

**She Is Not Damaged Goods: A Transcendental Phenomenological Study of the Marital
Experience for African American Female Survivors of Childhood Sexual Abuse**

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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

School of Behavioral Sciences

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Abstract

Childhood Sexual Abuse (CSA) is a traumatic violation which leaves invisible scars on the soul of a child. Despite the prevalence of CSA, African American (AA) females make up an underrepresented population as far as CSA research is concerned. The purpose of this transcendental phenomenological study was to understand how married AA female survivors of CSA experience the marital relationship, and the processes they go through to build resiliency for relational intimacy. Attachment theory guided the study as it describes the internal working models developed in childhood and potentially driving adult relational interactions. The data were collected by the researcher in interview format. The participants were recruited via researcher acquaintance, snowballing, and recruitment in online groups with African American female participants. The implications of this research apply to parenting, education, religion, and the development of interventions for both mental health and medical professionals. Considering the specific married African American female population in this study, more communal and religious interventions should be considered. These could include group therapy and support groups (faith-based and otherwise), as well as psychoeducation for families, as a supportive community and faith were extremely important for the participants in this study.

Keywords: childhood sexual abuse, African American females, marriage, internal working models

Dedication

This project would not have been possible had it not been for God placing the drive and desire in me and for that I am grateful. I am thankful for the strength I was granted to endure through the tears, and I would not have made it without the Lord on my side. Then to my wonderful husband Sheldon, who gave me the space and time to complete the work. Your patience and willingness to sacrifice your time and resources is the ultimate blessing to me. You acted as a motivator and sounding board and I am forever indebted to you and so blessed to have you walking along side me for this journey. I love you always and forever. Finally, to my wonderful family. You bring me joy and peace, and your understanding and love have pushed me to the finish line. I love and thank God for each and every one of you beautiful people. Sheldon Jr., Shelona, and Sheltaya, you mean the world to me. You have taught me so much by allowing me to be your mom and loving me despite literally growing up with me. You forgave my parenting flaws and I feel like the most fortunate woman in the world to have children like you who are smart, kind, loving, and easy-going. The three of you bless my life immensely. Casaundra you are a most precious and awesome piece to our puzzle, and I am so thankful God gifted you to us as a bonus daughter. There's no doubt that you fit right in and complete our family. Perfect people (my grandbabies) you mean the world to me and your beautiful face motivates me to keep pressing. I have to add Brooklyn Alayne by name because I had to muster up my Brooklyn-strength to get this done. All bravery pales in comparison to her, and her quiet strength forced me to never give up. Then to everyone who has sent a kind word, prayed for me, pushed me along with tough love, or motivated me with the premature label of Dr. so I could see it in order to be it; I am grateful, and you are definitely a pivotal part of my story.

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encouraged me to press on and your no-nonsense approach quite frankly scared me into getting the work done. Finally, and most importantly, to my mom who has always been my cheerleader and ardent supporter. I would not be here if not for you. Your hard work and determination make me keep climbing despite the obstacles. You will always be the greatest inspiration for all I do. I love you. I am grateful to all of you powerhouses for taking time out of your lives to push, pull, and sometimes drag me to this finish line. I am eternally grateful to each and every one of you.

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List of Abbreviations

Adverse Childhood Experiences (ACE)

African American (AA)

American Association of Christian Counselors (AACC)

Adult Survivors of Child Abuse (ASCA)

Attachment to God Inventory (AGI)

Centers for Disease Control and Prevention (CDC)

Childhood Sexual Abuse (CSA)

Internal Working Models (IWM)

Predominately White Institution (PWI)

Socio Economic Status (SES)

Strong Black Woman Syndrome (SBW)

Western, educated, industrialized, rich and democratic (WEIRD)

Traumatic Brain Injury (TBI)

CHAPTER ONE: INTRODUCTION

Overview

Childhood Sexual Abuse (CSA) has no boundaries. It permeates the lives of the rich and the poor, male and female, and those of every ethnicity, race, and culture. Sigurvinsdottir et al. (2020) asserts African American (AA) women are victims of childhood sexual abuse more often than White women but are rarely studied. Considering that African Americans are also underrepresented in studies about CSA and sexual abuse, this study attempted to shine light on the implications of these types of abuse on AA married females' intimacy and sexuality. The goal of providing customized care for this population was paramount. This study grants insight into the experiences of this group to provide health care providers and mental health practitioners with the best way to approach intervention and treatment on their behalf. Since the relationship between African Americans and these professions has not always been a positive one, an added benefit will be improving trust between the two entities. Preparing healthcare providers and mental health professionals with the specific tools and interventions necessary to enhance their experience will increase their understanding and help them to provide compassionate personalized care. The hope is to shift the 'we take care of our own' mentality many African American families have implemented due to untrustworthy experiences within the medical and mental health professions (Brazelton, 2015).

This chapter introduces the background and history of the prevalence and impact of childhood sexual abuse. Attachment theory, which was the theory of focus, is explained in this chapter as well. The problem of the understudied AA population and the impetus of adding to this body of research are discussed. The researcher's position and purpose for the study is also addressed.

Background

There is an expectation for adults to protect vulnerable individuals until they are able to protect themselves (Levers, 2012). Children blindly rely on their primary caregiver to care for, love, and protect them until they are capable of doing so on their own. Unfortunately, children are often victimized by the same adults they trust and believe in. These experiences leave them feeling broken, confused, and unprotected. Childhood Sexual Abuse (CSA) is noted as a violation that takes the innocence from precious children for the perverted pleasure of the adult or dominant individual (Woodiwiss, 2014). It is traumatic for children to experience being violated and feeling unprotected and/or unloved. According to the American Psychiatric Association (2013) trauma results from “exposure to actual or threatened death, serious injury, or sexual violation,” (p. 271). “CSA is a form of trauma perpetrated by a person with a dominant position that allows him or her to force or coerce a child into sexual activity,” (Skaine, 2015, p. 59). Chaudhury et al. (2017) added detail to this definition by stating:

The involvement of a child in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society (p. 1).

CSA and assault are extremely prevalent, as approximately 20% of females and 4-10% of males report experiencing it globally (Alaggia & Wang, 2020). Although these percentages are staggering, they are assumed to be low as many have never and will never report the abuse they experienced. This form of abuse has a low rate of disclosure and an even lower rate of formal reporting due to the invasive nature of investigations and potential to re-victimize the victim in the legal pursuit (Leclerc & Wortley, 2015).

Historical

Childhood sexual abuse transcends the lines of color, race, religion, socioeconomic status (SES), and political affiliation. It is a violation which has impacted individuals the world over, yet it is underreported and often unapparent, leaving the victims' "needs unrecognized" (Collin-Vezina et al., 2015; Moore et al., 2015). The offender in most CSA cases is someone the child knows, which includes family members and/or close family friends (Assini-Meytin et al., 2020; Jackson, 2015; Reitsema et al., 2015). The relational and emotional aspects of CSA deem talking about it as a struggle for young people. It is common for victims to keep the secret as children and only disclose in adulthood according to Swingle et al. (2016). Ullman (2002) noted that this includes most CSA survivors, as their anticipation of being stigmatized and thereby experiencing the shame again hinders their disclosure. The misplacement of shame and the feelings self-blame create an underlying narrative for the victim that the abuse was deserved, or it was their fault (Alix et al., 2020). Perpetrators often work diligently, controlling the victims and the situations with initial grooming to gain the children's trust, then utilizing fear, shame, and the power dynamic to keep them from disclosing the victimization (MacGinley, 2019).

Modern day accused perpetrators of childhood sexual abuse include well-known individuals like Robert Kelly (R. Kelly), Jerry Sandusky, Bill Cosby, Harvey Weinstein, and Kevin Spacey just to name a few (Aroustamian, 2020). The accused above demonstrate that access to money and fame does not shield one from the devastation that can accompany a crime of this nature. Despite the many occurrences of CSA, Congress only passed the Child Abuse Prevention and Treatment Act in 1974 (Weatherred, 2015). A truly sad reality is most offenders will never be "caught, arrested, and convicted" according to Finkelhor (2009). Finkelhor (2009) also notes that approximately one third of juvenile offenders are actually juveniles themselves, which further complicates the issue.

Social

Childhood sexual abuse is prevalent globally and sadly impacts more than just the victims. According to Brown et al. (2021) CSA also impacts mental and physical health outcomes, depressive symptoms, suicidal behavior, and substance use, among other issues. These are public health issues that demand attention and care for many victims and can have lifelong implications. The 1998 Adverse Childhood Experiences (ACE) survey is a battery designed to determine the level of traumatic experiences one was exposed to during childhood (Boullier & Blair, 2018). The Centers for Disease Control and Prevention (CDC) and Kaiser Permanente found that the higher one's ACE score the more likely one is to experience mental and physical ailments in adulthood like heart disease, diabetes, substance abuse, and poor academic achievement (Finkelhor, 2020). Alhowaymel et al. (2023) found an ACE score of four or higher, despite the variation of ACE assessment taken, had a significant negative impact on these chronic health challenges. In a study of 10, 047 Saudi Arabian participants over the age of 18, those with chronic diseases were noted as almost three times more likely to have an ACE score of four or higher (Alhowaymel et al., 2023, p. 5). In a study of more than 38,00 participants, Sanderson et al. (2021) also found an ACE score of four or more to be significantly associated with chronic diseases. This long-term impact of traumatic stress can affect other systems of the body according to Pizzimenti and Lattal (2015). Stress is also noted in the form of financial repercussions. Financially CSA has an estimated lifetime burden which exceeds nine billion dollars (Letourneau et al., 2018; Noll, 2021). This financial strain, accompanied by the overuse of resources, is what motivates the drive to intervene earlier in the lives of victims.

In a study of 54 adolescents, 24 of which were victims of sexual abuse, Tocker et al. (2017) found higher levels of avoidance among the CSA survivors. These individuals were noted

to turn off all need for attachment through less familial cohesiveness and limited expressiveness when compared to those who did not experience the abuse (Tocker et al., 2017). The avoidance of touch and deep relationships that often results from CSA can debilitate adult relationships. Gewirtz-Meydan and Lahav (2019) found attachment insecurity to have a significantly negative impact on sexual desire among 45 CSA survivors in a study of sexual functioning among survivors.

Theoretical

Attachment theory relates to the idea that children create an important bond in childhood with a primary caregiver, and that bond determines how they will bond with others (Sujan-Kumar & Raj, 2016). Although concepts of attachment theory have been added by various theorists, John Bowlby (1959) is credited with its origination. While studying the work of others he found a common tie in a child's relationship with their primary caregiver. He noted the positive attributes that result from a sensitive and loving relationship, the not-so-positive attributes that result when the relationship is not sensitive and supportive, and the ambivalent results when the relationship has inconsistencies. The information was discovered in his Forty-Four Thieves Study (Bowlby, 1944). According to Follan and Minnis (2010) Bowlby's study of 88 adolescents in a Child Guidance Clinic, 44 of which were there for stealing something, revealed similar stories of gaps in the primary caregiver relationships. He highlighted 14 of the 44 thieves by describing them as "affectionless psychopaths" (Follan & Minnis, 2010, p. 639). Finding a correlation between juvenile delinquency and maternal neglect, separation, and deprivation proved intriguing and led to his most hailed work in attachment (Bretherton, 1992).

Mary Ainsworth, a researcher who studied under Bowlby, took his work a step further with the development of the Strange Situation Procedure, the results of which she first published

in 1969. The Strange Situation was a controlled experiment where Ainsworth and her colleagues monitored the reactions of a child to an unknown space with their primary caregiver present, without the primary caregiver present, and in the presence of a stranger (Salter et al., 2015). Children were identified as secure, avoidant, or anxious/ambivalent based upon their reactions (Izard & Abe, 2004). Ainsworth's proteges Main and Solomon also proposed the fourth category of disorganized/disoriented children who did not seem to fall into any of the other three (Duschinsky, 2015).

Attachment theory has been foundational in child development and is noted to explain relationships in adulthood based upon the childhood imprint from relationships with primary caregivers (Jones & Cassidy, 2014; Parker & Campbell, 2017). Although it begins early in childhood, Sujan-Kumar and Raj (2016) assert that attachment is lifelong. CSA is noted to impair intimate adult relationships due to difficulty with trusting others. This study explored the extent to which married AA female survivors experience intimacy and sexuality in their marriages in relation to their CSA history.

Situation to Self

The instrument in semi-structured qualitative research is the researcher (Pezalla et al., 2012). Researcher bias can potentially be an issue and must be addressed directly to ensure that researcher biases, beliefs, and assumptions do not impact the data. Peoples (2021) advocates for researchers to tap into metacognition to maintain the objectivity necessary to focus on the essence of the experience as shared by each participant. The researcher therefore acknowledged being a married AA female who has been a victim (and survivor) of childhood sexual abuse. This abuse was intrafamilial and occurred daily for the span of the researcher's first grade school year.

The researcher also identified her current occupation as a mental health counselor as a potential issue. The researcher needed to avoid the tendency to counsel versus simply document what was shared. Countertransference was another potential risk. Countertransference is a counselor's "unconscious responses to the client that actually reflect unresolved issues with significant figures from past relationships" (Tan, 2011, pp. 49-50). Noting that listening to stories of abuse similar to that of the researcher's could be triggering was necessary to create a level of hypervigilance against this possibility. Although not necessary for the study, one beneficial practice of the researcher which assisted in the avoidance of countertransference was bi-weekly meetings with a supervisor. As a pre-licensed professional, supervision is a state requirement, and it had the added benefit of helping the researcher process personal issues that may have arisen.

As a CSA survivor who has recognized the importance of well-informed and appropriately trained medical and mental health professionals, this research represents a necessary addition to existing research on predominantly White populations. As a married AA woman, the researcher also recognizes the struggle it has been to be open, trusting, and completely vulnerable with one's spouse and anyone else who might otherwise provide support. Additional stressors compound mental freedom for African Americans. These stressors are not accounted for in research of other ethnicities as it is unnecessary to do so. Identifying some of these stressors like systemic racism, marginalization, daily micro and macro aggressions, added to the wound of CSA, may help. Many of the difficulties in the researcher's marriage can be both directly and indirectly attributed to the insecure attachment that resulted from CSA. The intrafamilial nature of being abused by the maternal grandfather left both a wound and a confusion as the individual tasked with care for the researcher was also the researcher's

abuser. His kind nature in one instance contradicted the pain and insecurity that accompanied the daily sexual acts performed on the researcher as a child. Through extensive therapy and research, the researcher has identified a tie between the CSA she experienced and many of the uninformed and unwise decisions she has made as an adult. The lack of research on the population under study however has left a missing link to why there are nuanced differences in her outcomes as an AA.

The researcher has dealt with racism and microaggressions firsthand, which leads to a level of mistrust with information that seems exclusionary or that is not specifically targeted to the AA population. There are a few specific incidents that have stung and stuck out a little more than others. As a teenage mother she was informed by a social services case worker, “People like you don’t attend institutions like that,” when applying for financial aid to move on to college. She attended two Predominately White Institutions (PWIs) where she was jeered by fellow students assuming she was either only able to attend because of a scholarship or as an equity outreach.

The motive behind this research was to shine light on this understudied population and to develop strategies for overcoming the shame and insecurity associated with CSA (Alix et al., 2020). The fact that much of the existing research pinpoints the negative mental and physical health outcomes associated with CSA is of interest for this population. There was also a desire to delve into the Internal Working Models (IWMs) or core beliefs developed as a result of CSA, which often lean to the idea that either the world is safe or unsafe based upon one’s attachment dynamic (Beebe et al., 2012; Bosmans et al., 2020; Main et al., 1985; Simpson & Rholes, 2012). Identifying and exposing negative victim blaming/shaming perspectives survivors may believe

about themselves and gathering various resilience strategies can benefit AA females and spawn studies for other underrepresented ethnic and racial groups.

As an AA marriage and family therapist the researcher is interested in equipping helping professionals to assist this population. According to Patton (2015) there is a major difference between a qualitative and therapeutic style of interviewing. The motivation of “eliciting information” rather than “helping the client” drove the researcher’s process, since these were qualitative interviews and not therapy sessions (p. 626).

Problem Statement

Childhood sexual abuse (CSA) is a violation which leaves invisible wounds that some victims carry into and through adulthood (Brown et al., 2021; Evans & Reed, 2020). Although research on the impact of childhood sexual abuse is common, few studies have focused on sexual intimacy in marriage from the perspective of attachment theory (Gewirtz-Medan & Lahav, 2020). Even fewer studies have done this with the often-neglected population of the AA females. Stern et al. (2021) warns against using white participants as the baseline for which to measure others. It is an unrealistic application which ignores the diverse experiences of various cultures.

Since AA females are rarely the predominant participants in most studies about CSA, this study sought to understand their experiences in marriage as survivors of CSA (Hernandez et al., 2022; Levine et al., 2019). The problem to be addressed was the fact that little is known about the AA population in regard to their marital experiences as survivors of CSA, viewed through the lens of attachment theory.

Studies conducted with other populations claim universality of results without delving into the AA experience. Despite findings that note attachment theory represents “a Western middle-class perspective” with the predominance of studies revolving around White participants,

the results are often blanketly applied to all (Keller, 2018, p. 114). The disregard of the AA experience denotes a red flag with the assumption that results of predominately white studies will also apply to black populations (Nicolaidis et al., 2010). It is problematic to assume that African Americans who deal with issues such as racism, marginalization, microaggressions, economic insecurity, and the necessity to assimilate into the dominant culture on a daily basis could apply the European/White experience of an invasive violation like CSA to theirs. The compounded nature of the AA experience leaves no room for comparison and necessitates research specific to this demographic. When one delves deeper into this area of research, a search for childhood sexual abuse and AA women narrows in on this AA population with a few studies of varying populations. These include AAs and many other ethnicities, but again rarely were African American women the single focus of the study. Prather et al. (2018) document a need for more research studies focused specifically on African Americans due to the “historical underpinnings of racism,” and how said racism negatively impacts AA women’s health trajectories.

Moncrief (2017) recommends future research on the processes to build resiliency in AA female survivors of CSA. In light of current and relevant research and this recommendation for future research, the purpose of this particular study was to understand how married AA female survivors of CSA experience the marital relationship, and the processes they go through to build resiliency for relational intimacy. Transcendental phenomenology is designed to acquire the essence of the participants’ stories to understand the phenomenon with no assumptions (Peoples, 2021, p. 29). This was pertinent for this study as the desired outcome was the story of each participant being expressed without interruption or bias to highlight the uniqueness of the experience.

Purpose Statement

The purpose of this transcendental phenomenological study was to understand how married AA female survivors of CSA experience the marital relationship, and the processes they go through to build resiliency for relational intimacy. This topic was viewed through the lens of attachment theory. It was important to contribute to qualitative research on this particular topic for this particular population due to the present lack of adequate research available (Moncrief, 2017). Researching the resiliency factors that help AA women create stability around intimacy and their relationships was suggested by Moncrief (2017). The experiences of other races and ethnicities have been universally applied to AA women without considering the cultural norms and discrimination suffered by this population. A study of 90 Caucasian women by Combs et al. (2014) found CSA caused sexual issues such as lack of interest, confidence, and pleasure. Another study of 217 undergraduate survivors of CSA by Barnum and Perrone-McGovern (2017) revealed only 11% had both high attachment security and a high level of subjective well-being. This study, though a little more inclusive, did not focus on African American women and would be difficult to apply in a blanket manner. With only seven percent of this population consisting of AA females, a blanket application of these results would be inappropriate. Allowing AA women to share their experiences with marital satisfaction and relational intimacy after surviving CSA may shed light on the similarities and differences of varying populations and grant insight into positive therapeutic practice to improve outcomes.

Significance of the Study

The significance of this study was that it elucidated the necessity for more research concerning CSA's impact on AA married women's marital experiences. CSA survivors often experience depressive symptoms and struggle with the regulation of emotions according to

Chang et al. (2017). CSA is also known to negatively impact both physical and mental health in various ways. These include but are not limited to struggles with pain, ulcerative issues, suicidal ideations, and lung and heart problems (Brown et al., 2021). The gap in this area of study leaves a population and the medical and mental healthcare providers who serve them at a loss concerning how CSA has affected their relationships and their lives. Breaking generational patterns that include CSA is necessary to increase the positive mental health outcomes and to decrease the physical symptoms and psychopathology that often coincide with a violation of this nature.

This research can be beneficial for helping medical professionals identify some of the looming similarities in survivors. The results can allow them to develop a plan of action to help eradicate the often-invisible symptoms that accompany CSA. Issues like fibromyalgia—a chronic pain condition—and other unseen somatic responses to CSA may be addressed with the results (Nardi et al., 2020). Sigurdardottir and Halldorsdottir (2018) assert immune dysregulation is one of the physical issues that can result from CSA and it should be studied in greater detail.

Mental health professionals can also benefit from the results of this study. Preferred ways of attending to the mental health needs of this population come out in conversation. The understudied African American female survivors of CSA are the most important group this research was aimed at assisting (Slatton & Richard, 2020). Targeting the specific as well as the general ailments and mental struggles survivors experience can aid in providing a level of help and healing. Applying this knowledge effectively to service others can benefit the masses.

Research Questions

The research questions for this study were as follows:

Central Research Question: How do married African American women describe marital satisfaction after experiencing childhood sexual abuse?

Guiding Question: How do married African American women describe the processes they go through to build resiliency for relational intimacy after experiencing childhood sexual abuse?

Definitions

- *Attachment* – “the universal innate propensity of humans to form protective and comforting relationships” (Crittenden, 2017, p. 438).
- *Childhood Sexual Abuse* - the coercion or forcing of sexual activity by an individual with a dominant position over the child (Skaine, 2015).
- *Dissociation*- an avoidance strategy used to control emotions that overwhelm internal affect regulation capacities following a trauma (Briere et al. 2010).
- *Emotion Regulation* - the ability to act effectively in the context of emotionally salient events (Gratz & Roemer, 2004).
- *Grooming* - the slow process of an adult building trust with a child with the purpose of some sexually inappropriate behavior (Winters et al., 2016).
- *Polyvictimization* - multiple victimizations of different kinds such as sexual abuse, physical abuse, bullying, and family violence (Finkelhor, 2011).
- *Resilience* - the phenomenon of a dynamic developmental process encompassing the attainment of positive adaptation within the context of significant adversity (Cicchetti, 2010).
- *Systemic racism* - the designation of inferiority to people of color pervasively and deeply embedded in and throughout systems, laws, written and unwritten policies, entrenched

practices and established beliefs that produce and condone unfair treatment of people of color (Braveman et al., 2022, p.171).

Summary

This body of research sought to understand the experiences of African American married females who were sexually abused in childhood. Research indicates that CSA survivors are “at higher risk for sexual dysfunction” and relationship dissatisfaction (Pulverman & Meston, 2020). Considering that a minimum of approximately 20% of the North American female population have experienced CSA, this could be a major issue for marriages and relationships involving women (Moody et al., 2018).

A good bulk of the literature revolves around White American women’s experiences as CSA survivors, even though African American women experience sexual abuse more often than every other race except Native Americans (Patel & Thompson, 2011; Ullman & Lorenz, 2019). Without taking the daily plight of the African American into account, which includes racism and marginalization among other issues, Caucasian results cannot be arbitrarily applied to African American women (Stern et al., 2021). Amodeo et al. (2006) found stark contrast among black and white CSA victims in two parent families. In this study of 290 black and white women, black women were found to be more likely to experience CSA in adolescence, to have a perpetrator who lived in the home, and to be victims of multiple incidents by more than one perpetrator (Amodeo et al., 2006). Martinello (2019) supports this claim by citing the cultural norms against snitching, the propensity of adults not to believe AA victims, the tendency of AAs to self-blame, and the stereotypical sexualization of black girls which keeps them from disclosing the abuse. Continuing to ignore black and brown populations as research topics will be the “missed scientific opportunity,” to improve outcomes (Konkel, 2015, p. 298). This

understudied population provided the researcher with much needed information to understand their experiences, and to provide medical and mental health providers with insight into developing more effective treatment modalities and maintenance plans specifically geared toward them.

