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African American, Sexual Minority Women Pursuing Resilience Following Childhood Sexual Abuse

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Walden University
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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

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Abstract

In any form, child abuse is traumatic, and the effects can leave the individual psychologically scarred. Childhood sexual abuse (CSA) is a specific, worldwide problem that affects individuals of all ethnicities; however, CSA is most prevalent among African Americans in the United States. The adverse effects of CSA warrant proper coping strategies. Though negative coping strategies are innate, positive coping strategies are more beneficial. Sexual minorities are individuals whose sexual orientation or gender identity deviates from the majority of the population (i.e., heterosexuals). Sexual minority women (SMW) with histories of CSA face many tribulations and hardships. Resiliency is a form of positive coping, in which positivity is used to excel in multiple aspects of life mentally. The purpose of this interpretative phenomenological analysis was to establish a better understanding of how African American SMW with histories of CSA perceive and describe the pursuit of resilience following CSA. Relational cultural theory and resilience portfolio model was used as the theoretical foundation. Participants were recruited with a flyer and were selected via purposeful and snowball sampling. Semistructured interviews were conducted to obtain rich, thick data. The findings from this study suggest that African American SMW perceive and describe the pursuit of resilience following CSA in intermittent stages, but each stage is essential to the overall resilience of the individual. The findings of this study contribute to positive social change by explaining how these women became resilient. Once resiliency is learned, it can be used in all aspects of life. Applying resiliency to life's challenges will increase positivity, which will result in positive social change.

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Dedication

First and foremost, to God be the glory. This dissertation is dedicated to all men and women who have experienced childhood sexual abuse. To be a survivor is to be a hero because it takes strength and power to be a hero.

This dissertation is also dedicated to my family and friends who supported me and prayed for me throughout my journey. A special Thank You to my husband, my best friend, my number one, Victor J. Scott Jr., who was always supportive and encouraging. A special Thank You to my daughter, Shantel Hayes (21), who was also supportive, encouraging, helpful, and always willing to listen to me read aloud my work and be that second set of ears for editing purposes. A special Thank You to my son, Jamir Jackson (14), who was supportive in his own way to keep the noise down while I was studying. A special Thank You to my daughter, Arialana Scott (10), who was supportive and helpful in her own way as she pretended to be my secretary and kept the office quiet while I was working. A special Thank You to my parents, Bobby Herron and Diane Hayes, for all the love, support, kindness, prayers, and encouragement, not only throughout my dissertation journey but throughout my life. I would not be who I am today if it were not for my parents' love and affection, so I am eternally grateful for their love and support throughout my life. I am truly blessed to have such a wonderful family circle, and I cannot say Thank You enough. That is why I have dedicated my dissertation to my family circle. I love you all!

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Chapter 1: Introduction to the Study

Child abuse is a well-known global problem and can take the form of physical, mental, or sexual abuse. Each form of abuse has its own set of effects. For instance, physical child abuse can lead to poor body image, mental child abuse can lead to poor decision-making, and sexual child abuse can result in poor judgment (Jaconis et al., 2020). However, all forms have a high probability of leading to low self-esteem, depression, and other mental illnesses. Willis (2010), Gal et al. (2011), Kelly et al. (2011), and Seng et al. (2013) found that increased levels of insomnia, depression, posttraumatic stress disorder (PTSD), and mood and anxiety disorders were present in victims of childhood sexual abuse (CSA). Additionally, CSA victims may experience a lifetime of trust issues resulting in adverse detachment in intimate relationships.

Sexual minority women (SMW) are women whose sexual orientation or gender identity deviates from the majority of the population (i.e., heterosexual women). This research study of African American SMW survivors of CSA will lead to positive social change by developing a greater understanding of how these women positively cope with adversity, which will allow others to use the same positivity structure in other areas of their lives. This positive structure is also known as resilience, and resilience aids in strength, self-confidence, and positivity (Miller, 1976). The goal of this research study was to understand how to find resilience and positivity in a negative space. Finding positivity and applying resilience to life's challenges contributes to positive social change, which is a step in the right direction of spreading positivity.

This chapter begins with a brief summary of the research literature related to CSA. The gap in the literature is identified, and a brief explanation of why the study was needed is provided. Additionally, I introduce the problem statement, the purpose statement, and the research question. The theoretical foundation, the nature of the study, definitions, assumptions, scope of delimitations, limitations, and significance are also provided. The chapter ends with a summary of the main points and a transition to Chapter 2.

Background

Child abuse has many forms, including physical, emotional, and sexual. A general definition of child abuse is any form of unwanted contact with a child that results in physical injuries, psychological or emotional scarring, or traumatization (Iffland & Neuner, 2020). Sumner et al. (2015) found that 12.5% of children in the United States experience maltreatment or child abuse before the age of 18. The U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2017) reported 4.1 million referrals for child abuse in 2017.

CSA is a growing problem worldwide (Hamdullahpur et al., 2018). There is an 18%–20% lifetime prevalence rate for women and 7%–8% for men (World Health Organization, 2014). Similarly, Sumner et al. (2015) noted that 19.3% of women had experienced sexual abuse at some point in their lives. More recently, 57,460 children in the United States were victims of CSA in 2016 (U.S. Department of Health & Human Services, Administration for Children's Bureau, 2018). Cividanes et al. (2019) reported

that 20%–25% of U.S. children had experienced CSA. Furthermore, being African American significantly increases CSA occurrence, as Taylor and Higginbotham (2020) found a statistical factor of being African American linked to a higher incidence of CSA as determined by professional physical examinations as a result of vulvar pain and vaginal bleeding, discharge, or itching.

There is a wealth of knowledge on CSA and the adverse effects relating to CSA (Allbaugh et al., 2017; Beatty Moody et al., 2019; Conroy et al., 2009; Coulter et al., 2017; Goldberg & Halpern, 2017; Lamis et al., 2017; Lehavot & Simoni, 2011; Matthews et al., 2013; Myers et al., 2015; Newsome & Myers-Bowman, 2017; Prajapai et al., 2017; Reuter et al., 2017; Sartor et al., 2013; Viduoliene, 2019). Recent literature has focused on CSA among differing ethnicities (Coulter et al., 2017; Fedina et al., 2019; Graham et al., 2018; Kim et al., 2017; Lesmana et al., 2015; Morgan et al., 2017; Taylor & Higginbotham, 2020; Timraz et al., 2019). However, I found little research focused on sexual minorities and CSA. Specifically, the topic of CSA within the African American SMW community was underresearched. Therefore, I conducted this study to address the gap related to CSA within the African American SMW population and contribute to the existing literature. Further research was needed to assess how African American SMW survivors of CSA perceive and describe their pursuit of resilience.

Problem Statement

CSA results from the lack of protection for children and is a representation of one of the most significant societal failures (Kozak et al., 2018). A meta-analysis confirmed 20% of women had been affected by CSA (Hamdullahpur et al., 2018). Moreover,

experiences of childhood abuse are heightened among racial and sexual minorities (Balsam et al., 2010). Other than CSA, some children are also physically, emotionally/psychologically abused (Kapoor et al., 2018). CSA affects children of all ethnicities; however, it is more prevalent among African Americans than other ethnicities (Kozak et al., 2018). Additionally, aside from CSA, violence against children is also more prevalent among African Americans (Alves Moreira et al., 2017).

CSA experiences invite opportunities for revictimization; however, finding a way to properly cope with CSA aids in avoiding revictimization (McConnell & Messman-Moore, 2018; Neilson et al., 2018; Tapia, 2014). Coping mechanisms include negative and positive coping. Negative coping is also known as avoidant coping and includes substance and alcohol use and abuse, suicidal ideation, and depression (Gray & Rarick, 2018). Alternatively, positive coping includes finding resilience, strength, and power and has been proven to be more effective than avoidant coping (Kerlin & Sosin, 2017).

The majority of research on CSA survivors has focused on the negative or adverse effects of the experience. Little research has focused on the positive aspects resulting from CSA. Such positive elements include finding resilience with the help of family, friends, and spiritual communities (Boyd-Franklin, 2010; Collins & Antle, 2010; Hamby, 2014; Holt et al., 2009; Schaefer et al., 2018; Thomas & Cretser, 2017). CSA survivors have found the resilience-based approach to positivity and healing to be beneficial (Borg et al., 2019; Hitter et al., 2017). African Americans use religious practices, spirituality, and prayer for positivity and resilience (Boyd-Franklin, 2010; Collins & Antle, 2010; Holt et al., 2009). While some CSA survivors use familial support and support from their

spiritual communities for positive healing, many families and spiritual communities hold strongly negative views of sexual minorities. Therefore, further research was needed to determine how African American SMW survivors of CSA found resilience.

I conducted this study to fill a gap in the literature by bringing attention to sexual minorities and their pursuit of resilience following CSA. This study can help guide other resilience research and assist in the development of treatment and prevention programs. Additionally, families and spiritual communities may benefit from this research and use it to adjust traditional beliefs.

Purpose of the Study

The purpose of this qualitative study was to explore and gain a better understanding of how adult African American SMW survivors of CSA perceive and describe their pursuit of resilience. I used interpretative phenomenology analysis (IPA) as the study approach to address the gap in the literature on this topic. This research is unique because it addressed the positive aspect of being a survivor of CSA.

Research Question

How do African American SMW perceive and describe the pursuit of resilience following CSA?

Theoretical Foundation

The theoretical foundation for this research comprised the relational cultural theory (RCT) and the resilience portfolio model. RCT was developed in 1978 by Jean Baker-Miller, Irene Stiver, Judith Jordan, and Janet Surrey, and the theory focuses on positive growth, connectedness, and relationships. The resilience portfolio model was

developed in 2015 by John Grych, Sherry Hamby, and Victoria Banyard. The model

focuses on posttraumatic growth, positive psychology, and coping. The theory behind the

model is that building a portfolio of multiple strengths is the best way to combat

adversity. RCT and the resilience portfolio model both focus on positive growth and

resilience; therefore, they were appropriate to use as the theoretical foundation for this

study of African American SMW pursuing resilience following CSA. In Chapter 2, I will

provide a more detailed description of RCT and the resilience portfolio model.

Nature of the Study

In this study, I used an IPA approach that allowed for a rich, in-depth exploration

of the lived experiences of adult, African American SMW survivors of CSA and develop

a better understanding of how these women became resilient. Use of the IPA approach

was consistent with gaining an understanding of how African American SMW survivors

of CSA made sense of their lived experiences, overcame additional stressors, and became

resilient, which was the primary focus of this research. Data were collected via in-depth

interviews with African American SMW survivors of CSA who had adapted positively in

their survivorship of CSA. These participants had primary, first-hand knowledge of the

phenomenon. Alase (2017) discussed how the IPA approach finds commonalities

between the participants' lived experiences. The critical elements of data analysis

consistent with the IPA approach are reviewing the data collection, coding the data to

find common themes and categories, and linking the lived experiences to a theory.

Definitions

Central relational paradox: The central or primary issue is the power of the often unseen, desperate reaching for connection, hoping others will perceive and respond to this yearning while simultaneously continuing the techniques for staying out of connection. The central relational paradox is the paradox that patients and therapists face as they undertake therapy (Miller & Stiver, 1991).

Commercial sexual exploitation: Human trafficking for the sale or exchange of sexual acts (Dierkhising et al., 2020).

Comorbidity: The existence of chronic illness and other conditions (Kadam et al., 2019).

Ego-resilience: The resourceful adaptation to changing circumstances and environmental contingencies, analysis of the "goodness of fit" between situational demands and environmental contingencies, and flexible invocation of the available repertoire of problem-solving strategies (Block & Block, 1980).

Relational growth: The ability to modify or change thoughts and memories created from negative experiences (Miller, 2008a). Also known as relational resilience.

Relational images: Thoughts and memories created from experiences (Miller & Stiver, 1997).

Relational resilience: The ability to modify or change thoughts and memories created from negative experiences (Miller, 2008a). Also known as relational growth.

Resilience: The ability to adapt positively from adversity (Newcomb et al., 2019).

SMW: Women whose sexual orientation or gender identity deviates from the majority of the population (i.e., heterosexual women; Lopez & Yeater, 2018).

Stigmatization: A negative representation of someone (Simon et al., 2016).

Assumptions

In this study, I made the following assumptions. I assumed that positive coping or resilience had made a positive change in these women's lives and that resiliency had been applied to various areas of their lives. Another assumption was that the experience of CSA has led these women to be SMW and, possibly, the traumatic experience of sexual assault adjusted these women's sexual orientation to avoid revictimization. I also assumed the lesbian, gay, bisexual, and transgender (LGBT) community had uplifted these women and helped them to positively cope with the incident. These assumptions were essential to the study's context because positive coping, or resilience, was the central aspect of the study.

