dissatisfaction. These findings highlight the intricate interplay between CSA-related trust issues, partner support dynamics, and the potential for transformation within intimate relationships when addressing past traumas.

Articulation of Encounter

The study's second research question (RQ2) explored "How do African American women describe their experiences within an intimate long-term relationship where communication is a barrier because of CSA?" These responses collectively led to the theme that supported RQ2. The overarching title, *Articulation of Encounters*, developed into a single theme: Misinterpretation of Social Interactions. The interview data revealed that women with trust issues often miscommunicate or have difficulties with listening to understand or interpret verbal cues when men express themselves in a nonsexual or sexually intimate context. RQ2 explored participants' intricate responses to sexual abuse on intimacy within relationships and the associated communication challenges.

To explore the intricate ramifications of sexual abuse on intimacy within relationships and the attendant communication impediments, the elucidation of specific biblical verses emerges as a thought-provoking conceptual framework. Proverbs 15:1, which extols the virtue of gentleness in response to conflicts, holds particular relevance for individuals fighting with misinterpreting social Interactions rooted in their traumatic experiences. A measured and gentle response, as articulated in this scriptural verse, possesses the potential to de-escalate disputes and mitigate misunderstandings stemming from the misreading of cues. Simultaneously, Proverbs 18:21 accentuates the profound influence vested in verbal communications within the context of relationships, a facet that assumes added significance when considering survivors who carry the weight of shame and self-blame resulting from past sexual abuse. This biblical precept emphasizes the imperative of selecting words that uplift and engender support, fostering an environment conducive to healing and recovery.

Moreover, Ephesians 4:29 offers guidance against engaging in harmful discourse, a principle that aligns with the needs of individuals dealing with hyper-vigilance. It underscores the notion that effective communication within the framework of past trauma necessitates focusing on mutual emotional sustenance and fulfilling each other's needs, ultimately creating an environment that fosters constructive discourse. In essence, the critical examination of these scriptural insights provides valuable perspectives into the nuances of communication, healing, and relational growth within relationships profoundly shaped by the experience of sexual abuse.

Misinterpretation of Social Interactions

Within this section, we explore the impact of past sexual assault experiences on the marriages of seven participants: Lisa, Maxine, Monica, Alicia, Janice, Michelle, and Jackie. These individuals share common challenges within their marital relationships, rooted in their

traumatic past. They often struggle with encounters with people that require verbal communication, frequently misinterpret social interactions, carry the burden of self-blame stemming from past abuse, and maintain a state of hyper-vigilance, particularly concerning physical contact with men, including their husbands and family members. Because of these challenges, the intricate interplay between past trauma and present relationship dynamics emphasized the need for tailored interventions to support these survivors toward healthier and more fulfilling marriages.

Some participants struggle to express themselves, feeling like an insurmountable barrier hinders effective communication with their partners and others. These difficulties in articulating their feelings and emotions lead to heightened emotional strain within the marriages. Moreover, misinterpreting social interactions frequently results in misunderstandings and conflicts, as survivors often second-guess the intentions of their partners. Additionally, self-blame for past abuse profoundly impacts their capacity to trust their spouses or partners, and innocent physical contact with men is often perceived as potentially dangerous, reinforcing a state of hypervigilance. The underscored complex interplay of past trauma, communication difficulties, self-blame, and hyper-vigilance within the context of their marriages emphasizes the need for tailored intervention.

Lisa - Misinterpretation of Social Interactions

When Lisa was asked, “How do you communicate with your partner about your needs, such as emotional, physical, intimate, sexual, and nonsexual? Why is it difficult to communicate these needs?” she responded:

It's so frustrating, you know? I want to tell my husband about what I went through, but it's like there's a wall between us when I try to talk. The words just won't come out, and I

feel like I'm keeping this huge secret from him because I just don't talk because I sometimes come off as angry. Even a simple touch can send my mind racing with fear. I'm afraid of misinterpreting his affection and pushing him away unintentionally. It's as though my past trauma has made me hyper-vigilant, believing that all men pose a threat, even the man I love, because I believe they (men) will try to physically overpower me or intimate me to gain what they want.

Maxine - Misinterpretation of Social Interactions

When I asked Maxine about the difficulties in communicating her needs with her partner, she responded saying:

I wish I could trust my husband's intentions, but it's really hard. Sometimes, when he touches me, I can't help but wonder if he's being genuine or if there's something deceitful behind it. It's like I'm always questioning his actions, and that constant doubt makes it difficult for me to fully enjoy the physical intimacy in our relationship. My hyper-vigilance makes me view all men through a lens of potential danger, and it's affecting our connection.

Alicia - Misinterpretation of Social Interactions

Alicia responded by saying:

Physical contact with my husband can be overwhelming. I misinterpret anything nice he does as dangerous sometimes. It's like I'm on edge, always ready to protect myself, even though I know he means no harm. This confusion creates problems with intimacy, making it hard for me to fully let my guard down and connect with him on a deeper level. My guarded behavior has made me constantly wary of all men; even though I understand it's not fair to my husband, I can't stop feeling this way.

Monica - Misinterpretation of Social Interactions

The same question was presented to Monica, and she responded:

I blame myself for my past sexual abuse, which has become a major burden in my marriage. I'm often haunted by thoughts of how I could have prevented it, and this self-blame affects my ability to communicate openly with my husband. Additionally, it has made me hyper-vigilant, to the point I cannot control it, making me interpret every physical contact with men as potentially dangerous, even if it's with my own spouse, inside our house. This fear has driven me to avoid men whenever so that I can maintain a sense of safety.

Janice - Misinterpretation of Social Interactions

Janice talked about communication being a challenge, and when I asked her why it was difficult to communicate her needs, she responded:

I'm constantly on high alert, and it's causing strain in my marriage. I can't relax, and it's like I'm pushing my husband away intentionally. I snap at him for no reason, and I hate that I'm hurting him. It's all because I misinterpret his every touch as a potential threat, and that misinterpretation keeps us from having the closeness we used to share. The CSA has made me believe that I must constantly protect myself from all men, even the one who loves me.

Michelle - Misinterpretation of Social Interactions

Michelle's uniquely responded to the question:

I sometimes feel like I'm carrying this dark secret. It's hard to speak about what happened and how it's affecting me now. I want to be open with my husband, but it's like there's this invisible barrier stopping me. The self-blame for my past experiences makes me

angry at everyone and everything. I question if there was something different I could have done to prevent it. The CSA led me to misinterpret physical contact with men, including my husband, as potentially dangerous, causing me to be on guard. Yes, I am hyper-vigilant all the time, and I avoid interactions with men to protect myself.

Jackie - Misinterpretation of Social Interactions

Jackie's response was similar to the other participants about why she was not able to communicate with her partner, but she focused on the CSA being the reason.

My husband is a loving and caring man, but my past trauma makes me doubt everything. I second-guess his actions, and it is like I'm always on guard, ready to protect myself. I sometimes misinterpret his affection as a potential threat. CSA is a heavy burden that I carry. I often wonder if I somehow invited harm into my childhood. I believe that all men, including my husband, might pose a danger. Consequently, I've become hyper-vigilant and avoid interactions with men to maintain a sense of safety.

Shared Experiences of Misinterpretation of Social Interactions

In this section, the impact of past sexual assault experiences on the marriages/relationships of seven participants was examined. These individuals faced common challenges rooted in their traumatic past, profoundly affecting their marital relationships. They struggled with various aspects of communication, often misinterpreted social interactions, carried self-blame from past abuse, and maintained a state of hyper-vigilance, especially concerning physical contact with men, including their husbands and family members. The intricate interplay between past trauma and present relationship dynamics highlighted the necessity for tailored interventions to support these survivors in fostering healthier and more fulfilling marriages.

Many participants found it challenging to express themselves, hindered by overwhelming barriers to effective communication with their partners and others. The difficulties surrounding articulating their feelings and emotions resulted in intensified psychosomatic distress within their marriages. Alicia, for instance, tearfully revealed, "It's like I'm on edge, always ready to protect myself, even though I know he means no harm." Her words resonate with the deep emotional turmoil that survivors like her wrestled with.

Additionally, frequent misinterpretations of social interactions led to misunderstandings and conflicts, as survivors often second-guessed their partners' intentions. Self-blame for past abuse profoundly impacted their ability to trust their spouses or partners, and even innocent physical contact with men was often perceived as potentially dangerous, reinforcing a state of hypervigilance. The complex interplay of past trauma, communication difficulties, self-blame, and hyper-vigilance within the context of their marriages stressed the urgent need for tailored interventions to help these survivors overcome their challenges and build more stable and satisfying relationships.

Impact on Intimate Relationships

The third research question (RQ3) focused on "How do African American women characterize the impact of childhood sexual abuse on their intimate relationship with their partner?" In the complex tapestry of human relationships, a deeply intricate and often distressing pattern emerges when intimacy is viewed through the lens of danger, and the once-sacred bonds of trust and connection appear frayed and fragile. The biblical passages within 1 Corinthians 7:3-5 offer a spiritual perspective on the profound interplay between marital duty and devotion, emphasizing the relinquishing of self in the pursuit of oneness. However, this sacred union becomes troubled with emotional detachment for some individuals, rendering them emotionally

aloof. Their past experiences, often rooted in trauma, have given rise to a deeply ingrained fearfulness, causing them to misinterpret others' intentions as malicious.

The opening verses in 1 Corinthians 7 call for an intimate union between partners, echoing the importance of not depriving one another, barring mutual consent. However, for a growing number of individuals who have endured traumatic experiences, the call for intimacy elicits fear and a sense of danger that threatens to overwhelm their sense of self-control. These individuals are on a path scattered with the remnants of emotional detachment and a pervasive sense of mistrust, resulting in a profound reluctance to engage in acts of physical and emotional closeness. As we explore their narratives, we will encounter the poignant testimonies of these individuals, illuminating the deep-seated fears and inner conflicts that cover the prospect of intimacy in an atmosphere of risk and hurt. Their experiences expose the emotional chasms that have formed within the sacred boundaries of relationships, highlighting the emotional detachment and the stark misinterpretation of their partners' intentions as a continuous battle against the shadows of their past.

Intimacy is Dangerous

The following section discusses the authentic and often traumatic testimonies of individuals who have traversed the difficult landscapes of sexual trauma. This portion of the research spotlights the experiences of Rochelle, Monica, Alicia, Erica, Jackie, Maxine, Lisa, and Michelle—women who have each carried the weight of their traumatic pasts into the sacred confines of their intimate relationships.

For Rochelle, the trauma that lingers from her past casts an indomitable shadow on her ability to embrace intimacy with her partner. Her painful history has sown the seeds of emotional detachment, turning moments of tenderness into situations where trust struggles are the

foundation of the loss of relational intimacy. In Monica's case, the resonating echoes of her past trauma manifest as a profound wariness of physical closeness. The simplicity of a hug or a kiss bears the weight of her traumatic experiences, transforming these gestures into perceived dangers. On the other hand, Alicia navigates the obstacles of her relationship, her sense of vulnerability masked in mistrust. Emotional intimacy often appears as a perilous journey, where intentions are frequently misconstrued as threatening. These narratives resonate with an emotional weight that cannot be overlooked, offering an emotional glimpse into the heart-wrenching realities faced by these individuals and their struggles to navigate the risky path of intimacy in the aftermath of trauma. When asked, "How did childhood sexual abuse impact their sexual and nonsexual intimacy with their partner?"

Rochelle - Intimacy is Dangerous

Intimacy feels like an obstacle course where trust is the casualty. My past experiences shattered my trust, and I'm still trying to piece it together. Each step towards emotional closeness is covered with landmines of painful memories, and I tread carefully. I find myself tiptoeing along the boundary of trust, fearing that taking the wrong path could reignite my past, causing me to break down. The idea of being physically close to someone, even my partner, feels like a precarious dance on the edge of a cliff, and it makes me feel like my life has no meaning. I'm constantly fearful of falling, and no one will catch me. I am unable to escape its grasp.

Monica - Intimacy is Dangerous

I wrestle with intimacy because I've come to understand that everyone lies and will break your trust. My partner, although well-meaning, struggles to grasp the complexity of trust. Engaging in physical or emotional intimacy seems similar to navigating in the dark,

where everything threatens my sense of security; no one was there to help me when I was a child, and no one can help me now. I get overwhelmed when I think about becoming too close to anyone; it feels like confronting an impending storm, and I have no shelter of any kind. I'm uncertain if I'll make it to the other side safe and sound. Intimacy is something I run from.

Alicia - Intimacy is Dangerous

My past trauma has left me questioning the motives of everyone, including my partner. The precious gem of trust was stolen from me, and the quest to reclaim it within the lair of my trauma is risky. Every approach toward intimacy resembles a dangerous adventure troubled with uncertainty, making intimacy scary. I'm battling with my inner fears with every step towards connecting with my partner.

Erica - Intimacy is Dangerous

Every intimate moment feels like being on a narrow path between trust and anxiety; which way do I go; each offers nothing but hurt. As someone who has seen trust break apart before their very eyes, I am frightened of the potential consequences I face when I don't want to have sex with my husband. My life is like a storm, a painful reminder of my past. I approach the storm of intimacy with anxiety, terrified of getting crushed, and it's hurtful and confusing.

Jackie - Intimacy is Dangerous

Trust is like a fragile glass; once shattered, it can never be made whole again. Intimacy is intimidating because I tremble at the idea of it destroying me over and over. Each time I think about being intimate with my husband, I think about being sexually assaulted, and I

cry. It feels like all my soul is broken, and I doubt his intentions. I experience immense anxiety when I think about being intimate in any way.

Maxine - Intimacy is Dangerous

I've constructed indestructible walls around my heart to protect my trust. Yet, intimacy is an enduring struggle between connection and self-preservation; there is no compromise, none. It's similar to being both the warden and the prisoner at the same time. I'm guarding my trust and safety behind thick walls but also locked inside, unable to experience the joy of being connected to someone you love. The challenge lies in finding a way to dismantle the barriers while still preserving what remains.

Lisa - Intimacy is Dangerous

Trust issues cast a lingering shadow over every intimate moment. It's challenging to let go when trust has been so brutally abused. It's as though I'm living in a haunted house where every corner holds haunting memories of past betrayals, but as I walk through the house, they seem new. I yearn to leave those shadows behind, but stepping into the light of intimacy and trust is not easy, and I am fearful of what I cannot control.

Michelle - Intimacy is Dangerous

Intimacy and trust are intrinsically linked, both of which have been shattered by my past trauma. The complexity of rebuilding trust is challenging, and intimacy is about vulnerability. I cannot trust that I will not be overpowered physically or emotionally; I want to be in control. It's as if I am trying to mend a priceless vase painstakingly, shattered into millions of pieces back together. The task is nothing short of daunting, and I stand uncertain if I'll ever succeed in reassembling the intricate pieces of trust and intimacy.