CHAPTER TWO: LITERATURE REVIEW

Overview

The purpose of this transcendental phenomenological study was to understand how married AA female survivors of CSA experience the marital relationship, and the processes they go through to build resiliency for relational intimacy. In this chapter pertinent literature associated with some of the issues married female survivors of Childhood Sexual Abuse (CSA) experience is explored. This information is garnered by the limited research available on both the lived experiences of African American female survivors of CSA and African American married females, displaying the necessity for more research relating to childhood sexual abuse's impact on African American relationships and sexuality. The impact of CSA on various areas of the survivors' lives is investigated along with the resilience factors that help them to overcome negative consequences.

This study examines CSA's pervasive impact on marital satisfaction and relational intimacy. Survivors often struggle with trust and in turn do not feel safe with others; this can bleed into the marital relationship (MacIntosh, 2016). It is difficult to maintain a loving relationship with trust and security issues of this nature. The study of attachment is pertinent due to the negative impact CSA and other forms of abuse may have on attachment styles. The focus of this research was based upon the theoretical principles of Attachment Theory. The topic is further developed with the current research in the related literature section of this chapter.

This research was identified through various keyword searches. One search was on childhood sexual abuse and marriage. This unearthed the extensive amount of research available on predominately white and various other ethnicities, and the dearth of African American participants. Evans and Reed (2020) conducted research on 42 female survivors of CSA (only 2

of which were African American) and found impulsivity and risk-taking as well as higher rates of alcohol use among these survivors. In a longitudinal study of women from Denmark, Ferrajao and Elklit (2020) found benefits in treating CSA survivors for posttraumatic stress. Sullivan et al. (2020) conducted a study of 137 women, 56 of which were CSA survivors, and 10 of those were African American. This research found CSA survivors less likely to bond therapeutically, more likely to be anxious or avoidant, and more likely to have experienced interpersonal problems than non-abused participants (p. 669). A search for childhood sexual abuse and African American women narrowed in on this population, highlighting more mixed population studies of both black and white as well as other ethnicities, although African American women were rarely the single focus of the studies. Finally, adding the search terms of childhood sexual abuse and married African American women revealed a glaring gap in research. One commonality that emerged is the cultural norm of silence and secrecy regarding sexual abuse, which hinders disclosure by African American women (Fontes & Plummer, 2010; Wyatt, 2000). Some factors include distrust of authority, fear of punishment, and/or fear of not being believed (Fontes & Plummer, 2010). A plethora of other keywords were tweaked to identify research and develop a necessary study such as *sexual dysfunction following CSA*, *marital satisfaction after CSA*, *resilience processes for CSA survivors*, *resilience strategies*, and a wide array of others.

Theoretical Framework

Attachment theory revolves around the idea that children attach to a primary caregiver early in life and this relationship determines how they navigate other relationships over the course of life (Simpson & Szepeswol, 2020, p. 222). When a child receives supportive and loving responses to their needs the child is assured that the world is a safe and loving place within which to live. However, when a child's needs are met with unsupportive responses or no

response at all the child learns that the world is unsafe and people cannot be trusted (Barker et al., 2021). The internal working model that is developed allows the child to apply this conception to various relationships and situations in life (Bowlby, 1969; Main et al., 1985). Stern et al. (2021) noted that despite two decades of cross-cultural research, studies involving African Americans have been sparse.

Background of Attachment Theory

John Bowlby is known as the Father of Attachment Theory (Follan & Minnis, 2010; Reisz et al., 2018). John Bowlby was a British child psychologist who was trained in medicine, psychiatry, and psychoanalysis (Horst et al., 2008). He defined attachment as “the universal innate propensity of humans to form protective and comforting relationships” (Crittenden, 2017, p. 438). Melanie Klein was a mentor of Bowlby, and her psychoanalytic approach applied the notion that children's problems were internally generated by their aggressive inner conflict between drives. Bowlby's refusal to accept this notion created his desire to explore the impact of familial experiences on children's emotional problems. He has worked with theorists such as Harry Harlow and Konrad Lorenz, just to name a couple (Bretherton, 1992).

The influence of individuals like Lorenz and Harlow stood out for various reasons. Lorenz is known for his ethological work in imprinting, which suggests that youth are attracted to the first individual they interact with (Vicedo, 2011). It is specifically defined as the idea that social bonds form with a primary caregiver with or without the involvement of feeding (Bretherton, 1992). Harlow's work revolves around the idea that children attach to contact comfort over nourishment (Rosmalen et al., 2020). His famous experiments on rhesus monkeys with a wire mother and a cloth mother figure created pause in that although the monkeys went to the wire mother for food, they spent most of their time with the cloth mother. Bowlby saw this as

a fulfillment of the biological need creating an attachment bond between primary caregiver (even though it was only wire) and child (Rosmalen et al., 2020). Bowlby expanded on both theorists' ideas. Harlow was instrumental in reviewing much of Bowlby's work, and in turn Bowlby added to Harlow's cupboard love theory by including five responses to care, namely: "sucking, clinging, following, crying and smiling" (van der Horst et al., 2008, p. 378). These traits went on to form what would now be categorized as the unmistakable attachment behaviors (Bretherton, 1992).

Since Mary Ainsworth worked closely with Bowlby and was able to expand his findings, her work with mother-child dyads could deem her the mother of Attachment Theory (Rosmalen et al., 2015). Her goal was to differentiate between the quality of attachment relationships (Crittenden, 2017). Ainsworth's Strange Situation Procedure was groundbreaking research within which she studied 26 sets of mothers and their infants. Based upon the attachment behaviors mentioned above, children's reactions to several scenarios were analyzed to create the three distinct categories of secure, avoidant, and resistant/anxious (Spies & Duschinsky, 2021). In an effort to analyze the child's increased distress level during separation from the primary caregiver, the child is faced with scenarios within which the caregiver is present, the caregiver goes away, a stranger is present, and the caregiver returns (Bretherton, 1992). Security is noted in the self-regulation techniques and the ability to use the parent as a secure base from which to navigate the world. Insecurity is noted in children who find it difficult to separate from the primary caregiver and those who separate intentionally as a means of survival.

The Four Attachment Categories

Attachment theory revolves around four basic categories, although there were originally three. The three original categories are secure, avoidant, and anxious/ambivalent, according to

Stayton, Ainsworth, and fellow researchers (1973). Main and Solomon added the disorganized/disoriented category to the attachment work of Ainsworth in 1986, in response to children who seemed conflicted in their reaction to the primary caregiver (Duschinsky, 2015).

Secure

Secure attachment is the result of having caregivers who are accessible, responsive, and sensitive to the needs of the child (Keller, 2018). This allows the child to find comfort in knowing their caregiver is reliable and available. It also enhances the idea that parents provide a safe space and secure base from which to explore the world (Bowlby, 1982). Beebe et al. (2012) highlight the immediacy of responsiveness, the sensitivity, and the consistency of the response on the part of the primary caregivers as factors that contribute to security. When consistent and appropriate responses from caregivers is the norm, a level of security results.

According to Meyer et al. (2017) secure attachment enhances behavioral and cognitive flexibility and mature emotional regulation. Children who fall into the secure attachment category are known to have stronger self-esteem and self-reliance characteristics and they form healthier, more satisfying relationships moving forward (Kumar & Raj, 2016). Security is the ideal in attachment theory; however, many factors contribute to a child's development of attachment security. The other three attachment categories—avoidant, anxious ambivalent, and disorganized/disoriented—fall under the umbrella of insecure attachment. Attachment insecurity results from unavailable attachment figures (Gewirtz-Meydan & Lahav, 2020).

Avoidant

Attachment avoidance relates to individuals who have a need for independence and self-sufficiency but may have a fear of dependency and intimacy with others (Mikulincer et al., 2003). Attachment avoidance can result from neglectful caregiving (Yip et al., 2017). Inadequate

support from a primary caregiver can develop avoidance and self-blaming tendencies according to Zajac et al. (2015). The child becomes so accustomed to being disappointed or let down by the primary caregiver(s) that they cease to try. Beyond this, avoidance can develop the internal working model that relates to a lack of trust and self-reliance. Avoidance in many instances is used as a protective measure to guard against potential pain. This protective measure is labeled as an “attempt to suppress the attachment behavioral system” and to eradicate or at least to calm the yearning for the primary caregiver (Spies & Duschinsky, 2021, p. 1).

Anxious/Ambivalent

The anxious/ambivalent category is characterized by children who are afraid of abandonment and rejection and desire intense closeness and intimacy (Jones & Cassidy, 2014). In 1959 Bowlby termed them “over-dependent” and found them to have an overwhelming desire for the caregiver but a fear that the caregiver will not respond in kind (Spies & Duschinsky, 2021). In today's terms the anxious side of the attachment would be the clingy and needy child who does not want the caregiver to leave, but the ambivalent side finds him- or herself ignoring the caregiver. It is as if the child protects him/herself by initially making a dramatic bid for affection, but pretending it was not necessary upon the caregiver's return. According to Beeney et al. (2017) the children in the anxious/ambivalent category deactivate the attachment system as best they can.

Disorganized/Disoriented

The children who fall into the anxious/ambivalent and the avoidant categories have a strategy with which to approach their attachment style with their caregiver. These children are seen as insecure; however, they are also noted as organized due to the predictability of their reaction to distress (Hebert et al., 2020). The disorganized/disoriented attachment style on the

other hand shows no evident strategy, asserts Beeney et al. (2017). Their unpredictable and somewhat strange behaviors include both approaching and withdrawing from the primary caregiver and deem them unclassifiable according to the scale designed for The Strange Situation Procedure. According to Hebert et al. (2020) children with disorganized attachment have not acquired the self-regulation strategies to self soothe in times of distress. These authors go on to note that disorganized attachment is associated with maladaptation, psychopathology, and dissociation. Some researchers have addressed the propensity for abuse survivors to lean toward a disorganized/disoriented attachment style (Ensink et al., 2020). This is especially true when the primary caregiver is also the abuser, according to Spinazzola et al. (2018).

Because CSA survivors often struggle with insecure attachment the insecure categories of avoidant, anxious/ambivalent, and disorganized/disoriented were pertinent to the present study. According to Fresno et al. (2014) early childhood victims of CSA show disorganized attachment more often than their non-abused counterparts. According to Ensink et al. (2020) CSA survivors are more prone to have insecure and disorganized attachment styles, but this also makes them more prone to self-disclosure than those with secure attachment.

Attachment Theory and the African American Population

Stern et al. (2021) noted that despite decades of cross-cultural research, studies involving African Americans and attachment have been sparse. Causadias et al.,(2021) referred to the field of attachment as exclusionary. Most attachment research focuses on European/Caucasian cultural norms and excludes the lived experience of others as pertinent to bonding. The attachment narrative focusses around the connection with one primary caregiver. Since attachment patterns in African American families many times revolves around a collective of primary caregivers, it is often portrayed as pathological according to the many studies that have been conducted on

populations consisting primarily of the European/Caucasian dominant culture (Causadias et al., 2021). The gap in research on the African American population and the differing cultural contexts upon which most attachment research has focused may be partially responsible for this pathological label.

Systemic racism has influenced the attachment dynamic called out as pathological in African American children. Systemic racism is “the designation of inferiority to people of color pervasively and deeply embedded in and throughout systems, laws, written and unwritten policies, entrenched practices and established beliefs that produce and condone unfair treatment of people of color” (Braveman et al., 2022, p. 171). It has placed an undue burden on people of color to perform normally in a system that sees them as abnormal and inferior. The systems also disadvantage people of color by adding stressors to otherwise non-stressful experiences. These can include but are not limited to school and job searches, housing searches, and the recent increased visibility given to negative interactions with law enforcement officers in everyday situations like driving, dining, or simply attempting to secure bare necessities in shopping venues. The stressful state of dealing with racial microaggressions and systemic racism is known as “racial battle fatigue” (Smith et al., 2011, p. 64). Adding this fatigue to a history of abuse can abruptly interrupt attachment due to the parental experience which deems the world as unsafe for African American children. This insecurity which creates an unsafe worldview, known as the internal working model, dictates relational norms in childhood and has implications into how one views relationships into adulthood (Bosmans et al., 2020; Bowlby, 1969; Maine et al., 1985). According to Murry et al. (2018) systemic racism causes undue stress on African Americans. Ainsworth herself noted the issues that culture-related differences in both ecologies and expectations will impact attachment organization.

Raising children in a society that does not take note of their value is challenging and empowering simultaneously (Murry et al., 2018). It is challenging because the adage in many African American households, “you have to work two times as hard to get half as far,” comes into play (Desante, 2013, p. 342). This adage has been shared with countless African Americans to motivate them toward understanding the power dynamic at play. It translates to the idea that mediocrity is simply not an option. The adage is empowering in that the underestimation of one’s value can often motivate one toward proving this underestimation invalid. The constant fight for equity and equality however may overwhelm the system of those forced to live this way.

Some theorists deduct socioeconomic stressors rather than race or ethnicity as the cause for attachment insecurity in the African American population (vanIJzendorp & Bakermans-Kranenburg, 2010). The socioeconomic factors that exist prove a hindrance to the attachment system Bowlby developed. Stressors in parents have been noted to develop similar stress-related responses in children and may even contribute to using insecure attachment traits as a means of survival, according to Espeleta et al. (2016).

In a study of attachment in Africa, Espeleta et al. (2016) found rearing children with multiple caregivers to be the norm. Despite this multiple caregiver factor that seems to go against the grain of attachment, they found secure attachment still rising to the top in some scenarios. Some of the issues associated with systemic racism include lower socioeconomic status of AAs, lower-level employment, the disproportionate placement of children in the child welfare system and kinship care (familial caregivers other than the biological parents), the added stress, and financial hardship, which in turn lead to the propensity for more attachment insecurity (Wu et al., 2022). African Americans only make up approximately 16% of the population but overrepresent at 41% in the foster care system, creating a need for this multiple caregiver and kinship care

scenario (Ashley & Brown, 2015). The levels of stress encountered by these parents/caregivers is also elevated due to dealing with the trials of life without sufficient resources. Using insecure attachment traits like avoidance can help one dissociate from the impact of racism and continue to progress. In the vein of 'more is caught than taught,' children of parents who practice insecure traits follow suit.

It is known that "warm, accepting responsive and less controlling parenting results in secure attachment" (Murry et al., 2021, p. 3). Parental stress often interrupts the ability to show the warmth, responsiveness, and sensitivity necessary for developing a secure bond with a child. The African American population experiences the cumulative burden of lifetime adversities including low socioeconomic status, racial discrimination, marginalization, and a plethora of others, directly impacting the common themes of attachment (Myers et al., 2015) Although the population is credited with high levels of resiliency, the lasting impact of depression and psychiatric disorders is still prevalent due to the regularity of dealing with traumatic experiences (Helms et al., 2010).

Coard (2021) suggested the study of positive racial socialization for future research into developing a secure internal working model among African American children, the basis for this being that preparing African American children to deal with racial bias can be a protective factor, teaching them to navigate life successfully despite adversity. A study of 91 black children whose mothers practiced this racial socialization with their children was conducted by Dunbar et al. (2021). They found this racial socialization practice merged with high support and emotion suppression resulted in higher levels of attachment security. The results of this study suggest viewing secure attachment for African Americans may require different indicators in comparison to the dominant culture.

Attachment Theory and Childhood Sexual Abuse

CSA survivors struggle with various psychological issues, and some reach a level of psychopathology. Salter et al. (2015) posits that attachment categories are noted as early as the first year of life, so this attachment disruption can negatively impact the level of security one feels (Ensink et al., 2020; Labadie et al., 2018). According to Adams et al. (2018) time of onset was important to note for CSA survivors, and those abused after five years of age presented with the greatest impact on mental health. Dissociation is also common among CSA survivors as it allows the child to restrict or divert awareness, in turn creating a semblance of safety (Zerubavel et al., 2017). Abuse sends a child into the ‘fight, flight, freeze’ trauma response, and freeze is often the only option (Katz & Nicolet, 2020; Levers, 2012). When a child is not large enough to fight, and not mature or fast enough to run, freezing is the only action they are capable of doing. Hebert et al. (2018) denotes dissociation as the last resort when attempting to regulate emotional overwhelm. Dissociation allows the child to mentally leave the distressing situation and tolerate the pain and confusion.

The trauma response also triggers a chain reaction with repeated abuse. The amygdala, an almond-shaped section in the brain, is the memory and alarm center that holds negative as well as positive emotional responses to abuse (Harris, 2020; Uhernik, 2017). When this system is engaged the protection that occurs helps the individual choose the best route of action (fight, flight, or freeze). A rush of hormones including adrenaline and glucocorticoids make it possible to safely secure oneself (Sapolsky, 2004, p. 30; Sigurdardottir & Halldorsdottir, 2021). The unfortunate effect of the overuse of the safety mechanism attributed to the trauma response is that this system eventually struggles to differentiate between people and experiences that are safe and those that are actually dangerous (Schwartz, 2016; van der Kolk, 2015).

Adult attachment is predicated on many of the experiences from childhood. Secure attachment is protective in nature. It is known to enhance social emotional functioning and regulation and acts as a resource for combating stress (Meyer et al., 2017). On the other hand, insecure attachment often leaves children lacking in the resources necessary to emotionally self-regulate. CSA is known to interrupt the normal developmental process for children, and it can also have a debilitating effect on attachment security (Chang et al., 2017).

CSA impacts the life, health, and worldview of survivors. For this reason, identifying similarities among them is vital to noting resilience factors. Survivors are noted to struggle with issues such as anxiety, depression, personality disorders, post-traumatic stress responses, and substance abuse (Ho, 2015; Myers-Brown & Newsom, 2017; Rowan & Foy, 1992; Whiffen & MacIntosh, 2005). Relationships of CSA survivors also have the propensity to suffer even in the absence of psychopathology (Lassri et al., 2018). In a six-month cross lagged longitudinal study of 59 women (30 of which were CSA survivors), these authors found relationship satisfaction deficits and avoidance due to high levels of self-criticism in the CSA survivors. This study emphasized the idea that the negative impact of CSA is evident even when a survivor is functioning well in most areas of life. The lasting pain and stigma of the violation can create emotional as well as physical distancing as a protective measure for survivors. Brazelton (2015) asserts CSA impacts the survivors' present and future, with a distressing effect on both.

When a traumatic experience is interpersonal at the hands of the people one is supposed to be able to trust, it leaves an indelible wound. CSA is an interpersonal trauma and victims of traumatic experiences of this caliber are left open to additional trauma according to Briere and Scott (2015). Many possible reasons are cited for this level of revictimization (Lahav et al., 2020). Steine et al. (2017) found that the cumulative trauma experiences do not allow the

survivor to sense the support that is paramount to resilience. In a systematic review of 25 studies of adult CSA survivors, Scoglio et al. (2021) found perceived parental care as the one protective factor that spanned all the studies. In a study of 265 participants (35 of whom were female CSA survivors), Gewirtz-Meydan and Lahav (2020) found attachment insecurities negatively correlated with sexual desire and satisfaction in comparison to non-abused individuals. As other studies have found similar results, childhood sexual abuse normalizes traumatic experiences. It creates a mental model that recognizes chaos and distress as characteristics of a loving relationship. This distorted view mediates the long-term impact CSA can have on survivors. In a study of 67 Israeli women, 30 of whom were CSA survivors, the survivors suffered from higher attachment anxiety and/or avoidance, were more often revictimized, and some were polyvictimized (Brenner et al., 2021). Polyvictimization is the process of experiencing multiple victimizations of different kinds such as sexual abuse, physical abuse, bullying, and family violence, according to Finkelhor (2011).

This study also found the CSA survivors to struggle more with a “restricted sense of relationship entitlement” (p. 10). Although causality could not be applied because this was not expected or tested for, one could imagine a connection between the minimizing of personal needs and desires and being victimized as a child. The lack of agency children have, along with the tendency to only have the freeze option available as a trauma response, could teach children their needs are unimportant, developing an internal working model which spans adulthood (Bowlby, 1982).

The restricted sense of relationship entitlement referred to above occurs gradually because the onset of childhood sexual abuse is usually gradual. The child is often ‘groomed’ to become comfortable with the process. Grooming is the slow process of an adult building trust

with a child for the purpose of some sexually inappropriate behavior (Winters et al., 2016). Since CSA often is committed by someone the child knows or is familiar with it can take a negative toll on attachment.

The issues associated with the impact of CSA were investigated in this study by viewing it through the lens of attachment theory. Attachment theory relates to the idea that a child's comfort with himself and others begins in infancy and spans the lifetime (Kumar & Raj, 2016). The Internal Working Models (IWMs), which are the ways they view the safety of the world around them, are developed by the relationships they have with primary caregivers in those first two years (Murphy et al., 2016). When a caregiver is responsive, caring, and supportive to the young child, a sense of security develops. The consistency with which this responsiveness occurs concretizes this level of security, and the child sees the world as a safe space for exploration and play. On the other hand, when a primary caregiver is unresponsive, inattentive, and even inconsistent, a level of attachment insecurity develops in the child. Attachment theory encompasses the desire to be close to a caring significant other during times of threat when protection is needed (Gewirtz-Meydan & Lahav, 2020). When security is sensed, the world is seen as a somewhat safe place (Ho, 2015). Childhood sexual abuse disrupts secure attachment by creating a confusion of roles in the developing mind of a child who sees the caregiver as a trusted adult and an abuser simultaneously.

Implications of Attachment for African American Survivors of Childhood Sexual Abuse

African American women are more likely than their White counterparts to be victims of childhood sexual abuse and sexual assault, yet limited studies of the impact have been performed with this population (Amodeo, 2006; Sigurvinsdottir et al., 2020; Ullman et al., 2020). The mental and physical well-being of the African American female population who endure these

experiences creates the need for a study of this caliber. There is however a longstanding level of mistrust between African Americans and the medical and mental health communities (Nicolaidis et al., 2010). A study on this idea was conducted by Scharff et al. (2010) with 70 African American participants to explore obstacles that hinder participation in research. Although many factors were considered, mistrust was documented as a major obstacle for every group. There are several noteworthy studies and situations that make this a viable stance. The Tuskegee Syphilis Study is one and it is noted as “the longest nontherapeutic experiment on human beings in history,” spanning 1932-1972 without adequately educating or treating participants (Thomas & Crouse-Quinn, 2000, p. 234). The case of Henrietta Lacks, whose cells were used without consent or compensation for major advances in medicine due to HeLa cells, is another study that makes AAs leery of research and the medical community (Wolinetz & Collins, 2020).

Adding to African Americans’ mistrust for medical and mental health communities were the recent disparities in testing and treating of Covid-19 after learning how it was ravaging black and brown communities, and this leaves a demographic not sure the medical and mental health communities really have their best interest at heart (Johnson-Agbakwu et al., 2020; Nana-Sinkam et al., 2021). This may explain some of the reasons for the gap in attachment and CSA research with African American populations.