Scope and Delimitations

The scope of this study was restricted to participants who identified as African American SMW. I chose this particular group because of the limited literature about African American SMW with histories of CSA. Additionally, the research was also limited to African American SMW with histories of CSA who had adapted positively to their survivorship of CSA. Positive coping, or resilience, was chosen as a focus because negative coping leads to addictions detrimental to an individual's health (see Gray & Rarick, 2018; Sterk et al., 2011; Stringaris, 2017; White Hughto et al., 2017). Positive coping can be learned and transferred to other areas of a person's life.

The population included in this study were African American SMW who had used positive coping strategies and had a history of CSA. Individuals of other ethnicities, men, children, and those not recognized as a sexual minority with no history of CSA and currently accustomed to negative coping strategies were excluded from the study. I considered the resilience theory and the minority stress model for components of the theoretical foundation, but they were not chosen because the RCT and resilience portfolio model better encompassed the research's trajectory. Lastly, transferability was not the aim of this qualitative study.

Limitations

Potential barriers of this study included difficulty recruiting a sufficient number of participants for interviews and participants becoming emotional during the interview due to revisiting the CSA experience and not completing the interview. Another potential limitation included possible inaccuracies associated with the participants not being candid in their responses and withholding information. Developing rapport and trust with the participants was an additional challenge.

Significance

This research contributed to filling a gap in the literature by bringing attention to African American SMW and their pursuit of becoming resilient following CSA. The results from this study can be beneficial for other resilience researchers as well as assist in the development of treatment and prevention programs for those affected by CSA. Additionally, families and those in the spiritual community can use this study to gain a sense of understanding and compassion for African American SMW survivors of CSA

and adjust traditional beliefs. Though the rate of acceptance of sexual minorities has increased over the past 10 years, many religious beliefs about sexual minorities remain negative (Whicker et al., 2017). Individuals who harbor these religious beliefs do not believe sexual minorities should be accepted by society. This study contributes to the existing body of knowledge because a large portion of CSA research had been on the negative aspects of CSA rather than the positive approaches to coping with CSA. Additionally, minimal previous research had focused on the African American SMW population of CSA. This study provided much-needed insights on how African American SMW CSA survivors perceived and described their pursuit of resilience.

Summary

In Chapter 1, I introduced a basic definition of child abuse and discussed child abuse as a well-known global problem. Additionally, I explained the different types of child abuse and provided a preliminary view of the adverse effects. While CSA is well researched, CSA within the SMW community is underresearched. The purpose of this qualitative study was to address this gap in the literature. In the chapter, I also presented the research question and identified RCT and the resilience portfolio model as the theoretical foundation for this research. An IPA approach was established as the nature of the study. Definitions were listed, assumptions were shared, and the scope and delimitations were discussed. I explained why the scope was restricted to those who identify as African American SMW and why positive coping or resilience was chosen. The limitations of the study were identified before Chapter 1 was concluded with a

discussion of the significance of African American SMW, their perception of the pursuit of resilience, and the potential implications for positive social change.

In Chapter 2, I will provide a review and in-depth analysis of the literature regarding CSA and African American SMW. The theoretical foundation will be discussed in more detail. I will also present an in-depth review of the history of CSA and provide background information on the concept of sexual abuse. Included in the comprehensive evaluation of CSA will be the different types of childhood abuse, including physical, emotional, and sexual abuse. Additionally, a description of sexual minorities will be provided along with a discussion of the prevalence of sexual minorities among African Americans. Chapter 2 will also contain a review of the adverse effects of CSA, including depression, substance and alcohol abuse, PTSD, and suicidality. The literature review will end with a discussion of coping strategies, both negative and positive, with resilience being the primary focus.

Chapter 2: Literature Review

A meta-analysis from 22 countries revealed that 20% of women experienced CSA (Hamdullahpur et al., 2018). Childhood abuse can be in the form(s) of physical, emotional, and/or sexual abuse (Kapoor et al., 2018). A broad definition of CSA is the inability to give informed consent to sexual activity (World Health Organization, 2003). CSA affects children of all ethnicities; however, African Americans have the highest CSA rates among all ethnicities (Kozak et al., 2018). Kozak et al. (2018) found that 3.2% of African Americans experienced CSA as opposed to 2.2% of European American individuals, 0.62% of Hispanic Americans, and 1.3% of mixed races. Alves Moreira et al. (2017) discovered that African American women are at a higher percentage of having violence committed against children, including CSA.

Proper coping strategies offer ways around revictimization or mental difficulties surrounding CSA. Tapia (2014) suggested that proper coping coaching might cease sexual revictimization from occurring. Negative or avoidant coping strategies are more easily accessible and inherent (Gray & Rarick, 2018). Gray and Rarick (2018) listed avoidant coping strategies as substance and alcohol use, depression, suicidal ideation, and hyper-sexuality. Conversely, strength, power, and resilience over CSA are considered positive coping strategies and are more effective than negative or avoidant coping strategies (Kerlin & Sosin, 2017).

There has been an overwhelming amount of research on the adverse effects of CSA in adulthood on women and men of diverse ethnicities. Borg et al. (2019) noted that CSA occurs across all cultures; yet little research has focused on the African American

SMW population who has experienced CSA. To address this gap, I conducted this qualitative study with the IPA paradigm as the study approach. Researchers have suggested that many CSA survivors use a resilience-based approach to positivity and healing (Borg et al., 2019; Hitter et al., 2017). The research question that guided this study was: How do African American SMW survivors of CSA perceive and describe their pursuit of resilience? This research was unique because it addressed the positive aspect of being a survivor of CSA.

In this chapter, I provide a review of the literature search strategies used to obtain the selected literature. Following the literature search strategies, the theoretical foundations of the relational cultural theory and the resilience portfolio model are presented. Additionally, I explain the relevance of the theories used in the research and provide a justification of why these theories were chosen. The chapter also includes an in-depth review of the literature related to the history of CSA in general and in particular among African Americans. CSA among African American SMW is also specifically discussed. Additionally, adversities associated with CSA, negative and positive coping strategies, and resilience are examined.

Literature Search Strategy

I obtained articles, books, and journals relating to African American SMW victims, CSA, and resilience through the Walden University Online Library databases. The databases searched included Thoreau, ProQuest, ProQuest Digital Dissertations, Academic Search Complete, PsycINFO, PsycARTICLES, PsycEXTRA, SocINDEX, MEDLINE, CINAHL Plus, and Google Scholar. The keyword search terms and phrases

used were *childhood sexual abuse, CSA, childhood sexual assault, childhood sexual trauma, sexual abuse, sexual assault, sexual trauma, female victims, sexual minority women, SMW, survivors, female survivors, African American female victims, African American female survivors, sexual minorities, ethnicity, race, victimization, revictimization, coping mechanisms, coping strategies, resilience, relational cultural theory, RCT, relational resilience, relational growth, ego-resilience, self-in-relation theory, Jean Baker Miller,* and *resilience portfolio model*. I made the searches specific to African American SMW who had experienced CSA. The publication dates for the reviewed literature were between 1976 and 2020. The older publications were empirical literature relevant to the background of the RCT. Books relating to empirical research using the RCT were also purchased. There was little extant research on the resilience portfolio model because this theory was recently developed in 2015. Therefore, the same authors wrote all articles relevant to this theory. I selected articles based on their relevance, significance, and whether they contained the most current information on the topic.

Theoretical Foundation

I used both the RCT and the resilience portfolio model as the theoretical foundation for this study. The RCT and resilience portfolio model both focus on positive growth and resilience; therefore, they were appropriate to use as the theoretical foundation for this research of African American SMW pursuing resilience following CSA.

RCT

Resilience comes from within and is the dedication to positive growth (Cicchetti, 2010), made possible by interpersonal growth (Collishaw et al., 2007). This research of CSA survivors and resilience aligns with Miller et al.'s RCT. In an innovative book, Miller(1976) discussed how women's presumed weaknesses could be interpreted as strengths. Miller explained that those presumed weaknesses, such as vulnerability and helplessness to the dominant counterpart, are all a matter of perception. This means that to a dominant counterpart, these are perceived as weaknesses; however, to women, these are perceived as strengths. Miller noted that it was recommended that women seek and acquire that state of being, while men are supposed to reject that state. Miller also explained how dominance plays a significant role in human development. In the succeeding years, Miller connected with Stiver, Jordan, and Surrey to form what was known as the Stone Center and created RCT (Jordan, 2011).

Miller's original theory was referred to as self-in-relation theory to show the importance of a person's interpersonal relationships to promote healthy psychological development (Lewis & Olshansky, 2016). Miller discovered that cultural contexts were essential aspects of psychological development, which prompted the name change from self-in-relation theory to RCT (Lewis & Olshansky, 2016). RCT, as opposed to self-in-relation theory, suggests a concentration on social associations of theory development (Jean Baker Miller Training Institute, 2014). Jordan (2017) explained that Miller's work on the RCT was vital because it focused on building allies and groups of like-minded people to support being unique. RCT integrated culture and connection in concurring

lives of women (Miller, 1986) and inferred that growth is possible through positive

relationships (Duffey & Somody, 2011; Ticknor & Averett, 2017). The related group

culture empowers individuals to build strength and authority over a dominant group

(Anyikwa et al., 2015; Duffey & Somody, 2011).

Miller (2008a) believed that to grow, a person must first be capable of modifying

relational images, also known as relational resilience or relational growth. Relational

images are thoughts and memories created from experiences (Miller & Stiver, 1997).

These related images cause people to fear connection as a defense mechanism to avoid

being hurt again. RCT focuses on mending those broken relational images and helps to

create new relational images. Miller (1988) discussed a central relational paradox in

which people desire connection but fear what may result from the connection, based on

what may have happened in previous experiences. To reverse the paradox, the individual

must bring more of themselves into the connection (Stiver et al., 2008). This means the

more a person gives, the more they will receive.

RCT is important to sexual minorities because RCT centers on women's

phenomenological experiences (Jean Baker Miller Training Institute, 2014). The concept

of RCT empowered women, gave women strength, and gave women the courage to

connect with others, speak up, and be heard (Anyikwa et al., 2015). This motivation is

what women needed, especially SMW. The "R" in RCT is for women's relational aspect,

the interpersonal or social characteristics that relate these women together. The "C" in

RCT is for the cultural aspect of the women. Culture is merely similar beliefs and

behaviors that comprise a group (Boy & Richerson, 2005). RCT incorporates a culture of

women who share similar beliefs, views, and values, and this cultured group has a shared interest with a deeper understanding of one another (Anyikwa et al., 2015; Duffey & Somody, 2011).

Miller believed that women have a subordinate role to their men counterparts (Jean Baker Miller Training Institute, 2014). When discussing dominance and inequality, Miller (1976) noted that birth defines each person. What this means is, people are birthed into their groups. For instance, African Americans are birthed into a group of African Americans, and women are birthed into a group of women. Miller explained how once a group is established as inferior, the dominant group classifies the group as flawed or imperfect. Miller described such groups as African Americans, women, and other minorities.

The related group culture of women empowered women to build strength and authority over the dominant group (Anyikwa et al., 2015; Duffey & Somody, 2011). RCT infers that growth is possible through positive relationships (Duffey & Somody, 2011; Ticknor & Averett, 2017) and aims at improving interpersonal or relational growth through mutual empathy (Ticknor & Averett, 2017). Furthermore, the main aspects of RCT include improving zest, self-worth, and the desire for more connection (Jordan, 2017; Kress et al., 2018). Previous studies have effectively aligned the use of RCT with the positive self-growth and resilience of sexual minorities (Duffey & Somody, 2011; Mereish & Poteat, 2015; Russell, 2009; Singh & Moss, 2016; Ticknor & Averett, 2017).

People who have suffered from trauma or abuse fear connections and, thus, disconnect or detach more easily (Miller, 2008b). The ability to recover from detachment

is known as relational resilience or relational growth (Hall et al., 2014). Relational resilience or relational growth is the ability to change relational images (Hall et al., 2014). Detachment or disconnection is the root of psychological tribulations (Jordan, 2017). RCT suggests that reconnecting with others initiates the healing process because healing is made possible by mutual empathy (Jordan, 2011, 2017). The process of reconnecting with others begins with mutual empathy (Ticknor & Averett, 2017). Mutual empathy is how people mutually respect one another, promote growth with one another, and increase connectivity.