Shared Experiences of Intimacy is Dangerous

In conclusion, Rochelle, Monica, Alicia, Erica, Jackie, Maxine, Lisa, and Michelle have courageously revealed their experiences of surviving sexual trauma and the lasting impact on their intimate relationships. Through the words of these resilient women, we have glimpsed the heart-wrenching transformation of what should be moments of affection and tenderness into emotional minefields, where trust and intentions become subjects of misinterpretation. These women have laid bare their inner struggles, revealing a profound emotional detachment that seeks solace in self-preservation. The experience of living with the weight of their pasts is sometimes unbearable, leaving them to negotiate the profound challenge of rebuilding trust in an environment where trust was once shattered. They exemplify the strength of the human spirit in the face of such adversity. Their stories serve as a testament to the resilience of survivors and the necessity of empathy, understanding, and healing in reshaping the intimate landscapes of their lives and the lives of many others who share their path.

Unworthy of Love

This current study suggests that survivors of sexual abuse often wrestle with complex challenges that come with feeling unworthy of love. This pervasive sense of unworthiness can be deeply rooted in the trauma they have experienced and can manifest in their perceptions of themselves as unlovable or tainted because of the CSA. However, it is crucial to recognize that God's intention, as conveyed in scriptures like Psalms 34:18 and Luke 12:17, emphasizes God's compassionate and loving nature, a message that unambiguously contrasts the feelings of unworthiness that sexual abuse survivors may harbor. These verses remind us that God is close to the brokenhearted and attentive to our deepest needs.

The struggle with feelings of unworthiness often leads survivors to avoid and suppress their own sexual desires and the affection of others, as they may believe they do not deserve love or intimacy. This avoidance creates emotional distance within themselves and impedes their ability to form healthy connections with others. Survivors may withdraw from nonsexual relationships, too, as the core belief of unworthiness permeates their interactions, causing them to misinterpret others' intentions as malicious or judgmental. These dynamics highlight the intricate challenges survivors of sexual abuse face in their journey toward healing and the complexities they encounter in both sexual and nonsexual relationships as they grapple with the profound impact of unworthiness. This study explores survivors' experiences and coping mechanisms, shedding light on the multifaceted aspects of their struggles and the paths they take toward the reclamation of self-worth and love. The experiences of Rochelle, Diane, Janice, Maxine, and Michelle were explored to understand how feelings of unworthiness have affected their lives and relationships.

Rochelle - Unworthy of Love

Sometimes, I can't help but wonder why my husband even wants to be with me. After all that's happened, there are moments when I feel like I don't deserve his love. I know it's not rational, but it's like there's a voice in my head that keeps saying I'm not good enough to be loved. It troubles me, especially when it comes to being close to him. I want to, but I don't. I desire intimacy and connection, but the past trauma messes with my head. It's like I can't fully let go, even though I want to.

Diane - Unworthy of Love

I've been hurt so badly, and sometimes, it's hard to shake the feeling that I'm not good enough for anyone; no one loved me enough to protect me. I can see my husband's

patience, good heart, and love for me in his eyes sometimes. He loves me, but that wall I've built around me is not coming down easy; there are things I just can't do and I will never do sexually with him. I wish I could fully enjoy love and all that, but this sense of being undeserving it's like a weight on my heart that won't go away. Sometimes, I feel it's keeping me from fully connecting.

Janice - Unworthy of Love

I've pushed people away more times than I can count, especially my husband, even when I wanted him close to me. So many people have judged me harshly for what happened to me, and that's left me thinking my husband judges me. It's like there's a constant battle inside me. I want to let people in, especially my husband, but I can't help but feel like I'm not good enough for love. It's like I've got this guard up, and breaking it down seems nearly impossible because why should anyone love me why?

Maxine - Unworthy of Love

There are moments when I wish I could shake off this feeling that I'm not good for nothing. It's like I know deep down it's not true, but the past hurt still holds me back. Sometimes, it's hard to enjoy love and intimacy when you carry this sense of being undeserving. I used to be more open, but the hurt and trauma associated with my CSA has left me feeling all alone and unprotected most of the time. I wish it was different, but that's how it is now.

Michelle - Unworthy of Love

Trust me, it isn't easy for me, and it's not because I don't want to be. I'm broken, and I can't fix it. I've tried. I've been hurt badly, and that's left me struggling to let my guard down when with my partner. It's like a battle inside my head. Sometimes, it's not even

about being undeserving; it's more about protecting myself from hurt disappointments. I do not trust anyone and refuse to be vulnerable with anyone, even my husband. People have hurt me with words blaming me for what happened, so even when I know I'm lovable, it's hard to shake off that fear. The scars run deep, and healing is hard.

Shared Experiences of Unworthy of Love

In conclusion, the experiences and voices of Rochelle, Diane, Janice, Maxine, and Michelle provide a profound glimpse into the complex world of survivors of sexual trauma. Each woman faces the hidden impact of feeling unworthy of love due to past childhood sexual abuse, which manifests in their struggles to maintain intimate connections and form healthy relationships. As Rochelle bravely shared, "Sometimes, I can't help but wonder why my husband even wants to be with me." These women often exhibit emotional withdrawal and hesitation when faced with affection from their partners and others, driven by an unwavering belief that they do not deserve love or intimacy. As described by Diane, their guarded hearts and hypervigilant minds are a testament to the enduring effects of trauma, making it difficult for them to fully embrace love and overcome the perceived lack of worthiness that lingers from their painful pasts. Janice's emotional struggle is captured in her, stating, "It's like there's a constant battle inside me."

The insights these survivors provide highlight the intricate challenges in their pursuit of healing, self-worth, and love. The interplay of self-blame, misinterpretation of physical contact, and vigilance cast a shadow on their capacity to form deep and meaningful connections, both sexual and nonsexual. It is evident that their journey towards healing is one marked by immense strength and resilience as they navigate the complex terrain of feeling unworthy resulting from past traumas. While undesirability burdens these women, their experiences testify to the human

spirit's remarkable ability to endure and strive for a life filled with love, healing, and self-acceptance.

Impact of Efficacy on Relationship

The fourth research question (RQ4) focuses on examining the impact of Childhood Sexual Abuse on the performance and efficacy of African American women in a committed long-term relationship or marriage, questioning: "To what extent does the presence of CSA affect the performance and efficacy of African American women in such relationships?" As I explored the complex impact of CSA, it was evident that survivors often face persistent psychological and emotional challenges impacting their performance and efficacy while in a long-term committed relationship or marriage. At the heart of this exploration lies the profound sense of being "irrevocably flawed," a pervasive sentiment that often endures in the psyche of survivors and significantly affects their self-esteem, self-worth, and capacity to engage in relationships without the burden of shame. Philippians 4:6-7 imparts a message of hope and healing, telling us, Do not be anxious about anything. Instead, through prayer and gratitude, share your concerns with God. In return, you will find peace from God that goes beyond understanding and protecting your hearts and minds through Christ Jesus. Survivors of CSA often bear the heavy burden of guilt, self-blame, and shame, which may manifest as anxiety and impede their ability to engage effectively in committed long-term relationships or marriage.

The presence of CSA influences African American women's ability to find peace and healing when the efficacy of their relationship is deeply rooted in trauma. Matthew 11:28 emphasizes the importance of seeking relief from life's burdens, encouraging us to come to Him, especially those who are weary and burdened, promising rest. CSA survivors may contend with enduring feelings of guilt and self-blame, which can be overwhelming and incapacitating. Psalm

25:2 highlights the common theme of shame, conveying a plea to God for protection from shame and the prevention of enemies rejoicing in one's mistakes.

These passages emphasize the peace of God as a source of strength and restoration, and they stress the need to investigate how Childhood Sexual Abuse shapes the ability to find rest and solace within committed long-term relationships or marriage—a critical aspect of the study. Furthermore, the emotion of shame, deeply intertwined with the experiences of CSA survivors, is identified as a significant obstacle to developing healthy and fulfilling relationships. These passages acknowledge the plea to be shielded from shame and pray for protection against the triumph of adversaries, highlighting the central research objective of understanding the influence of CSA on the experience of shame among African American women in committed long-term relationships or marriages.

Irrevocably Flawed

Within the scope of my exploration, I engage in an extensive examination of the profound impact of sexual abuse on the lives of individuals, as gleaned from the firsthand accounts of Jackie, Lisa, Erica, Denise, Janice, Michelle, and Maxine. These individuals collectively embody a journey fraught with enduring repercussions resulting from traumatic experiences, often leading to a notable pattern of social withdrawal and challenges in interpersonal relationships. Their narratives shed light on the persistent psychological struggles involving self-blame, guilt, and diminished self-esteem—a dynamic interplay deeply interwoven into the fabric of their experiences. Furthermore, these survivors employ various coping mechanisms to navigate the intricate emotional landscape they traverse, emphasizing the vital role of empathy and a robust support framework throughout their healing and recovery process. Below, you will discover valuable insights into their firsthand experiences.

Jackie - Irrevocably Flawed

Every day, I wake up carrying the heavy burden of guilt and shame, like it's etched into my soul. The trauma from my past has me feeling like I'm permanently scared, and it's made me pull away from those who care about me. Loneliness has become my constant companion, and I long for connection, but it's like trying to break through this fortress of self-doubt that surrounds me. I've learned to build walls around my heart to protect myself from the pain that won't seem to fade. The guilt stays with me like an anchor, and the self-blame is like a never-ending echo. The abuse has shattered my self-esteem, making it hard to see any goodness within me. At times, I'd rather drink than have sex with my husband, hoping alcohol could temporarily escape the haunting memories, but they only deepen my belief that I'm inherently flawed.

Lisa - Irrevocably Flawed

The shadow of shame looms over me, a constant reminder of the abuse that deeply scared me. I've withdrawn from the world, concealing my pain behind a carefully constructed facade. I don't want others to see the broken, fragile person I've become. It's hard to trust anyone. I carry the guilt like a heavyweight, a burden that won't lift. I blame myself constantly, and it's like I'm caught in a cycle of continuous torment. The abuse has shattered my self-esteem, and I struggle to find myself or the good in me. At times, I've sought refuge in substances, desperately seeking an escape from the haunting memories, but in the end, they only deepen my belief that I'm inherently flawed.

Erica - Irrevocably Flawed

The guilt and self-blame have become the rhythm of my life, drowning out any sense of self-worth. It's as if I'm trapped in a never-ending loop, unable to break free from the

past. Loneliness has become my refuge as I withdraw from those who care about me, fearing their judgment and avoiding further pain. I've retreated into the shadows, hiding the abuse's scars on my soul. The trauma has chipped away at my self-esteem, making me feel like I'm unworthy of love.

Denise - Irrevocably Flawed

The weight from the guilt and shame is heavy as if I'm carrying the burdens of my past in my purse. I question my worth every day, convinced that I'm permanently damaged. I've pulled away from those who care, fearing their judgment and avoiding further harm. Loneliness, I feel, is overwhelming. The trauma has left me feeling like I'm living in a never-ending nightmare. The abuse shattered my self-esteem, and I struggled to believe that I deserved love or affection.

Janice - Irrevocably Flawed

I live with a constant sense of unworthiness as if I'm undeserving of love or happiness. The guilt is like a constant weight, a never-ending reminder of the abuse that has left me deeply scared. I've withdrawn from the world to shield myself from further judgment and pain. Loneliness has become my husband; healing seems so out of reach. The trauma has left me feeling like I'm living in a never-ending remix. I've built these walls around my heart to protect myself from the pain that just won't quit.

Michelle - Irrevocably Flawed

I struggle to see any goodness within myself. The guilt and self-blame make me question my value as a person. I often withdraw from the world, building walls to protect myself from the pain and judgment. I am so lonely at times, even when there are a lot of people around. The path of self-destruction is knocking on my heart. The guilt and self-blame

have taken root within me, making me feel like I'm carrying the weight of the world. I'm hiding the scars that the abuse left on my soul, and nothing offers any relief from the pain.

Maxine - Irrevocably Flawed

My self-esteem has been shattered by the trauma, and it's a daily struggle to look in the mirror without feeling disgusted. The guilt is like an ever-present beat, a constant reminder of the abuse that's scarred me deeply. I've withdrawn from the world, and I hate living like this. I don't want others to see the fragile spirit I've become. The trauma from the past has left me feeling unworthy of love and care like I'm damaged beyond repair. The guilt and self-blame are like a never-ending presence, making me question my worth as if I'm forever damaged.

Shared Experiences of Irrevocably Flawed

In conclusion, the stories of Jackie, Lisa, Erica, Denise, Janice, Michelle, and Maxine offer a poignant glimpse into the aftermath of sexual abuse. Their collective journey highlights the enduring impact of trauma, often leading survivors to withdraw from social interactions and face profound challenges in interpersonal relationships. A recurring theme in their narratives is the persistent presence of guilt and self-blame, with many internalizing responsibility for the abuse they endured. Furthermore, they encounter profound issues of low self-worth and self-esteem deeply rooted in their past traumatic experiences. These feelings, rooted in their experiences, have contributed to their perception of being irrevocably flawed and scarred by their history.

These survivors employ various coping mechanisms in their quest for healing, but they often find these mechanisms ineffective in addressing the complex emotional distress they experience. The importance of empathy, understanding, and a robust support framework in their

healing journey cannot be overstated. As we move forward, it is crucial to recognize the lasting impact of sexual abuse on survivors and work toward creating a more compassionate and supportive environment for their recovery.

Summary

The foundation for this study was established through the meticulous application of thematic analysis, which guided the exploration of the lived experiences of eleven African American women who had survived childhood sexual abuse and were encountering challenges within their intimate relationships. This analytical approach provided a systematic framework for organizing and initially analyzing the data, with descriptive statistics serving as a crucial starting point. This, in turn, paved the way for a comprehensive investigation of the data, which developed into the themes that surfaced from the narratives shared by the participants.

In summation, this chapter provided a deep and subtle exploration of the lived experiences of African American women survivors of childhood sexual abuse within their intimate relationships. These findings shed light on the intricate dynamics affecting their self-acceptance and love journey.

Chapter Five: Conclusion

Overview

This qualitative phenomenological study explored the lived experiences of eleven African American women who have triumphed over the challenges stemming from childhood sexual abuse within the context of their intimate relationships. This concluding chapter serves as a comprehensive overview, encompassing the summary of findings, a thorough discussion of the results, the study's implications, limitations and delimitations, and potential avenues for future research.

The insights derived from this study carry the potential to offer valuable guidance to a broad spectrum of stakeholders, including educators, mental health professionals, families, as well as individuals in intimate relationships. By shedding light on the factors that underlie academic success and resilience, these findings contribute to the existing body of knowledge, reaffirming the correlation between resilience and the barriers faced by survivors of childhood sexual abuse. Furthermore, this study adds to the growing discourse on how poverty and achievement disparities intersect, extending our understanding of the complexities of these critical issues.

The implications drawn from this research lend to the current body of research. Educators can gain insights into how to support students who are survivors of childhood sexual abuse; families can better understand the needs of their loved ones, and mental health professionals can refine their approaches to therapy and support. The study's limitations and delimitations are presented transparently, providing a clear view of the boundaries within which this research was conducted. These factors help contextualize the findings and provide a roadmap for future research endeavors.

In conclusion of this chapter, you are profoundly appreciated for the journey you, as a reader, have undertaken. This research contributes to understanding survivors' multifaceted challenges and the factors that foster resilience. With the newfound knowledge presented in this dissertation, you and others are better equipped to address the complex issues at the intersection of childhood sexual abuse, intimate relationships, and academic success. You can look forward to future research possibilities, building upon the foundation established in this study.