Attachment Theory and the Marital Relationship

Attachment styles from childhood often dictate adult attachment norms (Brenner et al., 2021). The family is a microcosm of society, and repeated familial experiences create an internal working model, or beliefs and expectations, regarding the nature of close relationships (Hudson & Fraley, 2017). In other words, one’s upbringing is the blueprint for expectations for friendships and relationships. The secure child learns that the world is safe and people can be

trusted from caregivers who are loving, supportive and reliable. The insecure child learns the world is an unsafe place and people are not reliable, and more issues develop depending on the category within which they fall. Insecure attachment can have a debilitating impact on the marital relationship. Internal working models that tell one the world is not safe and no one can be trusted are difficult to change, and despite the loving bond couples attempt to build, they can sabotage loving relationships (Barker et al., 2021).

According to Baumann et al. (2021) CSA can inhibit and fracture sexual and relational experiences for survivors. A disruption in attachment security often results from CSA (Labadie et al., 2018; Sullivan et al., 2020). In a study of 808 French Canadian participants (324 of which were CSA survivors) Labadie et al. (2018) divided the CSA survivors into two groups. One of the groups scored high on attachment anxiety and the other group scored high on attachment anxiety, avoidance, sexual compulsion, and sexual avoidance. In analyzing the data, the latter group was found to have experienced more intrusive and/or extrafamilial abuse than the first group. This second group leans toward Main and Solomon's 1990 addition of the disoriented/disorganized attachment category in that they exhibited varying characteristics which made it difficult to use one attachment label (Beeney et al., 2017).

Hudson and Fraley (2017) conducted a study of over 150,000 individuals using an online survey to measure their attachment styles. In this study 74% of the participants were female and 77% of the participants were white, and they found more anxiously attached adults to believe they are not worthy of love (p. 18). They also tend to need more time, attention, and intimacy from their significant other. This unrealistic expectation of relationship and unrelenting cry for security bolster the self-fulfilling prophecy that they "are not worthy of love" simply because their partner is incapable of fulfilling a never-ending list of needs. These authors also

found avoidant individuals espouse an internal working model that people are not willing or able to meet their needs, and therefore they avoid intimacy and closeness in relationships (p. 18). The avoidant individuals also viewed relationships as disproportionately closer than what they were due to their limited desire for closeness (p. 23).

Attachment Theory and Marital Satisfaction

Marital satisfaction, though subjective in nature, is often impacted by one's attachment style. The most prevalent attachment styles are secure and insecure, which includes avoidant, anxious, and disorganized. Those with insecure attachment styles are often noted as experiencing lower levels of marital satisfaction (Candel & Turliuc, 2019). This makes sense, as many of those with the insecure attachment styles experience issues of inadequacy, struggling with feeling loved and with trusting the intentions of others.

Those with insecure attachment styles may struggle with intimacy and marital satisfaction. Wagner et al. (2020) studied how attachment and marital satisfaction are impacted by physical touch. This study of 180 different sex individuals, with over 80% being Caucasian, found more avoidant women were less impacted by low affection and touch while more anxious women often used touch to manipulate and control. Despite noticing that touch can promote attachment security, the author also specified that anxiously attached wives touch less frequently. As CSA survivors are prone to experience some level of attachment insecurity, the results of this study could parallel this experience. Chen et al. (2021) conducted a study of 105 couples in mainland China and found learning to remain autonomous and connected simultaneously fostered a greater level of marital satisfaction. This was especially true of those labeled as secure. This study also found that those labeled as avoidant struggled with intimacy in relationships and those labeled anxious struggled with solitude or time alone. Much like the

results of previous studies, these factors created low levels of marital satisfaction for people in these two areas of attachment insecurity.

Attachment Theory and Resiliency

According to Sharma et al. (2020) trauma—especially ACEs—causes changes in the brain and body which often lead to one of two paths, resiliency and/or psychopathology. These researchers describe resilience as increased adaptation to future stressors (p. 5). Many of the victims of CSA have had to adapt to survive. These changes of the brain and body also show up in polyvictimization. Those individuals who experienced various types of abuse were found to be more prone to internalizing disorders by Rapsey et al. (2019). In a study of 492 women in New Zealand (276 CSA survivors) 92% of the CSA victims were also polyvictimized, and polyvictimization plus CSA was four times more likely to produce internalizing disorders and psychopathology.

An interesting finding by Ensink et al. (2020) was that securely attached children were found to be less likely to disclose CSA than those with insecure or disorganized attachment styles. It seems to go against the IWM of these children who have learned to trust. This could give credence to the idea that those accustomed to abuse have an innate ability to be resilient in some way. The authors allude to this in their study of 111 children (including 43 CSA victims) and add this concept as an important factor for future study.

Related Literature

Childhood Sexual Abuse and Marriage

Marriage is often a union of two individuals who find themselves so overwhelmingly in love that they cannot imagine life without the other person. CSA is known to negatively impact relationships later in life (Pulverman et al., 2016). According to O'Loughlin et al. (2020) both

depression and sexual difficulty in the form of low sexual desire are common for CSA survivors. Meyer et al. (2017) adds that the predominant ways for sexual dysfunction to present are in the forms of avoidance and compulsion. Add this issue to marriage, which can already be extremely difficult, and it can possibly cause a level of disconnectedness couples often struggle to understand.

CSA is also marked as a primary risk factor for sexual dysfunction in women (Norton-Baker et al., 2019; Pulverman & Meston, 2020). Pulverman et al. (2018) found 65%-85% of female CSA survivors deal with some form of sexual dysfunction, whether it be in the area of desire, pain, or sexual fulfillment. The attempt to attach to one's spouse as indicated by the 'leave and cleave' Biblical reference is challenging for CSA survivors due to the residual difficulties with trust created by this violation (*King James Bible, 1769/2017, Genesis 2:24*).

African American Marriage

There has been a longstanding divide between the races when it comes to marriage, and African Americans have the lowest likelihood of marrying (Bent-Goodley, 2017; Dixon, 2009). African Americans are not only the least likely to marry but they are also the most likely to divorce, which leaves a low population available for this study (Phillips et al., 2012). This phenomenon, labeled as the Black Marriage Crisis, has persisted for decades (Romano, 2018). Research aimed at uncovering reasons has cited issues including but not limited to fatherlessness, unemployment, the academic divide between black men and women, and racial inequities (Raley et al., 2015). Societal issues have long been attributed to the breakdown of the black family (Taylor et al., 2019). The achievement of the American dream is marred by the desire to thrive in a country not willing to allow one to survive. The African American population is rarely viewed in a positive light. The marginalization often experienced by this population makes daily life a

struggle, so adding the responsibility of family and relationships adds to the stress. This population is also forced to fit into the incongruent marital box defined by the dominant culture. This being the case, many African American marriages are seen as struggling or unsatisfactory (Broman, 2005). One underlying goal of this study was to identify if and how childhood sexual abuse contributes to this phenomenon.

During the slave trade African Americans were not permitted to marry and even their social unions could be nullified by the slave owner at any given moment (Parry, 2015). Marriage was a tradition reserved for slave owners and others deemed human. Dehumanization of slaves allowed slaveowners to view them as property much like the animals, and they were treated as such (Ketamide, 2021). This being the case, traditional marriage was not an option. Jumping the broom became a practice for African Americans to honor the confines and sanctity of marriage without being punished for it (Parry, 2015). There is much controversy over the origination of the practice, and it is even said to have been shared with slaves by slave owners to reinforce the fact that they were property and even their marriages were not honored in the same way as those of their white owners. However, slaves adopted the practice and made it a traditional norm. This leads one to wonder about the marital difficulties in a group of people whose American marital roots were plagued by this pagan practice which had no legal bearing in the predominant system (Dundes, 1996).

The 1960s was an era when the marriage rate among African Americans was at 61% and African Americans honored both marriage and religion (Pew Research Center, 2019). Although marital status was high, marital satisfaction was lowest in the African American community (Pew Research Center, 2019). The stress of two becoming one in the Biblical sense is overshadowed by the stress and strain of oppression, marginalization, low socio-economic status,

and regular encounters with racial over- and undertones, namely systemic racism and racial microaggressions, according to Moore et al. (2021).

Marriage today seems to be on a steady decline with African Americans leading the way (Bloome & Ang, 2020). Several factors impact the low marital statistics for African American marriage. The previously mentioned fact that blacks are least likely to marry and most likely to divorce is a primary issue (Romano, 2018). Another important factor to note is the commonality of cohabitation. Although Manning et al. (2021) found cohabitation is not increasing, their study of 9000 women shows a trend in cohabiting couples lasting only two years, and a portion of these women move away from every marrying. These factors mixed with those in previous studies which asserted many African American males were unmarriageable due to incarceration, underemployment, and lack of education (Hill, 2022). Hill (2022) adds that another factor is the marriageable black men's desire to move away from the traditional male roles, which is also shifting the narrative on marriage.

Childhood Sexual Abuse and African Americans

The implications of The Black Marriage Crisis are dire; however, it also begs the question, what percentage of this data (if any) is exacerbated by CSA (Romano, 2018)? No definitive answer has surfaced, yet this research may shine light on some of the issues that could be pertinent. The reality is that African American women are more likely than their White counterparts to experience CSA (Gray & Rarick, 2018). Addressing this travesty is as important as addressing the lack of research on this population.

A stretch of sorts could extend to issues originating as early as slavery. As slaves African American women were treated as property. This being the case, these women were regularly, forcibly, and often violently raped for various reasons. Some of the reasons were to control both

the woman and those around her for slave breeding, and for the sheer sexual satisfaction of the slave owner—reasons that surrounded the concept that slaves were viewed as property. The term “ungendered” was used by Spillers (1987) to describe the working property status of African American slave women (Hartman, 2016, p. 169). Female slaves were expected to work as hard as men in the field, but also take on the domestic duties (Jennings, 1990). The African American woman’s body is forcibly credited with both being the workforce of today but also birthing the workforce of tomorrow, yet she receives no fanfare and is virtually penalized for her contribution. Herein lies the suspected origin of the Superwoman or the Strong Black Woman Syndrome (SBW), though it would not have been labeled that at the time (Huddleston-Mattai, 1995, p. 51). Black women were forced to be everything to everybody, neglecting their own wants and needs to care for others. Donovan and West (2014) describe this proverbial drive as “the belief that black women must be—and innately are—strong, self-sacrificing, ambitious, independent and emotionally contained” (p.384). The unfortunate reality for AA female slaves was they had no choice in the matter.

Although few research studies focus on African American females and childhood sexual abuse however the topic has been broached. In a study of 419 African American women over the age of 18, Harris et al. (2021) found CSA to impede emotion regulation, especially among those with a history of juvenile incarceration. This finding was related to CSA exacerbating negative behaviors, resulting in delinquency (Harris et. al., 2021). Watts et al. (2021) studied CSA’s effect on adult attachment in African American survivors. In this longitudinal quantitative study, a sample of 554 respondents were queried; however, only 10% of the females and 5% of the males reported CSA history (Watts et al., 2021). The study found that in the African American females

CSA was more influential than parenting behaviors on adult attachment style (Watts et al., 2021).

CSA survivors are more prone to be victims of several types of abuse (Wolf & Prabhu, 2018). Polyvictimization is defined as, “multiple victimizations of different kinds such as sexual abuse, physical abuse, bullying and family violence” (Finkelhor et al., 2011, p. 4). The term was coined by Finkelhor and his colleagues for delineation in their Juvenile Victimization Questionnaire (JVQ), which is a screener designed to give a picture of different victimizations (Hamby et al., 2011). According to Elsaesser et al. (2016) being African American and of low economic status increased the probability of polyvictimization. The researchers found African American girls to have a higher prevalence of polyvictimization than girls of other ethnicities in other studies.

Among CSA survivors Wolf and Prabhu (2018) found similar trauma symptoms in both those who simply witnessed another trauma and those who personally experienced it. In a study of 244 adult survivors of CSA polyvictimization was indicative of increased trauma symptoms. Polyvictims were more likely to experience mental and physical illness, sexual and reproductive health issues, and impact to their potential income, as they were noted to have a higher number of full-time jobs and were more prone to being fired (p. 3). These results point to the need for protecting children from the experience of and exposure to traumatic situations.

Resilience and Marital Intimacy

Although there are varying definitions of resilience, The American Psychological Association defines it as: “The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands” (American Psychological Association, 2018). Resilience is often

described as the ability to bounce back from adversity and thrive instead of simply survive (Arslan, 2016). Along those lines Easterbrooks et al. (2013, p. 100) describe it as the “sustained competence or positive adjustment in the face of adversity.” Strengths-based approaches have attempted to harness the power of resilience by documenting processes many go through to emerge resilient despite dire circumstances. Some of these processes include but are not limited to spirituality, education, trusted familial support systems, and community support (Yoon, 2020).

Dr. Ginsburg, noted pediatrician, explained resilience with ‘7 Cs’ (Easterbrooks et al., 2013). These 7 Cs are: competence, confidence, connection, character, contribution, coping, and control (Ginsburg & Jablow, 2020, p. 66). Competence relates to helping the child realize they can complete a task (p. 67). The authors connect confidence to competence, as once a child is successful, they develop confidence in their abilities and in who they are (p. 67). Connection to family, friends, school, and community develop resiliency through a sense of belonging (p. 68). Character results when children develop a sense of right or wrong, becoming contributing members of society (p. 69-70). The authors note that children who are armed with stress management strategies learn to cope when adversity comes their way (p. 71). Finally, self-control is learned by experiencing the real-life consequences of one’s actions and being empowered to make wise choices and decisions (p. 71). The negative impact of CSA impedes the development of some of these all-important components of resiliency. This being the case, it can be noted that survivors could have a difficult time developing processes for resiliency after experiencing this type of painful violation.

Resilience Processes for Marital Intimacy

There are numerous resilience factors/processes that have been noted by researchers. Meng et al. (2018) addresses resilience factors for maltreated children; Marriot et al. (2012)

addresses resilience factors following CSA, and McGee et al. (2020) addresses resilience factors for those institutionalized as children, just to name a few. On the mental health front this is of major importance because resourcing, or teaching individuals coping strategies, creates a path toward wholeness. These coping strategies create self-care routines to free the individual from reliance on the therapist as the source of healing. According to Southwick et al. (2014) resiliency transcends just capacity or attributes, making it actionable. This is valuable because it moves resiliency from nature to nurture. In other words, resilience is a concept that can be nurtured or taught to those who were not born with the innate tendency to be resilient (Southwick et al., 2014).

When addressing resilience processes for marital intimacy it may be wise to look to research on factors that promote resiliency. In a study of 300 undergraduate students in the Midwest, Bender and Ingram (2018) found resiliency most common in those who practiced self-care and/or self-efficacy. These practices are noted as resiliency builders for varying attachment styles. Autonomy in marriage seems to be the norm, where a healthy relationship is related to a healthy balance in alone and together time. A study of 22 married couples in Tehran found self-compassion as a resilience trait of securely attached individuals which in turn led to greater marital quality (Amani et al., 2020). A level of autonomy or comfort with oneself again seems to be a factor in couples who thrive.

Resilience and CSA

Surviving a traumatic situation like childhood sexual abuse requires the application of a plethora of resilience processes and/or factors. Sadly, the autonomy and secure attachment which help one to trust the world are often damaged in CSA survivors (Amani et al., 2020). According to Zoldbrod (2014) CSA also damages association to the sense of touch, which can impact sexual

pleasure in adulthood. Some researchers have found the most effective resilience factor for CSA survivors to be community and familial support (Domhardt, 2014; Meng et al., 2018). One of the major issues for CSA survivors is wondering whether anyone will believe them. Winters et al. (2020) found that 46% of survivors never reported to anyone and only 10% followed through with formal disclosure to law enforcement in a study of 76 undergraduates (Winters et al., 2020). This is evidence that the greatest gift a survivor can receive is the gift of belief and support from those to whom they choose to disclose. Many incidents of CSA will go unreported due to fear of unbelief and other overwhelming fears. Among their reasons for not reporting, fear of people viewing them negatively, the reporting process, and not being believed ranked high (p. 601).

Perpetrators often play on fear by inadvertently and sometimes blatantly saying no one will believe the victim. The mix of an underdeveloped prefrontal cortex—which creates reasoning ability—and the position of power the perpetrator holds often causes the child to believe they truly will not be believed. Believing a survivor changes the narrative many have heard for so long that they deserved it, no one will believe them, and they are damaged goods due to the encounter(s).

CSA often robs victims of hope for the future, as revictimization can become normalized and almost expected (Brenner et al., 2021). Kaye-Tzadok and Davidson-Arad (2016) conducted a study of 184 Jewish young women, 100 of whom were sexually abused as children and 84 of whom were not. This study found hope and self-forgiveness as factors that assist in resilience, and the survivors were noted to have less of both (Kaye-Tzadok & Davidson-Arad, 2016). This points to a potential area of focus for mental health professionals when working with CSA survivors.

African American Resiliency

African Americans are a marginalized group often left to develop their own ways of coping with hardship (Brazelton, 2015; Davis & Jones, 2021; Harris et al., 2021). This struggle makes it difficult to excel; however, many have overcome adversity to thrive despite circumstances. The ability of this population to persist despite hardship, illness, and little to no resourcing made them prime candidates for slavery. Slaves persevered in deplorable conditions under virtually impossible expectations and were seen as less than human because of this innate brute strength and ability to overcome odds. This strength deemed slaves chattel or property and came with the hardship of increased demands (Magee, 2010). Much like it was with animals, the quotas and expectations were increased as goals were met. The owners were granted complete authority over the slaves, as they were considered the property of their owners (Jennings, 1990; Prather et al., 2018; Sirmans, 1962). The assumption of inhumanity left no concern for human rights and familial bonds. The animalistic qualities ascribed to this population allowed for laws and rules to be created that left these people with little control over the trajectory of their lives (p. 466). Families were divided and had to continue to work. Friends, neighbors, and family members were moved, beaten and sometimes killed for the benefit or entertainment of slave owners, or for minor infractions. Issues like illness were not tolerated. A slave had to be on their deathbed to take a day off work.

In her poignant research entitled, “Post Traumatic Slave Syndrome,” Joy Degruy (2005) addresses the impact of trauma on the genetics of those who experience it. The impact of a daily life with varying traumatic incidents is compared to and contrasted with the criteria for PTSD—“exposure to threatened death, serious injury or sexual violence,” all of which were the case for slaves (American Psychiatric Association, 2013, p. 271). Trauma’s alteration of genetic coding and neurobiology has also been noted in present times by individuals studying issues like

Traumatic Brain Injuries (TBI) and schizophrenia (Asmal et al., 2018). The trauma endured by African Americans during slavery is said to have spanned generations through this epigenetic nature (DeGruy, 2005, p. 102). Enduring such atrocities and being able to survive is a testament to the strength and resiliency of the African American race.

African Americans and Religious Influence

Faith has been an important attribute for resiliency in the African American community and this population is noted as the most religious group in the United States (Pew Research Center, 2022). Faith is often highlighted as a resilience strategy against painful day-to-day experiences (Howard-Snyder & McKaughan, 2022). Slaves found refuge in their reliance on a savior who would soon come to free them. Religious practices like attending Sunday services, singing hymns and spirituals, and prayer and meditation were just a few ways religion helped slaves to endure. Sundays were also one of the only days off granted by slave owners (Sirmans, 1962, p. 471). Christianity was the dominant religion of slave owners of the day so the belief that the sabbath should be honored by not working was practiced (Cannon, 2008). Sabbath honoring occurred despite the atrocities inflicted upon slaves on a regular basis. In addition to Sabbath honoring, on Sundays slaves were permitted to attend worship services and spend time with their family. Another religious practice was singing spirituals while working. Although these were seen as nonthreatening ways to pass the time, they were often laced in secretive stories and signals to either warn or prepare other slaves within ear shot of some event or activity to come (Frost, 2013). Whether it was preparation for escape or revolt, warning of the master's presence, or a message about the whereabouts of a slave taken or sold to another plantation, these spirituals were the evening news of that time. This belief system continued up to and through the Civil

Rights Movement when many turned to God to help them endure the mistreatment by those in power.

Although today's African Americans find themselves a little further removed from organized religious practices, as many as 97% still believe in God or a higher power according to an in-depth study of Black Americans and religion conducted by Pew Research with over 8,000 Black adults (Pew Research Center, 2022). Belief brings hope, which acts as a resilience process for a marginalized population who continues to endure a plethora of hardships. This hope is paramount to resilience. The positive aspects of a religious background include traits like humility, loving thy neighbor, and delving deep into morals and value systems. The negative aspects include the overly legalistic and ritualistic practices that can do more harm than good.

Superwoman Syndrome

Superwoman Syndrome, also known as the Strong Black Woman Stereotype (SBW), is a title attached to (and by) many black women, and it embodies the belief which states they can be “everything to everybody” (Huddleston-Mattai, 1995, p. 51). Donovan and West’s (2014) idea of the SBW implies black women have no weaknesses and their strength and resilience allows them to care for others with little to no concern for self. Many black women have adopted this, ignoring their need for mental and physical self-care. It is sadly a myth that is forced upon African American women who feel the need to care for everyone except themselves. It leads to levels of exhaustion and burnout, leaving them susceptible to mental and physical ailments that may be left untreated due to the burden of caring for others (Nicolaidis et al., 2010; West et al., 2016). This, partnered with the religious norm of not seeking mental health assistance, leaves many women to utilize ineffective coping mechanisms for dealing with their issues. The fact that

AA women are also more prone than any other population to be victims of CSA creates a powder keg of mental instability.

Superwoman Syndrome is stimulated with mantras coined by songs like, 'I'm Every Woman,' and 'I Can Do Bad All by Myself' (Ashford & Simpson, 1978; Blige et al., 2009). There are many songs and anthems that have been sung; however, the difficulty of living them out is a struggle that is rarely celebrated. CSA survivors may find this to be an obsession due to the need to find self-worth in others' needs for them. The intersectionality of the African American woman's lived experience as oppressed racially—by gender and sexuality and often by class—is contrasted by SBW (Davis & Jones, 2021, p. 305). Considering the negative expectations and conditions AA women experience, resilience should not be a trait common to this population. However, history dictates black women endure and overcome these challenges and a plethora of others (Liao et al., 2020).

As African American marriage is on the decline and rates of CSA among the AA female population are some of the highest, compartmentalizing both realities was of utmost importance for this study. Suspending judgment yet looking for the common resiliency factors that have presented in other studies, like religious influence and familial support, was the challenge. The focus on marriage for these CSA survivors makes this research unique and an addition to the body of research that presently exists for this population.

Summary

The purpose of the current study was to understand how married AA female survivors of CSA experience the marital relationship, and the processes they go through to build resiliency for relational intimacy. A plethora of research exists that is focused on CSA and relationships with predominantly White and other ethnicities as participants. Attachment theory and its impact

on relationships has also been richly researched. There is, however, a deficit in research on African American women who have rarely been the focus of studies of this nature. The Black Marriage crisis, which highlights that African Americans are least likely to marry and most likely to divorce, may play a role in this deficiency (Kelly et al., 2020). Since there are less married black women than most other races in America, there are fewer potential participants to study (Raley et al., 2015). Based upon the current and relevant research, this study was a transcendental phenomenological study exploring the marital experience of African American female survivors of CSA.

CHAPTER THREE: METHODS

Overview

The purpose of this transcendental phenomenological study was to understand how married AA female survivors of CSA experience the marital relationship, and the processes they went through to build resiliency for relational intimacy. As CSA is known to negatively impact survivors, studying the marital relationships of survivors can aid in an understanding of how marriage is impacted, and which resilience processes have alleviated that impact (Nielsen et al., 2018). The researcher investigated the life experiences of AA women and the impact CSA has had on their marital relationships, as well as both the known and unknown resilience processes implemented. This chapter outlines the procedures, the research design, and the plan for data analysis utilized. It also provides the rationale behind each of the previously mentioned components.