As a communal connection has been known to be an essential human need (Freedberg, 2007; Portman & Garrett, 2005), connection and relationships are the foundation for which RCT was developed. Connection and relationships are inspiring and uplifting; thus, connections and relationships improve self-worth; conversely, a relationship that is demeaning or competitive reduces self-worth (Portman & Garrett, 2005). The competitive or demeaning nature of some relationships, such as the subordinate role women hold to their men counterparts, lessens growth, enthusiasm, and development (Jean Baker Miller Training Institute, 2014). The nature of RCT replenishes the psyche and builds confidence through connectedness and relationships. Empowering relationships enhance harmony and equilibrium (Portman & Garrett, 2005).

Women have innate traits, such as sensitivity, compassion, and emotionality, that are natural maternal nurturing characteristics (Chodorow, 1978). Furthermore, Freedberg (2007) identified that women have higher levels of empathy, encouragement, and support due to their innate maternal nurturing abilities. Freedberg did not believe empathy to be a

constant or unchanging skill but instead believed empathy to be part of a relationship-building process in which empathy is learned, practiced, and reciprocated within the relationship.

Sassen et al. (2005) explained that when women experience trauma, hardship, or adversity, disconnection as a safety mechanism. Women disconnect from relationships as a means to safeguard against being hurt again. Sassen et al. created a group named Art from the Heart in which racially and ethnically diverse women with histories of violence or child abuse were placed in a new, refreshing environment, free of violence and abuse. Sassen et al. found that positive relationships and connections are critical to healthy development. Additionally, the lessons, skills, and strategies learned in this encouraging and uplifting environment were used within other relationships outside of the group. Therefore, positive connections are necessary for positive emotional or relational growth.

RCT relates to my present study because all of the women have histories of childhood sexual abuse. This traumatic background is the cause of the disconnection these women have endured. Thus, RCT explains why they created the barrier and how they can reconnect to enrich their relationships. My research question builds upon the existing theory to learn the lived experience of resilience following childhood sexual abuse for adult African American SMW.

Resilience Portfolio Model

Resilience can be defined as the ability to recover psychological well-being following adversity or hardship (Bakić, 2019). Thus, resilience is a process in which adversity is experienced, mentally understood, and has psychologically recovered.

Adversity can be illness, death of a loved one, low socioeconomic status, and violence (Gonzalez-Mendez et al., 2018). In the case of CSA, the adversity is sexual violence. Gonzalez-Mendez et al. (2018) discussed how resilience focuses on positivity and identifying strengths in the wake of hardship instead of concentrating on the negative aspects that lead to the adversity.

John Grych, Sherry Hamby, and Victoria Banyard introduced the resilience portfolio model as a theoretical framework in 2015, in which the resilience portfolio model assimilates theory and resilience (Hamby et al., 2015). The resilience portfolio model incorporates perceptions from posttraumatic growth, positive psychology, and coping (Grych et al., 2015). The two core concepts of resilience are adversity and positive adaptation (Gonzalez-Mendez et al., 2018).

The resilience portfolio model refers to the collection of protective factors and strengths, which make up the person's "portfolio" (Gonzalez-Mendez et al., 2018). This collection or variety of strengths is also known as "poly-strengths" (Gonzalez-Mendez et al., 2018; Grych et al., 2015; Hamby et al., 2018; Hamby et al., 2020b). There are three critical ways in which strengths help overcome adversity (Hamby et al., 2015). Strengths advocate and enhance happiness, reduce the number of additional adversities, and aids in positive coping against adversity (Hamby et al., 2015). The resilience portfolio model helps build a protective barrier against the unexpected (Hamby et al., 2015).

Gonzalez-Mendez et al. (2018) explained that multiple strengths, or poly-strengths, work together to build resilience and overcome risk factors. Therefore, individuals who have faced adversity construct a portfolio of strengths to build resilience.

Hamby et al. (2018) pointed out that resilience is possible even with severe adversity experiences. Grych et al. (2020) found that enhanced well-being promotes resilience.

The resilience portfolio model argues that resilience is not the absence of mental health difficulties; it is the ability to overcome adversity and grow from the experience (Banyard et al., 2017). However, poly-victimization is challenging to build a strong resilience portfolio (Segura et al., 2017). Similar to poly-strength, poly-victimization is multiple victimizations (Segura et al., 2017). Positively adapting to multiple victimizations is more complicated than positively adapting to a single victimization (Segura et al., 2017). Positively adapting to poly-victimizations is not impossible, merely more difficult. Zamir and Lavee (2015) found that rather victimization or poly-victimization, people who can recognize and express their feelings are more likely to find resilience.

Previous studies have found a correlation between well-being and strengths (Gonzales-Mendez et al., 2018). Additionally, density and diversity are effectively connected with posttraumatic growth (Gonzales-Mendez et al., 2018; Gonzales-Mendez et al., 2020). Further, a significant link was found between protective factors and posttraumatic growth, subjective well-being, and mental health symptoms (Gonzales-Mendez et al., 2020; Hamby et al., 2018). Previous studies reiterate the importance of density and diversity of strengths. The density and diversity of strengths (poly-strengths) are more valuable than a single strength (Gonzales-Mendez et al., 2018; Gonzales-Mendez et al., 2020; Hamby et al., 2018). Previous studies indicated that the resilience

portfolio model yielded positive potential for future avoidance and intervention (Hamby et al., 2020a).

The resilience portfolio model relates to my present study because all of the women have histories of adversity. Studies have shown that victimization can often lead to revictimization (Walsh et al., 2013). The resilience portfolio model helps build strength and positivity to reduce future adversity (Hamby et al., 2020a). The resilience portfolio model is appropriate for this study because it helps build resilience, and the model uses poly-strengths to help combat adversity. The ability to positively cope with adversity is the best way to confront adversity, but also building poly-strengths helps eradicate revictimization. The research question for this study relates to the existing theory in the sense of learning the lived experience of resilience following childhood sexual abuse for adult African American SMW. Thus, the relation is between these women pursuing resilience and the resilience booster described in the resilience portfolio model.

Literature Review Related to Key Variables and/or Concepts

History of CSA

CSA is an old problem that has been destroying its victims mentally, physically, and emotionally. In fact, in the United States, CSA is believed to be a public health issue (Cividanes et al., 2019; Fang et al., 2012). CSA is defined as an interaction between a child and an adult, in which the adult uses the child for sexual pleasure (American Psychological Association Board of Professional Affairs Committee on Professional Practice and Standards, 1999). Though CSA affects up to 10% of boys and up to 25% of

girls (Centers for Disease Control and Prevention, 2014; Finkelhor et al., 2013; Pereda et al., 2009), the rates are underrepresented as many cases go unreported (Widom & Morris, 1997).

Collin-Vézina and Garrido (2017) and Sumner et al. (2015) noted that women have a higher probability of being a CSA victim than their men counterparts. Moreover, CSA's history dates back to when African Americans encountered racial and sexual violence from slavery (Thompson-Miller & Picca, 2017). Since sexual violence against African Americans was not a crime in the United States during this time, there was little to discourage sexual violence against African American women. Thompson-Miller and Picca mentioned a short excerpt from Bessie Bolden in which African Americans were taught at a young age to be respectful of and never show attitude or ill manners against Whites because violence, physical and sexual, could result.

African American Prevalence and CSA in Differing Ethnicities

Coulter et al. (2017) noted that different races and ethnicities have different sexual violence rates. CSA is more prevalent in African American women than other ethnicities, such as European American women (Amodeo et al., 2006; Balsam et al., 2010). Alami and Kadri (2004) found that only 9% of Arab women experienced CSA. Further, most of the childhood abuse of Arab American women occurred in the home (Timraz et al., 2019). Similarly, Asia and Europe report less than a 10% chance of CSA (Lesmana et al., 2015). Moreover, ethnic minorities are at a higher prevalence of CSA by way of sex trafficking than White non-Hispanics (Fedina et al., 2019).

Child abuse prevalence rates range from 20.9% African Americans, 14.5% Native Americans, 13% Hispanics, 10.7% Whites, and 3.8% Asian/Pacific Islanders (Wildeman et al., 2014). Further, in recent research in which CSA case substantiation was evaluated, African American and Latinx individuals had higher prevalence rates than European Americans; and girls had higher prevalence rates than boys (Kim et al., 2017; Taylor & Higginbotham, 2020; World Health Organization, 2014). Conversely, Graham et al. (2018) found that age and gender were variables that increased substantiation, which was higher for Latinx individuals. Graham et al. noted that substantiation differences could be due to age, language barriers, and conflicting definitions of 'sexual abuse' (Morgan et al., 2017). Of the 19 states studied, Maryland had the highest percentage of CSA substantiation women cases. European American women were at 46%, African American women were at 56%, and Latinx women were at 58%.

Sexual Minorities

Sexual minorities are any individuals outside of heterosexuality. Lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally, pansexual/poly-sexual, and two-spirited are the different identities currently recognized (Yıldız, 2018). Social change is the primary reason for newer labels and identities (De Casparis, 2015). Though some may disagree with being labeled, sexual minorities embrace their labels. Porta et al. (2020) conducted a study of 66 individuals identified as one or more recognized identities. One-third of the participants expressed the necessity of identifying labels and mentioned that the identifying label did not define them completely (Porta et al., 2020).

Common acronyms used for this group are LGB, LGBT, and LGBTQ. LGBTQ is a gendered group just as men and women with shared beliefs, attitudes, norms, experiences, self-views, social structures, and values. These knowledge structures within this community form a culture. Lancet (2016) mentioned that 5% - 10% of the global population identifies as a sexual minority. The LGBTQ culture or community has had difficulty being accepted throughout the years. Shields (1975) spoke about societal

myths" that have been circulating for years. However, just as time changes, myths must change as well (Shields, 1975). According to Cokeley (2018), in 2017, 53% of non-LGBTQ people were comfortable. However, a slight dip in acceptance occurred in the following year. In 2018, the percentage dropped from 53% to 49% (Cokeley, 2018).

African American Sexual Minority Women

Sexual violence is heightened within different races and ethnicities and is in accordance with specific sexual and gender identities (Coulter et al., 2017). Race and ethnicity have a significant part in childhood abuse experiences for SMW (Balsam et al., 2010). Sexual assault is more prevalent in racial and sexual minorities (Balsam et al., 2010; Coulter et al., 2017; Wright, 2018). Similarly, Goldberg and Halpern (2017) found a notable difference in patterns of sexual behaviors between heterosexual and sexual minority individuals. Additionally, McConnell and Messman-Moore (2018) noted that bisexual women are more likely to be CSA victims than heterosexual and lesbian women. Therefore, sexual minorities are at a higher risk of sexual violence (Coulter et al., 2017; McConnell & Messman-Moore, 2018). Aligned with Coulter et al. (2017), Goldberg and

Halpern, and McConnell and Messman-Moore, Tyler and Schmitz (2018) discussed how LGBT individuals have higher rates of early childhood trauma.

Low-income African American women are more susceptible to suicidality as their resilience is lower than average (Allbaugh et al., 2017). Allbaugh et al. (2017) discovered a link between low-income African American women with a history of childhood abuse and lowered suicide resilience. Comparably to Allbaugh et al., Lamis et al. (2017) highlighted the association between low-income African American women, CSA, and the heightened chance of sexual coercion in adulthood.

Sexual assault is prevalent among racial and sexual minorities (Coulter et al., 2017). Similarly, Goldberg and Halpern (2017) discovered a difference in sexual behavior patterns between heterosexual and sexual minority individuals. Moreover, the likelihood of bisexual women being victims of CSA is higher than the likelihood of heterosexual women being CSA victims (McConnell & Messman-Moore, 2018). Thus, sexual violence is predominately in sexual minorities (Coulter et al., 2017; McConnell & Messman-Moore, 2018). Similar to Coulter et al. (2017), Goldberg and Halpern, and McConnell and Messman-Moore (2018), Tyler and Schmitz (2018) discussed that early childhood trauma rates are higher in LGBT individuals.

Cornelius and Whitaker-Brown (2017) used RCT to understand the relationships surrounding 15 African American transgender women. Cornelius and Whitaker-Brown found that the majority of the relationships in their lives were negative. This negativity was due to the social stigma of being a sexual minority (Cornelius & Whitaker-Brown, 2017; Merryfeather & Bruce, 2014). Cornelius and Whitaker-Brown explained that these

transgender women engaged in behaviors, such as street pharmaceuticals, hormone therapy, silicone injections from the black market, to appease society on their appearance. These risky behaviors resulted from judgments that these African American transgender women face daily (Cornelius & Whitaker-Brown, 2017). Moreover, these women being categorized as "women" and "African Americans" made them susceptible to double stigmatization (Cornelius & Whitaker-Brown, 2017).