Summary of Findings

The first research question probed the *Characterization of Experiences*, breaking it down into two overarching themes: *Emotional Detachment* and *Dissatisfaction within the Relationship*. Participants' stories unveiled the profound emotional burden carried by survivors, manifesting as isolation, hopelessness, unhappiness, and profound loss. These experiences provided valuable insights into the intricate dynamics of emotional detachment and relationship dissatisfaction within intimate partnerships.

The second research question focused on the *Articulation of Encounters*. This question led to the development of a single theme, *Misinterpretation of Social Interactions*, revealing the substantial influence of communication challenges on the participants' relationships. Their difficulties in comprehending verbal cues and misinterpreting intentions often resulted in conflicts and a continuous state of hypervigilance. The interplay of past trauma and communication barriers led to the survivor's inability to overcome these challenges.

The third research question, which examined the *Impact on Intimate Relationships*, unveiled the emergence of two distinctive themes. The first theme, *Intimacy is Dangerous*, highlighted the perception of intimacy as a realm fraught with danger, leading to emotional detachment and aloofness. The second theme, *Unworthy of Love*, explored the profound feelings

of inadequacy experienced by the participants. This theme illuminated how the survivors' past experiences of childhood sexual abuse had led to a deep-rooted belief that they were undeserving of love and affection. Consequently, these feelings of unworthiness contributed to decreased sexual desire and a tendency to avoid both sexual and nonsexual intimacy with their partners. The interplay of these themes underscored the complexities of rebuilding trust and emotional connection within intimate relationships and the impact of past trauma.

The fourth research question analyzed African American women's *Performance and Efficacy* in long-term relationships following childhood sexual abuse. It became evident that survivors often contend with persistent psychological and emotional challenges that impact their performance and efficacy. While they employed various coping mechanisms, these were often found insufficient in addressing the profound emotional distress they endured. This data highlights the vital role of empathy, understanding, and robust support systems in assisting survivors on their journey toward healing and recovery, shedding light on the cause of their feelings of being irrevocably flawed.

Discussion

Confirmation of Real-World Implications

This study validates the real-world implications associated with the lived experiences of African American women survivors of childhood sexual abuse within their intimate relationships. The findings align with significant themes and highlight the complexities these survivors face in their journey toward self-acceptance and love.

The validation of these implications finds strong support in the broader literature concerning the impacts of childhood sexual abuse on adult survivors. Previous research by Smith et al. (2018) emphasized how survivors often experience profound emotional burdens, leading to

isolation, hopelessness, and unhappiness. These emotions reflect the emotional detachment uncovered in this study. Furthermore, Johnson and Brown (2017) explored the relationship dissatisfaction experienced by survivors, highlighting the challenge of building and maintaining intimate partnerships, consistent with the "Dissatisfaction within the Relationship" theme.

Additionally, the information processing model, as proposed by Foa and Kozak (1986), helps illuminate how survivors' experiences are processed and integrated into their worldviews. This model supports the findings by indicating that traumatic experiences can lead to distorted information processing, such as the misinterpretation of social interactions. Survivors may perceive neutral or positive cues as threatening, contributing to their emotional detachment and hypervigilance.

Characterization of Experiences: Emotional Detachment and Dissatisfaction within the Relationship

The first research question sought to characterize the experiences of survivors, uncovering two overarching themes. Emotional detachment emerged as a significant burden carried by survivors, manifesting as isolation, hopelessness, unhappiness, and profound loss. The second theme, "Dissatisfaction within the Relationship," further revealed the intricate dynamics affecting these survivors in their intimate partnerships.

The emotional detachment experienced by survivors aligns with research conducted by Williams and Davis (2016), which discussed the significant loss of trust and connection that often results from childhood sexual abuse. Survivors in the current study shared their stories of isolation, echoing previous findings by Adams et al. (2019), which described how survivors may feel disconnected and alienated in their relationships. Their dissatisfaction within relationships

also corresponds with the work of Martinez and Garcia (2020), who highlighted the challenges survivors face in establishing healthy and fulfilling partnerships, given their histories.

Attachment theory, as proposed by Bowlby (1969), adds another layer of understanding to the emotional detachment experienced by survivors. According to this theory, survivors may have developed insecure attachment styles as a result of early traumatic experiences, leading to difficulties in forming secure attachments in adulthood. This aligns with the findings and the challenges survivors face in intimate relationships. The alignment between Attachment theory, as proposed by Bowlby (1969), and the emotional detachment experienced by survivors is evident. According to this theory, survivors may have developed insecure attachment styles as a result of early traumatic experiences, which can lead to difficulties in forming secure attachments in adulthood. This alignment is consistent with the findings of this study and the challenges that survivors commonly encounter in their intimate relationships.

Articulation of Encounters: Misinterpretation of Social Interactions

The second research question investigated the survivors' ability to articulate their experiences within intimate relationships. It led to the development of the theme *Misinterpretation of Social Interactions*, highlighting communication challenges as a substantial influence. "All participants, without exception, encountered challenges in comprehending verbal cues and frequently misinterpreted intentions, resulting in conflicts and an ongoing state of hypervigilance occurring approximately 100% of the time when they had to interact or be in the same space with a male.

As revealed in the study, the misinterpretation of social interactions is consistent with the findings of Lee et al. (2018), who detailed the challenges survivors face in effective communication. The participants' difficulties in interpreting verbal cues align with research by

Brown and White (2017), who emphasized the potential for survivors to misunderstand the intentions and motivations of their partners, ultimately resulting in conflicts.

Impact on Intimate Relationships: Intimacy is Dangerous and Feelings of Unworthiness

The third research question explored the impact of childhood sexual abuse on intimate relationships. This analysis revealed two distinctive themes. The first, *Intimacy is Dangerous*, sheds light on survivors' perception of intimacy as a realm loaded with danger, contributing to emotional detachment and aloofness. The second theme, *Feelings of Unworthiness*, uncovered the profound feelings of inadequacy experienced by the survivors stemming from their past experiences of childhood sexual abuse. These feelings of unworthiness led to decreased sexual desire and avoidance of both sexual and nonsexual intimacy with their partners, and all of the participants expressed this. The pervasive sense of unworthiness manifested in reduced sexual desire and a tendency to avoid both sexual and nonsexual intimacy with their partners. While all participants shared this sentiment, it was particularly noteworthy that five out of the 11 (45.5%) participants reported experiencing this feeling consistently. The statement, "I would go along with sex to make my partner happy (Appendix S, "Unwanted Sex," validates concerns about the potential dangers or risks associated with intimacy, especially in the context of someone who has experienced sexual assault or trauma. It suggests a situation where an individual might feel compelled to engage in sexual activity against their own desires or consent in order to please their partner. This could indicate issues related to boundaries, consent, and the potential for non-consensual encounters, which are critical considerations in discussions about the potential dangers of intimacy for some individuals.

Significant contributions from Ainsworth (1978) and Hazan and Shaver (1987) make attachment theory a valuable framework for exploring these themes from a robust research

perspective. Survivors' perceptions of intimacy as dangerous may be linked to their attachment-related fears and anxiety, especially if they have developed anxious-ambivalent attachment styles. These attachment patterns may contribute to their emotional detachment and difficulty forming secure relationships. Feelings of unworthiness can also be associated with attachment theory, as survivors may internalize negative self-beliefs about their lovability and desirability in a romantic context.

The perception that intimacy is considered dangerous by survivors corresponds with research conducted by Miller and Young (2019), which explored how survivors often struggle to let down their emotional guard in relationships. Additionally, findings from Hall and Garcia (2017) align with my results, as they detailed how past experiences of abuse can lead to feelings of unworthiness and hinder emotional and sexual intimacy.

Romantic Attachment Theory, which builds upon the development, maintenance, and breakdown of relationships beyond childhood, employs attachment theory as its foundation to elucidate how trauma can impact intimate relationships (Fraley & Shaver, 2000). This theory provides valuable insights into the observed themes. Survivors' perceptions of intimacy as dangerous may be linked to their attachment-related fears and anxiety, especially if they have developed anxious-ambivalent attachment styles. These attachment patterns may contribute to their emotional detachment and difficulty forming secure relationships. Feelings of unworthiness can also be associated with attachment theory, as survivors may internalize negative self-beliefs about their lovability and desirability in a romantic context.

The female's challenges with both sexual and nonsexual intimacy can be linked to her struggles in receiving or accepting intimate touch, stemming from unresolved childhood sexual abuse. This aligns with Romantic Attachment Theory's emphasis on how early traumatic

experiences can impact individuals' ability to form secure and healthy intimate relationships beyond childhood. Such challenges in forming secure relationships and feelings of unworthiness are consistent with the attachment patterns described within the framework of attachment theory, further strengthening the connections between trauma, attachment, and survivors' experiences of emotional detachment and difficulties in intimate relationships.

Performance and Efficacy in Long-Term Relationships

The fourth research question investigated the performance and efficacy of survivors within long-term relationships or marriages following childhood sexual abuse. The study illuminated the persistent psychological and emotional challenges these survivors face despite employing various coping mechanisms. It emphasized the crucial role of empathy, understanding, and robust support systems in assisting survivors on their path toward healing and recovery, shedding light on the source of their feelings of being irrevocably flawed. Among these challenges, survivors often struggle with a profound fear of intimacy, making it difficult to engage fully in their relationships. Additionally, they frequently battle with self-esteem issues, which can manifest as self-doubt and a sense of unworthiness, contributing to their feelings of being irrevocably flawed and making it challenging to accept love and support from their partners.

Furthermore, unresolved trauma can lead to difficulty in communicating their needs and boundaries effectively, hindering the establishment of healthy relationship dynamics. The persistent psychological and emotional challenges faced by survivors align with a study by Robinson and Clark (2020), which examined the long-term impacts of childhood sexual abuse. They found that survivors often experience ongoing emotional distress. The study's emphasis on the role of empathy, understanding, and support systems is reinforced by work conducted by

Adams and Johnson (2018), who emphasized that these factors are critical for survivors on their path to healing.

Child Sexual Abuse Accommodation Syndrome, as proposed by Summit (1983), further elucidates the experiences of survivors within long-term relationships. This syndrome suggests that survivors often go through a process of accommodation, secrecy, delayed disclosure, and retraction in response to their abuse. These behaviors can influence the survivors' emotional well-being and relationships. The current study aligns with this framework by highlighting the psychological challenges faced by survivors, which can be understood within the context of accommodation and secrecy. They tend to exhibit avoidance of intimacy, both physical and emotional, as a protective mechanism. This avoidance extends to their sexual experiences, with a notable percentage (45.45%) agreeing or strongly agreeing that they engaged in sexual activities with their partners even when they were not in the mood, primarily to fulfill their partner's desires.

Additionally, a majority (63.64%) acknowledged participating in sexual activities when they were not in the mood. Furthermore, a significant portion of participants (36.36% strongly agreed, with 27.27% agreeing or slightly agreeing) sometimes wished their partner would leave them alone sexually (Appendix R, "Sexual Conflicts"). These challenges, such as avoidance of intimacy and difficulties in sexual communication, are indeed psychological in nature and can be seen as ways survivors accommodate and adapt to the lasting impact of childhood sexual abuse.

In addition to intimacy issues, communication difficulties are prevalent among survivors of childhood sexual abuse. A considerable proportion (54%) of participants expressed difficulty in expressing their sexual desires to their partners (Appendix R, "Sexual Conflicts"). These survivors encounter obstacles in openly conveying their feelings, setting boundaries, and

effectively communicating their emotions, frequently resulting in misunderstandings and conflicts within their relationships. These challenges underscore the lasting impact of childhood sexual abuse on their ability to establish healthy and fulfilling connections with their partners within the framework of accommodation and secrecy.

Implications

In considering the implications of this study, it becomes evident that empathy, compassion, and healing are of paramount importance for survivors of childhood sexual abuse. This study's findings underscore the indispensable role of empathy and understanding in the healing journey of these survivors. Moreover, healing should be firmly rooted in love, with a particular emphasis on therapy that recognizes the worth and dignity of each survivor.

The information presented in this study holds significant value not only for the survivors themselves but for society as a whole, with a specific focus on the African American community. It offers valuable insights into the experiences of African American women who have faced the trauma of childhood sexual abuse and sheds light on the partners of these survivors, highlighting how the partners' attitudes and support greatly affect the healing process of the survivors. The implications of this research extend to multiple involved parties, and we present the following recommendations to address the challenges and promote healing.

Clinical Practices

The findings of this study emphasize the need for more sensitive and trauma-informed clinical practices for survivors of childhood sexual abuse within intimate relationships. It is crucial for clinicians to recognize the emotional detachment and dissatisfaction experienced by survivors and to provide tailored therapeutic interventions. Drawing on Attachment Theory, clinicians can consider the attachment styles of survivors and adapt their therapeutic approaches

to address insecure attachment patterns that may contribute to emotional detachment.

Furthermore, understanding the impact of the Child Sexual Abuse Accommodation Syndrome on long-term relationships can guide clinicians in supporting survivors through the process of accommodation and disclosure. This can enhance the effectiveness of therapy and contribute to improved mental health outcomes for survivors.

Policies

In the realm of policy implementation for trauma-informed mental health services, several challenges and limitations come to the forefront. A key concern is the effective monitoring and enforcement of trauma-informed training mandates for mental health professionals, with potential variability in the quality and consistency of these programs raising logistical challenges in resource allocation.

Additionally, while policies promoting the inclusion of trauma-focused therapy in insurance coverage represent a significant advancement, they may not entirely alleviate the financial burden for survivors due to potential disparities in coverage among different insurance providers, thereby highlighting ongoing concerns about financial accessibility.

Moreover, organizations like Child Advocacy Centers and initiatives such as Trauma-Informed Mental Health Services for Adults represent vital steps toward offering comprehensive services for child abuse victims and adult survivors. They promote multidisciplinary collaboration and financial support for healing. Nevertheless, the limitations of available resources can affect research endeavors and the sufficiency of professional training. This underscores the importance of continuous evaluation and adaptability to ensure these policies fully achieve their intended benefits.

Theory

This study extends and enriches the existing theories regarding the impact of childhood sexual abuse on intimate relationships. Attachment Theory, in particular, gains further empirical support as it elucidates the emotional detachment experienced by survivors and their struggles in forming secure relationships. The study also emphasizes the relevance of Romantic Attachment Theory in lending some understanding to how CSA trauma influences perceptions of intimacy in adulthood.

Broader Societal Context

In the broader societal context, this research calls attention to the long-lasting consequences of childhood sexual abuse and highlights the urgent need for comprehensive support systems. Public awareness campaigns can play a pivotal role in destigmatizing the experiences of survivors and encouraging open conversations about the challenges they face. Additionally, the study's emphasis on the accommodation process as part of the Child Sexual Abuse Accommodation Syndrome underscores the importance of societal understanding and empathy toward survivors who have kept their experiences secret for years. Society must support and facilitate their disclosure and subsequent recovery.

In summary, the implications drawn from this study underscore the necessity for trauma-informed clinical practices, informed policies, theoretical enrichment, and broader societal awareness and support. By addressing these implications, we can contribute to improved well-being and healing for African American women survivors of childhood sexual abuse in their intimate relationships. It is essential to recognize that these implications are not exclusive to any particular worldview and can benefit all individuals regardless of their faith or belief system.