Design

This study utilized a transcendental phenomenological qualitative research design. The qualitative technique was conducted with semi-structured interviews with approximately eight to ten married African American female CSA survivors to identify the essence of their experience and to note the resilience processes that have aided their survival. The study proceeded until eight participants were interviewed and a level of saturation was reached.

According to Creswell and Poth (2018) a qualitative approach is necessary when a deeper understanding and/or literary flexibility are called for, and when the researcher requires more understanding or context. With this being the case, a qualitative understanding of the resilience processes of married female African American childhood sexual abuse survivors was sought in this study. Creswell and Creswell (2022) assert qualitative research is open-ended with

no presumed level of understanding. The open-ended nature of qualitative research interview questions made them appropriate for this study because as Peoples (2021) points out, they allow for extensive expression of self from the participants. These questions made room for the participants to share a depth of understanding, including descriptions and even stories of how the phenomenon played out in their lives (Merriam & Tisdell, 2016, p. 120). Using an interview process allowed the researcher to capture the entirety of participants' responses, including verbal and nonverbal fillers, cues, and gestures. Braun and Clarke (2022) term the in-depth interview as a thicker, more rich process with the comparison of breadth or depth of data. The phenomenological approach was also implemented because learning more about the essence of this populations' lived experience was necessary to gain an understanding of how both CSA and their resilience processes have impacted their marriages. The descriptions provided by participants unearthed the essence of what they lived through due to being victimized in childhood yet also resilient enough to marry (Creswell & Creswell, 2022, p. 31).

The goal of this research was to gain insight into how married African American female survivors of CSA describe the processes they go through to build resiliency and marital satisfaction despite their abuse history. Developing an understanding of this population's lived experience can assist mental health and medical professionals as well as society at large, including social service agencies, and educational institutions to consider AA women's trauma for both support and potential interventions.

Phenomenology

This study followed the path of Husserl's transcendental or descriptive phenomenology (Husserl & Dahlstrom, 2014). In this vein it looked toward the norm of bracketing out human experience to note the essence of the experience from the participants with as little researcher

bias as possible (Zahavi, 2019, p. 32). This effort is termed *epoche* or phenomenological reduction. Epoché is defined by Vagle as, “suspending judgment of the existence and pre-understanding of the thoughts outside the human mind so that phenomena can be studied in their givenness to consciousness” (Vagle, 2018, p. 13), the ultimate goal being to make philosophy a rigorous science by removing subjectivity and returning to the things themselves. All preconceived notions and ideas are set aside, and the true meaning of the phenomenon emerges (Zahavi, 2019, p. 33). The transcendental nature of this study allowed the researcher to suspend judgment and lay aside pre-judgments (Willis, 2001, p. 10).

Husserl is known as “the father or founder of phenomenology,” even though many philosophers practiced it prior to the phenomenology movement (Vagle, 2018, p. 6). Vagle (2018) continues to refer to Buddhist meditative states and Descartes, Hume and Kant’s “states of perception, thought and imagination,” as well as Latin and German writing on states of consciousness as phenomenology in practice despite their preceding Husserl’s actual stamp of phenomenology (p. 6). Many philosophers followed Husserl’s lead, including but not limited to Merleau-Ponty, Sartre, Giorgi, Gadamer, and vanManen, but Heidegger is most notable. As a former student of Husserl, Heidegger derived much of his understanding from his instructor, but he found it difficult to set aside bias and preexisting ideas, which led to a rift between the two (Vagle, 2018). As Husserl’s focus was to get “back to the things themselves” bracketing out bias was of utmost importance (Zahavi, 2019, p. 131). This entails returning to the actual experience without interpreting it through one’s own experiences, senses or biases.

According to vanManen (2017) phenomenology is described as “to let that which shows itself be seen from itself in the very way in which it shows itself” (p. 775). He goes on to explain this with Marion’s 2002 definition that states, “phenomenology is the study of how things show

or give themselves” (vanManen, 2017, p. 775). According to Braun and Clarke (2022) phenomenology produces knowledge based on one’s personal encounters and experiences. Allowing the essence of the phenomenon to emerge organically is the goal (Astalin, 2013).

For this study capturing the essence of the experience occurred with the researcher recording and documenting interviews exactly as they took place. This included the words, non-verbal cues, and vocalized pauses to create a document that portrayed the exact sentiments of each participant. Nonverbal cues account for 65%-75% of communication according to Peoples (2021) and fillers are often used to allow participants to think or take a minute to process (p. 176). To set aside potential researcher bias, the researcher was open and honest about it (Creswell & Creswell, 2022, p. 274). The recordings were documented as is so that no analysis or assumptions were made, but instead an exact replica of the participant response emerged.

This design was appropriate for this study because the participants were able to share without interruption. It is common for CSA survivors to avoid disclosure for fear of judgment or not being believed. The researcher’s belief in what the participants reported and the non-judgmental open forum to express themselves on their own terms made qualitative interviews the positive choice. Creswell and Creswell (2020) also point out the importance of qualitative research for understudied topics and populations. As phenomenologically-focused qualitative interviews delve into the depths of experience, a qualitative design was fitting for this population.

Research Questions

The following research questions framed this study:

Central Research Question: How do married African American women describe marital satisfaction after experiencing childhood sexual abuse?

Guiding Research Question: How do married African American women describe the processes they go through to build resiliency for relational intimacy after experiencing childhood sexual abuse?

Setting

This study was carried out in an online format. According to Durdella (2020) the format should meet the needs of the research and grant access to participants. With the initial group being recruited, then the snowball sampling method to follow, an online format provided access to the group participants as well as others recommended by them from anywhere and at any time (Salmons, 2015, p. 3). The online format serves as a good method to collect information from a distance when populations are difficult to locate or where little information presently exists (Dosek, 2021; Merriam & Tisdale, 2016). Stern et al. (2021) note the need to increase African American participants and suggests making research more accessible. An online format eliminated the need for transportation and childcare and allowed participants to complete the process from the comfort of their venue of choice.

Participants were chosen via researcher acquaintance, snowballing, and recruitment in online female support and therapy groups which included African American females. This presented as a problem with utilizing a physical location, as finding one convenient for all participants proved to be a challenge. These groups boast a predominantly African American female population, and they are held on the East Coast of the United States of America. This location is common only because many of the groups originate at East Coast facilities. Participants were approached to recommend others they believed met the criteria. This snowballing effect allowed the researcher to reach individuals to which she would not otherwise have had access. Snowballing is described as using the recommended individuals to allow the

snowball to get “bigger and bigger,” which allows the study to reach more potential participants (Patton, 2015, p. 298).

For the interviews, parameters were set around the participants' meeting space. These were venues chosen by the participants with a viable internet connection. As is common with counseling and confidentiality, a private, quiet space with limited interruptions was requested of the participants. This included having no one else present in the space, and for the participants to be able to fully engage in the interviews. Although the natural setting within which the participants experience the phenomenon is advantageous for the researcher to see organic interaction, the physical location of participants varied immensely (Creswell & Creswell, 2020). This made the online format plausible and allowed for the participants to be in their personal environments for the interviews in most cases. Telehealth was the platform chosen, as it is both HIPAA-compliant and encrypted for both security and confidentiality. The participants downloaded the Telehealth application at least 24 hours before the scheduled meeting times to work through any technical issues and difficulties. The researcher and each participant met at the designated time with a willingness to share the surroundings to ensure a private and quiet space.

Participants

It was important to find participants and to build a level of rapport that made them feel open to share (Creswell & Poth, 2018). This study focused on married African American female survivors of CSA. The participants were eight married African American females between the ages of 30 and 55 who self-reported as being survivors of Childhood Sexual Abuse. Creswell and Creswell (2020) find this to be an ideal sample size for comprehensive exploration and for manageability (p. 262). This population is at the age where some level of cortical reasoning can potentially be applied to the abusive experience. According to Sharma et al. (2013) the prefrontal

cortex is fully developed approximately around 25 years of age, and therefore a minimum age of 30 for this study grants space at the higher end of the average. This is also an age where one is more likely to be established in family, career, and marriage. For this reason, this target population was chosen to represent the impact associated with the trauma experienced many years prior.

Convenience, purposive, and snowball sampling were used for this study. Although these are nonprobability types of sampling, the results of this study are geared toward understanding the essence of the experience and not generalizing them to the entire population (Etikan, 2016). Convenience sampling draws from the individuals available to the researcher (Carman et al., 2015). The initial participants were recruited through convenience sampling beginning with the researcher's primary social network. Undue bias was avoided by beginning the process with individuals who were not in the same small groups or auxiliaries with the researcher (Creswell & Creswell, 2020). These conversations began organically with individuals who fit the criteria according to the awareness of the researcher. This was followed by snowball sampling, which is also referred to as chain sampling. According to Durdella (2020) snowballing is where participants are invited to identify and recommend other participants who meet the criteria. After the original list of participants from the convenience and snowball sampling was exhausted, purposive sampling took place.

Purposive sampling was utilized in this study to include only individuals who had met all criteria for the phenomenon of focus (Clifford, 1997). This included being married African American female survivors of CSA currently between the ages of 30-55. This sampling occurred via social media, and the researcher's online social network was added in along with the online groups in which the researcher was a member or knew a member. The same process was

followed for snowball sampling of the individuals found; this step was used to enhance participation. The plan was to shift to churches with active small groups, counseling spaces and/or active ministries, and organizations with participants and graduates of programs like Adult Survivors of Child Abuse (ASCA) and The Rape Abuse & Incest National Network (RAINN) who were willing to share their stories. As these groups are anonymous and confidential in nature, participation was planned based upon facilitators' and leaders' willingness to share researcher information, and the fact that every level of confidentiality was ensured. This step did not prove necessary as the online participation was sufficient. Recruitment also occurred in various social media groups with predominantly married African American women. The criteria and guides were shared, and participants were in control of contacting the researcher for participation in these situations. Reaching a goal of saturation was key, and if accessing additional participants had become necessary a specific small group of female survivors would have been contacted. This small group occurs in a church in the researcher's region and was planned to be accessed via the facilitators; however, this step was not needed.

Although there is no perfect sample size "a range of three to ten," is recommended and common for a phenomenological study (Creswell & Creswell, 2020, p. 210). With this being the case, eight AA women participated in this study. Mapp (2008) advocates for Carpenter's recommendation of a small sample size for phenomenological research so that in-depth accounts can emerge. Saturation, which is the point where no new information is being uncovered, has been highlighted as more important than increasing the number of participants (Peoples, 2021, p. 49). Although the term "comes from grounded theory" it is a fitting standard to apply as one of the reasons the range of eight to ten was originally given versus a hard number for sample size (Creswell & Creswell, 2020, p. 210).

The criteria for selection were as follows: the participants self-identified as an African American female, they were married two years or longer, they were between the ages of 30 and 55, and self-identified as having experienced childhood sexual abuse. They were also willing to potentially be selected for a one-on-one 45-90-minute interview to discuss their experiences with childhood sexual abuse and its impact on their marriage, and they were required to have access to the internet and the Telehealth platform.

Procedures

This study was conducted with methods common to phenomenological qualitative study. Institutional Review Board (IRB) Approval was acquired before proceeding. Upon receiving IRB approval, recruitment of participants as well as interviews, data collection, and analysis took place.

Recruitment of participants initially began with a convenience sample comprised of individuals who met the criteria according to the awareness of the researcher. These initial participants were approached by the researcher with the explanation of the research and the request to participate. This process allowed the researcher to identify an initial cohort of women whom she already knew met the criteria for participation. Moving to a snowball sampling of these women was the next step. In snowball sampling the participants recommended others they knew who also met the criteria for the study and who they thought would be interested in participating. The final recruitment strategy was on social media. The church small groups were in the plan but were unnecessary after the online requests were complete. The recruitment process was believed to take approximately two weeks but actually took two months due to scheduling issues and interviewing individuals found to not meet the criteria. Semi-structured open-ended interviews took place with all participants. These were conducted via Telehealth, an

online platform that protects confidentiality.

The Researcher's Role

The instrument in qualitative research is the researcher (Creswell & Creswell, 2020). Researcher bias can potentially be an issue and must be addressed directly to ensure that biased beliefs and assumptions do not impact the data. The suggestion is to be “holding it in suspension” so as not to taint the present experience with prior knowledge (Giorgi, 2009, p. 93). Peoples (2021) is a proponent for addressing personal subjectivity via metacognitive practices throughout the process. The researcher acknowledged being a Christian, married African American female who has been a victim (and survivor) of childhood sexual abuse.

The motive behind the research was to shine light on this understudied population and to develop strategies for overcoming the shame often associated with CSA. Recognizing that exposing the lie and gathering various and often unacknowledged resilience strategies can benefit the population under study as well as others. The researcher was careful not to include close contacts to avoid compromising data collection or analysis in any way. The goal of unearthing the essence of their personal experiences was met by avoiding the urge to apply therapeutic interventions, instead listening intently and empathetically.

Data Collection

The primary form of data collection for this study was semi-structured interviews conducted predominantly via Telehealth, an online platform. According to Salmons (2015) the semi-structured approach maintains organization and structure but allows for spontaneity based upon participant response. Peoples (2021) notes semi-structured interviews’ ability to balance focus on the topic with a natural flow. This granted the participants permission to control the information shared by determining how much to divulge. The individual interviews lasted

between 45 and 90 minutes with the intent of gaining understanding into how these women experienced the phenomenon. Upon the initial meeting of the criteria for the study, which included being a married African American survivor of CSA between the ages of 30 and 55, an informed consent form was sent and returned, signifying she agreed to participate and had complete clarity on what that entailed. Data collection for this study took place via the Telehealth component of the Simple Practice Electronic Health Record (EHR) platform. The HIPAA-compliant nature of this platform made it a secure site, which created a secure and confidential connection for interaction. Those who met the criteria received an introductory message from the researcher which explained the informed consent, brief background information on the researcher and the study, questions and answers to any questions she may have had, and scheduling of the interview. This contact was also utilized to ensure all criteria were met by the individual. Acquiring “concrete detailed descriptions” was of utmost importance, so the interviews were digitally recorded for accuracy (Giorgi, 2009, p. 122). NVivo, Otter, and Dedoose software were utilized for both collection and analysis. This also allowed the researcher to remain fully engaged in the conversation without losing any pertinent information.

Interviews

The purpose of an interview is to socially interact based on a conversation of interest (Creswell & Poth, 2018). The interviews were conducted in a semi-structured format with open-ended questions to garner an understanding of the issues the participants experienced. It was helpful in developing an understanding of the resiliency processes survivors of childhood sexual abuse implemented to survive. An interview guide and script was implemented to ensure

consistency across participants. The interview script was utilized with the ability to delve deeper into particular responses when deemed necessary by the researcher.

Icebreaker Questions

- Please introduce yourself and share your interest in this study
- What do you enjoy doing in your leisure time and why is it enjoyable to you?
- How would you describe your childhood?

The icebreaker questions were designed to create a level of rapport between the researcher and the participants (Patton, 2015). This was the opportunity for the participants to share anything they wanted known about them. The questions were designed to make the participants comfortable talking in this setting. Speaking about an innocuous topic allowed for a segue to deeper and more intimate levels of sharing.

Topic-shifting and Central Research Questions

- Describe the nature of your CSA experience.

This question was designed to shift from cordial icebreaker questions to the topic at hand. This question allowed the participants to reflect on their CSA experiences, then to share how they transpired. Keeping in mind the central research question, “How do married African American women describe marital satisfaction after experiencing childhood sexual abuse?” questions about marriage and relationships were asked next.

Marital Satisfaction

- What is the marriage relationship like for you personally?

Listening to how the marriage relationship was described gave clarity on whether the individual was happily married or struggling. After describing CSA in the previous questions, it was beneficial to describe their personal sentiment about their marriage.

- How would you describe your life and relationships after surviving CSA?

This question allowed the participant to consider if and how their life has been changed due to CSA.

- How would you describe your level of marital satisfaction?
- What experiences have you had that make you describe it that way?

These questions were designed to get to the core of how the participant sees her relationship. The experiences were key to identifying the factors she believes are responsible for her level of satisfaction.

- How would you describe your sexual experiences today?
- There is a tendency for CSA survivors to sexually project or use sex as a coping mechanism. Is this something you've experienced and if so, how did it play out?
- Has CSA impacted your marriage in any way, and if so, how?

This last question was designed to encourage the participant to personally assess how the marital relationship was going. The open-ended nature of the question allowed the participant to ponder on various parts of the relationship versus focusing on a specific element. The next set of questions centered on seeking answers to the guiding research question, "How do married African American women describe the processes they go through to build resiliency for relational intimacy after experiencing childhood sexual abuse?"

Resiliency for Relational Intimacy

- How would you describe the CSA you experienced?
- What types of resilience strategies/processes do you implement to survive this experience?
- How do your tools help you to have relational intimacy in your marriage?

This last question gave the opportunity for the participant to reflect on the resiliency processes she employed and how this enhanced the relational intimacy in her marriage. It allowed her to evaluate what was done and the impact it has had.

- What advice would you give someone who has experienced CSA?

The final question was designed to encapsulate the strategies spoken of for the greater good of others. This question allowed the participant to ponder on what was done and to make possible insights accessible to someone else. Solomon's paradox is the tendency to give better advice than one takes (Xu et al., 2022). This question encouraged participants to sift through the decisions made in the past and to share those that may have been instrumental in enhancing their resilience. The interview concluded with the following words:

- Thank you for your time and attention to all this questioning. What else do you think would be important for me to know about marital satisfaction and/or resiliency processes for relational intimacy after experiencing CSA?

Data Analysis

According to Durdella (2020), confidentiality is of major importance, but additional steps are necessary to ensure confidentiality when working within one's organization. Therefore, the participants were assigned pseudonyms to ensure confidentiality. Another recommendation is to move interviews offsite to avoid identification (Durdella, 2020, p. 8). This was accomplished by conducting all interviews via the Telehealth platform. Though data analysis occurred simultaneously with data collection, specific steps were followed. The interviews were recorded digitally to ensure the exact words of the participants were captured. According to Grosseohme (2014) the participants' words "hold the data" so it was essential to record for accuracy. The data were both collected and analyzed using qualitative NVivo data analysis software. Visual

stabilization occurs with transcription according to Giorgio (2009) and it saves the researcher from playing a recording over and over to analyze the data. Smith (2008) warns that transcribing a one-hour interview can take between five and eight hours, so this part of the process took some time (p. 65). The software helped shorten this time, with a follow-up by the researcher for clarity. While listening to and rereading the transcript, the researcher made corrections and added themes in the margins in the form of memos. These memos contained emergent ideas; the transcription of the interviews was compared with the audio recording to ensure accuracy. The process of coding or identifying themes across interviews occurred with reviewing the transcripts repetitively. According to Saldana (2021) the objective of coding is to ascribe significance to the data for identifying categories, patterns, and themes, noting these will be themes beyond those highlighted in the constant comparative model utilized during the Data Collection phase. The coding allowed integration of the separate interviews and developed a systematic data analysis process which allowed the essence of the experiences to emerge. This was pertinent to this study, as the phenomenological approach aims to unearth “the essences and essentials of the phenomenon” (Saldana, 2021, p. 68).

Braun and Clarke (2022) emphasize six phases for analysis, and these were used for the purpose of analyzing the data in this study. The first step they highlight is: “Familiarizing yourself with the data” (p. 34). This was accomplished through the meticulous reading and rereading of the transcripts. It allowed the researcher to know the research inside and out. Developing this clear understanding of what is in the data granted understanding and analysis.

The second phase is “coding” (Braun & Clarke, 2022, p. 35). According to Saldana (2021) “coding is a cyclical process,” that contains a level of reverberation (p. 20). This

description grants grace to the fact that the first coding will be revised and removes the pressure of having to get it right the first time. Several categories are noted in what is termed “first cycle coding” including but not limited to grammatical, literary, exploratory, and theming (Saldana, 2021, p. 88). The first cycle involves getting acquainted with the data and dividing it into categories based upon similarities, differences and patterns noted. This was accomplished by carefully reading through each respondent’s transcript, paying close attention to areas of emphasis and importance for the respondent. The researcher did this while recognizing the general nature of the first cycle.

The third phase involves “generating initial themes” (Braun & Clarke, 2022, p. 35). This phase takes the general nature of identifying the initial codes to the specific level of assigning themes and sorting the codes into the themes. This was accomplished by identifying overarching themes which seem to become evident in the data and highlighting them in word map format. The themes took the lead in each area and the pertinent codes were added to the specific theme they fell under.

The fourth and fifth phases involved reviewing, naming, and defining the themes for clarity (Braun & Clarke, 2022). Reviewing consisted of the meticulous reading and rereading of the transcribed document for clarity, documentation, and removal of non-words including but not limited to “uhh” and “ahh.” The researcher utilized a member checking approach as well to allow the participants to sign off on the accuracy of the information. According to Saldana (2021) having the members check the transcripts adds to the credibility of the data. Upon completion of these processes, the data were organized into images and tables which were “appropriate for easy reference” and for ease of use (Peoples, 2021, p. 75). Defining and naming the themes occurred

with the review. The themes that were identified earlier were revisited for pertinence and the natural emergence of fitting themes took precedence as the analysis process went from general to more specific in nature.

The sixth and final phase is “writing up” the report (Braun & Clarke, 2022, p. 35). This took place after all themes were in order and categories and codes fit appropriately. The report expressed the lived experience of participants from their perspectives. Their lenses gave credence to the information, and the commonalties among them created an illustration for how married African American female CSA survivors experience marital satisfaction and the processes they go through to build resiliency.

Trustworthiness

Quantitative research has long been heralded as valid and reliable because numbers can be proven time and time again. Due to this level of reasoning, qualitative research has not always been given its just due. Hayashi et al. (2019) points out how the validity of qualitative research has been questioned in the past. Saldana (2021) cautions against the desire of some to ‘quantitize’ their qualitative data due to this belief that only numbers are objective and make sense. As Giorgi (2009) points out, Husserl was a mathematician who claimed that all phenomena have both quantitative and qualitative aspects. To validate qualitative research and make it more reliable, qualitative researchers have developed many techniques. Johnson et al. (2019) commends the infusion of more rigorous standards in the areas of methodology, sampling, and analysis. Trustworthiness is the title assigned to this process and it is of utmost importance when conducting a qualitative research study. Farrugia (2019) notes these factors as instrumental in improving the value and recognition of qualitative research.

Lincoln and Guba, well-known for enhancing trustworthiness, suggest four criteria. These include “credibility, transferability, dependability and confirmability” (Lincoln & Guba, 1985 , p. 219). Much like validity and reliability in quantitative research, trustworthiness clarifies the findings are accurate and can be accepted, trusted, and have the potential to be repeated. Trustworthiness enhances the transparency of the study which bolsters reproducibility (Aguinis & Solarino, 2019). This makes it replicable by other researchers, in turn making it a credible resource. According to Korstjens and Moser (2017) trustworthiness indicates whether a study meets the criteria spoken of above by being credible, transferable, dependable, and confirmable.