Childhood Abuse

Child abuse is a well-known problem worldwide. Child abuse can be in the form of physical, emotional, or sexual abuse. Each type has its own set of effects from the abuse. For instance, physical child abuse can lead to poor body image. Emotional child abuse can lead to poor discussion making. Furthermore, sexual child abuse can result in poor judgment. However, all forms of abuse have a high probability of leading to low self-esteem, depression, and other mental illnesses (Willis, 2010; Gal et al., 2011; Kelly et al., 2011; and Seng et al., 2013). The women s psychological development can be deterred by trauma that skewed her relational experiences (Covington, 2008).

Physical Abuse

In 2016, physical abuse accounted for 17% of child abuse cases, while sexual abuse was 8.3% (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children s Bureau, 2017; 2018). The American Humane Association (2003) described physical child abuse as any trauma or physical injury to a child that is non-accidental. Villagrá et al.

(2019) noted that mental disorders are common in children who have been sexually or physically abused. Alarcón et al. (2010) found 34% - 53% of patients with mental health problems also have a history of sexual or physical abuse.

Villagrá et al. (2019) conducted a study of 607 inmates in Villabona prison in Asturias, Spain, in which 33% of men and 37.2% of women had suffered from physical abuse. Villagrá et al. also found that those who had suffered from physical abuse were also 2.8 times more likely to experience dual diagnoses. Dual diagnosis occurs when an individual has a mental illness and a substance addiction ("Mental Illness," 2007). Further, Villagrá et al. discovered that CSA is more prevalent in women, and CSA was also a dual diagnosis benchmark in women.

Physical Abuse and SMW

SMW have a heightened risk of childhood physical abuse (Matthews et al., 2013; Stoddard et al., 2009). Matthews et al. (2013) found that of 368 SMW, 21.5% reported childhood physical abuse. Childhood physical abuse increases the chances of revictimization later in life (Alvy et al., 2013; Desai et al., 2002; Gidycz et al., 1993). D'Augelli et al. (2006) found that 66% of their women participants (528 total participants, 52% men, 48% women) identified as SMW and reported being physically abused.

SMW with a history of childhood physical abuse initiates risky health behavior, such as smoking, at a younger age (King et al., 2012; Matthews et al., 2013; Ryan et al., 2001; Tang et al., 2004). Thus, Matthews et al. (2013) posited that SMW with a history of childhood physical abuse increases the prevalence of health issues. Lehavot and

Simoni (2011) and Matthews et al. hypothesized that SMW began risky health behaviors, such as smoking, at a younger age than their heterosexual counterparts to cope with the adverse effects of childhood physical abuse.

Physical Abuse and African American Women

IPV is a form of physical abuse. African American women have a higher prevalence of IPV than other racial groups (Guerra, 2013; Krim et al., 2015; Lacey et al., 2015). Mills et al. (2018) found a link between physical abuse and PTSD in African American women. Additionally, Moradi (2010) suggested that racism increased the objectification and dehumanization that African American women experienced. This objectification led to their being targeted because of their physical attributes (Moradi, 2010). Thus, African American women are exposed to physical abuse and IPV because of self-objectification and physical appearance (Weaver et al., 2019).

Emotional Abuse

Emotional abuse is a form of child abuse characterized by insulting, threatening, and mentally maltreating the child (Chandraratne et al., 2018; World Health Organization, 2019). Viduoliene (2019) stated that emotional abuse is thought to be less harmful than the other types of child abuse. However, like the other forms of child abuse, emotional abuse also has many adverse effects, such as health issues and mental disorders (Viduoliene, 2019). As such, emotional abuse primarily affects the child psychosocially rather than physically, which causes difficulty in noticing emotional abuse (North, 2019).

Chandraratne et al. (2018) mentioned a meta-analysis of global data showing 36.3% of adults had experienced emotional abuse as children. Chandraratne et al. found

in a study of 1,479 participants that emotional abuse occurred between 14 and 18 or late adolescence. Additionally, mothers were the usual perpetrators of emotional abuse (Chandraratne et al., 2018). Moreover, Li et al. (2020) described emotional abuse as a "silent" form of child abuse but discovered this form of child abuse is the most evident predictor of adult depression symptoms.

Emotional Abuse and SMW

Mental health disparities result from emotional abuse, also known as interpersonal violence (Szalacha et al.,2017). SMW tend to be at a higher risk for mental health disparities (Hughes et al., 2010), though the reasons for this elevated risk are not entirely understood (Szalacha et al., 2017). In a study of 8,850 women, in which approximately 200 identified as a sexual minority, Szalacha et al. (2017) reported that interpersonal violence or emotional abuse significantly contributed to the mental health disparities of SMW. Lower levels of social connectedness may contribute to disparity. Szalacha et al. suggested that lower levels of social connectedness or connections through relationships create a detachment or disconnection (Covington, 2008). This disconnection is the root of psychological tribulations (Jordan, 2017). It is what Miller discovered when developing the RCT as a means to recover from detachment or disconnection, also known as relational resilience or relational growth (Hall et al., 2014).

Emotional Abuse and African American Women

Low-income African American women are more prone to emotional abuse (Allbaugh et al., 2018). Lanier et al. (2014) suspect that living in poverty increases stress levels, and elevated stress levels increase emotional abuse chances. Emotional abuse

magnifies depressive symptoms and hopelessness (Crow et al., 2014; Gaskin-Wasson et al., 2017). In a study of 150 African American women, Allbaugh et al. (2018) found that African American women with a history of emotional abuse reported higher suicide ideation levels due to the detachment of family and friend relationships.

Sexual Abuse

Sexual violence is a growing problem in today's society. Sexual violence has many adverse effects, including mental and physical deterioration, substance abuse, possible sexually transmitted infections (STIs), and unwanted pregnancies. Additionally, sexual violence increases the chance of revictimization later in life and increases the chances of intimate partner violence (IPV). Furthermore, sexual minorities encounter IPV more frequently than their heterosexual counterparts.

Safety against sexual violence needs improvement, and victims' enhanced treatment is in desperate need of attention (Coulter et al., 2017). Lamis et al. (2017) made a connection between CSA and revictimization. Revictimization was linked to IPV (Lamis et al., 2017), the current major health problem among youth and young adults (Reuter et al., 2017). Additionally, Lamis et al. associated IPV with suicidal ideation. Therefore, CSA, IPV, suicidal ideation, and revictimization are all connected (Lamis et al., 2017).

McConnell and Messman-Moore (2018) found that strong social policies may reduce the occurrence of revictimization. Additionally, protective behavioral strategies may reduce sexual assault revictimization (Neilson et al., 2018). Education is the key to a

positive future. Therefore, education on sexual violence and ways to avoid being a victim or avoid revictimization is the best defense against sexual violence.

Sexual Abuse and SMW

Sexual abuse is more prevalent among SMW (Balsam et al., 2011; Hughes et al., 2010; Xu & Zheng, 2015). Lopez and Yeater (2018) discovered that 93.5% of the SMW surveyed noted that they had been sexually assaulted. Though the sexual abuse did not appear to be about a hate crime, one participant did reveal a connection between the assault and her sexual minority status (Lopez & Yeater, 2018). Further, all participants in the SMW group indicated sexual revictimization (Lopez & Yeater, 2018). Similarly, Crump and Byers (2017) also discovered that SMW with a history of sexual abuse increased the likelihood of revictimization. Smith et al. (2010) found 29.6% of sexual abuse experienced by SMW to be interfamilial and 30.7% to be extrafamilial.

Sexual Abuse and African American Women. African American women have the highest risk of sexual assault, including CSA, sex trading, and commercial sexual exploitation (Banks & Kyckelhahn, 2011; Martin & Pierce, 2014). Sexual abuse toward African American women dates back to slavery (Thompson-Miller & Picca, 2017). However, Hood and Carter (2008) suggested that sexual abuse during slavery contributed to African American women's reliance on resilience to combat sexual assault. This reliance on resilience to fight against sexual assault and the stereotype of s*trong black women* needing less protection from sexual assault (Donnelly et al., 2005; Potter, 2008) adds to the problem of sexual abuse against African American women. The s*trong black woman* archetype is a psychological coping mechanism used by African American

women based on their historical background of slavery, adversity, oppression, racial and gender discrimination (Green, 2019). Gerassi (2020) found African American women impacted by sexual abuse encounter additional barriers, such as racial tensions, preferential treatment for White women, and racial comments when accessing services or treatment regarding adverse effects of African American women's sexual abuse.

Adverse Effects of African Americans' CSA

Coulter et al. (2017) explained that the possible consequences of being victimized by sexual violence as negative mental and physical effects, including unwanted pregnancies, STIs, PTSD, and substance abuse. Similarly, Goldberg and Halpern (2017) discussed the adverse sexual outcomes, such as unplanned pregnancies and the contraction of STIs. Newsom and Myers-Bowman (2017) mentioned the adverse effects of CSA, including depression, substance abuse, and PTSD. Therefore, unplanned pregnancies, PTSD, and substance abuse seem to be commonalities among the adverse effects of sexual violence.

Lamis et al. (2017) discussed the very high suicide rates in the United States. Similarly, Allbaugh et al. (2017) examined suicide with CSA and the interpersonal-psychological theory of suicidal behavior. Thus, CSA can also be connected to increased suicide rates in the United States (Allbaugh et al., 2017; Lamis et al., 2017). Suicide can be viewed as the ultimate adverse effect that many victims encounter from emerging issues such as CSA (Prajapati et al., 2017).

Coulter et al. (2017) listed unplanned pregnancies, STIs, substance abuse, and PTSD as negative mental and physical effects of sexual violence victimization. Relatedly,

Goldberg and Halpern (2017) mentioned unplanned pregnancies and STIs as adverse

sexual outcomes. Newsom and Myers-Bowman (2017) noted depression, substance

abuse, and PTSD as adverse effects of CSA. Therefore, commonalities between adverse

effects of sexual violence include substance abuse, PTSD, and unplanned pregnancies.

Myers et al. (2015) found that PTSD, anxiety, and depressive symptoms are

present in African American victims of CSA. Tapia (2014) found that CSA is a risk

factor for sexual assault later in life or sexual revictimization. Additionally, Tapia aligned

sexual revictimization with traumatic sexualization, betrayal, feelings of powerlessness,

and stigmatization. Therefore, with a heightened percentage of reported cases of CSA

being African American women, and given the adverse effects of CSA, African

American women victims are more likely to experience revictimization.

Depression

Depression is a mood disorder in which those who suffer from depression lack

interest in otherwise normal activities. Though depression is common, it can be

dangerous and destructive (Stringaris, 2017). Depression can happen to anyone at any

time. Stringaris (2017) reported that over 300 million people suffer from depression. Of

that 300 million, almost 13% are adolescents (Substance Abuse and Mental Health

Services Administration, 2017). This number is overwhelming, especially because of the

effect depression can have on the individual. Depressed adolescents are more likely to

commit suicide than adult sufferers (Stringaris, 2017).

Depression has several forms, including major depressive disorder, persistent

depressive disorder, and disruptive mood dysregulation disorder (Mash & Wolfe, 2016).

Though no matter the type, depressive disorders are more prevalent in post-pubescent women. Bale and Epperson (2017) noted that puberty profoundly influences brain maturation. Puberty increases sex steroid hormones, contributing to brain development (Ernst et al., 2019). Additionally, Whittle et al. (2015) mentioned that sex steroid hormones are linked to mental health problems.

Depressive disorders have several diagnostic criteria. For instance, harsh or relentless repeated temper outbursts, flare-ups, and noticeably irritable moods between the outbursts are diagnostic criteria for depressive disorders. Gudmundsen et al. (2019) noted that some adolescents' symptoms might be confused with many developmental changes; thus, enabling depressive disorders to go unnoticed. However, if these signs are severe, recurrent, and the teen seems to be in this negative, dark mood or space consistently, this would be considered abnormal.

Depression and African American SMW

African American women have been known to suffer from depression because of various reasons, such as child maltreatment, IPV, low socioeconomic status, substance abuse, hopelessness, and poor social connectedness or social relationships (Compton et al., 2005; Fincher et al., 2015; Kaslow et al., 2000; Lacey et al., 2013; McKnight-Eily et al., 2008). Detaching and disconnecting from social relationships increases the risk of depression in African American women (Green, 2019). Additionally, research shows that African American SMW experience higher depression rates than other SMW in different ethnicities (Cochran et al., 2007; Matthews et al., 2002; Mays et al., 2004).