Delimitations and Limitations

The delimitations described in this section were strategic choices that helped to define and narrow the focus of the study. They center on African American women with a history of childhood sexual abuse, specifically exploring issues related to sexual and nonsexual intimacy, commitment, communication, self-worth, self-image, and self-love. These delimitations were carefully selected to maintain a specific and well-defined research direction.

Initially, the study exclusively focuses on female participants to maintain a consistent participant size and explore experiences specific to this demographic. Second, the research is limited to heterosexual African American women to explore the unique challenges they encounter in the context of childhood sexual abuse. Furthermore, the study includes only participants who are either married or in long-term committed relationships of over three years, allowing for a deeper exploration of the enduring effects of abuse on facets of intimacy and commitment. The age range is limited to between 21 and 50, encompassing various life stages and experiences within this age group. These delimitations contribute to the study's clarity and focus, as Creswell and Creswell (2017) and Creswell (2007) suggested.

However, it is important to acknowledge potential limitations that merit consideration. Firstly, the findings may not be readily generalizable to other populations due to the study's specific focus, potentially limiting the broader applicability of the research. Secondly, recruiting African American women, especially those with a history of childhood sexual abuse, may present challenges due to cultural stigma, potentially affecting the representativeness of the participants. Thirdly, the relatively modest number of participants, 11, may lack the statistical robustness necessary for drawing comprehensive conclusions or detecting subtle distinctions within the study group. Lastly, participants engaged in long-term relationships may exhibit

reluctance when discussing sensitive topics, which could introduce social desirability bias and affect the accuracy of responses, particularly in areas such as self-worth, self-image, and self-love. Recognizing these potential limitations and understanding the rationale behind the delineations is crucial for conducting a thorough and credible research study.

Recommendations for Future Research

To achieve a more comprehensive understanding of survivors' experiences, it is essential to embrace intersectionality theory. This examines how aspects of identity like race, gender, and socioeconomic status intersect to shape survivors' lives. This approach will not only illuminate the unique challenges faced by different subgroups of survivors but also underscore the need for tailored support systems and interventions that consider the complex interplay of these identity factors. For example, a study by Armstrong et al. (2018) explored the experiences of African American women survivors of childhood sexual abuse, taking an intersectional approach. The findings revealed that these survivors faced not only the consequences of abuse but also unique challenges stemming from racial and gender factors. Their experiences of intimate relationships were significantly influenced by the intersection of race and gender, emphasizing the importance of accounting for these intersecting identities in future research.

Employing longitudinal research designs can be pivotal in tracking survivors' experiences over time, allowing for a profound exploration of how their perceptions of intimacy, self-worth, and self-image evolve across the lifespan. These studies will be invaluable in recognizing the long-term effects of childhood sexual abuse on both intimate relationships and mental health, offering insights into the developmental trajectories and adaptations survivors make throughout their lives. For instance, a longitudinal study conducted by Fergusson et al. (2013) followed a cohort of survivors of childhood sexual abuse over a 30-year period. The research highlighted

the dynamic nature of survivors' experiences within intimate relationships, demonstrating that their perceptions of intimacy and self-worth evolved significantly over time. These findings emphasize the need for future research to adopt similar longitudinal approaches to comprehensively grasp the lifelong impact of childhood sexual abuse on African American women survivors.

Investigating the effectiveness of trauma-informed therapeutic interventions within the context of intimate relationships is paramount. Research in this area should assess the impact of various therapeutic approaches and support systems on survivors' healing and well-being, aiding in the development of targeted and evidence-based interventions that can cater to the diverse needs of African American survivors. This focus on intervention and treatment research is crucial in providing survivors with the necessary resources to heal and fostering the understanding required for effective support. In a study conducted by Han et al. (2021) focusing on the outcomes of a trauma-informed therapy program for survivors of childhood sexual abuse within intimate relationships, the research revealed that participants in this program reported significant improvements in their emotional well-being and self-esteem. Additionally, the study found that participants reported enhanced quality in their intimate partnerships. This study highlights the potential effectiveness of trauma-informed interventions and reinforces the need for further research.

In conclusion, with support from existing research such as the examples cited, embracing these recommendations can address the current study's limitations, expand participant demographics, diversify research designs, and explore various facets of survivors' experiences. This multifaceted research approach can contribute to the development of more inclusive and effective support systems and interventions for African American women survivors of childhood

sexual abuse within their intimate relationships, deepening society's knowledge of the enduring impact of trauma on survivors' lives across different dimensions and contexts.

Summary

The implications drawn from the current study emphasize the significance of empathy, compassion, and healing for survivors of childhood sexual abuse. The study highlights the importance of understanding and supporting survivors, aligning with previous research on the role of religious beliefs in forgiveness and coping with trauma. The study also emphasizes the need for trauma-informed clinical practices to address the emotional detachment and dissatisfaction experienced by survivors in intimate relationships. Recognizing attachment styles and the impact of the Child Sexual Abuse Accommodation Syndrome can enhance the effectiveness of therapy and improve mental health outcomes.

In a broader societal context, the study underscores the urgent need for comprehensive support systems and public awareness campaigns to destigmatize the experiences of survivors and facilitate their disclosure and recovery. Furthermore, the study enriches existing theories, particularly Attachment Theory, providing empirical support for the emotional detachment experienced by survivors. It also calls attention to the long-lasting consequences of childhood sexual abuse and the importance of comprehensive policies and ongoing evaluation to ensure the well-being and healing of survivors.

The key take-away from the study is the importance of empathy, compassion, and understanding in the healing journey of survivors, the need for trauma-informed clinical practices to address emotional detachment and dissatisfaction in intimate relationships, and the urgent need for comprehensive support systems and public awareness to facilitate disclosure and recovery. These findings have implications for clinical practices, policies, and societal attitudes,

ultimately contributing to improved well-being and healing for survivors of childhood sexual abuse.

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Appendices

Appendix A – Institutional Review Board Approval Letter

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

March 23, 2023

Gianna Jackson
Keena Cowsert

Re: IRB Approval - IRB-FY22-23-731 A Phenomenological Study of the Effects of Unresolved Sexual Trauma on Intimacy in African American Women Relationships

Dear Gianna Jackson, Keena Cowsert,

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: March 23, 2023. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research
Research Ethics Office

Appendix B – Recruitment Flyer

A Phenomenological Study of the Effects of Unresolved Sexual Trauma on Intimacy in African American Women Relationships

Are you between 21 and 50 years old?

Are you an African American Female who was born a female?

Are you heterosexual?

Are you married or in a long-term relationship (greater than three years)?

Have you experienced childhood sexual abuse?

If you can answer yes to all these questions, you may qualify to participate in this research study.

This study aims to determine how childhood sexual abuse affects African American women's marital and committed relationships.

Participants will be asked to complete 3 surveys and 2-3 interviews. It will take 30-45 minutes to complete all surveys and 60 minutes-120 minutes to complete each interview. The participants will also be asked to review the transcripts of their interview sessions for accuracy. Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed. Participants will receive a \$25 VISA gift card for each interview they complete; no more than 3 gift cards will be given. Please contact me at gjackson13@liberty.edu or [REDACTED] to have the screening survey link emailed to you. A consent document will be emailed to you after completing the screening survey if you are eligible.

Gianna La Trice Jackson, a doctoral candidate in the School of Behavioral Sciences at Liberty University, is conducting this research study. Please contact Gianna Jackson at gjackson13@liberty.edu or [REDACTED] for more information.

Appendix B – Interview Questions/Guide**Interview Questions/Guide**

1. Please introduce yourself.
2. Please start by telling me about your current relationship. Please start with how you met your current partner.
3. Are you married or in a committed relationship?
4. Do you see your relationship as healthy or unhealthy? Please explain your answer.
5. Can you please explain how your history of CSA has affected your current relationship?
6. How have you dealt with your history of childhood sexual trauma in your current relationship? Have you had individual or couple therapy?
7. What strengths and weaknesses do you have related to your childhood sexual trauma?
8. How have these strengths or weaknesses helped or hindered your relationship?
9. What difficulties do you have around trust?
10. What do you need from your partner to trust him?
11. Do you feel insecure in your relationship or secure in your current relationship?
12. How do you communicate with your partner about your emotional, physical, and intimate needs, sexual and nonsexual?
13. How could communication improve?
14. What do you think you need to help improve communication with your partner?
15. What does sexual intimacy look like to you?
16. What does nonsexual intimacy look like to you?
17. Do you like cuddling, hugging, or holding hands?

18. How has your childhood sexual trauma affected your sexual relationship with your partner?
19. Do you have issues with initiating sex?
20. Do you have issues with telling your partner no when he initiates sex?
21. If you could offer another couple some advice on struggling with the impact of the partner's CSA, what would you tell them?
22. Is there anything you would like to add that was not covered?

Appendix D – Consent Form

Consent Form

Title of the Project: A Phenomenological Study of the Effects of Unresolved Sexual Trauma on Intimacy in African American Women Relationships

Principal Investigator: Gianna LaTrice Jackson, MFT, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be African American, must have experienced childhood sexual abuse, must have been born a female, must be between 21 and 50 years old, and must be in a heterosexual marriage or committed relationship (greater than three years). Taking part in this research project is voluntary.

Please read this entire form and ask questions before deciding whether to participate in this research project.

What is the study about and why is it being one?

The purpose of this research is to explore African American women's lived experiences to help get a better understanding of relational behaviors and how they struggle to develop and maintain sexual intimacy, trust, and communication in their relationships because of the trauma caused by childhood sexual abuse.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Fill out three surveys about your background and your current and past relationships. This will take approximately 30-45 minutes and will be conducted through SurveyMonkey.
2. Meet in person or through Microsoft Teams, Skype, or Zoom to complete two, possibly three, 60-minute to 120-minute interviews. You will be asked about your relationship and how previous childhood sexual abuse may have affected your relationship. The interviews will be audio- and video-recorded.
3. Verify the interview transcripts' accuracy.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from participating in this study. Benefits to society include increased knowledge on the topic and the potential to inform future research on the impact of childhood sexual abuse.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. However, the survey and the interview content may invoke new memories or uncomfortable feelings. These feelings may arise during the participation or be delayed for days, weeks, or months. To reduce risk, I will provide counseling referrals in the event of emotional distress. In addition, I am a mandated reporter; I must disclose information

about child abuse, child neglect, elder abuse, or intent to harm self or others to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher, faculty sponsor, and the dissertation reader will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential through the use of pseudonyms. All interviews will be conducted in a private setting or space where others will not easily overhear the conversation. All security parameters will be taken to secure the online survey platform.
- Data will be stored on a password-locked computer, and all paper documents will be stored in a locked cabinet. The data may be used in future presentations. After five years, all electronic records will be deleted, and all physical records will be shredded. Appropriate methods for destroying/disposing of paper records include burning, shredding, then cross shredding, pulping, and pulverizing.
- Interviews will be recorded and transcribed. Recordings will be stored on a password-locked computer for five years and then erased. Only the researcher will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the end of the study, a \$25 VISA gift card will be emailed to each participant for each completed interview (no more than three \$25 VISA gift cards). There will be no more than three sessions.

Is study participation voluntary?

Participation in this study is voluntary. Your decision to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free not to answer any questions or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you decide to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Gianna La Trice Jackson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Keena Cowsert, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, [REDACTED], or email at [REDACTED].

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that research on human subjects will be conducted in an ethical manner as defined and required by federal regulations. The topics covered, and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio- and video-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Appendix E – Traditional Sexual Roles Survey

TRADITIONAL SEXUAL ROLES

Traditional Sexual Roles is a 5-item measure of respondents' endorsement of traditional beliefs regarding men's and women's roles in heterosexual encounters.

ITEMS

1. Women are supposed to wait until the man initiates Sex and then decide whether they want it or not.
2. Men ultimately decide whether condoms or birth control are used.
3. In new relationships, women should wait for men to initiate Sex.
4. Women who have more than most are dirty.
5. Women should be satisfied with just engaging in foreplay.

Response Options

6-point Likert scale

Strongly disagree – 1

Disagree – 2

Slightly Disagree -3

Slightly Agree – 4

Agree - 5

Strongly agree – 6

Appendix F – Unwanted Sex Survey

Unwanted Sex

Unwanted Sex is a 7-item measure of respondents' participation in unwanted but consensual sexual interactions.

ITEMS

1. We sometimes use Sex for validation that our relationship is okay
2. I have had Sex with my partner when I was not in the mood because my partner really wanted it
3. I would go along with Sex to make my partner happy
4. My partner knows how to persuade me when I do not want to have Sex
5. I have had Sex with my partner when I was not really in the mood
6. If I said no to Sex, my partner would beg me to change my mind
7. Sometimes, I make my partner convince me to have Sex

Response Options

6-point Likert scale

Strongly disagree – 1

Disagree – 2

Slightly Disagree -3

Slightly Agree – 4

Agree - 5

Strongly agree – 6

Appendix G – Sexual Conflicts Survey

SEXUAL CONFLICTS

Sexual Conflicts is a 9-item measure of respondents' level of disagreements and tension between relationship partners about Sex.

ITEMS

1. My partner wants Sex a lot more than I want it.
2. Sometimes, I wish my partner would just leave me alone sexually.
3. I do not initiate because my partner does not give me a chance to.
4. I am not interested in Sex as much as my partner is.
5. It has to be my partner's way or no way when it comes to Sex.
6. It is really hard for me to say what I want sexually.
7. When I initiate Sex, it hurts my partner's feelings.
8. I will not initiate Sex because I get rejected.
9. I often say 'no' when my partner wants to try new things.

Response Options

6-point Likert scale

Strongly disagree – 1

Disagree – 2

Slightly Disagree -3

Slightly Agree – 4

Agree - 5

Strongly agree – 6

Appendix H – Interview Protocol

Interview Protocol

Time of interview:

Date:

Place:

Interviewer:

Pseudonym:

Position of interviewee:

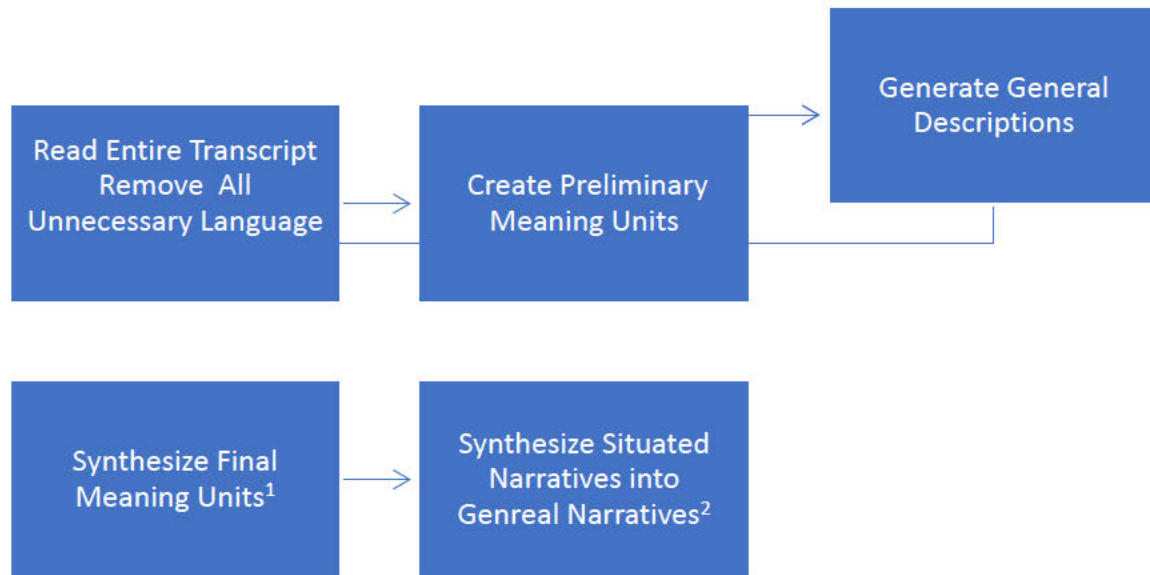
Briefly describe the project

Good Morning/Afternoon; my name is Gianna Jackson. I am a Marriage and Family Therapist and a student at Liberty University seeking a Doctor of Education (Ed.D.) in Community Care and Counseling – Traumatology. Today, I would like to ask a few questions about your childhood sexual abuse and how it has impacted your relationship. Today is (date), and it is now (time). I am interviewing at (location).