Credibility

Credibility can be compared to internal validity in quantitative research (Connelly, 2016, p. 435). To establish internal validity means to prove or satisfy conditions for a causal relationship (Maxwell, 2012; Warner, 2021). Although causal relationship comparison is not the goal of qualitative researchers, techniques are put in place to prove the research is valid and trustworthy. Although reading and rereading of the transcript is a tedious, arduous job, it is helpful for identifying errors as well as documenting and coding themes that emerge. The researcher did this to ensure that complete, thorough documentation of interviews was clearly accomplished. The researcher utilized a member checking approach, allowing the participants to agree or disagree with the accuracy of the information. Upon completion of these processes, the data were organized into software images and tables for ease of use and understanding (Peoples, 2021).

Dependability and Confirmability

Dependability relates to the consistency with which the data is analyzed based on standards, and conformability is the neutrality necessary for subjectivity (Korstjens & Moser,

2017). In essence, dependability is the participants' analysis of the information presented by the researcher. To incorporate a level of dependability and confirmability into the process the researcher was open and honest with participants, sharing the schedule of events including the number of questions and the time parameters. The researcher also granted the participants freedom to answer or refuse to answer any questions they chose. Finally, the participants were granted the open opportunity to share any information they felt necessary to shed light on the essence of the experience. "Getting good data" is vital and if the participant can provide a description which delves deeper than the questions provided, that is beneficial to the ultimate goal (Giorgi, 2018 p. 72). This gave participants the chance to add anything that may not have been asked, addressed, or that they felt was important to expressing the essence of their experience with the phenomenon (Peoples, 2021, p. 176). Where structured interviews may miss this opportunity, Peoples (2021) asserts the semi-structured format grants access to relevant information that can be caught in its more conversational flow.

Transcription of the interviews was completed by the researcher using NVivo software for accuracy and to assist with the written narrative (Peoples, 2021, p. 68). Upon completion of the transcription of the interviews the material was double-checked by the participants to ensure validity of what was reported. Member checking was used, allowing the participants to review the transcribed data. This permitted them to agree and/or disagree with their portrayals, clarify any potential misconceptions, and approve the information for use. Merriam and Tisdell (2016) describe this as checking whether the researcher's interpretation "rings true" with participants (p. 246). Member checking is instrumental in increasing the verification process by including the participants (Mcfarlane-Morris, 2020). This enhanced trustworthiness, as the participants were

involved in the process of ensuring the researcher heard exactly what they said and was able to convey this in writing. There was also a review conducted by an impartial third party to ensure accuracy, academic rigor, clarity, and proper grammar and spelling.

Transferability

Transferability relates to how the results can apply to other situations (Merriam & Tisdell, 2016, p. 253). This study can be effective as a comparison to different studies with other ethnic and racial populations. It can also shed light on the experiences of so many often-muted African American victims of CSA who may never speak of it. Studies on the specific topic of CSA can be compared and contrasted with studies of other abuse types as well. The universality of the experiences for the overlooked African American population allows this research to be merged with others. The uniqueness of the experiences from a marginalized and racially oppressed population could be applicable to research on single black women as well as those victims of CSA in the LGBTQIA+ population. African Americans are only one of the understudied populations that could be the focus of a study of this caliber. According to Richards et al. (2021) Native American populations are often absent from research but have reported the highest rates of abuse in both number and variety of any other racial/ethnic group, based upon their research of ACEs.

Ethical Considerations

Ethical considerations were followed closely in accordance with APA guidelines. One standard practice was waiting to begin the study until Liberty University's IRB approved the proposal. Another practice included the gathering of signed informed consent forms from each participant. To ensure participant confidentiality pseudonyms were assigned to each. All materials related to participants were secured in a HIPAA compliant program on a locked and

password-protected computer. Data collected on paper were kept in a locked cabinet behind a locked door accessible to only the researcher.

Summary

The purpose of this transcendental phenomenological study was to understand how married AA female survivors of CSA experience the marital relationship, and the processes they go through to build resiliency for relational intimacy. Childhood sexual abuse is a life-altering invasion of one's interpersonal being. It can leave victims powerless and extremely uncomfortable in their own skin. This study provided data relevant to how this shame impacts marriages of African American women, with particular focus on how marital satisfaction is affected. It also illustrated resiliency processes survivors employed for marital intimacy. Data on primary and secondary causes of the shame associated with the abuse emerged as well. These causes can include but are not limited to duration and intensity of the abuse, the abuser's position in the family, and characteristics of disclosure. Finally, this study adds to the limited research available for this population to improve outcomes for others.

CHAPTER FOUR: FINDINGS

Overview

The goal of this study was to gain insight into how married African American female survivors of CSA experience the marital relationship and how they describe the processes they go through to build resiliency and marital satisfaction considering their abuse history. The findings within this chapter provide a complete description of the results of the research conducted with eight married African American childhood sexual abuse survivors between the ages of 35 and 55. These participants voluntarily shared their experiences with this phenomenon. This chapter begins with a description of how the research methodology was applied to the data analysis. Each participant's demographics and specific scenarios are presented to provide context for the results. Pseudonyms are used to conceal identities, and based upon the pseudonyms the introductory information is presented alphabetically. A breakdown of the data analysis process and the results follows the participants' data.

Summary of Data Analysis

Several assistive technological devices were used for data analysis and documentation. Upon completion of the interviews transcription was initially accomplished with Word online, which shifted to Otter.ai due to its detail-oriented accuracy. This information was uploaded to NVivo, as its data analysis options created a thorough breakdown of the codes and themes. After the transcription took place, the participants were asked to verify the information for veracity and accuracy via email. The transcripts were reflected upon by reading and rereading to gain familiarity with each participant's story. This familiarity assisted in coding and identifying themes across interviews.

To protect the confidentiality of the participants and their information, the interviews were conducted with Telehealth, which is a HIPAA compliant, confidential online space. The results were peer reviewed by an educator and a fellow counselor with a Ph.D. Member checking also occurred, with the participants being given the transcript for review and the opportunity to verify and clarify the accuracy of what was captured (Saldana, 2021). The researcher maintained a processing journal throughout the process as well to keep track of all conversations, input, and unexpected emotions that emerged. These reflections helped to bracket out researcher bias.

Participants

The results of this study were derived from interviews with eight married African American female CSA survivors who self-reported as meeting all the criteria. The amount of time each woman was married varied as well as the type of abuse that was endured. All, however, reported enduring sexual abuse as a child from an individual labeled as either familial or familiar, as none of the abusers were strangers. Six of the eight participants were polyvictimized. According to Rapsey et al. (2019) polyvictimization is associated with increased risk for internalizing disorders later in life.

Table 1

Participant Demographics

	Age	Years Married	Age at onset of abuse	Poly-victimization (P) or single occurrence (S)	Familial (F) or familiar (f)	Told	Religion	Spousal Support	Spouse endured abuse
Barbara	35	7	6-9 9-11	P	Both	-Sister Husband	Y	Y	
Beyonce	31	2	10	P	Both	-Aunt - Therapist	Y	Y	
Dale	52	13	7-8	P	F	-Mom	Y		

Glenn	38	17	13- 14	S	F	-Mom -Pastor's Wife - Therapist Adult therapy	Y	Y		
Henrietta	54	15	5	P	F	-	Y	Y		
Missy	40	9	5-9	P	Both	- Therapist -Mom	Y	Y		
Paula	30	2	7	S	F	-Teacher		Y	Y	
Yolanda	51	17	5	P	F	-Brother -Best Friend	Y	Y	Y	

Note. All demographics obtained from semi-structured interviews.

Barbara, 35 years old, has been married for 7 years. She shared that she has been married to a man almost ten years her senior despite noting that her CSA experience made her afraid of older men. She has shared her abuse history and this little-known fact with her husband and has found his support helpful and appealing. She is a busy wife and mother who works several jobs. Her passion also led her to work with youth in various capacities such as mentoring and program development. She has been polyvictimised, and her abuse is both intra- and extrafamilial, including two stepfathers and a young man from her neighborhood as abusers. She credits these experiences with leading to a level of promiscuity and a loss of her voice in confrontational situations.

Beyonce is 31 years old and has been married for two years. Her abuse occurred when she was 10 years of age and continued for approximately a year. She reports the abuse as violent because she would attempt to fight her abuser. She also reluctantly shared, "he always had his way." She touts her husband's understanding as helpful with her battle through the flashbacks she reports having when attempting to be intimate with him.

Dale is 52 years old and has been married for 13 years. Her abuse took place from the ages of seven to eight. She states, "I blame my father for the abuse." She notes he did not abuse her, but his absence created the necessity for her mother to rely on his relatives for help. Two of these relatives would watch the children and help with handy work around the house. Subsequently they had complete access to her and utilized that access to fondle her and force her to do the same.

Glenn is 38 years old and has been married for 17 years with five beautiful children. Her abuse took place between the ages of 13 and 14, and due to her abuser being a 19-year-old teenager she felt they were in a relationship and did not label it as abuse at all. As a matter of fact, she was baffled by her husband's insistence that she participate when there are so many women in their sphere whom she felt better qualified for the study. She never saw herself as being victimized but rather she expressed feeling like she and her abuser were just intimate partners.

Henrietta is 54 years old and after 15 years of marriage has decided she is "on strike." She has spoiled her family—her husband and teenage son—by doing everything and is no longer willing to be taken advantage of. Her abuse occurred when she was five and even though it occurred for a year, she does not see it as impacting her life today. Her view is that something which happened so long ago should not impact her today. She explained, "I don't think that what happened to me when I was five resonated with me that it impacted my life so much."

Missy is 40 years old and has been married for 9 years. Her abuse took place between the ages of five and eight. She tearfully shared appreciation for her husband's support and love, recognizing in her words, "He chose me." As they are both abuse survivors, they found help in leaning on one another and seeking counseling.

Paula is a 30-year-old in her first pregnancy after seven years of marriage. She and her husband have pursued higher education and in turn put family planning on the back burner until now when they both sit astutely as African American doctorate earners. Her abuse occurred at age seven and it was a one-time occurrence that, she notes, “impacted the way I show up in the world.” She celebrates her husband’s love and support as helpful in her healing process. He revealed a CSA history too, and this helped both to feel seen, heard, and understood.

Yolanda is a 51-year-old married for 17 years. Her abuse took place when she was five years old. Her abuser was a teenaged cousin. Her mother was a savvy entrepreneur as the manager of an apartment building, so when an apartment was vacant the children were permitted to play in those areas. This led to the older cousin being able to isolate and victimize her with threats that telling would get her in trouble.

Results

The data in this study were initially organized by placing each transcript into its own table and reflecting on each to become familiar with the data before continuing in the data analysis process. The process continued with initial coding of the data. Saldana (2021) describes coding as ascribing significance to the data for identifying categories, patterns, and themes. Coding passes were conducted several times to allow the themes to emerge. This occurred during the reading and rereading of the transcripts. In the initial analysis, the researcher noted several common and significant statements and phrases that accompanied every topic discussed. As analysis continued, the researcher focused on the more prevalent statements and phrases identified in the original analysis. The researcher used assistive devices and pictorial representations created by the NVivo software to see themes emerge as analysis developed further into the process. These devices and pictorial representations included hierarchy charts, a

tree map, a sunburst, and a summary. All these tools allowed the researcher to see the data visually, which created a clearer representation of the data.

Theme Development

Central Research Question: Marital Satisfaction

Research question one centered on how married African American women describe marital satisfaction as survivors of childhood sexual abuse. This was achieved by focusing questions around how satisfied the women were presently in their marriage and if their experience with CSA impacted that in any way. The women were specifically asked to describe their relationship and sexual experiences and to give examples to support their responses. Probing in this way allowed the three themes to organically emerge.

Theme 1: Loving, Safe Spouse

Marital satisfaction was conveyed by all participants, and each shared their access to a loving and safe spouse. Descriptors like “safe,” “dependable,” and “trustworthy” were used to describe the husbands. These descriptors were accompanied by smiles, laughter, and at times tears. Missy explained her tears and emotional overwhelm as coming from the fact that “he chose me, when I couldn’t choose myself.”

Theme 2: CSA’s Negative Impact on Marital Satisfaction

Although each participant expressed appreciation for the safety and love provided by their spouse, each one addressed the varying ways CSA has negatively impacted their relationship. The major impact for the participants was in sexual safety with their spouse. One in particular addressed the fact that she has put the abuse out of her mind but refuses to participate with her spouse in acts that are similar to the abuse.

Theme 3: Open Communication

Each participant expressed an extreme desire for open and honest communication with their spouse. They were all able to make their spouse aware the abuse occurred and how communication is key. Paula expressed the abuse she experienced makes her need extensive “after care,” which she described as cuddling and intimate physical touch after a sexual encounter. She noted that without it she experiences a feeling of abandonment which reminds her of the trauma.

Guiding Research Question

Research question 2—the guiding research question—focused on how married African American women describe the process they go through to build resiliency for relational intimacy after experiencing CSA. This was accomplished by directly asking if and how CSA impacted the marriage. After that resiliency was defined as bounce-back ability and each participant was asked what processes they put in place to bounce back from this experience which is traumatic for most. This was followed up with a request for advice for other women in similar situations, which allowed most to articulate their processes in a succinct fashion to help someone else.

Theme 1: Supportive Community

All eight participants noted the supportive community as important to their resilience processes. Although said community did not always consist of the same individuals, the husband was mentioned by each participant as needing to be part of that community. Several other individuals were also added as their supportive community. Some specific supportive figures mentioned were parents for several participants, a brother for one, an aunt for another, best friends were mentioned often, and two mentioned teachers who helped them process their pain.

Theme 2: Reveal the Secret Abuse

Each woman addressed the strength it took to reveal the abuse had taken place. Several were threatened by their abuser and held the secret for some years; however, all the participants shared a sense of relief in letting the secret out. This was also mentioned as advice for anyone else going through this abuse. The commonality or subtheme of the abuser being familial or familiar also added to this dynamic. For six of the eight participants the abuser was familial.

Theme 3: Spirituality

A common theme for seven out of the eight participants was a faith practice that included some reliance on God. Although one participant admitted to no longer participating in a faith practice, she also shared learning the church was a resource when in need. She shared her mother went to church faithfully when they needed housing, finances, or care, and left when they were stable. The confusion this caused made her question religion and faith practices as an adult.

Research Question Responses

The research question elicited a plethora of responses. As the interviews progressed the researcher noticed the participants being more open to sharing their experiences. In this section a breakdown of the participants' responses to each research question and accompanying themes are presented.

Central Research Question: Marital Satisfaction

This question focused on marital satisfaction. Although there was a general consensus of satisfaction in marriage for the women, there were some factors that made each marriage unique. The themes that emerged to support the assertion of being satisfied in marriage were having a loving, safe, and supportive spouse, the realization of CSA's negative impact on marital satisfaction, and open communication with their spouse.

Theme 1: Loving Safe Spouse

All participants noted the importance of safety being ensured by the support of their spouse. Each spouse was aware of the abuse, and though all of them were evidenced as responding differently they all supported their spouse through the process.

Barbara. Barbara's husband is a much older man. She earlier shared that older men are one of her triggers due to her abuse, but he has proved himself safe and loving in many ways. In explaining one of her phobias from the trauma Barbara shared her appreciation for her husband's understanding actions that make her feel safe. One is her fear of the dark when sleeping. She noted,

That's why I can't sleep with the TV off. I can't sleep with the doors, it's, it's just weird.

It's weird. It's weird. So, I had to have a light on if I shut the doors. It has to be lights on in my room (pause). And still to this day my husband knows to turn the closet light on.

And I'm 35 years old.

Barbara highlighted the fact that she can rely on her husband to protect and secure her in stressful situations as one of his loving traits. She recalled a situation with one of her abusers as an adult that did not end well and shared that he was the first one she called. After her then stepfather attempted to violate her again, she shared, "I aint know what to do. I was texting my husband right away. He told me just go ahead and leave don't come back to the house or whatever. What do you want me to do?" As his response told her he was ready to do whatever she wanted or needed him to she felt a sense of comfort in the moment. She went on to share how much she needed him by responding, "At this point, I don't want you doing anything because at this point, I'm like, I need my son's father to be ok."

Beyonce. Beyonce credits her spouse with ensuring her safety and debunking her belief that all men are bad. She recalled feeling like there is nothing to fear when he is there because he

will not allow anything to happen to her. There were several times during the interview that this participant would tearfully express her answers; sad tears seemed to turn to healing and grateful tears when talking about her husband, however. She initially stated, “But my husband came, and it was like magic. He came as a friend. He came as a friend.” She shared such a gratefulness for his approach to her pain. She gushed about his help and support in her time of need. “But my husband has been helpful, and he’s been seeing me through, he’s been working with me, he’s my best friend,” she expressed with a long sigh.

She also credits him for making her want to talk about the CSA issues with someone to heal. She noted, “With my mind I say, ‘face this now.’ There’s nothing for me to fear again, since my husband has been so supportive and he has been there for me, talking to me about it.” Her love for him was evident in that her entire demeanor changed when she spoke of him.

She recognizes triggers as a part of life since surviving these incidents, but she appreciates his support and patience with her especially during intimate moments. She shared some of the difficulties they have had with intimacy while she heals. She recognizes that at times she knows it is her husband but has flashbacks to the abusers. He reminds her regularly that it is him and no one will hurt her. She expressed how thankful she is that he is patient and loving as she is healing.

Dale. Dale shared about the consistency of her husband over many years. She recalled he was her first boyfriend as a preteen, and then they parted ways. When they found their way back to one another she was in awe of the fact that he had not changed—“He was still trustworthy. I call him my rock. He’s very dependable. He’s always the same and he doesn’t change.” As she was talking about him, she paused for a few minutes, looked away, and added, “I think that’s what I needed.”

She previously shared about being with several men and never really being satisfied until she found her way back to him. Although he is now struggling with some health challenges, she expressed how she finds comfort in his presence and him being there for her. She noted his stability as one of the reasons they married. She shared:

I think that's one of the reasons I married my husband. And not that I don't love him. But I had known him since I was 12 years old. And when we got back together, he was still the same person.

Glenn. When asked about marital satisfaction Glenn immediately began smiling. She almost resembled a schoolgirl with a crush as she said,

I love my marriage relationship. I do. He's so good to me. He's so good to me. I couldn't think of any way that I would want him to change. I cannot think of anything he could do better to me. He's a great father an amazing husband. I don't have to worry about where he is at night. You know he just treats me so good.

She shared how her dad was not onboard with this relationship initially, because it was fast and they were both in school. He feared she would not finish if she got married. He promised her dad that she would finish then backed up that promise by leaving school for a time when they could only afford one tuition. This secured his space in the family as a man of integrity and a loving, safe man of his word.

She went on to say, "I thank my husband for how wonderful he is and how safe he makes me feel." She added that sentiment as she recalled not "spiraling out of control" when her abuser reached out to her via social media, due to her husband's support. He also gets the credit for motivating her to participate in this research. Since her abuser treated her as a secret girlfriend, Glenn admitted to struggling to see it as abuse until she remembered she was the same age as her

daughter is presently. Her husband's reminder and the desire to help others in similar situations helped motivate her to volunteer.

Henrietta. Henrietta recognizes the growth in love between her and her husband. When asked about her sexual intimacy today she responded:

We're not as sexually active as we were in the beginning. But we definitely love more.

You know, our love is just growing throughout the years. Love, respect, all of that. We still have it for each other.

She also added they are presently attempting to raise a ten-year-old who is their only child together, so there is not as much time for sexual activity. Despite their lack in that area, she could not help but share how his love secures her.

Her husband shared with her that all his previous girlfriends and his ex-wife also experienced sexual abuse. They were able to speak openly about it and he held what she feels is a higher level of understanding because of these other women's experiences. She recalled:

The conversation we had was that almost every woman that he's been with has had some type of abuse. Doesn't that tell the story about us as black people? He said every one of you have been sexually abused in some way. So, he found that strange.

Missy. Missy feels that her husband was supportive of her process by being extremely patient. When talking about him she had to pause several times due to emotional overwhelm. She tearfully shared, "My husband was patient with me while still learning how to love me. And (pause) my husband continued to choose me when I couldn't choose myself." She added his way of loving her and reassuring her made her feel comfortable to move into sexual acts. She also sighed and gazed off as she shared how he was very aware of when she was uncomfortable, and he helped her to only do what she was comfortable with.

The fact that her husband chose her came up several times in conversation. When talking about how his love she went on to share, “He chose me. He chose to be a father to our three kids, he chose to support my dreams, he continues to learn me as we grow older.” As she tearfully shared all of this, she was overcome to the point of having to pause in between her sentences. This was evidence that his choosing her is a major factor in her marital satisfaction and may even be responsible for securing her in the relationship.

Paula. Although Paula and her husband have been together for many years, their marriage is fresh out of the newlywed phase. This was apparent in how she expressed so much love and appreciation for him. She began by sharing, “My husband is also a counselor. We met in school (giggles and looks away). He is very loving and supportive.” This was at the beginning of the interview when she was just informing the researcher of who she was. Their shared career and educational path (both recently graduated with their doctorates) make them more compatible in Paula’s eyes. She continued in this vein with, “He is super supportive, he’s everything that you think a counselor would be, just like very empathetic. We are very much alike, but sometimes I feel like we are the same person.”

She credits this as being her most healthy relationship. She initially cited their cultural differences, noting how this makes their relationship even stronger. She shared:

I’m African American and he’s actually Haitian. There are a lot of cultural differences, spiritual but they’ve never posed a challenge or anything. I love learning about his culture and being exposed to it through him. And I would say our relationship is healthy. Like it’s the healthiest relationship I’ve ever been in (with laughter). And yeah, it’s been a positive experience so far.

Yolanda. After a tumultuous and promiscuous young adult life, Yolanda reported that she is loving her marriage. She finds solace in her husband and appreciates the time they have together. She said:

I am definitely satisfied (pauses and looks away), I am definitely satisfied in my marriage, to a level of liking the companionship, wanting the companionship without knowing that it's possibly a need. When I say I love my marriage, I love the companionship, the partnership.

She clarified her growth in the fact that at one time this relationship was co-dependent but now she comfortably finds the companionship as a want but not a need. She went on to explain:

But I do know who I am as an individual where it's not a need, I have to have it. I don't have to have this marriage. I don't see it as that where at some point I did. And I never realized it as a point of security. So, I'm satisfied with my marriage but not to the degree where it's a need for me anymore.

Yolanda shared the fact that her husband also suffered abuse, and this has been used to bring them closer. Although some of this information also meets the criteria for the open communication theme, there is a bonding that Yolanda referred to due to their shared history. When she shared her abuse with him, he felt comfort and safety sharing his with her. Although this may have initially presented as a trauma bonding, together they have evolved into a more healthy and safe relationship by being vulnerable with one another.

Theme 2: CSA's Negative Impact on Marital Satisfaction

The negative impact of CSA on marital satisfaction showed up in various ways for the participants. Some were more aware of it than others but all of them shared some ways that it has impacted their lives and relationships. There were two particular participants who were not

willing to specifically articulate a negative impact. Henrietta, for example, said she does not think about it and attempts to minimize the presence of any issues or common reactions to it. She even went into a level of self-shaming by saying, “It was over 50 years ago,” as if that dictates a need for getting over it. Many of the women were honest about their level of hyper- and hypo-sexuality post-CSA, with most initially finding themselves more promiscuous.

Barbara. Barbara recognizes CSA has impacted many areas of her life. When asked specifically how it impacts her relationship, she immediately pointed out her fear of older men. As a polyvictimized survivor she noted most of her abusers were older men. She shared, “I was like afraid of older men since all this stuff happened to me.” She returned to the realization several times throughout the conversation because it amazes her that her husband is an older man.

You know like because it gave me a flashback of like, an older, creepy man, you know what I mean? So that was a struggle for me in my marriage because it’s like it’s not my husband, it’s my experience that’s causing me to have these like ‘Oh my God don’t do that, that’s creeps me out, you’re like an old perv, Don’t Do That!’ reactions.