To further amplify depression, comorbid depressive symptoms were highlighted in more than half of the 664 African American women interviewed by Mugoya et al. (2020). Depressive comorbidity is more prevalent in urban settings and is estimated at 60% among African American women (Alim et al., 2006). Moreover, Alhusen et al. (2015) also found that African American women suffered depressive symptoms and found a significant association with an elevated risk of suicidal ideation. Depression is too often under-diagnosed or misdiagnosed in African American women (Carrington, 2006; O'Malley et al., 2003). This mis- or underdiagnosis of depression results in reduced productivity and poor quality of life in African American women (Jain et al., 2013).

Substance/Alcohol Abuse

Conroy et al. (2009) found a connection between opioid addiction and men with histories of physical and emotional abuse and women with a CSA history. Dual diagnosis for women is more difficult because women have slower recovery rates (Branstetter et al., 2008; Dvorak et al., 2013). Further, Sartor et al. (2013) concluded that the use of substances (such as alcohol, cigarettes, cannabis, opioids, and illegal drugs) is elevated with CSA history.

The use of substances or alcohol to combat depression is known as self-medicating (Servet et al., 2018). Self-medicate is the attempt to soothe oneself without the help of anyone else or prescribed medication for the individual's current mental or physical state. The individual is looking for a quick fix rather than getting to the root of

the problem. Kim et al. (2019) found that substance use and abuse are coping strategies for individuals in a depressed state of mind.

Substance/Alcohol Abuse and African American SMW

In a sample of 495 African American women, 46% reported alcohol addiction in the prior year, and 25.9% reported substance use in the preceding year (Long & Ullman, 2016). Substance and alcohol abuse occur more frequently in SMW (Drabble et al., 2005; Grella et al., 2009; Jessup & Dibble, 2012). Previous studies have found higher rates of substance and alcohol abuse among African American SMW (Cochran et al., 2007; Hughes et al., 2003; Hughes et al., 2006; Matthews et al., 2014; Mereish & Bradford, 2014). Conversely, a more recent study found lower substance and alcohol abuse rates among African American SMW (Lewis et al., 2016). Further, Drabble et al. (2018) discovered no significant differences by race and ethnicity in a study of 699 SMW regarding substance and alcohol abuse. While substance and alcohol abuse are an adverse effect of CSA, Long and Ullman (2006) found that substance and alcohol use became a coping mechanism for African Americans with histories of traumatic life events.

PTSD

Children who experience CSA will develop PTSD. Symptoms of PSTD in children who experience CSA include depression, anxiety, and conduct disorder (Abajobir et al., 2017; Maniglio, 2015). Further, these children may encounter unwanted memories of the event that manifest in nightmares; depending on their age, bed-wetting may result; the child may experience flashbacks that create attention deficit disorder, headaches, and nervousness. The trauma will either create an uneasiness feeling for the

child and make the child feel unsafe, fearful, and alone or create a sense of unguided

truth, meaning the child will believe this is supposed to happen. Sometimes children who

experience trauma believe the act or event is an act of love or happiness; therefore, they

believe this is supposed to happen.

PTSD and African American SMW

African Americans experience the highest rates of PTSD (Roberts et al., 2011).

Alim et al. (2006) found that 51% of African Americans with histories of trauma

experience PTSD. Additionally, SMW experience stressors, such as gender and other

forms of discrimination, which also increases the prevalence of PTSD (Dworkin et al.,

2018; Kaysen et al., 2019). Further, trauma exposure increases the prevalence of PTSD

(Dworkin et al., 2018; Walukevich-Dienst et al., 2019). Sexual, racial, and ethnic

minorities (i.e., African American SMW) report severe levels of PTSD (Lehavot et al.,

2019; Walukevich-Dienst et al., 2019). Moreover, in a sample of 136 African American

women, Carr et al. (2013) discovered that African American women with PTSD also

have an elevated risk of suicidal ideation.

Suicidality

Lamis et al. (2017) investigated the suicide rates in the United States. They posit

that mistreatment during childhood increases suicidal ideation. In the United States,

suicide was one of the top 10 causes of death among women (Lamis et al., 2017).

Additionally, they linked CSA with revictimization and revictimization with intimate

partner violence (IPV). Thus, they associated IPV with suicidal ideation. Hence, Lamis et

al. argued that CSA, IPV, revictimization, and suicidal ideation are interconnected. The

researchers' theoretical basis surrounded CSA and IPV, increasing suicidal ideation and attempts. They found that CSA is a high-risk factor for suicidality. Further, they also noted that CSA and low-income households correlated with sexual coercion in adulthood.

Similarly, Allbaugh et al. (2017) examined the association between suicide and CSA. Consequently, CSA can be associated with elevated suicide rates in the United States (Allbaugh et al., 2017; Lamis et al., 2017). Further, suicidal ideation could be considered the definitive adverse effect that many victims face from developing issues from CSA (Prajapati et al., 2017).

Further, suicidality is linked to CSA relating to shame (Kealy et al., 2017; Sigurvinsdottir et al., 2020). Kealy et al. (2017) found that shame-related effects associated with CSA resulted in higher suicidal ideation rates. Sigurvinsdottir et al. (2020) found that out of 473 African American women, almost 50% reported suicidal ideation, and 33% reported suicide attempts. CSA victims experience an overwhelming sense of inadequacy, failure, and incompetence that results in shame (Tangney & Dearing, 2002). Shame concerning CSA occurs when the victim feels degraded as a person (Kealy et al., 2017); thus, the feeling of shame intensifies suicidal ideation and increases the risk of suicidality.

Suicidality and African American SMW

Suicidal ideation is an adverse effect of trauma, victimization, and assault. African American women are more vulnerable to suicide (Centers for Disease Control and Prevention, 2010; Joe et al., 2006) but less likely to commit suicide (Centers for Disease Control and Prevention). Morrison & Downey (2000) suggested that the potential

cause of the less likelihood of African American women committing suicide could be that suicidal ideation is underreported in the African American community. However, African Americans are progressing to a higher risk of suicide (Curtin et al., 2016). The high rates of child maltreatment (Drake et al., 2011; Kozak et al., 2018) and the low socioeconomic statuses (Allbaugh et al., 2018; Eckenrode et al., 2014; Lanier et al., 2014) among African American women weakens their resilience to suicidal ideation (Allbaugh et al., 2017).

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Coping Strategies

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Proper coping strategies offer ways around revictimization or mental difficulties surrounding CSA. Tapia (2014) suggested that proper coping coaching might cease sexual revictimization from occurring. Negative or avoidant coping strategies are more easily accessible and inherent. Gray and Rarick (2018) listed avoidant coping strategies as substance and alcohol use, depression, suicidal ideation, and hyper-sexuality. Conversely, strength, power, and resilience over CSA are considered positive coping strategies and more effective than negative or avoidant coping strategies (Kerlin & Sosin, 2017).

Negative or Avoidant Coping

Negative or avoidant coping is a temporary fix for the problem. Substance and alcohol abuse, depression, and suicidal ideation are among the top negative or avoidant coping strategies (Gray & Rarick, 2018). Depression is a mood disorder in which those who suffer from depression lack interest in otherwise normal activities. Though depression is common, it can be dangerous and destructive (Stringaris, 2017). Depression

can happen to anyone at any time. Stringaris (2017) reported that over 300 million people suffer from depression. Depressed adolescents are more likely to commit suicide than adult sufferers (Stringaris, 2017). However, to help subside these feelings of depression and suicide, individuals often turn to substance and alcohol use and abuse (Kim et al., 2019). Alcohol abuse is a coping mechanism for avoidance for individuals with a history of CSA (Gray & Rarick, 2018). Robertson (2018) found that the LGBTQ youth suicide rate is much higher than the general population's suicide rate. Kapoor et al. (2018) discussed how childhood abuse and adversities are linked to suicidal behavior. Kapoor et al. found that childhood abuse lowers interpersonal strengths, which reduces suicide resilience.

Negative or Avoidant Coping and African American Women

Negative or avoidant coping is also known as maladaptive coping and is characterized by behaviors in which the primary intention is escapism (Sterk et al., 2011). African Americans are predisposed to poverty because of lower socioeconomic statuses (Allbaugh et al., 2017; Allbaugh et al., 2018; Lanier et al., 2014), which increases the risk of negative or avoidant coping strategies (Carliner et al., 2016; Fothergill et al., 2016). Travaglini et al. (2018) surveyed 220 African American women and found a correlation between anticipated stigma and negative coping. Though Travaglini et al. (2018) studied African American women living with HIV/AIDS, the anticipated stigma created long-term psychological distress, which increases the likelihood of negative coping. Similarly, Sterk et al. (2011) also conducted a study of 221 African American women with histories of substance abuse to avoid or escape worries or problems. Therefore, negative coping

can be linked to distress, worry, trauma, or victimization. Avoidant coping is also positively associated with depressive symptomology experienced by transgender individuals (White Hughto et al., 2017).

Positive Coping

Finding positive coping strategies is imperative for positive, healthy healing. Strength, power, and resilience over child abuse are the best positive coping strategies. Positive coping strategies are mentally and physically healthier. Newsom and Myers-Bowman (2017) concluded that positive healing is more effective than negative healing. Barnum and Perrone-McGovern (2017) discussed how positive coping strategies increase the victim's self-perception. Higher self-perception leads to higher self-confidence. The higher the victim's self-confidence is, the more resilient the victim will be. Further, resilience helps victims focus on positivity and overcome negativity (Newsom & Myers-Bowman, 2017).

Another form of positive coping is through religious and spiritual intentionality (Hamby, 2014). Intentionality or meaning-making is a process in which situations are interpreted. Connections, relationships, friends, family, and the spiritual community are alliances in which the meaning-making of adversity can be influential. Environmental protective factors (such as the support of family, friends, and the spiritual community) are the main contributors to resilience (Schaefer et al., 2018).

Positive Coping and African American Women

African Americans use religious practices, spirituality, and prayer as positive coping mechanisms (Boyd-Franklin, 2010; Collins & Antle, 2010; Holt et al., 2009). As

positive coping, spirituality creates a spiritual connectedness among other spiritual beings (Pargament et al., 2011). This connectedness builds confidence and relationships of like-minded people, which increases positivity and initiates resilience (Miller, 1986). Gaston-Johansson et al. (2013) discussed coping capacity and explained that the higher the coping capacity is, the less psychological distress and negative coping will be. Furthermore, African American women indicated high levels of religious coping and spiritual well-being in the wake of trauma, hardship, or misfortune (Gaston-Johansson et al., 2013). Comparably, Cano et al. (2006) found that African American women used prayer as positive coping more often than Caucasian women.

African American Sexual Minorities and Resilience

Since treatment for adverse childhood experiences can be quite costly (Loxton et al., 2018), alternative methods are necessary. Environmental protective factors (such as the support of family, friends, and the spiritual community) are the main contributors to resilience (Schaefer et al., 2018). While the support of family, friends, and the spiritual community are great resilience boosters, those who identify as sexual minorities (i.e., lesbian, gay, bisexual, or transgender) may have limited support from these environmental protective factors. Wright and Stern (2016) found an increase in negativity toward sexual minorities from these same environmental protective factors. Though different religions may hold different belief systems, most religions have the same standpoint on sexual minorities place in religion (Stern & Wright, 2018).

A Resilience-based Approach to Positivity and Healing

Learning resiliency is thought of as being the greatest positive coping strategy from CSA. Borg et al. (2019) described resilience as the ability to resist adversity, successfully cope, and recover from traumatic events. Resiliency helps build a protective barrier to the damaged past and look to the future with a positive attitude. As recent research indicates, resiliency succeeding CSA is possible (Collishaw et al., 2007; Domhardt et al., 2015; Haffejee & Theron, 2017; McElheran et al., 2012).

Though Allbaugh et al. (2017) explained variables that could reduce resiliency, Newsom and Myers-Bowman (2017) discovered ways to strengthen resilience and relationships. Additionally, Hitter et al. (2017) believed that positive healing in any form is of the utmost importance. Hitter et al. s theoretical basis were focused on the power of

healing and uplifting in dire situations such as childhood sexual abuse. Posttraumatic growth is indicative of resilience and the strengthening of interpersonal relationships (Hitter et al., 2017; Newsom & Myers-Bowman, 2017).

Learning resilience is the best form of positive coping methods of CSA. Borg et al. (2019) described resilience as the ability to resist adversity, successfully cope, and recover from traumatic events. Resilience helps to build immunity to the scarred past and look to the future with a positive attitude. Research suggests that resilience following CSA is possible (Collishaw et al., 2007; Domhardt et al., 2015; Haffejee & Theron, 2017; McElheran et al., 2012).