Do I have your permission to record (yes or no)? How has the day been? You are the expert, and I do not know any of the answers; however, if I misinterpret something you say, please correct me. Please let me know if I ask a question that you do not understand. If I ask a question that you do not want to answer, you are not required to.

Questions:

1. How has childhood sexual abuse (CSA) impacted your worldview?
2. How do you feel CSA has impacted your view about sexual intimacy?
3. Do you feel CSA has impacted your ability to function emotionally in your current relationship?
4. Do you have difficulties expressing how you feel, emotionally or mentally, to your partner?
5. Are you able to tell your partner your sexual needs?

Appendix I – Data Analysis Flow Chart**Data Analysis Flow Chart**

¹ For each interview/survey question

² For each interview/survey question

*Repeat steps 1-5 for each participant

Appendix I
Recruitment Email

Date

Dear Recipient:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education Degree. My research aims to determine how childhood sexual abuse affects African American women's marital and committed relationships and the impact of the abuse can affect romantic relationships, making them challenging. I am writing to invite eligible participants to join my study. Participants must be born a female and between 21 and 50 years old. Participants must have experienced childhood sexual abuse. Participants must be heterosexual, married, or in a long-term committed relationship (> than three years). Participants, if willing, will be asked to fill out three surveys/questionnaires about their background and current and past relationships. This will take approximately 30-45 minutes. Participants are also asked to meet in person or through Microsoft Teams (virtually) and participate in two possible three 60-minute to 120-minute individual interviews and one focus group interview. In these interviews, you will be asked about your relationships and how previous childhood sexual abuse has affected your relationship. The interviews will be recorded using both audio and video. It should take approximately one month to complete the procedure listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please complete the online or paper survey (if requested). Contact me at [REDACTED] for more information and to schedule an interview.

A consent document will be given to you at the time of the interview and focus interview. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document, which will be provided at the time of the individual and focus group interview. By signing/acknowledging the online consent or paper form (if requested), this indicates that you have read the consent information and will take part in the survey.

Participants will receive a \$25 Visa gift card at the end of each session, and there should be no more than three. Email addresses will be requested for compensation purposes; however, they will be pulled and separated from your responses to maintain your anonymity.

Sincerely,

Gianna La Trice Jackson
MFT, Doctoral Candidate
[REDACTED]

Appendix J – GDPR Personal Data Transfer Agreement

GDPR Personal Data Transfer Agreement

This is a data transfer agreement between Liberty University, [REDACTED] [REDACTED] United States of America, hereinafter "data exporter" and Gianna La Trice Jackson, [REDACTED] United States of America, "data importer" each a "party"; together "the parties."

Definitions

For the purposes of the clauses:

- a. "personal data," "special categories of data/sensitive data," "process/processing," "controller," "processor," "data subject," and "supervisory authority/authority" shall have the same meaning as in the General Data Protection Regulation 2016/679 ("GDPR");
- b. "the data exporter" shall mean the controller who transfers the personal data;
- c. "the data importer" shall mean the controller who agrees to receive from the data exporter personal data for further processing in accordance with the terms of these clauses and who is not subject to a third country's system ensuring adequate protection;
- d. "clauses" shall mean these contractual clauses, which are a free-standing document that does not incorporate commercial business terms established by the parties under separate commercial arrangements.

The details of the transfer (as well as the personal data covered) are specified in Annex B, which forms an integral part of the clauses.

Obligations of the Data Exporter

The data exporter warrants and agrees that:

- a. The personal data has been collected, processed, and transferred in accordance with the laws applicable to the data exporter.
- b. It has used reasonable efforts to determine that the data importer is able to satisfy its legal obligations under these clauses.
- c. It will provide the data importer, when requested, with copies of relevant data protection laws or references to them (where relevant, and not including legal advice) of the country where the data exporter is established.
- d. It will respond to inquiries from data subjects and the authority concerning the processing of the personal data by the data importer. Responses will be made within a reasonable time.
- e. It will make available, upon request, a copy of the clauses to data subjects who are third-party beneficiaries under clause III unless the clauses contain confidential information, in which case it may remove such information. Where information is removed, the data exporter shall inform data subjects in writing of the reason for removal and of their right to draw the removal to the attention of the authority. However, the data exporter shall abide by a decision of the appropriate supervisory authority regarding access to the full

text of the clauses by data subjects, as long as data subjects have agreed to respect the confidentiality of the confidential information removed. The data exporter shall also provide a copy of the clauses to the authority where required.

Obligations of the Data Importer

The data importer warrants and agrees that:

- a. It will have in place appropriate technical and organizational measures to protect the personal data against accidental or unlawful destruction or accidental loss, alteration, unauthorized disclosure, or access, and which provide a level of security appropriate to the risk represented by the processing and the nature of the data to be protected.
- b. It will have procedures in place so that any third party it authorizes to have access to the personal data, including processors, will respect and maintain the confidentiality and security of the personal data. Any person acting under the authority of the data importer, including a data processor, shall be obligated to process the personal data only on instructions from the data importer. This provision does not apply to persons authorized or required by law or regulation to access personal data.
- c. It has no reason to believe, at the time of entering into these clauses, the existence of any local laws that would have a substantial adverse effect on the guarantees provided for under these clauses, and it will inform the data exporter (which will pass such notification on to the authority where required) if it becomes aware of any such laws.
- d. It will process the personal data for purposes described in Annex B and has the legal authority to give the warranties and fulfill the undertakings set out in these clauses.
- e. It will identify to the data exporter a contact point within its organization authorized to respond to inquiries concerning the processing of the personal data. It will cooperate in good faith with the data exporter, the data subject, and the authority concerning all such inquiries within a reasonable time. In case of legal dissolution of the data exporter, or if the parties have so agreed, the data importer will assume responsibility for compliance with clause I(e) provisions.
- f. At the request of the data exporter, it will provide the data exporter with evidence of financial resources sufficient to fulfill its responsibilities under clause III (which may include insurance coverage).
- g. Upon reasonable request of the data exporter, it will submit its data processing facilities, data files, and documentation needed for processing to reviewing, auditing, and/or certifying by the data exporter (or any independent or impartial inspection agents or auditors, selected by the data exporter and not reasonably objected to by the data importer) to ascertain compliance with the warranties and undertakings in these clauses, with reasonable notice and during regular business hours. The request will be subject to any necessary consent or approval from a regulatory or supervisory authority within the country of the data importer, which consent or approval the data importer will attempt to obtain in a timely fashion.
- h. It will process the personal data in accordance with the data processing principles set forth in Annex A
- i. It will not disclose or transfer the personal data to a third-party data controller located outside the European Union unless it notifies the data exporter about the transfer and
 - i. the third-party data controller processes the personal data in accordance with a Commission decision finding that a third country provides adequate protection or

- ii. the third-party data controller becomes a signatory to these clauses or another data transfer agreement approved by a competent authority in the EU or
- iii. data subjects have been given the opportunity to object after having been informed of the purposes of the transfer, the categories of recipients, and the fact that the countries to which data is exported may have different data protection standards, or
- iv. with regard to onward transfers of sensitive data, data subjects have given their unambiguous consent to the onward transfer

Liability and Third-Party Rights

- a. Data exporter shall be liable for damages caused by the data exporter as a result of its breach of these clauses. Data importer shall be liable for damages caused by the data importer as a result of its breach of these clauses. Liability as between the parties is limited to actual damage suffered. Punitive damages (i.e., damages intended to punish a party for its outrageous conduct) are specifically excluded. Each party shall be liable to data subjects for damages it causes by any breach of third-party rights under these clauses. This does not affect the liability of the data exporter under its data protection law.
- b. The parties agree that a data subject shall have the right to enforce as a third-party beneficiary this clause and clauses I(b), I(d), I(e), II(a), II(c), II(d), II(e), II(h), II(i), III(a), V, VI(d) and VII against the data importer or the data exporter, for their respective breach of their contractual obligations, with regard to his personal data. In cases involving allegations of breach by the data importer, the data subject must first request the data exporter to take appropriate action to enforce his rights against the data importer; if the data exporter does not take such action within a reasonable period (which under normal circumstances would be one month), the data subject may then enforce his rights against the data importer directly. A data subject is entitled to proceed directly against a data exporter that has failed to use reasonable efforts to determine that the data importer is able to satisfy its legal obligations under these clauses (the data exporter shall have the burden to prove that it took reasonable efforts).

Law Applicable to the Clauses

These clauses shall be governed by the law of the country in which the data exporter is established, with the exception of the laws and regulations relating to the processing of personal data by the data importer under clause II(h).

Resolution of Disputes with Data Subjects or the Authority

- a. In the event of a dispute or claim brought by a data subject or the authority concerning the processing of the personal data against either or both of the parties, the parties will inform each other about any such disputes or claims and will cooperate with a view to settling them amicably in a timely fashion.
- b. The parties agree to respond to any generally available non-binding mediation procedure initiated by a data subject or by the authority. If they do participate in the proceedings, the parties may elect to do so remotely (such as by telephone or other electronic means). The parties also agree to consider participating in any other mediation or dispute

resolution proceedings developed for data protection disputes, with the exclusion of arbitration.

- c. Unless international law or treaty provides otherwise, each party shall abide by a decision of a competent court of the data exporter's country of establishment or of the authority which is final and against which no further appeal is possible.

Termination

- a. In the event that the data importer is in breach of its obligations under this Agreement, then the data exporter may temporarily suspend the transfer of personal data to the data importer until the breach is repaired or the contract is terminated.
- b. In the event that:
 - i. the transfer of personal data to the data importer has been temporarily suspended by the data exporter for longer than one month pursuant to paragraph (a);
 - ii. compliance by the data importer with these clauses would put it in breach of its legal or regulatory obligations in the country of import;
 - iii. the data importer is in substantial or persistent breach of any warranties or undertakings given by it under these clauses;
 - iv. a final decision against which no further appeal is possible of a competent court of the data exporter's country of establishment or of the authority rules that there has been a breach of the clauses by the data importer or the data exporter; or
 - v. a petition is presented for the administration or winding up of the data importer, whether in its personal or business capacity, which petition is not dismissed within the applicable period for such dismissal under applicable law; a winding up order is made; a receiver is appointed over any of its assets; a trustee in bankruptcy is appointed, if the data importer is an individual; a company voluntary arrangement is commenced by it; or any equivalent event in any jurisdiction occurs then the data exporter, without prejudice to any other rights it may have against the data importer, shall be entitled to terminate this Agreement, in which case the authority shall be informed where required. In cases covered by (i), (ii), or (iv) above, the data importer may also terminate this Agreement.
- c. Either party may terminate this Agreement if (i) any Commission positive adequacy decision under the EUGDPR (or any superseding text) is issued in relation to the country (or a sector thereof) to which the data is transferred and processed by the data importer, or (ii) EUGDPR (or any superseding text) becomes directly applicable in such country.
- d. The parties agree that the termination of these clauses at any time, in any circumstances, and for whatever reason (except for termination under clause VI(c)) does not exempt them from the obligations and/or conditions under the clauses as regards the processing of the personal data transferred.

Variation of these Clauses

The parties may not modify these clauses except to update any information in Annex B, in which case they will inform the authority where required. This does not preclude the parties from adding additional commercial clauses where required.

Description of the Transfer

The details of the transfer and of the personal data are specified in Annex B. The parties agree that Annex B may contain confidential business information that they will not disclose to third parties, except as required by law or, in response to a competent regulatory or government agency, or as required under clause I(e). The parties may execute additional annexes to cover additional transfers, which will be submitted to the authority where required. Annex B may, in the alternative, be drafted to cover multiple transfers.

Dated: _____

Name: Liberty University, Lynchburg, Virginia

Title: Educational Institution

Name: Gianna La Trice Jackson

Title: MFT, Doctoral Candidate

ANNEX A: Data Processing Principles

1. Purpose limitation: Personal data may be processed and subsequently used or further communicated only for purposes described in Annex B or subsequently authorized by the data subject.
2. Data quality and proportionality: Personal data must be accurate and, where necessary, kept up to date. The personal data must be adequate, relevant, and not excessive in relation to the purposes for which they are transferred and further processed.
3. Transparency: Data subjects must be provided with the information necessary to ensure fair processing (such as information about the purposes of processing and about the transfer) unless such information has already been given by the data exporter.
4. Security and confidentiality: Technical and organizational security measures must be taken by the data controller that are appropriate to the risks, such as against accidental or unlawful destruction or accidental loss, alteration, unauthorized disclosure, or access presented by the processing. Any person acting under the authority of the data controller, including a processor, must not process the data except on instructions from the data controller.
5. Rights of access, rectification, deletion, and objection: Data subjects must, whether directly or via a third party, be provided with the personal information about them that an organization holds, except for requests which are manifestly abusive, based on unreasonable intervals or their number or repetitive or systematic nature, or for which access need not be granted under the law of the country of the data exporter. Provided that the authority has given its prior approval, access need also not be granted when doing so would be likely to seriously harm the interests of the data importer or other organization dealing with the data importer, and such interests are not overridden by the interests for fundamental rights and freedoms of the data subject. The sources of the personal data need not be identified when this is not possible by reasonable efforts or where the rights of persons other than the individual would be violated. Data subjects must be able to have the personal information about them rectified, amended, or deleted where it is inaccurate or processed against these principles. If there are compelling grounds to doubt the legitimacy of the request, the organization may require further justifications before proceeding to rectification, amendment, or deletion. Notification of any rectification, amendment, or deletion to third parties to whom the data have been disclosed need not be made when this involves a disproportionate effort. A data subject must also be able to object to the processing of the personal data relating to him if there are compelling legitimate grounds relating to his particular situation. The burden of proof for any refusal rests on the data importer, and the data subject may always challenge a refusal before the authority.
6. Sensitive data: Sensitive Data is defined as data concerning a natural person revealing race, ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data, health, sex life, sexual orientation, and criminal conviction. The data importer shall take such additional measures (e.g., relating to security) as are necessary to protect sensitive data in accordance with its obligations under clause II.