She also shared that there were times she had to lovingly remind him, “It’s not that I’m not sexually attracted to you, it’s just some things kind of freak me out.” Her revelation that she was quite promiscuous before marrying is interesting to note as well. She reported enjoying her intimate relationship but its slowing down may have something to do with this contradiction.

Her sexual abuse also triggers several flashbacks for her. Early on she was confused about what was happening, because she had blocked out the abuse. She shared, “I didn’t know what was going on with me because I just had these flashbacks.” Certain sexual positions and even the way her husband touches her at times would trigger a flashback and she would no

longer desire to be intimate. One abuser taught her to give him fellatio by saying “just suck it like a popsicle,” and this experience played back in her head as she explained:

It does affect my relationship. I think it did affect my relationships growing up. It does affect my relationship now because I’m married, but I don’t enjoy giving head. I don’t know if that’s too radical, but I don’t enjoy it you know, I don’t enjoy it.

She paused in between the redundant statements and looked away for a minute. Her flashbacks were so uncontrollable she recalled having to explain to her husband:

Um I had to explain to him before we got married as to why, because I get flashbacks.

So, if you touch the back of my neck, it’s a flashback for me. You know, you can’t force me to do anything. I have to want to do it. So that’s a flash, that’s like a thing for me.

Barbara noted some of the other issues she attributes to her childhood trauma. Although her husband has been receptive to abiding by certain rules, she realized these practices originate from a place of fear. Her revelation that her abuser would do things like shut the door and turn off the lights helped her see why this still haunts her today. She shared some of the conversations she has with herself when she is attempting to process why she does the things she does:

So, I realize this plays a part in my childhood trauma, because I’m like, why can’t I sleep with the doors closed? Why can’t I sleep with it pitch dark? I’m like, Wow! It registered to me because of my childhood trauma. I’m afraid someone’s gonna come in and get me . I’m afraid someone’s gonna violate me in the dark; I’m afraid someone’s gonna shut the door and I’m not gonna have a way out. And that’s when it kinda registered to me like that’s why I’m afraid of the dark.

As she continued processing, she was recognizing other areas where her life and relationship have been impacted:

That's why I'm not, I can't sleep with the TV off. I can't sleep with the doors, it's just weird. So, I have to have a light on if I shut the doors. It's lights on in my room. And still to this day my husband knows to turn the closet light on. And I'm 35 years old.

Beyonce. Beyonce is a survivor of several sexual violations. Her pain was fresh when we talked about certain situations, but she continued to press into the conversation because she felt her participation in this process was an important part of her healing. When talking about the negative impact of the abuse on her intimacy she traveled through a plethora of emotions including what looked like anger, sadness, fear, and frustration, just to name a few.

Her family initially did not believe her, and this she felt has caused second-guessing of herself in many life choices. She reported:

I had some bruises on my body, and they believed me. Yeah, I was raped. It was just really destroying... I was so destroyed because of giving me sleepless nights, I couldn't sleep. I was always on pills. The doctor said that was no good for me.

The violent nature of her abuse created a trauma response to people and situations that might not otherwise be threatening. This trauma response trickles into her marriage. She recognizes triggers as a part of life since surviving these incidents, but she also appreciates her husband's support and patience with her, especially during intimate moments. She shared some of the difficulties they have had with intimacy while she heals. She was open about the fact that at times she has had to completely walk away during sexual intercourse with her husband.

Although this is a situation that could drive some men to withdraw, he resists the urge and tries to get her to talk about it. She shared:

Yes, I get triggered most times, ah sometimes he wants to touch me. I'll be like, 'Don't touch me, don't touch me!' He understands, he knows I am still traumatized about

experience so he will talk to me and say, ‘Honey calm down. Do you want to talk about it?’

His loving and calm approach to helping her heal allows her to be open and honest with him. However, it does impede their progress in the area of intimacy. She realizes that her abuse has caused confusion and makes her feel insecure, especially sexually. She reported, “I don’t know what I like. I don’t know what I don’t like. I don’t know when to come on. So, it’s really messed up my mind. It’s really messed up my mind.” This also causes an immense amount of stress for Beyonce. She said, “So it’s stressful. Like stressed me out.”

Beyonce shared a level of guilt because, as she says, “I never expected someone to get married to a survivor of that.” She tended to speak of herself as if she were damaged goods, and it has also impacted her feelings about the opposite sex. She expressed surprise in the fact that they have lasted this long because, “I had the stigma that all men are scum.” Her husband’s patience and love are changing this stigma for her, and this emotionally overwhelmed her as she struggled to hold back tears when speaking of their relationship.

Dale. Dale recognizes the impact of CSA on her level of promiscuity. She was reluctant to admit that despite her staunch Christian upbringing she was, as she terms it, “Looking for love in all the wrong places.” This search produced her son, whom she loves dearly, but she was not in relationship with the father and feels bad about that. Having all these sexual partners may have numbed her ability to feel satiated sexually, she felt. She jokingly recalled, “never being satisfied,” as she recalled some of her encounters. The influence of the “good” men in her life helped her to recognize this was not the way to go. She shared:

I would say probably in my teens it made me a little more promiscuous. I don’t know why. Um just a little, I didn’t go overboard. But it was so... It’s too much for me to think

about, you know, right now. But I quickly learned that wasn't the way to go. Because I did know real love in the form of my grandfather and my uncles and things like that. I knew the situations I got myself into weren't real love, and it didn't pay for me to put myself out there like that.

She continued to lament this season in her life as she wondered aloud about how she ended up in some of these situations:

I don't know if I used it as a coping mechanism. I think I just always wanted, um, I just always wanted love and that, and you know how they say women give sex to get love. And I think that's probably what it was, until I was really like, you know what!

She also wondered if the abuse made her less tolerant of men and their antics. She noted:

I don't take much foolishness! I don't know if it's because of that or because my mom was that way? I don't know. I know, I do. A lot of times I don't walk around smiling and happy. Then when guys be like, 'oh smile.' I'm like 'do I know you, like get out my face.'

She went on to share how the abuse also made her create a "three strikes rule," for men, just expecting them to mess up. "I would always give guys three strikes that messed up and they always used them," she said. The reuniting of her and her husband was integral to her finally being able to experience sexual pleasure.

Glenn. Glenn's situation is a little different as she thought she was in a relationship with her abuser. She reported:

You know I don't know if I ever thought I was having sex. I think I felt special or something, but I didn't think of it as 'Oh you just had sex.' Like I still very much consider my husband my first and only.

Her abuser was a mentee of her father and took advantage of his kindness. He was permitted to live with their family and was treated as their son. During this experience he would drive the children to their functions and secretly perform sex acts with Glenn.

Her confusion was enhanced by the fact that they never had sexual intercourse in the 'normal' vaginal sense, but instead they only participated in anal sex. When asked if the pain was unbearable, she replied, "It wasn't painful, but I don't remember enjoying it, like, I enjoy now. It was like this is just happening, but I don't remember pleasure."

Sadly, her abuse occurred when she was 13 so regardless of her belief she was in a committed relationship, her abuser was still an abuser. She was too young to grant consent in a sexual relationship and her parents were not consulted. Glenn's husband was the one to encourage her participation in the research because as she stated, she did not necessarily see this as an abusive situation. As a 19-year-old her abuser was considered an adult and his influence on this young woman and others was considered a crime, evident in the fact that he did jail time for repeating this practice with other young girls.

Henrietta. Henrietta has an interesting take on the negative impact of her CSA experience on her marital satisfaction, and she was adamant about not experiencing any negative repercussions. However, her conversation revealed some common responses to abuse for the other participants. She clearly stated, "I don't think what happened to me when I was five resonated with me, that it impacted my life so much." She minimized her promiscuity as just a part of being young, as she did not feel it was related to the abuse. She said, "I mean I guess maybe you know, when you're younger you like to have sex." She felt that if anything the abuse has made her focus on what she has to do to keep from thinking of it. Henrietta continued in this

vein as she shared, “That’s just the short of it. I don’t think about that. I don’t think about that. Come on, that was 50 years ago.”

Henrietta admitted to engulfing herself in her studies to keep her mind off it. She expressed the minimizing opinion that it happened so long ago she should be able to block it out:

I was in school all the time. I’m in my whole entire educational life I was always concentrating on what I have to do. So, I really don’t think on much what happened when I was younger. I think I also have the mind frame that was then. And that I cannot let that define me as a person. Or who I want to be um that’s who I want to be remembered as.

Some people may choose to repress or ignore the memory by using achievement as a coping mechanism for trauma. This could be considered a positive, yet it is related to CSA, nonetheless. The idea is that the person can outrun or outwork the trauma by occupying the mind to avoid thinking about it in a form of maladaptive perfectionism (Liao, et al., 2020). Henrietta has academically achieved a terminal degree, which is the highest level of education possible in her field, despite the abuse she experienced. Although this could be seen as a positive outcome, if it is an attempt to outwork the trauma; the body eventually cannot keep up with the mental marathon.

Missy. Missy recognizes the shame and guilt that resulted from the abuse she experienced. She described getting lost in the pain and struggling to find her way out. In her words: “I was a shell of myself.” She remembered wanting to be healthy so intently: “Even when I couldn’t verbalize that I wanted healthy, I didn’t know what that was. I couldn’t identify that. I just knew I didn’t want to live in the space of shame and guilt.”

Missy, like many of the other women, described the flashbacks that would occur when engaging in intimacy with her husband. These at times made her shut down or be more

aggressive in an attempt to override the memory. She shared, “So when it came to such sexual acts, I would often engage in behaviors, and I thought that would communicate or invoke his love for me.” She is thankful for a husband that noticed when she was acting out of character and helped her find comfort in his patience with her and his presence. She recalled not understanding how to handle the flashbacks and feeling helpless:

I would often have flashbacks of the situations. The occurrence that I shared with you, which is only one of many with the gentleman. But sometimes I would forget and then something would happen, and then it would come, the memory would come forward and I would be devastated. I don't know how to communicate that.

She continued speaking of how the flashbacks are so pervasive she can find herself back there mentally with the slightest conversation about it. When speaking of today she shared:

I don't dwell on it. But the, it's like when I talk about it. I'm, I'm there again. It feels, it feels fresh. And so, learning how to live with the peace of it, because I don't talk about it. A lot of times it's not unless I'm triggered or I'm like that really did happen. And then it, the visual and everything it's just, it's vivid.

She also reported a season of promiscuity that transpired and the situations she found herself in, blaming the abuse for her lack of boundaries:

I was enlisted, if someone looked at me a certain type of way I engaged in the act. I was in a relationship; I was in a sextuationship with my military recruiter for years and he was married with kids. But he was the first man that showed me interest. And you know I felt that if I gave him sex that was what it was.

Missy revealed the dangerous suicidal ideation she struggled through after her abuse. She reported a lack of awareness of what was occurring but also realized she did not want to continue to endure such pain:

I didn't even know I was suicidal. You know in the African American community no one talks about that, so I didn't know that. You know I didn't know that was a thing. I had no idea that was. I just knew I would have thoughts about driving my car over the bridge and thinking nobody would miss me, but at least the pain would stop. Or what it would be to take pills and not wake up or something. I believe I had a dream, and, in the dream, it was very powerful for me. And it was a dream where I knew that I could not take my life.

And later I found I was pregnant with my son.

She credits her son (and other children) and her faith with giving her the desire to live, but it was bleak for a season. She continued:

I struggled a lot with suicidal thoughts, a lot but my faith and then my children, my children. When I found that I was pregnant with my son it was no way. There was no way that I wasn't going to be better. I wasn't going to do better; I wasn't going to give him better.

Missy's inability to express how she truly felt and her tendency to people-please could be noted as a trauma response. The freeze response children are forced to revert to creates a worn neural pathway that feels safe when people are pleased, according to Blaustein and Kinniburgh (2021). Sadly, Missy seems to have carried this into adulthood by attempting to please her husband while ignoring her personal needs, wants, and desires.

Paula. Paula recalled a level of dissociation to the point where when abuse was discussed in school, she questioned herself on whether it occurred or not. She explained, "In kind of

unpacking the trauma and realizing, ‘no, this did happen.’ And this was something that I repressed for a long time, and you know kind of just really formed my trauma narrative around that situation.”

She recalled the change and the fear that followed incidents with other children after the abuse occurred. She also reported to having a fear of sex and pregnancy, which followed her through college:

And it was something that really affect me. I remember from that point forward I never wanted to be at a kids table or in a kid’s room. I always just clung to my mom during events like that. Because I wasn’t trusting of other, especially big kids, you know when you’re younger. It’s like because again he was technically a kid too. And so that was really rough for me.

Since her abuser was also a child no one protected her, so she expressed the need to be with her mother even during adult parties and in adult situations.

Paula, as many of the other women, struggled with whether she met the criteria for this study. Survivors of CSA often downplay their level of victimization in comparison to others due to the shame and stigma often attached to this level of abuse, according to McElvaney et al. (2021).

Yolanda. Yolanda reported, “I felt worthless because of the abuse.” The promiscuity theme that seemed prevalent for the majority of the participants was also pertinent to her story. She shared how she devalued her body and was willing to participate in sexual acts with several individuals. She said:

Prior to marriage I didn’t value my body or myself. I didn’t see sex as a level of intimacy. It was definitely just maybe a craving because of the abuse. I saw it much different than

how I see marriage now in life when in my younger years. As a teen, in my 20s I may have looked at sex definitely different.

She continued and realized there were a lot of issues she could attribute to the initial abuse she experienced. She expressed a level of disappointment as she attempted to quantify her sexual escapes:

Not valuing my body, not considering it as being sacred. I had so many partners by the age of 30. I've had to be with maybe 30 different people at the age of 30. So, I didn't value the sex nor my own body, it was just an activity to me.

When specifically addressing CSA's negative impact on her marital satisfaction she immediately responded in the affirmative. She also paused several times and tears formed in her eyes as she said:

Yes, it has impacted my marriage. How? When I first got married, when I first, my husband first proposed to me when we were engaged, we definitely engaged in premarital sex. During that time, I was kinda convicted I as convicted, I was so convicted.

Yolanda used an interesting word. At one point she reported to having to "confess" that the abuse happened. When probed about the word "confess," she explained, "Confess because it was a secret that I never told anybody. But I feel like confession because that sexual abuse altered my behavior. It made me very curious and promiscuous as a very young child."

She recognized that the abuse made her more sexually inquisitive and exploratory, saying:

As a teen I was never confused about my sexuality. I knew that I was a female, I was never confused with whether or being bisexual or anything if that was an option for me. I wasn't confused there. But because I felt tampered with. I felt that I was exposed to sex at such a young age I was definitely confused.

Theme 3: Open Communication

Open communication was important to the participants as one of the things that made them feel seen, heard, and understood. Although this is very close to a loving, safe spouse, there is a difference for these women in that no conversation was off limits for these couples. The spouses became their confidants and listening ears.

Barbara. Barbara has found a sense of safety with her husband. She noted how he is the first one she turns to when she finds herself in uncomfortable situations, and he is always ready to do whatever she needs. She recognizes their open communication as one of the reasons they are so close. She shared:

I think just communication has helped within the marriage just because we're very open about what we do with each other. I might tell him, 'Hey not feeling this, not feeling that.' Or 'this turns me on, and this turns me off.' I believe having open communication has really been an effective tool in my marriage because we are very open with one another.

Being open and sharing as much as possible seems to have worked in Barbara's favor. She went on to share, "He knows everything, you know. It's like he's my best friend."

She credits her husband with securing her comfort during intimacy. They give each other the gift of oneness to ensure talking is always an option. She said, "I'm very open with my marriage and my husband is sexually, you know any sexual thoughts and things like that. We're very open with that." She also shared an appreciation that they do not have to hold in their feelings. After feeling unseen in her family of origin, having a husband that sees her and hears her has restored her voice in this area. She shared, "If I'm feeling some type of way, I'm gonna

tell him. So, it's way easy to communicate with him if anything was ever wrong with our intimacy."

Beyonce. Beyonce opened with, "There's nothing for me to fear again since my husband has been so supportive and he has been there for me, talking to me about it." Their open communication makes her husband her safe space. Although she struggles to trust others, she remembers him telling her how important it is for her to talk to him about everything. His goal is to make this a new life for her. She said, "He calls it a new life for me; that I should talk to him."

Anytime she finds herself being triggered her husband is quick to say, "Honey calm down. Do you want to talk about it?" He is also her inspiration for continuing in counseling. They attended marriage counseling together when the issues first began to stress their relationship, but he is always open to return. When she is triggered, he says, "Let's go see the therapist." Sharing this was an emotional experience for her because, as she said over and over again, "He chose me when I couldn't choose myself."

Dale. Dale's husband suffers with an illness that does not allow them to be intimate as they once were, but she reminded me often that he was her first boyfriend. She giggled when sharing, "To give you a little history my husband was my very first boyfriend when I was 14 years old." They went their separate ways for a season but then reunited, and she said, "We broke up when I was 16 and got back together when I was 39 and got married and we've been married ever since."

She believes their complete openness and honesty is why they are able to maintain their happiness despite their lack of sexual interaction. She takes pride in the fact that, "he was still the same person after all these years." She remarked, "I think that's what I needed," when speaking of his stability and trustworthy character. They enhance their bond by spending extensive quality

time with one another. When speaking about the things she enjoys doing, she said, “If I can get to reading or playing Uno or playing a game. With him and my son, you know just things to do with them.” She makes room for her husband and finds their quality time to be their intimacy. She went on to explain, “And then spending time with my husband because he’s chronically ill, so it’s not a lot he can do. So, I kind of just, you know, we’re like old buddies, and we watch TV and joke around and things like that.”

Glenn. Glenn sees her husband as her best friend and confidant. She gushed and actually blushed when speaking about him. He is also the one who convinced her to participate in this study. She recalled, while laughing, “I said, Babe, I didn’t think I qualified. He was like ‘Wow!’ And we just had like a moment. I don’t think...” and her story fell off as she was laughing uncontrollably because that was one of the times he seemed to know her better than she knows herself.

Her abuser also reached out to her on social media when she was an adult. She shared her surprise that it did not make her break down or lose control. She also recognizes her husband as her stability because he was the first one to whom she reached out. She said:

I think he had got married, had some kids or whatever, he reached out to me on Facebook from I think a new name. And it was like the whole, ‘we’re doing fine, the family’s fine, my brother’s fine etc. etc.’ And I told my husband about it, and I wasn’t, I didn’t like spiral about it.

His support and willingness to allow her to openly discuss the abuse has been instrumental in keeping her from ruminating about the revelation that she experienced it.

Henrietta. Henrietta opened with advice for the abused, saying, “Well I think you need to be honest with yourself and you need to be honest with your partner.” She said this about

others, but she also reported having shared openly with her husband. She continued, "If this is gonna be your partner for the rest of your life, I think both sides, we need to know everything about each other as much as possible. So, there's no secrets that come up later." She believes this has saved her marriage from many misunderstandings and can do the same for others. She reported being open and honest is important so that "you don't think I'm acting a certain way and then find out 'oh she was sexually abused. That's why she's acting like that, you know?' Communication is key to everything."

She and her husband have been open and honest for so long they are able to have the uncomfortable conversations without falling apart. They also grant one another more grace when angry due to their understanding. She remarked,

Even sometimes you know I'll snap at him, or he'll snap at me. And then we go off a ways, but we do come back and discuss it. And most of the time whoever started it will apologize, most of the time has to be him.

She laughed as she completed the end of that statement, but it made the point of the importance of open communication for their relationship and her healing.

Missy. Missy is thankful that her husband recognized the inauthentic ways she was attempting to please him sexually. She recalled not feeling comfortable enough to share with him initially. She recalled a time she was triggered and said, "I didn't know how to communicate that." Her husband is also a survivor so his level of compassion may be heightened. She recalled his difficulty sharing with her, saying, "He has his own trauma where he didn't know how to communicate effectively. He learned how to communicate so that we could learn how to have healthy interactions." This led to therapy and working on their relationship. This process worked

to help both be more at ease with having uncomfortable conversations. She spoke of one such conversation, stating:

He began to learn once I was able to share with him about my abuse, that me engaging in those behaviors didn't communicate love to him. And he was open to learning me and we both learned how to engage in healthy sexual behaviors.

Her advice for survivors, similar to that of many other participants, revolved around open communication. She explained:

I think that one, communication, communication in a way where sometimes it, it be repetitive, it may sound repetitive, because your partner may not know the extent of your pain. And in their mind, they're dealing with their own version of what that pain could look like. But just continuing to communicate and understanding that you may have the same conversation over and over again, but if that person is willing, and if you're willing, nine times out of ten you create a language that only you two understand. And that's worth fighting for.

Paula. The abuse caused Paula to create certain boundaries. Being able to openly and honestly communicate with her spouse has allowed her to confidently share these boundaries and for him and her to learn one another. They are still newlyweds, so putting open communication in place this early in the relationship may be helpful in both of their healing processes. She mentioned a specific incident where her husband was unaware of her desire to be completely awake before engaging in any sexual activity. When talking about the first time he got a little touchy while she was asleep, she said,

The first time that happened to me, opening about why that wasn't ok with me. He was very understanding and empathetic, and it was a huge bonding moment for us, for me to

share that with him. He's the first partner that I've shared that with. And I think it really forced me to hold myself accountable.

She also admitted to a lack of sexual adventure on her part. In a counseling session her husband was able to ask for more spontaneity and exploration and their safety made it a possibility. She shared,

I like predictable I like safe, I like guarded. When I did it with my husband, he ended up sharing with me, in the safety of our counseling, 'I would like to try some different things.' And so, I was open to exploring that with him.

Another issue Paula was able to discuss with her husband was her need for what she calls "after care" after intimacy. She explained:

After sex I never wanted to feel discarded; that was important to me. After my husband and I have sex if there's some type of cuddle or touch or like affection. It's just not we're gonna have sex and then we're gonna go to sleep on the opposite sides of the bed. That would make me feel used or molested or you know all sorts of things. So, I've been able to communicate that, and be a little more adventurous and branching out more with him, because of the safety of our relationship.

Paula reiterated the words of Henrietta when she was asked about advice for survivors.

Noting the importance of communication for relationships, she said:

If you want to work with this, you have to be honest with yourself and your partner and I think that's been key. I can't struggle with something internally and expect him to curve around and fix it; be perfect as it relates to this. Issue. I have to communicate and let him know where I am with certain things.

She recognizes her progress is due to the fact that she did not allow herself to avoid the conversations that did not feel so good. She went on to share:

I have to be aware of myself. So, I can't repress, I can't act like it didn't happen. I can't just try to power through it and be this super sexual person. I have to be honest about who I am and what I've been through, how its affected me; how I'm feeling. That part was a revelation for me.

Yolanda. Yolanda found open communication freeing for both her and her husband., Much like Missy, she found revealing her secret was instrumental in helping her husband reveal his. She shared,

It came a time after 10 years that I guess we both, I became honest with him about the abuse. I kept it a secret for a long time. And when I exposed the level of abuse and my background he was honest and then explained his level of abuse.

This she touts as building trust and compassion between the two of them. She felt honored to be the first person he told about the abuse he experienced, saying, "My husband was able to expose something to me something that I didn't know, something that he's never told anyone until that day. He said he was willing to take this to the grave."

She repeated the other participants' sentiments when asked what advice she would give survivors. Her advice was to have open communication with their significant other. She said, "Be open and honest with your partner. Transparency. In a marriage that should be a safe place. You should feel safe enough to share."