Sexual Minorities and Challenges

Sexual minorities, such as the LGBTQ community, are the most diverse group subject to discrimination. According to Ingram et al. (2017), transphobia and transprejudice is discrimination against transgender individuals. Discrimination can be in the form of sex, sexual orientation, race, gender identity, or even age. Being discriminated against can lead to so many adverse effects. Adverse effects can trigger other stressors, which can begin to spiral out of control. Further, sexual minorities have a higher probability of psychological issues, such as depression, anxiety, and low self-esteem (McConnell et al., 2017).

According to Macintosh et al. (2015), long-term victimization implications could be PTSD and affected health, work, and social relations. Depression, low self-esteem, and possible suicide are all psychological drawbacks of adversity (Ng Chong et al., 2016). Robertson (2018) found that the LGBTQ youth suicide rate is much higher than the general population's suicide rate. Further, suicidal ideation is higher in the sexual minority population than their heterosexual counterparts (Pepping et al., 2017).

Suicide is the ultimate self-inflicting injury to oneself. Though suicide is the highest form of self-injury, other self-injuries can also be harmful. Non-suicidal self-injury (NSSI) is the intentional injury to oneself, such as hitting, cutting, burning, and scratching, in an attempt to harm oneself (Mars et al., 2014; Nock, 2009). NSSI is so severe that it was added to the most recent updated version of the DSM (DSM-5).

Gong et al. (2019) conducted a study of 915 participants in which they discovered a significant link between NSSI, self-criticism, and hopelessness. Additionally, Franklin

et al. (2017) found NSSI to be an indicator of future suicidal behavior. Taliaferro and Muehlenkamp (2017) and Fraser et al. (2018) also found that sexual minorities reported repetitive NSSI and suicidal ideation.

Victimization

Martinson et al. (2013) connected CSA with PTSD. Martinson et al. believed that the negative consequences of CSA cause intimacy issues later in life. Martinson et al. found that sexual victimization increased the probability of the victim developing PTSD. This development of PTSD from CSA interferes with intimate relationships. Bremner et al. (2004) believed that the development of PTSD was common after any traumatizing sexual abuse.

Walsh et al. (2013) viewed the link between CSA, revictimization, and substance use as increasing the possibility of risky sexual behavior. Walsh et al. referenced the traumagenics dynamics theory in which traumatic sexualization, stigmatization, betrayal, and powerlessness are affected by CSA. This theory suggests that inappropriate and dysfunctional sexual behaviors result from CSA. Therefore, risky sexual behavior is the victim's way of regaining control over the sexual encounter (Walsh et al., 2013).

Traditional Beliefs

Boyd and Richerson (2005) described culture as beliefs and behaviors that characterize a social group. Human growth and development are shaped by culture (Bornstein & Lansford, 2019). In African American culture, family is the most important factor (Thomas & Cretser, 2017). Additionally, the reliance of extended family for support is well known in the African American culture. Though times are still changing

with each day that passes, according to Brown (2013), respectable African American culture leaders detest homosexuality. Thus, traditional beliefs in the African American culture and their spiritual community regarding sexual minorities are not favorable. Sexual minorities have been thought of as sinful and deviant, and they are usually rejected and criticized by religious organizations (Barton, 2010; Sherkat, 2002; Whicker et al., 2017; Whitehead, 2010). As a result, sexual minority individuals have had difficulty establishing and maintaining their spirituality (Sumerau et al., 2016).

Conversely, Martinez and Sullivan (1998) found that sexual minority African American women maintain strong family ties. Additionally, from a qualitative study of 210 sexual minority participants, Brennan-Ing et al. (2013) found that sexual minorities are beginning to receive more support from their brethren. This new support is also due to the most recent social change over the past several years regarding acceptance (De Casparis, 2015). Further, Barringer (2020) found that African American sexual minorities have positive or neutral attitudes toward the Catholic Church affiliation, as African Americans have close ties with Catholicism. Though African American sexual minorities have positive or neutral attitudes toward Catholicism, there are still complexities regarding sexual minorities and religious groups (Barringer, 2020).

Summary and Conclusions

In Chapter 2, I revealed my literature search strategies. I listed the words, phrases, and databases searched. An in-depth review of RCT and the resilience portfolio model was analyzed. I disclosed the creators of RCT as being Jean Baker-Miller, Irene Stiver, Judith Jordan, and Janet Surrey. I discussed the main factors in RCT as being positive

growth, connectedness, and relationships. The creators of the resilience portfolio model are John Grych, Sherry Hamby, and Victoria Banyard. The main factors in the resilience portfolio model are posttraumatic growth, positive psychology, and coping.

Also, in Chapter 2, I gave a comprehensive overview of the history of CSA. I explained that CSA's history dated back to slavery when African American's encountered racial and sexual violence while enslaved to others. More statistical facts were shared about CSA and CSA within differing ethnicities. CSA prevalence among African Americans and comparison among other ethnicities were evaluated. I discussed sexual minorities and listed the common acronyms used for this group, such as LGBT. In this chapter, African American SMW was explored in more detail. Sexual violence, sexual assault, and sexual behavioral patterns were topics for comparison between African American SMW, other ethnicities, and heterosexual counterparts. I gave a thorough account of child abuse, breaking down each type of child abuse and including each type of abuse among SMW and African American SMW. Depression, substance and alcohol abuse, PTSD, and suicidality were all discussed in relation to African American SMW. Positive and negative coping were examined, along with positive and negative coping among African American women. Additionally, resilience, victimization, and traditional beliefs were explored.

It is well documented that African Americans are more susceptible to many traumas, distresses, and hardships due to poverty, poor living conditions, and limited resources. African American SMW encounter more tribulations due to triple stigmatization (i.e., being African American, women, and a sexual minority). While there

is a wealth of information about CSA, African Americans, and sexual minorities, there is

not much literature about African American SMW pursuing resilience following CSA.

This study extended knowledge in that aspect and contributed to filling that gap in the

literature. In Chapter 3, the study's research method, design, and rationale will be

discussed. Additionally, the researcher's role, issues of trustworthiness, and ethical

procedures relating to the method will also be addressed.

Chapter 3: Research Method

CSA is a major societal problem. The purpose of this IPA study was to better understand African American SMWs' perceptions and descriptions of resilience following CSA. In this chapter, I present the methodology used in the study. The research design, rationale, and the role of the researcher are explained. The complete methodology from participant selection to the data analysis plan are discussed. In the trustworthiness section, I differentiate between credibility, transferability, dependability, and confirmability, then describe the ethical procedures. Finally, a summary of the significant components of the chapter concludes Chapter 3.

Setting

During this COVID-19 pandemic, it was advised that interviews be completed in a virtual format or by telephone; therefore, I conducted virtual interviews with the participants in my home office setting, which was quiet and confidential. During the interviews, the participants were in quiet and confidential settings as well, away from potential distractions.

Research Design and Rationale

The research question that guided this study was: How do African American SMW perceive and describe the pursuit of resilience following CSA? I used a qualitative IPA approach in the study. Alases (2017) explained that the IPA approach finds commonalities between the participants' lived experiences. Smith and Shinebourne (2012) discussed how the IPA approach assists the researcher in understanding how the participants make sense of their world. The IPA approach is focused on the lived

experience of the participants in the study. Lived experience means the participants have primary, first-hand knowledge of the phenomenon under study. Terminology such as lived experience, personal experience, and deeper understanding are used in the IPA approach (Smith & Shinebourne, 2012). In-depth interviews are the primary data source of the IPA approach, and they help to develop a better understanding of what has occurred regarding the phenomenon under study.

Role of the Researcher

My role as the researcher was to conduct an IPA study that explored how African American SMW find resilience following CSA. As the researcher, I gathered as much data as possible from virtual, voice-only interviews, which were currently recommended because of the COVID-19 pandemic. I made the participants feel as safe and comfortable as possible, so they were willing to provide truthful and fruitful information. Communication is the key to an excellent qualitative interview. Rubin and Rubin (2012) stated that the interviewer should use verbal and nonverbal communication to show interest in what the participant is saying and learn from the participant's experiences. Verbal and nonverbal communication build the level of rapport and trust with the participant. Nonverbal communication, such as voice tone and diction, can be beneficial during virtual, voice-only interviews. Ravitch and Carl (2016) suggested the use of journaling to manage potential biases because being self-aware successfully mitigates biases. I used reflexivity to make notes of my feelings throughout the interview process.

I did not have any previous personal relationships with any potential participants, which is known as dual or multiple relationships (see Fisher, 2017). Multiple

relationships cause conflicts of interest and may impair the researcher's ability to be impartial and maintain professionalism (Fisher, 2017). Multiple relationships allow biases to enter into the research, which may affect the lens used and influence what is seen in an observation.

During this study, I held the ethical position of protecting human subjects. Minimizing risks for the participants was my top priority; therefore, I was cognizant of their feelings and traumatic history and was sure not to inflict or trigger any unnecessary trauma. Furthermore, a list of free counseling services and hotline telephone numbers was provided to all participants (see Appendix A).

Qualitative Methodology

Population and Sampling Procedures

Qualitative research is consistent with understanding how African American SMW perceive and describe the pursuit of resilience, which was the primary focus of this study. Keeping the focus on these SMW survivors' resilience was consistent with Jordan's (2017) understanding of the RCT and the new vision of womanhood put forth by Miller (1976). I administered a thorough and detailed interviewing process to key informant, resilient women recruited via purposeful sampling to explain how resilience was discovered and maintained.

Use of the purposeful sampling strategy allowed me to purposely select participants with first-hand knowledge of the phenomenon (see Ravitch & Carl, 2016). Additionally, the use of snowball sampling was beneficial because some participants were able to recommend additional potential participants. Ravitch and Carl (2016)

explained snowball sampling as a recruiting technique in which participants are asked for assistance in recruiting other potential participants for a study.

Inclusion and Exclusion Criteria

The inclusion criteria includes demographic and geographic characteristics that the participants must meet or possess to be included in the study (Patino & Ferreira, 2018). Conversely, exclusion criteria are additional characteristics that would weaken the research (Patino & Ferreir, 2018). The inclusion criteria for the current study required participants to be adult, African American women 21 years of age or older. The participants also had to identify themselves as survivors of CSA and as a sexual minority (i.e., lesbian, gay, bisexual, transgender, queer, or questioning). Furthermore, the participants had to identify themselves as resilient, meaning that they had adapted positively in their CSA survivorship. Moreover, the participants needed to be their own legal guardians and have a high school diploma/general education development or higher education level. The exclusion criteria were refusal to give informed consent, being under the age of 21 years old, being an ethnicity other than African American, being a man, not identifying as a sexual minority, and being accustomed to using negative coping strategies (e.g., substance and alcohol abuse).

Participant Selection

The IPA approach is used to analyze the lived experiences of the participants who are key informants of the phenomenon and considered primary sources. In this study, I obtained data from the participants via interviews. The tool used to recruit potential

participants was a recruiting flyer. The recruiting flyer was displayed in various Facebook and LinkedIn social media groups.

Though in-person, face-to-face interviews are more appropriate and beneficial, this type of interview was not the best method for data collection during the COVID-19 pandemic. Since physical health and safety are just as important as psychological health and safety, other forms of interviews were warranted. Different types of virtual interview platforms include Zoom, Skype, and FaceTime. In this study, virtual, voice-only interviews took the place of in-person, face-to-face interviews. Interviews were the best qualitative data collection method for this study because the personal, one-on-one interactions I was able to have with the participants helped them feel safe and comfortable and enabled me to evaluate their articulation and tone.

Data saturation is the point in research in which data collection becomes irrelevant (Tran et al., 2016). Data saturation means reaching a point where the collection of more data will not lead to new information. Theoretical saturation is when no new concepts, relationships, or dimensions develop during analysis (Patton, 2015). Theoretical saturation was reached in this study with a small, concentrated sample size of six participants. IPA studies are more focused on quality, not quantity; therefore, IPA studies are more beneficial with smaller, concentrated cases (Pietkiewicz & Smith, 2012; Smith & Shinebourne, 2012). Smith and Shinebourne (2012) suggested that a sample size of three to six participants will provide sufficient and meaningful information on similarities and differences between the participants. I followed their recommendation and recruited six participants for the current study.