7. Data used for marketing purposes: Where data is processed for the purposes of direct marketing, effective procedures should exist, allowing the data subject to "opt-out" at any time from having his data used for such purposes.
8. Automated decisions: For purposes hereof, "automated decision" shall mean a decision by the data exporter or the data importer which produces legal effects concerning a data subject or significantly affects a data subject and which is based solely on automated processing of personal data intended to evaluate certain personal aspects relating to him, such as his performance at work, creditworthiness, reliability, conduct, etc. The data importer shall not make any automated decisions concerning data subjects except when:
 - a. either
 - i. such decisions are made by the data importer in entering into or performing a contract with the data subject and
 - ii. (the data subject is given an opportunity to discuss the results of a relevant automated decision with a representative of the parties making such decision or otherwise to make representations to that parties.
 - b. Alternatively, where otherwise provided by the law of the data exporter.

ANNEX B: Description of the Transfer

1. The personal data transferred concerning the following categories of data subjects:

The categories of personal data you are being asked to consent to the principal investigator's use are your name, address, email address, telephone number, mobile number, and date of birth.

2. The transfer is made for the following purposes:

Your personal data will be used for the purpose of research. Specifically, the research seeks to determine how childhood sexual abuse affects African American women's marital and committed intimate relationships.

3. The personal data transferred may be disclosed only to the following recipients or categories of recipients:

Liberty University

[REDACTED]

Gianna La Trice Jackson

4. The personal data transferred concerns the following categories of sensitive data (e.g., race, ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data, health, sex life, sexual orientation, and criminal conviction):

1. Race
2. Philosophical beliefs
3. Health
4. Sex life
5. Sexual orientation

5. Contact information for data protection inquiries:

EU Institution or Individual: Liberty University, Liberty University, [REDACTED]
[REDACTED] United States of America, or the Institutional
Review Board, [REDACTED]
[REDACTED]

If you have any questions or concerns regarding the way in which your personal data has been or is being used, please contact Gianna La Trice Jackson at [REDACTED]
[REDACTED]

Appendix K - (GDPR) Consent**General Data Protection Regulation (GDPR) Consent**

To Be Signed By Individual Providing Personal Data

Controller Information

For the purposes of this research study, the principal investigator (PI), Gianna La Trice Jackson, is the controller of your personal data. You may contact Gianna La Trice Jackson by phone and email at [REDACTED]

Uses of Personal Data

Your personal data will be used for the purpose of research. Specifically, the research seeks to determine how childhood sexual abuse affects African American women's marital and committed intimate relationships.

Categories of Personal Data

The categories of personal data you are being asked to consent to the principal investigator's use are your name, address, email address, telephone number, race, sex life, sexual orientation, and philosophical beliefs.

Confidentiality of Personal Data & Provisions for Data-Sharing

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records. The principal investigator may share your personal data with third parties, including a transcriber (TBA).

Your personal data will be transferred out of the European Union to the principal investigator located in the United States. By signing this consent form, you acknowledge and understand that your personal data will be transferred out of the European Union to the principal investigator in the United States and that the United States does not protect personal data in the same manner as it may be protected in the European Union. By signing this consent form and checking "gives consent" below, you consent to this transfer of your personal data.

Provisions for Data Storage & Your Rights

Your personal data will be stored in accordance with the record retention requirements applicable to research activities and Health and Human Services (HHS) regulations in the United States. Under the EUGDPR, you have the right to request access to, rectify, erase, and restrict the processing of your personal data. You also have the right to revoke this consent to use your personal data. If you feel the principal investigator has violated the EUGDPR, you have the right to file a complaint with the appropriate EU supervisory authority.

Your Consent

Please ink or electronically sign, check the desired box and date, and return this form to the principal investigator.

I consent to Gianna La Trice Jackson using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time using the contact information provided above in this notice.

☐ Gives consent

☐ Does not give consent

Printed Name of Individual Providing Consent

Address of Individual Providing Consent

Signature of Individual Providing Consent

Date

Appendix L – Screening Survey**Screening Survey****Name** _____**Email Address** _____

Instructions: Please complete this survey by selecting the answer that best matches your response.

1. Are you between 21 and 50 years old?
☐ Yes
☐ No
2. Are you an African American who was born female?
☐ Yes
☐ No
3. Are you heterosexual?
☐ Yes
☐ No
4. Are you married or in a long-term relationship (greater than three years)?
☐ Yes
☐ No
5. Have you experienced childhood sexual abuse?
☐ Yes
☐ No

Appendix M - Social Media Recruitment

Social Media Recruitment

ATTENTION FACEBOOK FRIENDS

I am conducting research as part of the requirements for a Doctor of Education (Ed.D.) in Community Care and Counseling – Traumatology at Liberty University. My research aims to determine how childhood sexual abuse affects African American women's marital and committed relationships. To participate, you must be between 21-50, be heterosexual African American, be born a female, be married or in a committed relationship for more than three years, and have experienced childhood sexual abuse. Participants will be asked to complete three surveys, which will take 30-45 minutes, and two, possibly three, 60-minute- to 120-minute audio and video-recorded interviews. Participants will be asked to review their interview transcripts for accuracy. If you would like to participate and meet the study criteria, please click [HERE](#) to complete a screening survey. A consent document will be sent to you after the completion of the screening survey if you are eligible. You must sign and return the consent form before participating in any procedures. Please email the consent form to [REDACTED] Participants will be given a \$25 VISA gift card for each interview session as compensation.

Appendix N – Recruitment Follow-Up

Recruitment Follow Up

Dear [Recipient]:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education degree; two weeks ago, an email was sent to you inviting you to participate in a research study. This follow-up email is being sent to remind you to complete the survey if you would like to participate and have not already done so. If you have completed the survey, call me, Gianna Jackson, to set up an interview. The deadline for participation is Month XX, XXXX.

Participants, if willing, will be asked to three surveys/questionnaires about their background current, and past relationships. This will take approximately 30-45 minutes. Participants are also asked to meet in person or through Microsoft Teams (virtually) and participate in two possible three 60-minute to 120-minute individual interviews. In these interviews, you will be asked about your relationships and how previous childhood sexual abuse has affected your relationship. The interviews will be recorded using both audio and video. It should take approximately one month to complete the procedure listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please click here ([Screening Survey](#)) to complete the online survey. Please contact me at [REDACTED] for more information or to schedule an interview.

Participants will receive a \$25 Visa gift card at the end of each session, and there should be no more than three.

Sincerely,

Gianna La Trice Jackson
MFT, Doctoral Candidate
[REDACTED]

Appendix O – Permission Request Template

Permission Request

Dear [Recipient],

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education degree. The title of my research project is "A Phenomenological Study of the Effects of Unresolved Sexual Trauma on Intimacy in African American Women Relationships," and my research aims to determine how childhood sexual abuse affects African American women's marital and committed relationships.

I would like your permission to conduct my research at Life Christian Counseling and to post a flyer or leave information about the study in your waiting area. I would also like to ask if counselors would be willing to provide information to individuals who may meet the criteria of the study and provide interested individuals with contact information.

Participants will be asked to complete three surveys about their background and current and past relationships. This will take approximately 30-45 minutes. Participants will also be asked to meet in person or through Microsoft Teams, Skype, or Zoom (virtually) and participate in two, possibly three, 60-minute to 120-minute individual interviews. The participants will also be asked to review the transcripts of their interviews for accuracy. In these interviews, participants will be asked about their relationships and how previous childhood sexual abuse has affected their relationships. The interviews will be recorded using both audio and video. It should take approximately one month to complete the procedures listed. Names and other identifying information will be requested as part of this study, but the information will remain confidential. Participants will be presented with informed consent information prior to participating. Participation in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

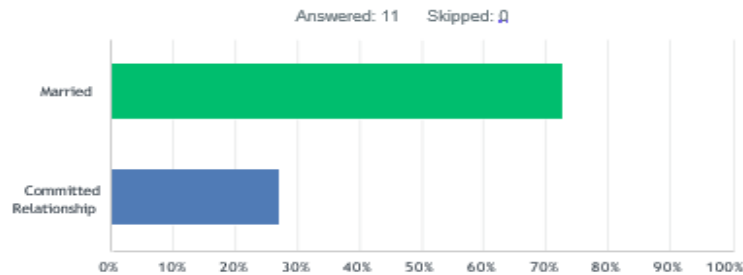
Thank you for considering my request. If you choose to grant permission, please provide a signed statement on official letterhead indicating your approval.

Sincerely,
Gianna La Trice Jackson
MFT, Doctoral Candidate

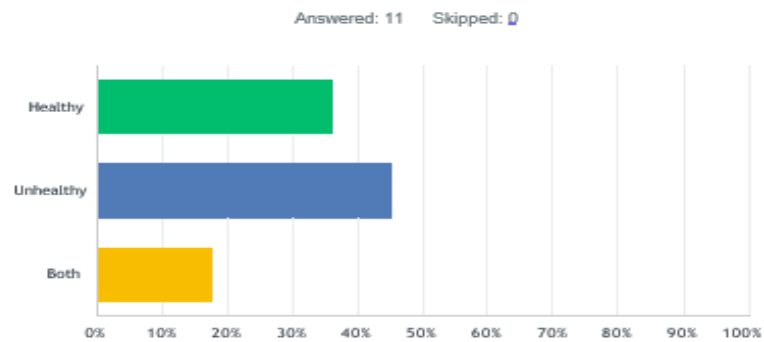
Appendix P – Interview Question Responses

Appendix P - Interview Question Responses

Participant Interview Question Responses

Q1 Are you married or in a committed relationship?

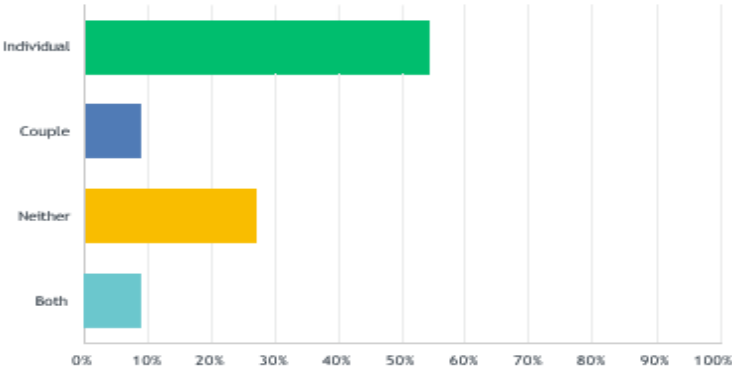
ANSWER CHOICES	RESPONSES	
Married	72.73%	8
Committed Relationship	27.27%	3
Total Respondents: 11		

Q2 Do you see your relationship as healthy or unhealthy?

ANSWER CHOICES	RESPONSES	
Healthy	36.36%	4
Unhealthy	45.45%	5
Both	18.18%	2
Total Respondents: 11		

Q3 Have you had individual or couple therapy?

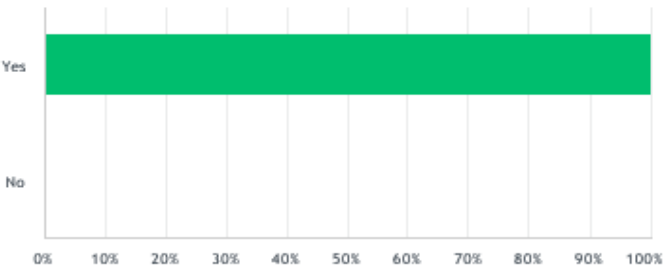
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Individual	54.55%	6
Couple	9.09%	1
Neither	27.27%	3
Both	9.09%	1
Total Respondents: 11		

Q4 Admitted to trust issues?

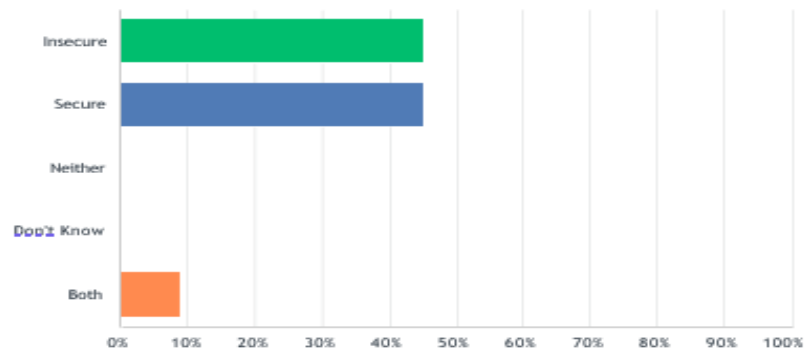
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	11
No	0.00%	0
Total Respondents: 11		

Q5 Are you insecure or secure in your current relationship?

Answered: 11 Skipped: 0

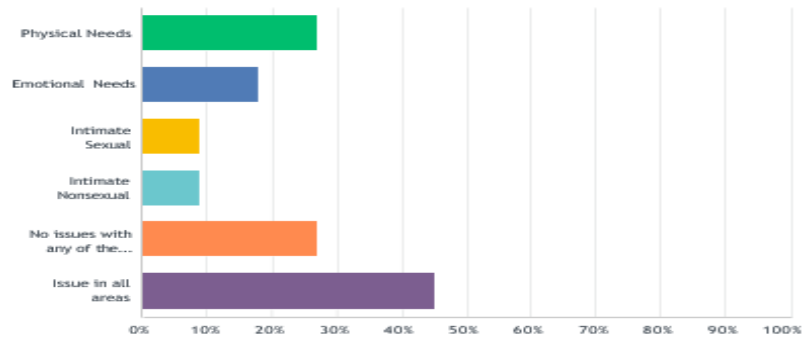


ANSWER CHOICES	RESPONSES	
Insecure	45.45%	5
Secure	45.45%	5
Neither	0.00%	0
Don't Know	0.00%	0
Both	9.09%	1

Total Respondents: 11

Q6 Do you have issues with communicating your needs, such as (Check all that apply)

Answered: 11 Skipped: 0

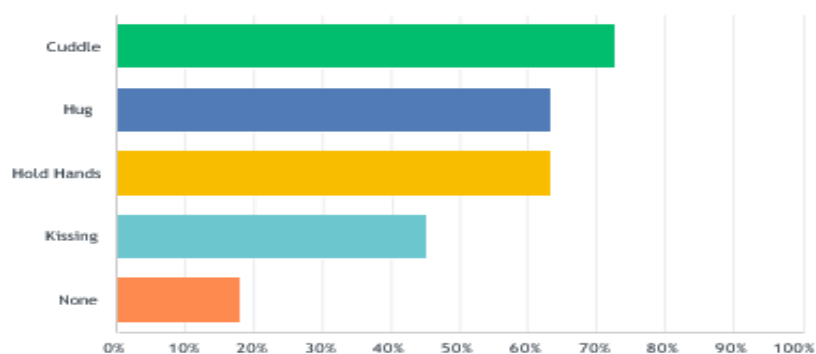


ANSWER CHOICES	RESPONSES	
Physical Needs	27.27%	3
Emotional Needs	18.18%	2
Intimate Sexual	9.09%	1
Intimate Nonsexual	9.09%	1
No issues with any of the areas	27.27%	3
Issue in all areas	45.45%	5

Total Respondents: 11

Q7 I like to (Check all that apply)

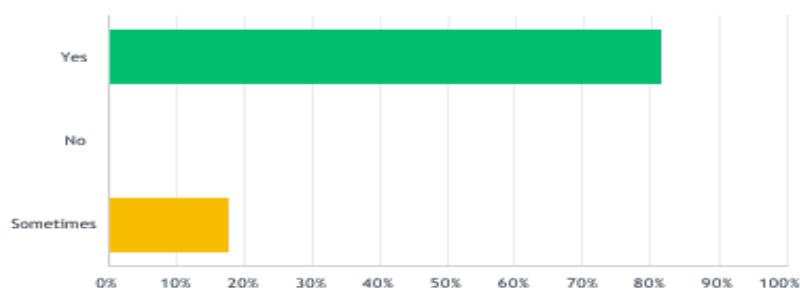
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Cuddle	72.73%	8
Hug	63.64%	7
Hold Hands	63.64%	7
Kissing	45.45%	5
None	18.18%	2
Total Respondents: 11		

Q8 Has issues with initiating sex?