Guiding Research Question: Processes to Build Resiliency

This question focused on the processes the participants went through to build resiliency for relational intimacy after surviving childhood sexual abuse. Several came up for the

participants; however, the common themes seemed to be having a supportive community especially the spouse, revealing the secret abuse, and some form of spirituality and/or religious belief.

Theme 1: Supportive Community

The supportive community seemed to help the participants cope with their struggles and begin the healing journey from the abuse they experienced. All the participants spoke of the support of their husbands being the most important of all support. This was the support that allowed them to access their intimate space. However, it was quite evident that despite the painful abuse they experienced, these participants also had a supportive community that prepared them for their relationships with their husbands.

Barbara. Barbara reported having a rough childhood and shared that her abuse experiences led her to a level of promiscuity. She noted:

Everyone was very community, everybody. If you go in the parking lot somebody's auntie gonna get you for doing something you not supposed to do. So, my childhood with the community as far as like people, your neighbors, your aunts, different things like that. I did have a rough childhood growing up due to traumatic experiences I experienced.

Her husband was helpful in allowing her to be herself. She credits him with helping her find her voice, which she lost as a child, sharing:

I think that he helped me find my voice and speak up and stand up for myself um without feeling guilty, you know. Without feeling guilty. And I had the support that I didn't have you know, throughout my entire life. And he sees it, he sees it now how my family treats me he still sees certain things. So, he's like, I see it, you know, so... Yeah.

She shared her major resistance to or fear of older men. This may be related to the fact that two of her abusers were also her mother's husbands. She used words like "creepy" and "perv" when referring to her mistrust for older men. She shared this because she has surprised herself by being married and comfortable with her husband, who in fact is seven years her senior.

She let the researcher in on a separate incident which occurred when she was an adult with one of her mother's ex-husbands. She fell ill while visiting and after taking medicine blacked out until she woke to the ex-husband in bed with her with the door closed. Her anger took over, but the illness didn't allow her to lash out. Her immediate response was to get up and call her husband. As her safe space he told her to go to a hotel and that he was on his way from four states away. Although his support helped regulate her nerves, she refused to let him come and smiled as she shared the story, recognizing she needs her husband not to be imprisoned for this man's issues. This incident, she also shared, was the last time she has been home to visit family and she does not plan to return.

Barbara's experience in counseling helped her become very self-aware. This makes her notice the many things that could be attributed to her CSA history. When they come up, she finds her husband's supportive nature makes it much easier to confront those issues. She reminisced on how the support feels by saying:

Sharing with my husband, getting advice from him. Him helping me understand how to express myself different ways. You know it's okay to just be honest and up front and tell how you feel, you know.

It is clear her husband's support has helped her feel seen and safe despite her abused history.

Beyonce. Beyonce was overwhelmed with emotion when resilience strategies for relational intimacy was brought up. She cried and even took a few breaks to compose herself so

that she could continue. She emotionally shared: “My husband has been so supportive, and he has been there for me talking to me about it.” She noted his care for her and his willingness to accept her “no” as being helpful in her healing. Her husband’s willingness to be turned down without being turned off is highlighted and appreciated by her. She stated,

I get triggered most times. Sometimes he wants to touch me. I’ll be like, ‘Don’t touch me! Don’t touch me.’ He understands; he knows that I am still traumatized about the experience so he will talk to me and say, ‘Honey come down. Do you want us to talk about it?’

She was not accustomed to a man being as responsive as her husband and struggled to speak, but she added that he suggested they attend therapy to expose the secret.

She knows her aunt’s presence in her life made a world of difference. Her aunt was instrumental in getting her into therapy and believing her when she was willing to tell. She recommended talking to someone for healing, but she mentioned her aunt in that same breath, as her aunt’s support gave her the courage to reach out for help. She shared, “My aunt was really helpful taking me to the therapist. She was really helpful.”

Dale. Dale recognizes her family’s contribution in helping; her mother raised her and her brother. Although she blames her father for leaving her mom to raise them alone, she is thankful for the supportive family system that assisted when their family was in need. She also recognizes this need for support as the reason she was subjected to CSA. That being the case, her family’s support was wonderful and horrible at the same time. She said, “So as a single mom in the 70s she sometimes had to go out. And so, she depended on relatives to help.” Sadly, her mother had to rely on her two abusers because she had to work outside the home.

The positives in her family far outweigh the negative relationships. She proudly shared the fact that her grandfather is a pastor and grandmother a prayer warrior. She is grateful for the village that supported them and the Biblical upbringing she experienced. She recognizes this as an instrumental part of her “good foundation,” as she called it. She recalled the many times her grandmother would pour into her by praying over her, reading the Word of God to her, and gifting her with books and Bibles to encourage her faith.

The advantage of being a girl was also highlighted by the majority of her family, as she went on to share, “I was treated like a little princess in my family. I was very smart and was always told how smart I was and had to show that off in church and I was just a little princess.” She shared this info with a smile but stared away when considering the damage done to that princess by her abusers.

When addressing the season she was looking for love in all the wrong places, she recalled the wonderful men in her family. She shared,

Because I did know real love in the form of my grandfather and my uncles and things like that. I knew that the situations I got myself into weren't real love and it didn't pay for me to put myself out there like that.

Glenn. The most important person in Glenn's supportive community is her husband. When speaking about her husband Glenn was overcome with emotion and could not stop smiling and hugging herself. It looked as if just thinking about him warmed her heart. She answered the question of marital satisfaction with resounding words, saying,

I love my marriage relationship, I do. He's so good to me , he's so good to me. Like he's, he's he is! I couldn't think of any way that I would want him to change. I cannot think of

anything he could do better to me. He's a great father, an amazing husband; I don't have to worry about where he is at night. You know he just treats me so good.

All of this was said through a huge smile and a softening of sorts. Her voice grew light, and the tone was slow and methodical. There was an evidenced emotional response to answering that question. She described her husband as selfless and laughed about wanting him to be more selfish at this point in their marriage.

A story shared that painted the picture of his selflessness was about their college experience. Her dad worried that if they married, she would not finish school. Her husband made a promise to her father that he would not allow that. When they got to close to the end there was only enough money for one to finish, so he took on the financial responsibilities for her to finish school. Just telling this story caused her eyes to fill with tears.

Henrietta. Henrietta spoke of the stability her husband provides. She was open and honest about their sex life changing but she also expressed appreciation for his love. She stated: "We're not as sexually active as we were in the beginning, but we definitely love more. You know our love is just growing throughout the years. Love, respect all of that. We still have it for each other."

Missy. Missy shared her feelings of gratefulness for her "bittersweet childhood." Her parents' addiction led to moving around but she is thankful for her adoptive and foster situations, saying they were "beautiful in that while I didn't have the typical caregivers or guardians, I had people that made a conscious decision to show up in my life and show me love."

The trauma of dealing with the difficulties of parents in addiction is exacerbated by CSA. She recalled her early life, saying, "I lived with my mother who was still in a drug usage issue who would also engage in prostitution." This turmoil was supported by her grandmother who

stood in the gap for her mom, and she said, “My grandmother, my maternal grandmother, she would work hard to be present daily. And when we were unsheltered, she would always make it so we could live with her for periods of time, when resources allocated for such.”

Her family was also instrumental in helping her through a season of suicidal ideation. She believes finding out she was pregnant with her son gave her the wherewithal to continue. She tearfully repeated, “My son saved my life. My son saved my life.”

Paula. Paula credits the abuse for making her extremely focused on the importance of consent. This being her first pregnancy, she is even planning to hold off on usual rites of passage like circumcision and ear piercing until her child is able to give consent. Her husband’s willingness to be turned down without being turned off has been helpful to her process.

Paula’s supportive community also extends to teachers at her school. Her school conducted a “Unsafe Touch,” presentation and this motivated her to share the abuse she experienced. She could not tell if it was a dream or not (which was very common for many of the participants), but she could not shake the memory. She shared,

I ended up telling, we had an event at school we were talking about unsafe touch. This was like when I was in high school. And I think I had repressed the memory until that moment, and when I heard other girls talking about their experiences sometimes some of them were talking about, current boyfriends and things. But I’m sad to think, I hadn’t been abused, with anybody now as a teenager. I started putting that together like, ‘I think this happened to me.’

She recalled second guessing herself and wondering if she was making it up. After talking it out she recalled the memories flooding in in connection with episodic memory as

explained by Uhernik (2017). This memory is often stored with long-term memories, but in Paula's case was repressed until triggered by these classes.

Yolanda. Although Yolanda finds solace in her husband she initially leaned on her brother and best friend. She shared, "Before I shared with my husband, within the same week I told my brother and my best friend of 35 years." She revealed that she held her story for over 35 years, but her supportive community made her feel safe to finally share it. She shared the importance of her relationship with her brother, which made him her safe space until she married her husband. She said, "My brother and I are closer than my sisters, and he would be the next person than my husband that I am closest with on the earth. So, I decided to tell him first." Her brother was one of the most important people in her supportive community. It took her some years to reveal it, but he was the trusted tribe to whom she was able to reveal it.

Theme 2: Reveal the Secret Abuse

Each of the participants held their secrets for many years. Several also planned to take their secret to the grave if not for intervention. This is a common narrative as children are often groomed to believe they would get in trouble, or some harm would come to either them or a loved one, if the secret gets out.

Barbara. Barbara is a strong believer in counseling and processing the pain from the abuse. She has attended counseling and written a book to help others navigate the issues she has encountered caring for herself. She believes revealing the secret is one of the most important ways to heal. Being real with oneself seems to be the theme. She finds it important to

[Acknowledge] you went through these things. A lot of us are in denial, uh, 'this didn't happen to me.' Or we were taught to keep it underneath the rug, you know. The 'don't tell what goes on in this house.' And we lived by that daily, daily... And I'm like that's

why all these adults are so messed up. You know they never face and never acknowledge, the fact that this happened. I want to talk about it.

She believes counseling allowed her to talk through some of the issues and for her husband to hear what she went through. She said, “Um I think counseling helped because we did go to counseling at one point in time around our marriage. Um and I had to understand we had to get on the whole understanding of certain things. Um I think that has really helped us.” She spoke of their counseling helping the two of them understand her triggers and flashbacks.

Barbara could not say enough about the need to let this information out. She realizes she is a little more open than some, but she also believes holding it in causes more damage than good. When asked about her recommendations for others she shared:

I would encourage them to tell someone, because if you don't it's gonna literally eat you alive the rest of your life. Um its gonna affect the way you intersect with your relationship your children with your spouses, with your mother, your sister, your brother, it's going to affect any types of relationships that you have in the future.

Barbara was adamant about the need to share the truth of what happened with someone. She remembered the pain of not being believed and how some of her family members protected the abuser because of the financial security it offered. Her realization that she was unprotected seems to have stirred up a righteous indignation that was evident in her next statement. She went on to add:

I would just encourage anyone who has been through this to, um, stand strong on what happened, you know. Don't try to rearrange a story to try to please someone else. Don't try to sugarcoat anything, don't try to you know not try to mention certain things because

you're afraid that someone might get upset, you know, I would just encourage them to stand strong and up, just, just stand on their story, you know.

Beyonce. When asked about what helped her and what could help other survivors, she immediately leaned toward talking about it. She said,

Oh, it's not easy to be strong, be strong. Talk to someone, talk to some...you really need to talk to someone because you can't do it alone. You can't. I couldn't do it alone. I had to talk to someone that I trust. You could call. You could call anyone that you trust.

She believes the support of her aunt gave her the courage to tell others and to go to a therapist. Many of the women touted therapy as one of their resilience factors but Beyonce recognizes her aunt's willingness to attend the initial sessions with her was instrumental in her healing process as well. She added: "Going the extra mile to talk to a therapist was something I did. Plus, I talked to my aunt, she directed me to a therapist who went together with me and talked to the therapist."

She could not say enough about the benefits of the therapist. She actually still attends therapy presently as it has been so helpful. She said, "The therapist has been very good, helpful. So, we talked about my sexual experience. I told him I wasn't feeling anything. I didn't want to be touched by a man." She credits her therapist with helping her and her husband to become intimate despite the many triggers she experiences.

Dale. Dale had an interesting story of why she is now in support of revealing the secret. Her initial plan was to take the details of her abuse to the grave. She grew up in a time when those things were not discussed. She did not feel like it impacted her to the extent that she needed to talk about it until she began working with the teens at her church. She was finding they were disclosing information to her that was extremely private in nature. An immediate fear of

what it would feel like for her mom (whom she did not tell until she was 30) to get her story second hand took over. She recalled:

For some reason I didn't want to tell my mom. I don't know if it was because I was a precocious child I didn't want to tell my mom. I felt like she will be hurt not that she wouldn't believe me, but she will feel pain because of this. And so, I didn't tell her. But I know when I turned 12 I really, I told her I don't need a babysitter, I can stay home by myself.

Staying home by herself caused cessation of the abuse and for this she was grateful. She recognizes her supportive communities' contribution to their family by caring for her and her brother, but she also realizes the abuse may not have occurred if her mother did not need the help of other family members. For this she blames her father for not fighting harder to stay.

She reported lobbying to stay home by herself and care for her brother. She knew no one could hurt either of them if there was no one else in the house. She cried to her mom, "I can stay home by myself.' And even with my brother being three years younger, I said, 'I can handle him. I don't need a babysitter.' And she initially didn't listen."

Glenn. When Glenn realized what happened to her was a crime, she was anxious for all of it to be over. Her prayers led her to tell her mother all that occurred. She shared, "I said, 'Mom I need to talk to you.' She said 'Ok' and closed my door, and I told her what happened. I think I told her it only happened once, like you know I didn't give the full spectrum, um" (clears her throat while sheepishly looking away).

It took other young ladies coming forward for her to realize he was grooming several of them for CSA. What she originally thought was special attention she later learned was a perversion on his part to take advantage of defenseless young girls. Her family was there for her

through the entire process. Her mother also had the wisdom to take her to their pastor's wife, as she probably recognized her child was not comfortable to share the entire story with her. The village surrounded Glenn with love and understanding and helped stabilize her in this unsteady season. She recalled the conversations with her Pastor's wife, saying, "I remember sitting down with my pastor's wife. My parents were like, 'maybe she doesn't feel comfortable talking to us, maybe she'll talk to you.' We had a good relationship. So, I remember having counseling sessions with her." She was able to express all that she was feeling and release the issues she did not realize were issues until talking to this woman at length.

It was interesting to watch Glenn teeter back and forth with the idea that this was a relationship vs this was abuse. She recognized it immediately, however, when she considered the idea of her daughter being in a similar situation. She exclaimed, "I have a 13-year-old daughter, so I'm like, a kid, right!" The comparison was making her so uncomfortable but helping her to see the twisted nature of her abuser's motives.

Henrietta. When asked about the advice she would give a survivor Henrietta was an advocate for mental health care. Her response was: "I think they should talk about it with a professional, just so they can get it out." This is a far cry from what she chose to do, as she held it in for a good portion of her life. This is also a perfect example of "once we know better, we do better." She continued,

You know when you keep it in that's when you can do damage. But once you talk about something, it's out, it's out in the open and you can exhale. And then you can move on, it helps you to move on. From being maybe stuck in that period of time.

She could not say enough about how important it is to expel the negative experience to avoid being stuck. A little later in the interview she shared, "Nobody needs to be stuck in a

period of time. They need to, I believe, acknowledge and see what they can do to help themselves and move on.” This was how she said she has managed to excel in academics and to raise a healthy family. She added, “You don’t have to forget, when you move on, but you need to move on.”

Missy. Missy shared how beneficial it was to open up to her trusted tribe of individuals. She said, “I told my therapist; I told my mom once after therapy, and I told my husband.” Recognizing that these revelations allowed her to release what she had been holding onto was her first step to healing. Missy noted how revealing the secret has been her key to finding freedom. She shared,

After some therapy and a choice to heal, I began to be aware that even when I couldn’t verbalize that I wanted healthy, I didn’t know what that was. I couldn’t identify that, I just knew I didn’t want to live in that space of shame and guilt.

Paula. Paula is a therapist and an educator, so she considers herself biased in the desire to reveal the secret sooner than later. She benefitted from counseling as a teen even though she understood her counselor was not the best fit for her at the time. This she feels was enough, however, to at least get it out of her. Initially she did not understand she was abused; she just knew it was very uncomfortable and changed her view of the world. She recognized it as abuse in a class years later when a teacher spoke about different forms of violation. She realized some of it applied to her situation. She recalled, “So, I told my mom. I said, ‘I think this happened.’ And I explained the situation to her. And she was really upset. Just like, she was beating herself up a lot. And she immediately put me in counseling.”

She mentioned the benefits of counseling several times, even though hers was not the best experience initially. When asked about the advice she would give to a survivor, she said,

I would definitely say go to counseling. And I'm biased, I'm a counselor. But I will say and especially someone who's, like, trained to work with survivors, or victims of assault, of rape, of childhood sexual abuse. I just feel like it made a world of difference. And I will say, the first counselor I went to didn't know anything about counseling.

It is interesting that she noted even a mediocre counselor was beneficial to her healing. She reported later finding one who was well-trained and a fit for her, but she realized the most important first step was letting the secret out.

Yolanda. Yolanda remembered clearly being told the abuse was a secret. She was abused by an older cousin as a five-year-old and the vivid detail with which she shared seemed as if the events were scorched into her brain. She shared,

I remember the abuse coming in the form of a game. My abuser telling me to keep a secret or 'let's play a game. I'm going to teach you how to kiss.' Him trying to teach me how to kiss; him kissing me in my mouth. Saying that he was teaching me how to kiss. And I was a very young girl, possibly five years old.

She recalled there was a reason she never told. She felt she would get into trouble and her abuser played on this fear. She said, "I believe he would have had to threaten me about telling, because I was afraid to tell anybody. I was definitely afraid to share it. And afraid if he knew that I told that I would get in some type of trouble."

Yolanda was adamant about revealing the secret abuse as soon as possible, despite the fact that she waited until she was in her 40s to do the same. She noticed the tie between the mental and emotional turmoil she experienced as a young woman and the abuse. She stated,

I just decided that that was a secret that was in darkness that was just holding me back from having a deeper relationship with the Lord and other people. So, it had to go, it was just getting up the courage to do it.

With emotion Yolanda went on to share,

The more you keep it in darkness, the more you keep it in secret, the more you hold it to yourself, it's a vicious cycle. You never receive healing in the dark, you have to shed light on it, you have to speak about it; you have to expose it to someone. Share the situation or the circumstances with someone, talk about it.

She, like Missy and Henrietta, emphasized the benefits of sharing in this interview process. It was helping her by releasing the secret again and she prayed her sharing would help someone else in their process. She explained:

Honestly, I'm always still looking for healing. Just sitting down and expressing and doing this interview I'm able to process the events, um, maybe get more clarity on what happened be enlightened about some connections that may still affect my life in some ways that I don't know. How I deal in relationships because of that type of trauma as a child.

Theme 3: Spirituality

The Pew Research Center (2022) found the African American population to be the most religious, with as many as 97% percent professing a belief in God in their research on over 8000 participants. It is therefore no surprise that most of the participants shared how impactful spiritual practices were to their healing after experiencing CSA. Six of the eight professed Christianity as their religion. The other two spoke of how their families' religious practices were instrumental in helping them know where to turn in times of trouble. Only one clearly articulated

an intentional avoidance of formal religious practices, but she also shared a confusion with the way her mother utilized the church only when in need. The other participants raved about God's hand of protection and healing over them when they were experiencing the abuse and in their recovery process.

Barbara. Barbara unapologetically recognizes God and her therapist as instrumental in her healing process. She shared:

When I went through my whole healing process, God was my therapist. And he still is my therapist. I did not go to an actual therapist (for the abuse). Um I prayed about it. I sought God, I was that close to God, I was that close to God, and I still am. But it was literally like he got me through every single step of the way.

She could not say enough about how God brought her through. Her recognition of His presence is telling of how important it is to reach outside oneself for help. At one point she stated, "I would not be able to get through it without God. I think once you have faith, and you believe and understand, I think the first step is just acknowledging you went through these things." She even differentiated between the work of God and therapists, explaining that others need to know which will work best for them:

Make sure you literally had that relationship with God. Because no therapist, nobody. I understand therapists are licensed, you have so many degrees, educated, I have two degrees as well but when it comes to the spiritual, I'm a very spiritual person.

Her outlook is quite positive. She has channeled her pain into a book and the creation of several programs to help young people. When speaking of her book process she shared her initial plan to be part of an anthology, but she heard God saying no. She reported, "I think God told me your story is deeper than an insert. You know you don't need a little section, you need a whole

platform, you need a whole book.” So, she wrote just that. Although writing the book was cathartic, she recognized how much releasing her story has helped her to ‘reveal the secret,’ and how it has also helped so many others who felt they were alone. The fact that she is thriving after enduring so much abuse is tied to the many ways she has allowed God to work in her life. She shared: “I know how I’m going through, I know who I’m going to stand up to be. So, by me sharing my story and having faith and believing in God, I’m going to continue to survive no matter what anyone else says.”

Beyonce. Although Beyonce did not spend much of the interview talking about God’s influence, she did clearly talk about surviving the ordeal despite her prayers, saying, “I really prayed that day never happened, but it happened. And I experienced it and I survived.” The tears she shed speak to the strength derived from her prayers. She also credits God, her family, and her husband with helping her to make it through such difficult circumstances.

Dale. Dale clearly credits her level of resilience to her relationship with God. As was shared before, she takes great pride in the fact that her grandpa was a pastor. She shared, “My grandfather was a pastor and my grandmother, she taught me a lot about the Lord.” Their faithfulness to God is important to the trajectory of her life. The Bible says “train up a child in the way he should go. And when he is old, he will not depart from it,” (*King James Bible*, 1769/2017, Proverbs 22:6) and her family did just that.

She recalled the times spent at her grandparents’ and seemed to get lost in the positive memory as she gazed away while sharing:

I would go to my grandparents’ house often, and I remember my grandmother would have Bible study with me before I went to school. And when I was at their house just hanging around, I remember my aunt, she 16 years older than me, she had these Bible

studies for teenagers, my grandmother ordered her, but she would never do. And I was five years old I would pull out my little Bible that they had for me there. And I would sit at the dining room table and try to do these Bible studies. So, I might not have grasped it all, but it came back to me. So that was something that I had to hold on to.

Dale is living proof that the children raised with a strong spiritual foundation seem to find their way back.

She referred back to her Christian upbringing when talking about her season of promiscuity. She shared how it was against everything she was taught. When she was able to stand firm and abstain, she boldly shared, "I'm sure my Christian upbringing helped." She remembered making the conscious effort, saying, "I laid back on my Biblical foundation." Her son's birth also shifted her perspective back to the things of God. She jokingly shared, "And I had my son, and I was like, 'You know what? It'll just be me and my son 'til Jesus comes back.'" She continued to share how having different men around was not a good look for him, saying, "So I was very focused on raising him to be a decent young man and I didn't want to derail him." Her desire to raise him in a loving stable environment helped her ward off men and return to God, her first love.

Glenn. Glenn opened up about her level of spirituality by answering the icebreaker questions with, "I love God, love my family. And I think that's it." Short, sweet, and to the point. She is a pastor's wife, also known as a First Lady, and a pastor's kid, also known as a PK, so she has been inundated with Christianity her entire life. She expressed a reliance on God for her healing and her desire to help others heal.