Instrumentation

I used interviews as the method to collect data in this study. The interview method used to collect data is known as an instrument. Instrumentation is the action by which instruments are utilized (Creswell & Creswell, 2018). This instrument was sufficient to answer the research question because quality interviews provide quality responses for a deeper understanding of the phenomenon. Other data sources, such as field notes and note-taking during the interviews, can also be used during data analysis to interpret the interview data. The interview guide and audio recordings from the semistructured interviews via Zoom, Skype, and FaceTime were the instrumentation in this study. Audio recordings aided in the accuracy of transcribing the responses. Once the instrumentation process was complete, data analysis could begin.

I created the semistructured interview questions as open ended to allow the participants to elaborate on their experiences. The dialogue between the participants and I in the semistructured interviews flowed in a manner that was easy to follow and understand (see Pietkiewicz & Smith, 2012). Semistructured interviews allowed me to be flexible and ask follow-up questions for more details, as well as allowing participants to feel comfortable with real-time dialogue (see Pietkiewicz & Smith, 2012). See Appendix B for the list of interview questions.

Procedures for Recruitment, Participation, and Data Collection

I created a recruitment flyer to be displayed in various Facebook and LinkedIn social media groups. Social media groups about CSA, sexual violence, sexual abuse, sexual minorities, African Americans, and resilience were identified through a search for

social media groups. I contacted the administrators of these social media groups to obtain

permission to display a recruitment flyer in the group. Once permission had been granted,

the recruitment flyer was displayed in the social media groups to obtain participants for

the research study. Once potential participants contacted me, I asked a few screening

questions (see Appendix C) to ensure that they met the inclusion criteria.

If selected for the next step in the research, I invited the participant to an

interview via Zoom, Skype, or FaceTime that lasted approximately 60 minutes. The

participant was informed that a follow-up interview might be necessary to obtain more

information, clarify unclear information, or verify the accuracy of the information

received. Only one follow-up interview was needed for P1 to obtain more information as

the initial interview did not yield sufficient data to satisfy data collection. The interviews

were voice recorded via the Zoom, Skype, or FaceTime application. I then used the voice

recording to create the written transcript of the interview.

Along with use of the snowball technique, if initial recruitment had resulted in too

few participants, I planned on displaying the recruitment flyer again in the social media

groups already identified as well as in newly identified social media groups. The

redisplaying of the recruitment flyer was necessary as the data collection process lasted

for six weeks. The participants exited the study once the interview had ended, and no

other action was required from them. I told the participants that they might be contacted

if further assistance was needed or if I needed to verify the accuracy of my transcription.

Additionally, I advised the participants that they will be notified after the study had been

completed with the study results. Before the participants exited, I asked them if they

knew someone else who may be a good fit for the study. This process was part of the snowball sampling method and was only used if the purposeful sampling method did not yield enough participants.

Qualitative Data Analysis Plan

The IPA approach is used to find commonalities between the participants' lived experiences (Alase, 2017). IPA allows for an understanding of how the participants make sense of their world (Smith & Shinebourne, 2012). Data analysis when using the IPA approach occurs in four individual stages (Smith & Shinebourne, 2012). The initial stage consists of a thorough inspection of the transcripts. I read through the transcripts multiple times to reveal new insights. I noted the interview experience and focused on content, context, language use, and preliminary interpretative comments (see Smith & Shinebourne, 2012). I also made notations of stimulating or important comments made by the respondents (see Smith & Shinebourne, 2012). Highlighting distinctive phrases and emotional responses is useful in an IPA data analysis (see Smith & Shinebourne, 2012).

In the second stage, my initial notes were transformed into emerging themes. My aim in this stage was to create a brief phrase based on a more psychological or theoretical perception (Smith & Shinebourne, 2012). The concise phrase was interpreted in relation to the whole transcript, and the entire transcript was interpreted in relation to the concise phrase (Smith & Shinebourne, 2012). This preliminary note-taking continued throughout the entire transcript.

In the third stage, I connected the themes. The themes were grouped by theoretical similarities and given a name or label to each cluster (Smith & Shinebourne,

2012). Smith and Shinebourne (2012) reiterated each cluster's necessity to make sense in relation to the original transcript. During this stage, I reorganized the themes for a more analytical approach, so I could attempt to make sense of the connections (Smith & Shinebourne, 2012).

In the final stage, I took the themes and wrote them up individually (Smith & Shinebourne, 2012). Each theme needed to be introduced and illustrated with excerpts from the participant (Smith & Shinebourne, 2012). Next, I provided analytic comments for each theme. Finally, I provided a discussion section that considers identified themes in relation to existing literature (Smith & Shinebourne, 2012). I was sure to clearly discern between what the respondent stated and my interpretation of it (Smith & Shinebourne, 2012). Discrepant cases were carefully inspected for their distinctive significance in understanding how African American SMW perceive and describe the pursuit of resilience following CSA. Further, to ensure trustworthiness of the IPA data analysis, the participants were sent the transcripts for member checking, which ensured credibility and provided a way to mitigate potential biases (Iivari, 2018).

Issues of Trustworthiness

Trustworthiness is the degree to which I have confidence in the sources and methods used to obtain them (Burkholder et al., 2016). Trustworthiness is described as a comfort level of reliability (Santiago-Delefosse et al., 2015). A comfort level of reliability means that if the research is reliable, it is trustworthy. Data integrity, clear communication, and a balance between subjectivity and reflexivity are three dimensions

of trustworthiness (Williams & Morrow, 2009). Trustworthy research is of high quality and credible.

Credibility

Credibility, transferability, and dependability are quality considerations for qualitative research (Burkholder et al., 2016). Credibility is another term for validity and is the truth-value or a level of trust (Santiago-Delefosse et al., 2015). Ontology is the nature of reality and the perception of what is truth. Credibility is directly tied to ontology, as ontology is the perception of that truth in which one is seeking. Strategies to ensure credibility in this research were member checks, saturation, and reflexivity. Reflexivity is self-awareness, which enriches the research process and the outcome (Palaganas et al., 2017).

Transferability

Reliability in qualitative research can be viewed as replicability. Replicability refers to multiple researchers' ability to agree on how to describe and categorize observed data (Burkholder et al., 2016). Replicability leads to transferability. A strategy to ensure transferability is the use of thick descriptions. Thick descriptions use observable actions, artifacts, and words to help provide context and meaning to better understand the data (Connelly, 2016; Hong & Cross Francis, 2020). Qualitative research focuses on individual experiences, and those individual experiences are not necessarily others' experiences (Connelly, 2016). While qualitative research needs to produce a descriptive account that will resonate with the reader (Amankwaa, 2016), transferability was not the aim of this qualitative research.

Dependability

Quality qualitative research is dependent upon the trustworthiness of the research (Williams & Morrow, 2009). Thus, the more trustworthy the research is, the higher the quality of the research. Quality is important because poor quality is inconsistent and non-dependable. Dependability is another term for reliability and is imperative to effective qualitative research. Efficient quality in qualitative research requires the research to be trustworthy and credible. High-quality research covers all aspects thoroughly. Strategies to ensure dependability were triangulation and audit trails. Triangulation includes multiple perspectives for a more productive and robust understanding of the phenomena (Patton, 2015). Audit trails are a way to keep track of ideas, impressions, and relationships among the data (Nowell et al., 2017).

Confirmability

Confirmability is a concept in which a researcher's data can be confirmed (Toma, 2006). The data confirmation has to occur with someone other than the original researcher. Researchers use confirmable data and do not allege to be objective (Guba, 1981). Though researchers are not objective, their data must be able to be confirmed (Ravitch & Carl, 2016). The confirmability process finds and acknowledges biases in the research and addresses them through reflexivity processes (Ravitch & Carl, 2016). Confirmability was possible through triangulation, reflexivity, and peer review or audit trails (Guba, 1981). Confirmability further validates data and verifies its quality and trustworthiness.

Ethical Procedures

Many ethical issues can occur when using the interview method of assessment. Informed consent was a necessity. Obtaining informed consent was a step in gaining access to participants' experiences. Informed consent was the participants' right to voluntarily decide whether to participate in the interview or other assessment methods. Therefore, an informed consent form was sent to the participants once they are selected and agreed to participate. Once they consented, the interview process could begin. In the introduction of the interview, the participants were reminded of the interview's voluntary nature and how the data was stored and will be destroyed. Therefore, these actions formed the ethical procedures necessary to protect the participants throughout the interview process.

The three ethical principles for protecting human subjects include justice, beneficence, and respect for persons. The United States adopted these principles for the protection of human subjects in 1979. These principles protect privacy as a means to minimize privacy risks. The Institutional Review Board (IRB) assists in the research process to ensure that ethical procedures will be followed. The IRB approval number is 12-09-20-02354688.

Flyers were sent out via social media for recruitment purposes. The IRB made sure there are no ethical issues surrounding recruitment materials for the research. If there were problems, the IRB would not approve the study until the materials were revised. Additionally, the IRB reviews the research setting to ensure that it was appropriate to conduct the research. Interview sessions were confidential, and participants felt safe

sharing in this controlled environment. In-depth data comes from interviews because of the intimate setting of interviews (Kennedy et al., 2001). Interviews were conducted via Zoom, which allowed for the intimate setting the participant expects from the controlled environment. If a participant refused to participate or withdraw from the study, the participant was eliminated, and any data collected from the participant was discarded. In response to this event, I may have to re-recruit to make up for the eliminated participant.

Ethical Standard 6.02(a) states that psychologists maintain confidentiality at all times during the creation, disposal, storage, and transportation of all records (Fisher, 2017). This ethical standard means that psychologists must keep all records confidential. In addition to Ethical Standard 6.02, Ethical Standard 4.01 describes how psychologists' primary obligation is to protect sensitive information (Fisher, 2017). Additionally, Ethical Principle E: Respect for People's Rights and Dignity states that psychologists must respect all people's privacy and confidentiality (Fisher, 2017). To protect participants' confidentiality, all data retrieved from interviews were done with complete anonymity. Data collected from interviews were stored on my personal laptop in a research folder. The folder was also password protected to provide more security of the confidential information. The folder was saved to a flash drive for backup purposes only. The flash drive was password protected, as is the folder copied to the flash drive. Data were not disseminated, as the data collected were only used for the current research. Only I had access to the data, as I was the only individual who knew the password to the folder on my laptop and the flash drive. Additionally, my laptop was password protected and equipped with a fingerprint for added biometric security. All data is required to be kept

for 5 years. Data stored on my laptop and flash drive will be permanently deleted, and all written information will be shredded after the 5 year period.

Summary

In this chapter, I restated how CSA is a major problem. I noted that the interviews will be held virtually as a result of COVID-19. The IPA approach was mentioned again as a means to justify the research design and rationale. Additionally, I specifically stated my roles as the researcher, including conducting an IPA study, gathering data from interviews, mitigating biases, avoiding personal relationships, and protecting human subjects. I included a list of free counseling services and indicated that the list would be given to all participants. I discussed purposeful and snowball sampling as appropriate methods to use for this research. For the participant selection, I indicated the inclusion and exclusion criteria, and I introduced the recruitment flyer that will be used to recruit participants. In addition, Appendix B was referenced as the list of interview questions. Further, screening questions were also discussed and referenced with Appendix C as part of recruitment, participation, and data collection. For the qualitative data analysis plan, the IPA approach was thoroughly examined and broken down into individual stages. Wrapping up Chapter 3 was a discussion of trustworthiness and ethical procedures. In Chapter 4, I will discuss the setting in more detail, participant demographics, data collection, and data analysis. Closing out Chapter 4 will be an exploration of the results from the study.

Chapter 4: Results

The purpose of this qualitative study was to explore and gain a better understanding of how adult African American SMW survivors of CSA perceive and describe their pursuit of resilience. I used the IPA approach to address this gap. The research question was: How do African American SMW perceive and describe the pursuit of resilience following CSA? In this chapter, I describe the setting and the personal conditions that may have influenced the participants' experiences at the time of the study. The participants' demographics are also provided. Chapter 4 also contains a discussion of the data collection and analysis process, evidence of trustworthiness, and the results from the study. Chapter 4 ends with a summary and a transition to Chapter 5.

Setting

Due to the COVID-19 pandemic, I conducted virtual, voice-only interviews in my home office, which was quiet and confidential. The participants were also in quiet and confidential settings away from potential distractions during the interviews. The entirety of the voice-only interviews was free from background noises, distractions, interruptions, and disturbances from both sides. To the best of my knowledge, since participation was voluntary, there were no conditions at the time of the study that influenced the participants' experiences that would have affected the interpretation of the study results.