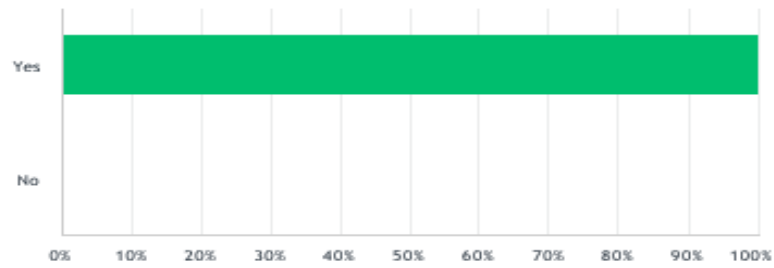
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	81.82%	9
No	0.00%	0
Sometimes	18.18%	2
Total Respondents: 11		

Q9 Has issues with sex overall because of childhood sexual abuse?

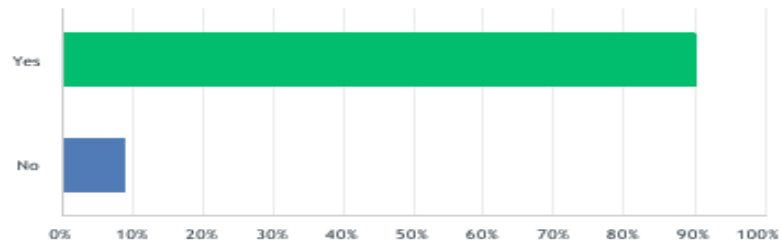
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	11
No	0.00%	0
TOTAL		11

Q10 Has a child or children?

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	90.91%	10
No	9.09%	1
Total Respondents: 11		

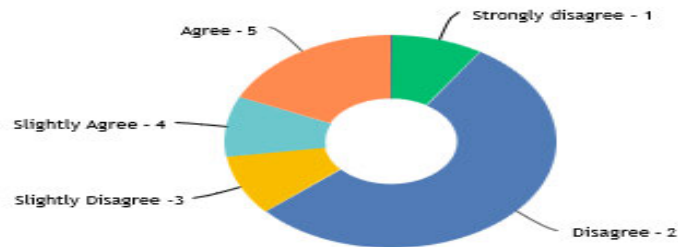
Appendix Q – Traditional Sex Roles

Appendix Q - Traditional Sex Roles

Traditional Sex Roles

Q1 Women are supposed to wait until the man initiates Sex and then decide whether they want it or not.

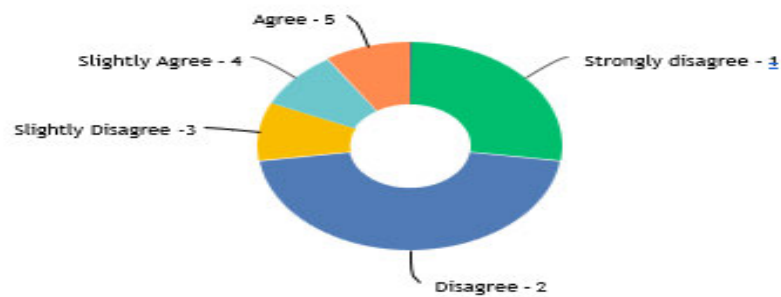
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	9.09%	1
Disagree – 2	54.55%	6
Slightly Disagree -3	9.09%	1
Slightly Agree – 4	9.09%	1
Agree - 5	18.18%	2
Strongly agree – 6	0.00%	0
TOTAL		11

Q2 Men ultimately decide whether condoms or birth control are used.

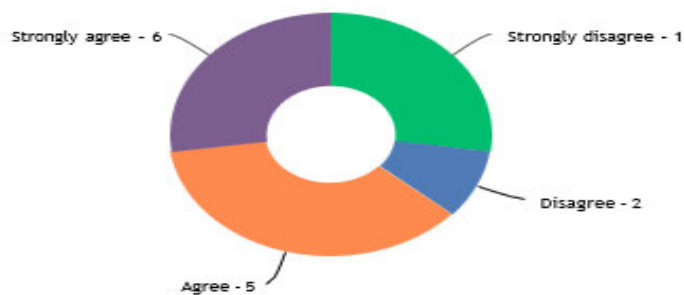
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	27.27%	3
Disagree – 2	45.45%	5
Slightly Disagree -3	9.09%	1
Slightly Agree – 4	9.09%	1
Agree - 5	9.09%	1
Strongly agree – 6	0.00%	0
TOTAL		11

Q3 In new relationships, women should wait for men to initiate Sex.

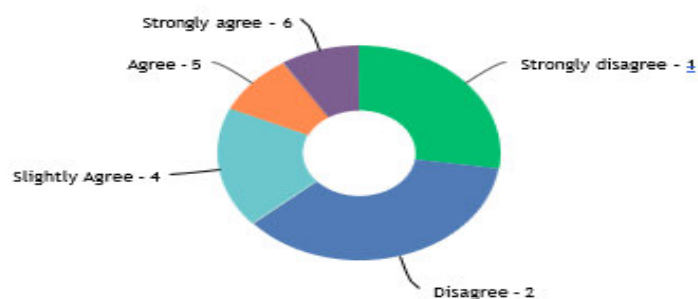
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	27.27%	3
Disagree – 2	9.09%	1
Slightly Disagree -3	0.00%	0
Slightly Agree – 4	0.00%	0
Agree - 5	36.36%	4
Strongly agree – 6	27.27%	3
TOTAL		11

Q4 Women who have more than most are dirty.

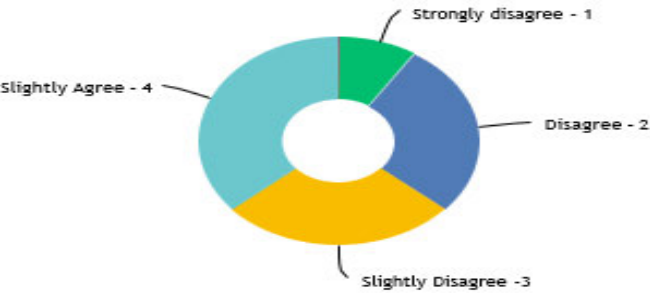
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	27.27%	3
Disagree – 2	36.36%	4
Slightly Disagree -3	0.00%	0
Slightly Agree – 4	18.18%	2
Agree - 5	9.09%	1
Strongly agree – 6	9.09%	1
TOTAL		11

Q5 Women should be satisfied to just engage in foreplay.

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	9.09%	1
Disagree – 2	27.27%	3
Slightly Disagree -3	27.27%	3
Slightly Agree – 4	36.36%	4
Agree - 5	0.00%	0
Strongly agree – 6	0.00%	0
TOTAL		11

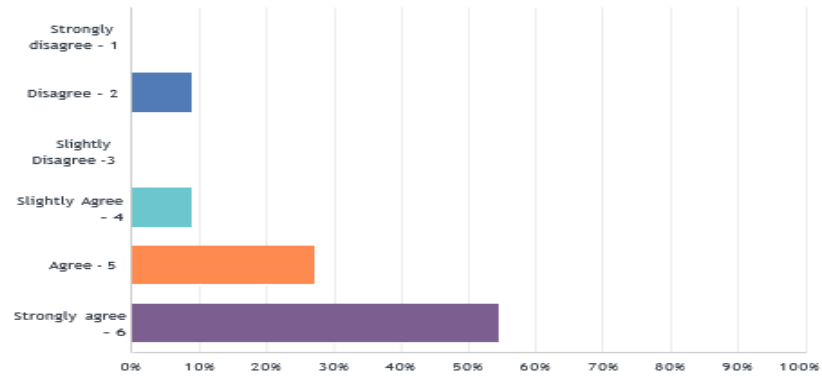
Appendix R – Sexual Conflicts Survey

Appendix R - Sexual Conflicts Survey

Sexual Conflicts Survey

Q1 My partner wants Sex a lot more than I want it.

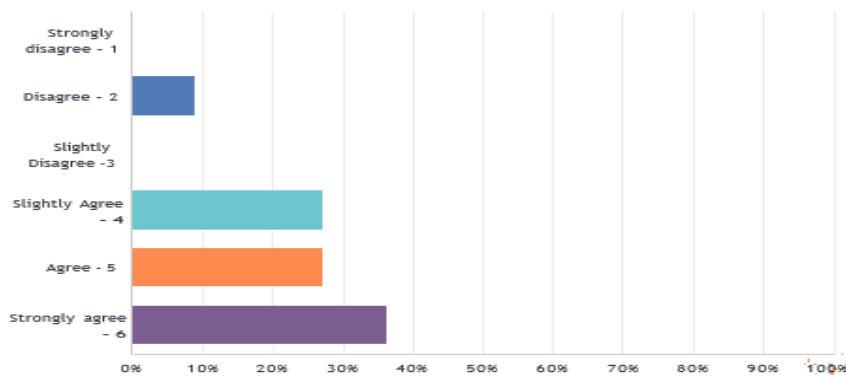
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree – 1	0.00% 0
Disagree – 2	9.09% 1
Slightly Disagree -3	0.00% 0
Slightly Agree – 4	9.09% 1
Agree - 5	27.27% 3
Strongly agree – 6	54.55% 6
TOTAL	11

Q2 Sometimes I wish my partner would just leave me alone sexually.

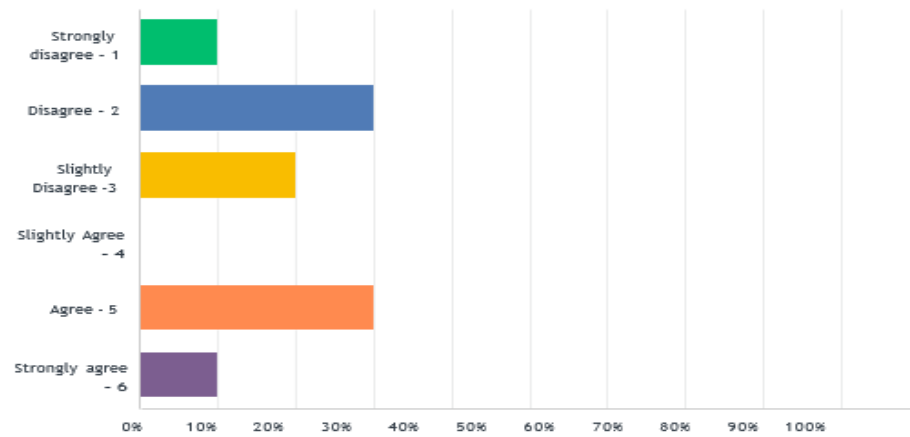
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree – 1	0.00% 0
Disagree – 2	9.09% 1
Slightly Disagree -3	0.00% 0
Slightly Agree – 4	27.27% 3
Agree - 5	27.27% 3
Strongly agree – 6	36.36% 4
TOTAL	11

Q3 I don't initiate because my partner doesn't give me a chance to.

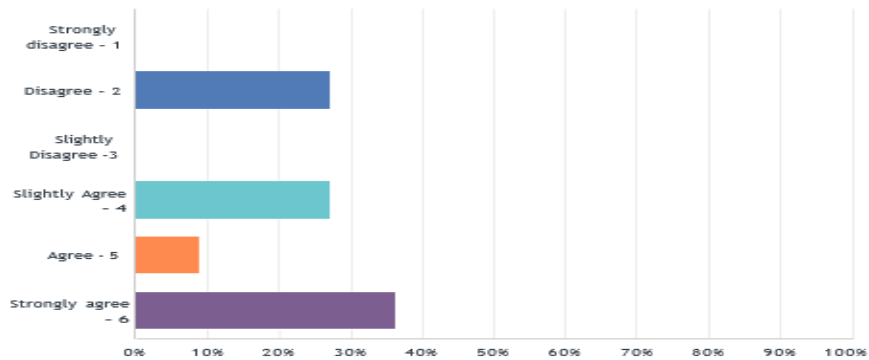
Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	10.00%	1
Disagree – 2	30.00%	3
Slightly Disagree -3	20.00%	2
Slightly Agree – 4	0.00%	0
Agree - 5	30.00%	3
Strongly agree – 6	10.00%	1
TOTAL		10

Q4 I'm not interested in Sex so much as my partner is.

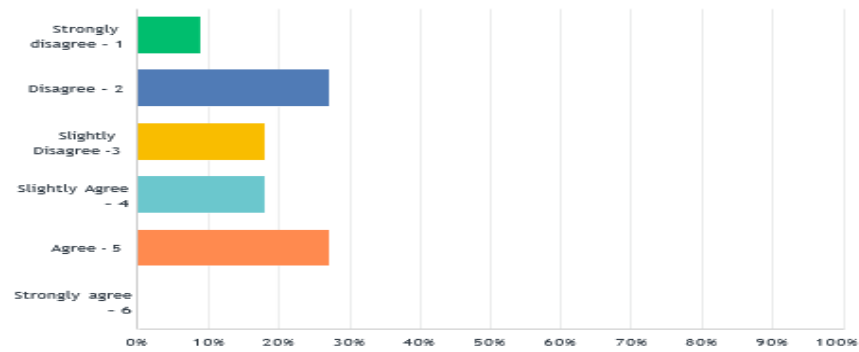
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	0.00%	0
Disagree – 2	27.27%	3
Slightly Disagree -3	0.00%	0
Slightly Agree – 4	27.27%	3
Agree - 5	9.09%	1
Strongly agree – 6	36.36%	4
TOTAL		11

Q5 It has to be my partner's way or no way when it comes to Sex.

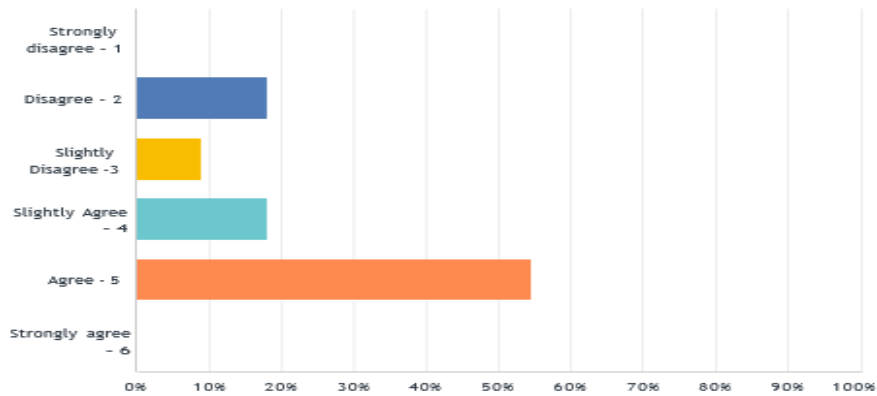
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	9.09%	1
Disagree – 2	27.27%	3
Slightly Disagree -3	18.18%	2
Slightly Agree – 4	18.18%	2
Agree - 5	27.27%	3
Strongly agree – 6	0.00%	0
TOTAL		11

Q6 It's really hard for me to say what I want sexually.