She recognized her parents for creating a firm foundation. She shared that despite their shortcomings financially, "they were very loving; they taught us about God." This foundation

became instrumental in her decision on participating in the trial of her abuser. She said, “I was praying about it.” She credits her prayers for giving her the strength to proceed at such a young age. She recalled speaking to God and saying, “God, I really, really just want this to be over and done with. And God said you have to put it out here for it to be healed and be done with.” This was when she reported going to her mother and sharing her heart.

Henrietta. Henrietta shared her desire to help others by sharing her experience. This altruistic drive is why she participated in the study and how she plans to leave a positive legacy of healing. She shared: “I’m paying it forward to anybody I can help.” She was adamant about helping and went on to share: “I wanted to again help, help out.” The purity of this reasoning bled into her openness and transparency in the process.

Missy. Missy was a woman of few words but when asked what she credits with her resiliency she pointed to her faith in God and her children. She shared, “My faith. I am a Christian.” She made no qualms about her faith being responsible for helping her to heal. She was also clear that her faith keeps her and her husband fighting for the relationship. She sees him as the ultimate blessing. Her sentiments were, “So I’m blessed in that um my husband was patient with me while still learning how to love me.”

Missy even admitted to experiencing suicidal ideation but knows God helped. She tearfully reported: “I struggled with suicidal thought a lot, but my faith and then my children.” They were so important to her and helpful in igniting her passion and purpose. She shared how without her faith she would not have made it. She also shared how grateful she is to God for allowing her to contribute to this body of research. Although it was not a resilience strategy it is evidence of her relationship with God, which she credits for bringing her through this travesty.

Paula. Paula grew up overwhelmed with religion, saying, “My mom was Christian, and my dad was Catholic.” She knew the importance of religion in their lives growing up. She also was grateful for the churches’ assistance when they were in need. However, she struggled to understand why they were only faithful in church when they were in need. She shared, “We would go to church when things were bad.” It was confusing to her as a child because it was not a constant norm in their lives. “When we were like down bad, we would be in church every weekend,” she stated. She shared this probably kept her from becoming “super religious.” She added, “But I remember being so confused, like why do we have to go now. She needed money. She needed support, she needed social support, you know.” She recognized the churches’ contribution to sustaining their family in those seasons. She expressed gratitude for the church providing for their needs in a time that was tumultuous. She struggled, however, to understand the disconnect between church only being used when times were rough, stating, “Church was helpful with that, and obviously I’m grateful for that.” The misunderstanding and confusion with this norm for her child self has her standing as a woman who is not necessarily “very religious,” but still grateful for the church.

Yolanda. Yolanda believes God is the only reason she is a resilient survivor of CSA. She talked about how important her faith is and grew emotionally overwhelmed to tears a few times. When asked what she credits for her resilience she said:

I would solely, would solely, would solely say my faith. I don’t know where I would be without just trusting and believing in the Lord, just having faith. Just knowing that I am able to receive victory. I am able to walk in a better space even though I’ve been victimized, that I, not a victim.

She began to gush about God and how immersion in the practices of her religious

beliefs helped her through:

I would solely have to say, my strength comes from the Lord. Just being led in prayer and scripture. Just immersed in my faith has brought me to confront him, that I needed closure. My faith is what even prompted me to confront him, that I needed closure. It was still reading the Word of God, I know the Lord wanted me healed.

This confession led her to tears. Recognizing that God desired her healing and gave her the ability and the plan to receive it was again overwhelming for her. She went on to say,

After constant prayer, after doing just deep soul searching, and reading different books and material, just trying to have a healthier walk with my relationship with the Lord; just knowing that I was holding on to a lot of my baggage in my background and in my childhood that was hindering my walk, first with the Lord and with others.

Summary

This chapter introduced the eight participants who voluntarily participated in this study and provided context from their semi-structured interviews to support the themes that organically emerged. The two research questions saw themes emerge which illustrated commonality amongst the participants' lived experiences. Almost all the participants found intimacy and relationship to be a struggle initially in their marriages due to flashbacks and issues related to the abuse. Issues with promiscuity and insecurity were also common amongst the women early in life.

In reference to how married African American female survivors of CSA described marital satisfaction, the participants expressed: (a) a loving safe spouse was instrumental in enhancing marital satisfaction, (b) CSA negatively impacted their marital satisfaction, and (c) open communication positively impacted their marital satisfaction. In reference to how married

African American female survivors of CSA describe the processes they go through to build resiliency for relational intimacy the participants expressed: (a) a supportive community was important, (b) revealing the secret was beneficial, and (c) spirituality helped along the healing process. These findings show that the support of loved ones, especially the spouse, aids in healing and moving on.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study was to gain insight into how married African American female survivors of CSA experience the marital relationship and how they describe the processes they go through to build resiliency and marital satisfaction considering their abuse history. African American women are more likely to be victims of childhood sexual abuse (CSA) than their Caucasian counterparts (Gray & Rarick, 2018). They are also rarely the exclusive topic of research studies. This study was designed to contribute to the body of research on the African American female population. This chapter begins with a summary of the findings through reiterating the research questions, which were the basis for the study. A discussion of the findings is also included. The implications and limitations of the findings follow, and recommendations for future studies are also included.

Summary of Findings

Childhood sexual abuse is a major issue for African American females and the negative implications can last well into adulthood. The lasting effects can impact every aspect of life for survivors, affecting their social, intellectual, mental, physical, and emotional well-being. The search for healing and wholeness often becomes a lifelong journey. The secretive nature of this abuse also makes it difficult for victims to recognize they are not at fault (Kennedy & Prock, 2016). All of this creates a perfect storm of pain and confusion that can hold survivors hostage for many years, and some choose to take the secret to the grave.

In this study 14 structured questions were asked, and these led to several semi-structured extension questions to gain a clear picture of the essence of each participant's experience. The results of this study found the violation from CSA impacted the sexual exploration and activity

of the majority of the participants. All participants were under the age of 16 when the abuse took place and several reported becoming sexually curious and/or promiscuous in their teen and young adult years. One participant illustrated her level of promiscuity by highlighting the fact that she had over 30 partners in 30 years. Approximately 25% of the participants were clearly sent in the opposite direction and found themselves hyposexual. One reported to not even having a boyfriend until college, and due to the nature of her abuse, being afraid of intimacy and relationship until adulthood.

The summary of findings is presented by clearly and concisely answering each of the research questions that guided this study. The purpose of the research questions was to unearth the lived experiences of these married African American female survivors of childhood sexual abuse. The first research question was focused on the marital satisfaction of survivors.

The three themes that emerged from answers to this research question were (a) having a loving safe spouse, (b) CSA's negative impact marital satisfaction, and (c) open communication. Ultimately the research showed the support of a spouse helps survivors in their process toward healing. Although there were many obstacles to overcome and the negative impact was evident, the love and safety of said supportive spouses allowed the participants to be open and to honestly communicate. These factors helped in the healing process.

The second research question focused on the resiliency processes of the survivors. These processes helped them bounce back from the hardship of the abuse they experienced to survive, and for many to thrive, in marriage.

The major themes that emerged about processes for resiliency were (a) revealing the secret, (b) having a supportive community, and (c) having a foundational spiritual belief system. As some survivors admit to wanting to take the secret to the grave with them, these participants

identified that letting someone know it happened released them from some of the shame and blame they carried. All of the women found solace in some trusted individual and found relief in finally letting it out. The commonality of the abusers telling them it was a secret imperative for them to keep came up in every situation except one, and she just implicitly knew her parents could not find out about it.

Discussion

This study included eight married African American female survivors of CSA. The goal of this study was to gain insight into how married African American female survivors of CSA experience the marital relationship and how they describe the processes they go through to build resiliency and marital satisfaction considering their abuse history. The results of this study support the empirical literature on the topic of CSA yet corroborate and conflict with much of the theoretical literature on attachment theory. The findings revealed African American survivors of CSA, similar to those from other cultures, thrive with safety and security in their supportive community. Unlike those from other cultures, however, African Americans revere the community aspect of life more than autonomy and individualism. The data yielded themes that spoke to the communal nature needed for thriving and the vulnerability necessary for freedom from shame.

Empirical Findings

According to Pulverman et al. (2016), CSA is known to negatively impact relationships. The women in this study support this research finding and each could identify ways the abuse negatively impacted their marital satisfaction. This included the unwillingness to perform certain sexual acts, difficulty with settings similar to the setting of the abuse, and inability to perform

when touched in certain ways. Subtle reminders acted as triggers despite the fact that they were far removed from the abuse.

Pulverman and Meston (2020) note that sexual dysfunction is often an issue for CSA survivors and the participants in this study also support this finding. Meyer et al. (2017) identified sexual avoidance and compulsion as areas of sexual dysfunction. The majority of the participants in the present study fall into one of the two categories. Two of the eight found themselves hyposexual while five considered their promiscuous phase as hypersexual. Only one considered herself “normal” sexually.

Polyvictimization is more prevalent in CSA survivors according to Wolf and Prabhu (2018). This means they are more prone to multiple different types of abuse (Finkelhor et al. 2011, p. 4). Six of the eight participants were polyvictimized, which normalizes this violation in this study as well. As another negative way CSA impacts marriage, the results support polyvictimization as an issue for this population as well.

Familial and community support is noted as a general resilience process in dire circumstances according to Yoon (2020). The results of this study found that this is also pertinent for these CSA survivors. The participants in the present study found community and familial support as powerful resilience processes. All participants shared that the love, support, and open communication with their spouses were the most impactful resilience processes for overcoming the pain and shame of CSA.

Faith is also a major part of the resiliency processes for the participants of this study. Termed “spirituality” for the purposes of this study, all but one believed spirituality was key to becoming the resilient survivors they are today. Empirically, Howard-Snyder and McKaughan (2022) found faith was a resilience strategy against painful day-to-day experiences. It has also

been highlighted as a vital resiliency process for those in the African American community, and this population is noted as the most religious group in the United States according to The Pew Research Center (2022).

Theoretical Findings

Attachment theory posits that secure attachment results when caregivers are both responsive and sensitive to the child's needs, according to Murry et al. (2021). Ensink et al. (2020) assert that attachment disruption impacts a child's level of security. This research supports that assertion. Each participant shared the negative impact of a level of insecurity due to the abuse they experienced. The women noted an inability to trust potential mates and a distancing of self from others for protection. Hebert (2018) identifies dissociation as common for survivors of CSA and each woman struggled with the specific details of the abuse, which leans toward the dissociative nature often necessary to survive horrific experiences.

Autonomy is also noted as beneficial for resilience and for marital satisfaction in previous studies of varying ethnic populations. This study highlights the importance of community for African American survivors as a cultural norm, however. Keller (2018) highlights the fact that much of attachment and other research is based upon the Western, educated, industrialized, rich, and democratic (WEIRD). Keller goes on to question the universality of attachment theory and its application to all cultures. The results of the present study support the idea that raising a child in the 'village', or multigenerational household can also create secure attachment. as she poignantly supports with an array of cultures who display attachment security. This conflicts with the idea that the relationship with one primary caregiver determines one's attachment, as postulated by Bowlby (1969). Several participants in the present study address their upbringing with a 'village' supporting their working mothers. Although this was, at times,

the reason abuse was able to occur, there were many more instances when the multigenerational households' support was an important factor in the healing process.

Implications

The current study provided theoretical, empirical, and practical implications for this understudied population. The implications of this study markedly point to the need for vulnerability on the part of survivors and empathic support on the part of those around them. The trusted tribe, which is the group of individuals one can rely on for support and relationship, is vital to healing. Each participant noted a supportive family member(s) or friend/mentor and a supportive husband as healing resources, accompanied by some level of spirituality.

Theoretical

Attachment theory is highly respected in varying circles when it comes to describing the relationships formed early in life. However, it is predominately drawn from Caucasian populations and is criticized for its lack of cross-cultural validity (Keller, 2018). Bowlby's original attachment theory assumed that attachment was primarily with the mother. However current literature related to African American populations and the findings from the current study reinforce African American experience with relational attachments being associated with wider communities (Causadias et al., 2021). African American attachment experiences reflect their work requirements and communal caregiving responsibilities.

The present study applied attachment research to an exclusively married African American female population. Although many of the results are similar to those from predominately Caucasian populations, there is variance in the assumption of a single or few primary caregivers. In contrast the normative multigenerational community of caregivers is noted as essential versus pathological in the African American results (Causadias et al., 2021). In the

African American community, communal and kinship care is the norm. Many hands pitch in to raise children in this community, and this was also evident in the results of the present study. The supportive community, which for these participants began with the family of origin, continued with a loving and understanding spouse. Recognizing these support factors buffer negative outcomes for survivors can be helpful when creating a plan of action for family of survivors.

Empirical

Married African American females are understudied, while research with predominately Caucasian participants is applied (Keller, 2018; Nicolaidis et al., 2010). The topic of childhood sexual abuse is receiving attention by more researchers as of late (Russell et al., 2020). The present research addresses these two topics by exclusively highlighting the experience of married African American females within the context of their personal CSA experience. Recognizing the need to address both similarities and differences with other cultures to make research more relatable and relevant, the results of this research speak to the need for more studies involving married African American females and the communal relationship for the African American culture.

Practical

Day-to-day life can be impacted by this study. Many of these participants blamed themselves and took on the label of being damaged goods. Although most of the participants are more than 15 years beyond their last abusive incident, the practical implications are for caring professionals who will work with this population. When considering the mental health aspect, it is important for professionals to find ways of undoing the internal working model that not only says "I am damaged goods," but also says the world is unsafe. Working on self-esteem and self-worth is imperative. Unraveling the lie that places responsibility on a child for awakening sexual

drives prematurely can also help in steering victims away from self-blame and toward dealing with the real victimization that occurred.

Many participants in this study reported to be happily married and satisfied with their marital relationship. Their reported marital enjoyment can serve as evidence that marital satisfaction is possible for married African American female survivors of childhood sexual abuse. The practical implication here is that it is beneficial to help survivors understand this possibility and nurture the ways in which the participants stated marital satisfaction occurred. Namely, the loving, safe, and supportive spouse who was aware of the abuse was paramount to the survivor's healing and satisfaction in marriage.

Delimitations and Limitations

The delimitations and limitations described in this section were strategic and created a level of specificity for the population chosen. The entire population was African American women, as the essence of their experience as CSA survivors was the focus of the study. The limited amount of African American female data and the prevalence of CSA experience in this group motivated the researcher to conduct the study,.

Delimitations

The boundaries of this study were specifically chosen by the researcher to narrow the scope of the data collected. The women had to be married African American CSA survivors, as this population is understudied in the research world as a whole. The specific criteria for this study included being between the ages of 30 and 55 and married for at least two years. These criteria were meant to include individuals who were beyond the honeymoon phase of marriage and with some experience in adulthood.

Limitations

The criteria for this study required married African American females between the ages of 30 and 55. The niche population was also a limitation because they were the only individuals addressed. The small sample size was also a limitation. The limited number of participants makes it less generalizable across the greater population. The all-African American female population limits diversity and also limits the generalizability of the data. The researcher is both a survivor of CSA and an individual who meets the criteria for this study. She recognized this could have potentially led to researcher bias and intentionally took several measures to address this bias.

Recommendations for Future Research

Several recommendations for future study have emerged from the findings and limitations of the present study. Three specific recommendations for research follow the present study. For example, a future study focused on the parenting styles of CSA survivors could prove an interesting endeavor. A common subtheme discussed by most of the participants in the present study was their overprotective nature. The seemingly innocuous topic of sleepovers triggered a response in most participants which was noted and coded. The topic was not studied in depth, however, due to its deviation from the topic. A qualitative study of the impact CSA has on parenting in African American survivors could address this.

Another potential future study could address the polyvictimization experienced by many CSA survivors. In the present study all but two participants admitted to some level of polyvictimization. This fits in line with Finkelhor's assertion that "polyvictims are often more distressed than other victims in general" (Finkelhor, 2011, p. 5). A phenomenological qualitative study exploring how polyvictimization impacts the marital experience for CSA survivors could be beneficial to the many survivors who have experienced this phenomenon.

Another recommendation is to study the experience of married African American male survivors. This could also add to the paucity of research on this topic. The present study revealed a subtheme—that some of these female survivors managed to marry male survivors. The differences in disclosure as well as experience could not be investigated deeply due to the focus being the female participants. A transcendental phenomenological qualitative study much like the present study with male survivors instead of females would be groundbreaking.

The women in the present study found themselves satisfied in marriage for the most part. There is research however supporting the idea that attachment insecurity negatively impacts marital satisfaction (Candel & Turliuc, 2019). CSA is also known to negatively impact attachment security (Ensink et al., 2020). This being the case, a qualitative study of women who have struggled in relationship due to either of these factors could also be beneficial. These could be women who are married but unsatisfied and/or women who for whatever reason have not been able to make relationships work. Delving into the essence of their experiences could prove an effective pursuit for future researchers.

Summary

The purpose of this transcendental phenomenological study was to explore how African American female survivors of CSA experience the marital relationship and how they describe the processes they go through to build resiliency and marital satisfaction, considering their abuse history. The theoretical framework accompanying the study was attachment theory, exploring the attachment injuries caused by CSA and subsequent strategies for attachment repair. The results of this study suggested some level of spirituality and a supportive community are vitally important, along with exposing the secret to extinguish the shame. These two overarching

themes summarize the ways participants are overcoming the traumatic experience of childhood sexual abuse.

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APPENDICES

Appendix A - Informed Consent

Consent

Title of the Project: SHE IS NOT DAMAGED GOODS: A TRANSCENDENTAL PHENOMENOLOGICAL STUDY OF THE MARITAL EXPERIENCE FOR AFRICAN AMERICAN FEMALE SURVIVORS OF CHILDHOOD SEXUAL ABUSE

Principal Investigator: Fabyonne Williams, MA, MS, Liberty University

Invitation to be Part of a Research Study

Thank you for taking the time to consider participating in this research study. To participate, you must be a married African American female between the ages of 30 and 55, who has survived childhood sexual abuse. Taking part in this research project is voluntary. You have the right to refuse to participate or to withdraw at any time without penalty.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

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

The purpose of the study is to explore the experiences and perspectives on marriage of African American married females who are also survivors of childhood sexual abuse. Discussing marital satisfaction and resiliency for relational intimacy after experiencing CSA will be at the core of the study.

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. Complete intake information to set up access to the online Telehealth program. These questions will take approximately 5 minutes.
2. If criteria for the study are met, you will be asked to participate in an interview via the Telehealth online platform. This interview will take between 45 and 90 minutes depending on the discussion that follows and will be recorded for accuracy.
3. Participate in member checking, which is reading and approving the transcript once transcribed. This can take between

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study however they will be contributing to a deficiency in research studies which is the study of African American married females. There may also be an added benefit of catharsis and the relief which can accompany revealing painful truths not often discussed.

Benefits to society include

- Access to the lived experience of an understudied population for the purpose of education and for mental health and medical professionals.

What risks might you experience from being in this study?

The risks involved in this study include the issues associated with unveiling traumatic history. CSA is an uncomfortable topic to discuss and may open some areas of wounding for participants. This could pose some levels of psychological difficulties. As a mandated reporter in the state of Pennsylvania, the researcher is required to report issues related to child abuse/neglect, elder abuse, or intent to harm self or others. These issues and those associated with increased psychological distress could result in your termination from participation. Participation is voluntary and participants can choose to end their participation at any time during the study.

Liberty University will not provide medical treatment or financial compensation if you are injured or become ill as a result of participating in this research project. This does not waive any of your legal rights nor release any claim you might have based on negligence.

How will personal information be protected?

The records of this study will be kept private. Participants will complete the online survey via Question Pro. 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[s] will have access to the records. The predominance of the data will be stored in the confidential Question Pro and Telehealth programs online. The transcripts will be stored on a password locked private computer. Anything completed on paper will be kept in a locked office behind a locked door to ensure confidentiality. 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 using pseudonyms. Interviews will be conducted online, and the researcher will be in a location where others will not easily overhear the conversation. Data will be retained for three years after completion of the study.

Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher[s] will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question 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[s] at the email address/phone number included in the next paragraph. Should you choose 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[s] conducting this study is Fabyonne Williams. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at

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, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research 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 record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Appendix B- Permission Letter

March 28, 2023

Reena McCormick and Mandy Jabbour,
Group Facilitators

██████████
██████████████████

Dear Mrs. McCormick and Ms. Jabbour,

As a doctoral candidate in the Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research is *She Is Not Damaged Goods* a purpose of my research is to describe the resiliency process married African American female survivors of childhood sexual abuse go through to build resiliency for marital satisfaction and relational intimacy. I am writing to invite you to join my study.

I am writing to request your permission to conduct my research with the participants in your confidential group. Understanding the confidential nature of your clientele I recognize I cannot have access to your membership roster. Due to this stipulation, I would appreciate if you would share the information with your participants who meet the criteria, and if they decide they are willing to participate to grant access to the recruitment letter.

Participants will be married African American female survivors of childhood sexual abuse between the ages of 30 and 55. They will be asked to contact me to schedule an interview that will take approximately one hour. The individuals will be presented with informed consent information prior to participating. Upon completion of the interview and after researcher transcription, participants will be asked to review the transcript for accuracy. The transcript will be emailed to participants within three weeks and will take approximately 30 minutes to review. Taking part 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 respond by email to researcher's email address. A permission and recruitment letter document is attached for your convenience.

Sincerely,

Fabyonne Williams
Doctoral Candidate

██████████
██████████████████

Appendix C - Recruitment Letter

Dear Potential Participant,

As a doctoral candidate in the Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to describe the resiliency processes married African American female survivors of childhood sexual abuse go through to build resiliency for marital satisfaction and relational intimacy. I am writing to invite you to join my study.

If you are a married African American female survivor of childhood sexual abuse between the ages of 30 and 55 and are willing to participate in this study, you will be asked to engage in an audio recorded one on one Telehealth interview. The interview will take approximately one hour. Identifying information will be requested as part of this study but participant identities will not be disclosed. Upon completion of the interview and after researcher transcription, participants will be asked to review the transcript for accuracy. The transcript will be emailed to participants within three weeks and will take approximately 30 minutes to review. Participants will be asked to submit any revisions within one week of receiving the transcript.

To participate, please email me at [REDACTED] to make me aware of your interest. Assuming participation criteria is met, I will contact you to schedule an interview. Feel free to contact me with any questions or concerns about the study as well.

The consent form will be emailed to you, and it will need to be signed and returned prior to our interview. The consent gives clear and concise details about the study. Participants will receive a \$25 gift card as a thank you for their assistance and involvement in this process.

Sincerely,

Fabyonne Williams
Doctoral Candidate

[REDACTED]
[REDACTED]

Appendix D – Social Media Recruitment Flyer**African American Female Research Opportunity****Liberty University****Department of Community Care and Counseling**

Your input would on this groundbreaking research study would greatly be appreciated:

She Is Not Damaged Goods: A Transcendental Phenomenological Study of The Marital Experience for African American Female Survivors of Childhood Sexual Abuse

Research being conducted by: Fabyonne Williams, Doctoral Student

Purpose:

African American women are more likely to be victims of childhood sexual abuse (CSA) than their Caucasian counterparts (Gray & Rarick, 2018). The purpose of this study is to gain insight on CSA's impact by exploring the experiences of married survivors. This will be done by allowing African American married females to share their perspectives on marital satisfaction and resiliency processes for relational intimacy after experiencing childhood sexual abuse.

Procedures:

- 60-minute video interview using Telehealth platform
- Review of the interview transcript

Participation criteria:

- African American female
- Married for at least 2 years
- Between the ages of 30 and 55
- A survivor of childhood sexual abuse

Participants will receive a \$25 gift card for participation

To participate please contact Fabyonne Williams at [REDACTED]