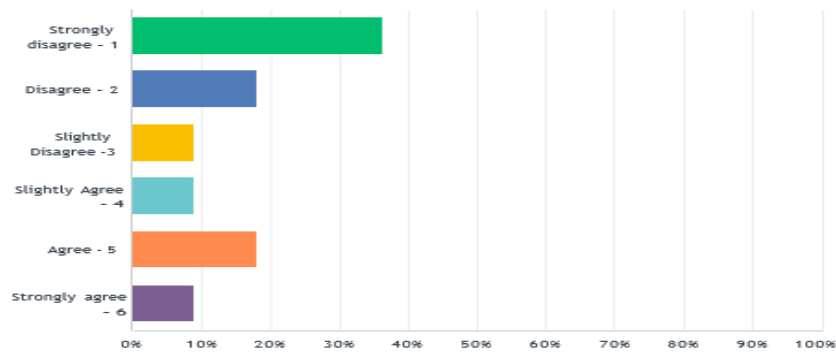
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	0.00%	0
Disagree – 2	18.18%	2
Slightly Disagree -3	9.09%	1
Slightly Agree – 4	18.18%	2
Agree - 5	54.55%	6
Strongly agree – 6	0.00%	0
TOTAL		11

Q7 When I initiate Sex, it hurts my partner's feelings.

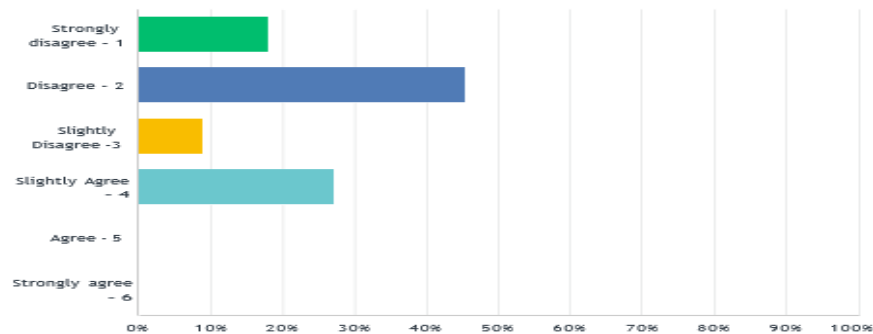
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree - 1	36.36%	4
Disagree - 2	18.18%	2
Slightly Disagree - 3	9.09%	1
Slightly Agree - 4	9.09%	1
Agree - 5	18.18%	2
Strongly agree - 6	9.09%	1
TOTAL		11

Q8 I won't initiate Sex because I get rejected.

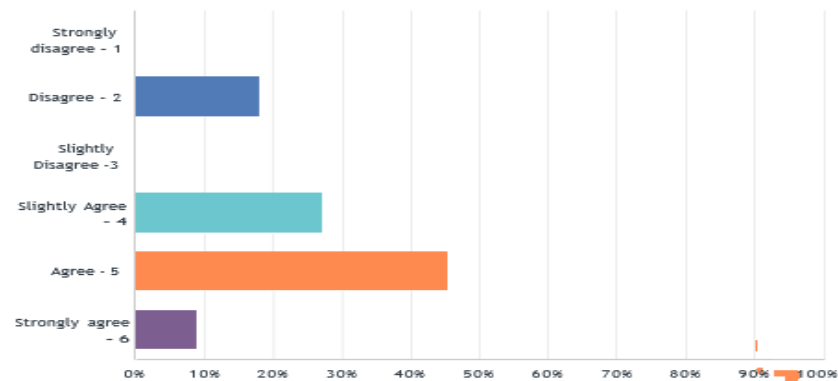
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree - 1	18.18%	2
Disagree - 2	45.45%	5
Slightly Disagree - 3	9.09%	1
Slightly Agree - 4	27.27%	3
Agree - 5	0.00%	0
Strongly agree - 6	9.09%	1
TOTAL		11

Q9 I often say 'no' when my partner wants to try new things.

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	0.00%	0
Disagree – 2	18.18%	2
Slightly Disagree -3	0.00%	0
Slightly Agree – 4	27.27%	3
Agree - 5	45.45%	5
Strongly agree – 6	9.09%	1
TOTAL		11

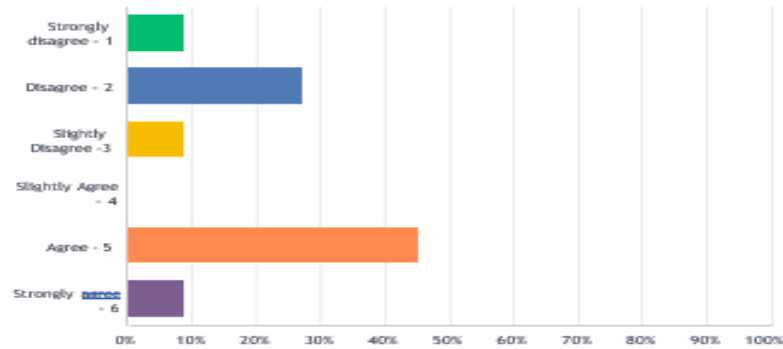
Appendix S – Unwanted Sex Survey

Appendix S - Unwanted Sex Survey

Unwanted Sex Survey

Q1 We sometimes use Sex for validation that our relationship is okay.

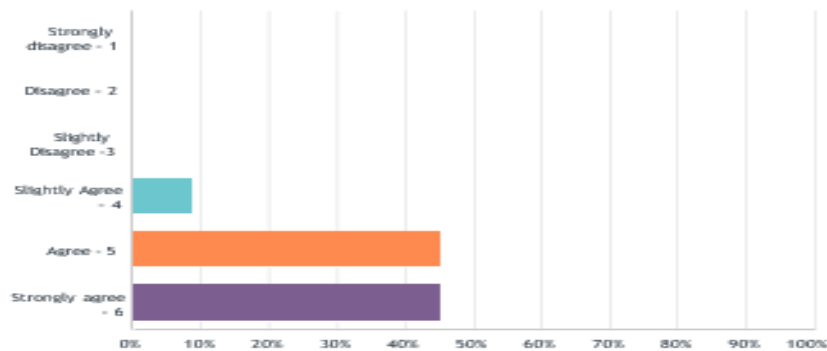
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree - 1	9.09% 1
Disagree - 2	27.27% 3
Slightly Disagree - 3	9.09% 1
Slightly Agree - 4	0.00% 0
Agree - 5	45.45% 5
Strongly agree - 6	9.09% 1
TOTAL	11

Q2 I've had Sex with my partner when I wasn't in the mood because my partner really wanted it.

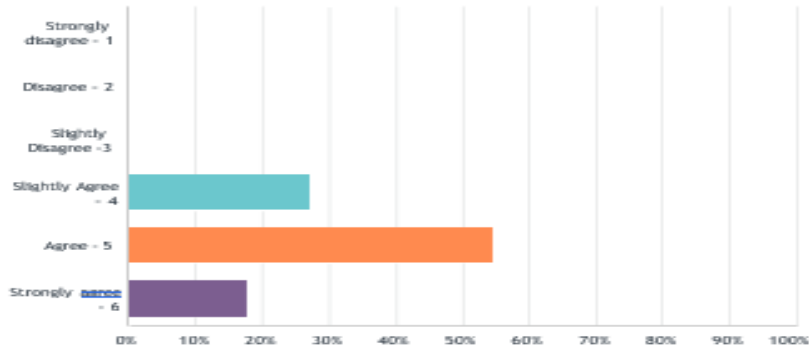
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree - 1	0.00% 0
Disagree - 2	0.00% 0
Slightly Disagree - 3	0.00% 0
Slightly Agree - 4	9.09% 1
Agree - 5	45.45% 5
Strongly agree - 6	45.45% 5
TOTAL	11

Q3 I would go along with Sex to make my partner happy.

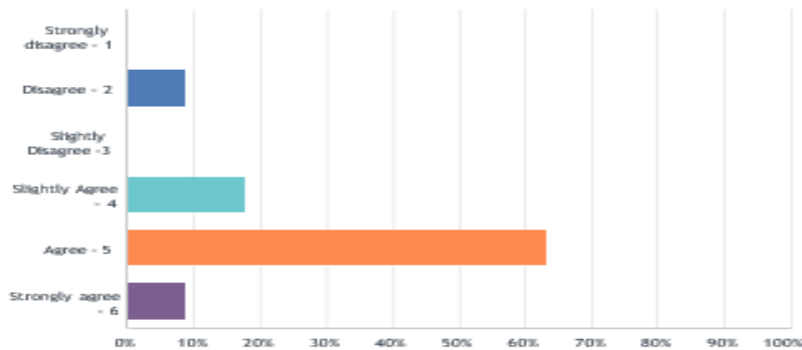
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree - 1	0.00% 0
Disagree - 2	0.00% 0
Slightly Disagree - 3	0.00% 0
Slightly Agree - 4	27.27% 3
Agree - 5	54.55% 6
Strongly agree - 6	18.18% 2
TOTAL	11

Q4 My partner knows how to persuade me when I don't want to have Sex.

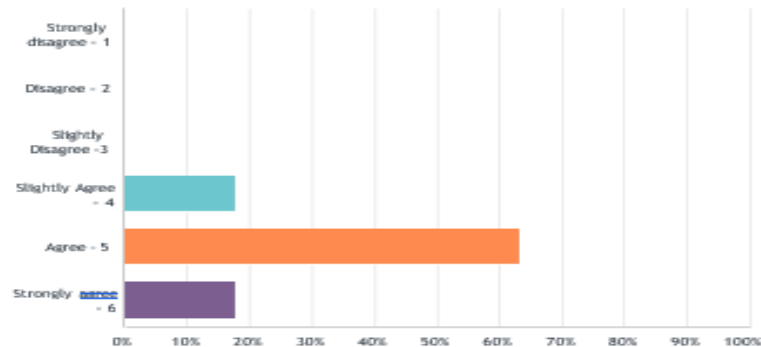
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree - 1	0.00% 0
Disagree - 2	9.09% 1
Slightly Disagree - 3	0.00% 0
Slightly Agree - 4	18.18% 2
Agree - 5	63.64% 7
Strongly agree - 6	9.09% 1
TOTAL	11

Q5 I've had Sex with my partner when I wasn't really in the mood.

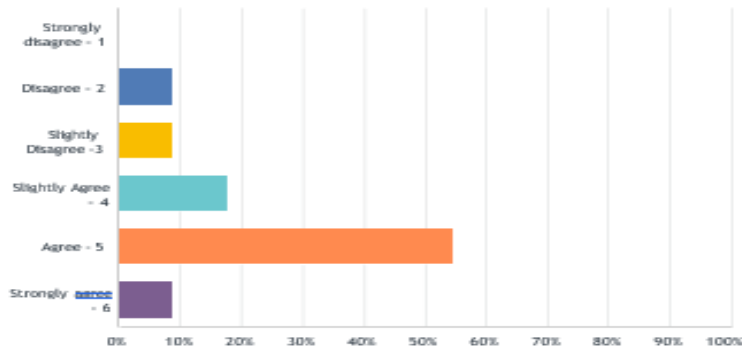
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree - 1	0.00%0
Disagree - 2	0.00%0
Slightly Disagree - 3	0.00%0
Slightly Agree - 4	18.18%2
Agree - 5	63.64%7
Strongly agree - 6	18.18%2
TOTAL	11

Q6 If I said no to Sex, my partner would beg me to change my mind.

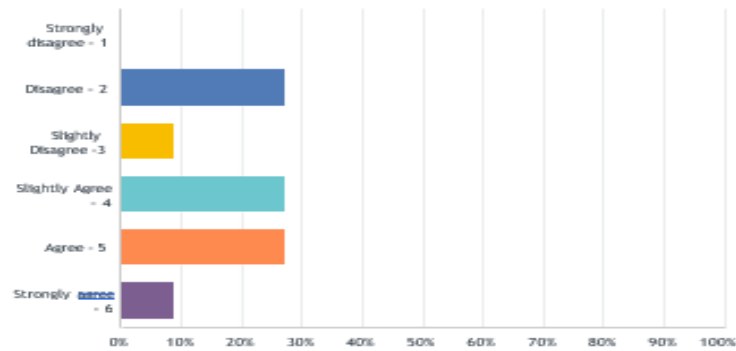
Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES
Strongly disagree - 1	0.00%0
Disagree - 2	9.09%1
Slightly Disagree - 3	9.09%1
Slightly Agree - 4	18.18%2
Agree - 5	54.55%6
Strongly agree - 6	9.09%1
TOTAL	11

Q7 Sometimes I make my partner convince me to have Sex.

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly disagree – 1	0.00%	0
Disagree – 2	27.27%	3
Slightly Disagree – 3	9.09%	1
Slightly Agree – 4	27.27%	3
Agree – 5	27.27%	3
Strongly agree – 6	9.09%	1
TOTAL		11

Appendix T – Request to Use Instruments/Surveys

JG

Jackson, Gianna

To: [REDACTED]

Good Afternoon,

I hope this message finds you well. My name is Gianna La Trice Jackson, and I am currently a doctoral student at Liberty University, working on my dissertation in the Behavioral Health Sciences under the supervision of Dr. Keena Cowser.

I am writing to seek your written permission to use and reproduce the following instruments: Traditional Sex Roles, Unwanted Sex, and Sexual Conflict surveys in my research study. The focus of my phenomenological study is to explore the experiences of African American women who have endured childhood sexual abuse and to assess its influence on their ability to engage in intimate sexual relationships with their partners.

While extensive research has delved into the effects of childhood sexual abuse on individuals, there is a noticeable gap in the literature regarding its specific impact on the romantic relationships of African American women. To address this gap, I plan to modify and adapt the survey questions to investigate how the repercussions of childhood sexual abuse affect their ability to navigate sexual intimacy within their marriages or long-term relationships.

I am seeking permission to use and reproduce the aforementioned instruments under the following conditions:

1. I will use the instruments solely for the purpose of my research study and will not sell or use them for any other purposes.

I will include a statement of attribution and copyright on all copies of the instrument. If you have a specific attribution statement, please provide it in your response.

At your request, I am willing to send a copy of my completed research study upon its conclusion or provide a hyperlink to the final manuscript.

Additionally, I seek permission to include the instruments in the appendix of my dissertation, which will be published in the Liberty University Library Institutional Repository and deposited in the ProQuest Dissertations & Theses database.

If you do not hold the copyright for these materials, I would appreciate any information you can provide concerning the proper person or organization I should contact.

If these terms and conditions are acceptable, kindly indicate your approval by replying to me via email at [REDACTED]

Thank you for your time and consideration.

Sincerely,

Gianna La Trice Jackson

Appendix T – Permission to Use Instruments/Surveys