Demographics

All participants were adult, African American women 21 years of age or older. The participants identified themselves as CSA survivors and as a sexual minority (i.e., lesbian, gay, bisexual, transgender, queer, or questioning). Additionally, the participants

identified themselves as resilient, meaning they have adapted positively to their CSA survivorship. Furthermore, the participants were their own legal guardians and had a high school diploma/general education development or higher education level.

Data Collection

Data collection occurred over a period of 6 weeks. I received Walden University IRB approval to conduct research on December 9, 2020. I collected data from six participants. Data collection began with a recruitment flyer posted in various LinkedIn and Facebook social media groups related to the topic under study, such as sexual minorities, CSA survivors, and African Americans. I reached out to each of the groups' administrators, introduced myself, explained my position and concept, shared my flyer, and requested permission to post my flyer in the group. Once I received permission from the administrator, I posted my flyer in the group for recruitment purposes. Some groups required the administrator to approve the post once posted, while others did not. I kept a spreadsheet of each post I created, the platform I posted in, and the date and time of each post. I also kept track of each post that needed approval from the administrator because these posts would require additional attention to get the correct information into my spreadsheet log. This spreadsheet log allowed me to stay organized and follow up on any comments from potential participants. I completed a round of recruiting, which entailed posting my flyer to approved social media groups once a week every Friday. Data collection lasted for 6 weeks, after which all six participants had been selected and interviewed.

All six participants consented to a voice-only, virtual interview conducted via Zoom Communications. Once the participants acknowledged the consent form and scheduled the interview, I sent a Zoom link to their email addresses. At the scheduled interview time, the participants clicked the link to join the Zoom, voice-only interview. Before we began the official interview, I reminded the participants of the voluntary nature of their participation and that they could withdraw at any time with no questions asked. Once we were both ready to begin, I let the participants know I was about to start recording and started recording and asking questions. Once the interview had concluded, the recording was stopped, which established the end of the data collection process. There were no variations in data collection from the plan presented in Chapter 3 or were there any unusual circumstances encountered.

Data Analysis

I manually transcribed the audio-recorded interviews and sent a copy of their transcript to each participant via email for member checking to verify the accuracy of the transcripts. All the participants responded and confirmed the precision of the transcription. From there, the data analysis process followed the four-step Smith method of IPA, in which Step 1 consisted of immersing myself in the data (see Smith et al., 2009). I combined all six written transcripts in one Microsoft Excel document entitled "Data Analysis." Each participant had her own tab, labeled Participant #1 (P1), Participant #2 (P2), and so on. I transferred the written transcript for each participant to Column B in the Microsoft Excel Data Analysis document. I read and re-read each

participant's original transcripts, becoming familiar with their individual stories and beginning to enter their worlds.

Step 2 consisted of initial note taking (see Smith et al., 2009). In Columns C, D, and E in the spreadsheet, I listed exploratory comments broken down into categories of descriptive, linguistic, and conceptual comments for each participant. This step was very informative to the research because the descriptive, linguistic, and conceptual comments began to reveal how the participants communicated and understood their pursuit (see Smith et al., 2009). This step provided a great deal of insight into how each participant perceived and described their pursuit of resilience following CSA.

Step 3 consisted of developing emergent themes (see Smith et al., 2009). Following the suggestion of Smith et al. (2009), in the Microsoft Excel Data Analysis document, I used Column A to list emergent themes. I created emergent themes from the original transcript and the exploratory comments of each participant. Emergent themes are the product of patterns and connections among exploratory notes and the original transcript (Smith et al., 2009).

Step 4 consisted of searching for connections across emergent themes (see Smith et al., 2009). I copied Column A (i.e., emergent themes) from each participants' tab in the Microsoft Excel Data Analysis document and transferred each emergent theme to a new Microsoft Excel workbook entitled, "Themes." I combined all the emergent themes from all the participants on one tab labeled, "All Themes." The themes were still in chronological order based on participants' order. For instance, P1 was in Column A, P2 was in Column B, and so on. Next, the All Themes tab was duplicated and renamed,

"Theme Clusters." Theme clusters are also known as emergent themes. The Theme Clusters tab was color coded to align with the interview questions. The next tab was labeled, "Interview Questions." This tab listed all interview questions and color coded them to align with the previous tab of Theme Clusters. For instance, all theme clusters color-coded blue corresponded to the interview question on the next tab that was also color-coded blue. This example shows why I chose to keep all themes in chronological order because it kept the data more organized.

I created another tab labeled, "Theme Categorization." In this tab, I collected all theme clusters for each interview question and separated them into separate boxes with the corresponding interview question. Next, I began looking for connections within the theme clusters across all the participants. The similar theme clusters were highlighted with the same colors for each interview question. Then, I used that same color to create a superordinate theme. This same process was followed for each different color for each interview question and yielded 44 superordinate themes that resonated across all six participants.

Discrepant Cases

Although some cases had more unique characteristics than others, all cases were relatively similar from the decision to seek therapy, the powerful impact therapy had on their lives, the relief that journaling provided, the power of prayer, the positive mind frame, to the staying away from negativity. Therefore, there were no majorly discrepant cases found in the results.

Evidence of Trustworthiness

Trustworthiness is the degree to which the researcher has confidence in the sources and methods used to obtain the results (Burkholder et al., 2016). Evidence of trustworthiness is found in credibility, dependability, confirmability, and transferability. However, transferability was not the aim of this qualitative research. Therefore, I describe evidence of trustworthiness in the following subsections related to credibility, dependability, and confirmability.

Credibility

Credibility is another term for validity and is the truth-value or a level of trust (Santiago-Delefosse et al., 2015). The strategies used to ensure credibility in this research were member checks; saturation; and reflexivity, also known as self-awareness. I transcribed the voice-recorded interviews into written transcripts and sent a copy of their transcript to each participant for member checking to verify accuracy. I used journaling to manage potential biases. I kept a dissertation diary in which I kept journal notes of dates and times of any contact I had with the chosen participants and any other potential participants. Additionally, I used the prolonged engagement strategy, which allowed me to invest sufficient time, build trust, and get to know the data to produce more robust and rich data (see Korsjens & Moser, 2018).

Dependability

Dependability is another term for reliability (Ravitch & Carl, 2016). The strategies used to ensure dependability for this research study were triangulation and audit trails. My Dissertation Chair reviewed my data analysis, which provided

investigator triangulation for my research. An audit trail is a strategy to clearly describe

the research steps from initiating the study to reporting the findings (Korsjens & Moser,

2018). Throughout this research, I retained audit trails in a folder on my laptop named,

"Dissertation." I have multiple files related to the current study housed in this main folder

that is password protected. For added biometric security, my laptop is password protected

and requires my fingerprint to sign in. For backup purposes, I saved the Dissertation

folder to a flash drive that was also password protected.

Confirmability

Confirmability is another component of trustworthiness in which there is a level

of confidence in the study's findings (Ravitch & Carl, 2016). Confirmability is

achievable through triangulation, reflexivity, and audit trails (Korsjens & Moser, 2018;

Ravitch & Carl, 2016). My dissertation committee reviewed my data analysis, which

helped me to achieve triangulation. Reflexivity was achieved through journaling in my

dissertation diary. I kept notes in my dissertation diary in which I investigated my

conceptual lens (see Korsjens & Moser, 2018). I notated any implied or obvious

assumptions or biases that I may have had and the possible effects that these may have on

research decisions (see Korsjens & Moser, 2018). Furthermore, I kept audit trails as a

continuous process throughout the study.

Results

Based on an in-depth review and analysis of the participants' lived experiences, I

discovered eight final themes (i.e., superordinate themes) in answering the research

question. These eight final themes were: taking your life back, expressing feelings

through written words, distance relieves pressure and anxiety, professional assistance is a necessity, not accepting the tactic, self-discovery, strength emerged and warrior revealed, and letting go of unnecessary negativity and hatred. The eight superordinate themes comprised 55 theme clusters, as shown in Table 1. In the following subsections, I use selected interview excerpts to illustrate the corresponding superordinate themes and theme clusters.

Table 1

Superordinate Themes and Theme Clusters

Interview Question	Superordinate Theme	Theme Cluster	Participant Identifier
Q1	Taking your life back	Overcoming trauma, supporting others, push forward, survivor mentality, overcome, trauma conversion, settlement of trauma	P1, P2, P3, P4, P6
Q2	Expressing through written words	Pen and paper, rhyme and rhythm, separate journals	P1, P2, P5
Q2	Distance relieves pressure and anxiety	Keeping distance, forgive for distance, moved away, distance from abusers, safe distance	P2, P3, P6
Q3	Professional assistance is a necessity	Professional assistance, outside assistance	P1, P5, P6
Q3	Not accepting the tactic	Wrong place wrong time, adult disbelief, lost self, reversal of blame, point the finger, carried weight, tangible disconnect, manipulative tactic, falsely reprimand, abuser misfortune, angry interference	P2, P3, P4, P6
Q4	Self-discovery	Everyday resilience, self-discovery, strive for excellence, learning growth, change self, growth process, mentally capable, mentally worthy, overcome all	P1, P3, P4, P5
Q5	Strength emerged and warrior revealed	Brighter outlook, warrior emerged, positive thoughts, clearing perspective, self-identification, self before others, strength emerged, transitioned guarder	P1, P2, P3
Q5	Professional assistance is a necessity	Teaching tool, pay it forward, outside assistance ongoing process, touchstone milestones, confidence boost	P1, P4, P6
Q8	Letting go of unnecessary negativity and hatred	Forgiveness potential, long distance love, freeing experience, goodness prevails	P3, P4, P6

Superordinate Theme 1: Taking Your Life Back

Superordinate Theme 1 was created from the interview question related to describing what resilience means. This superordinate theme comprised theme clusters of overcoming trauma, supporting others, push forward, survivor mentality, overcome, trauma conversion, and settlement of trauma. All the participants recalled initially being in "survival mode." Survival mode means to be heavily guarded and protected by what they described as invisible armor. P3 stated:

Resilience to me is surviving and overcoming. So, for me, going through the sexual abuse and everything, I didn't realize that I became lived in survival mode. That was my resilience. Just to stay in survival mode, to stay in survival mode, to maintain and push it down. Deal with it. You know, I would say, and this is how I feel, black women can't afford a breakdown. So, I would have my moment in a shower, cry, have everything out in the shower and let it wash away with the water. That's how I dealt with it. And then it got to a point where I couldn't do that anymore, and therapy became the part that helped me get over it.

P1, P2, P3, P4, and P6 all mentioned taking back control of their lives and no longer letting the incident weigh them down. P4 stated, "Resilience for me means a reconciliation, so to speak, of trauma, past trauma. And then an intention to thrive with the trauma as or I should say, with that trauma transmuting into fuel for thriving." Therefore, P4 perceived her encounter with CSA as "fuel for thriving" for the "reconciliation" of her past trauma as a way of becoming resilient and taking her life back.

Superordinate Theme 2: Expressing Feelings Through Written Words

Superordinate theme 2 was created from the interview question related to describing the participants' experience with resilience. This superordinate theme comprised theme clusters of pen and paper, rhyme and rhythm, and separate journals. P1, P2, and P5 discussed their writing styles and habits. P1 shared how she enjoys writing poetry. She mentioned that she writes about life, milestones, God, and her family. P1 also stated that she writes every day, and negative thoughts, bad thoughts, old memories, and upsetting news are some of the triggers for her writing.

P2 shared similar experiences with writing. She mentioned that she has four separate journals. One is a gratitude journal that is red, in which she journals everything she is thankful for. Another journal is black. This one is the forgiveness journal. P2 shared that when someone upsets her or does her wrong, she will journal out the whole process from start to finish and *"own"* her part in it. She noted that this is her process of letting it go. The third journal is a love journal, in which she journals about her love life. The fourth journal is the journal that P2 uses for the assignments that her therapist gives her. Additionally, P2 is a published author, so writing is therapeutic for her.

Superordinate Theme 3: Distance Relieves Pressure and Anxiety

Superordinate theme 3 was created from the interview question related to describing the participants' experience with resilience. This superordinate theme comprised theme clusters of keeping distance, forgive from distance, moved away, distance from abusers, and safe distance. P2, P3, and P6 shared how distance helped with their resilience. P2 explained, "I started to feel more secure that I noticed boundaries

helped me more than anything, like distancing myself from toxic people or people who treated me like my abusers treated me." Similarly, P3 and P6 both shared that distance is what they needed to move on. P3 stated she could forgive from a distance, meaning she would never have to be around that person or people ever again. So, the distance is part of her resilience. P6 felt that the distance is what she needed to be resilient. P6 stated:

> First, I moved away from my perpetrators. I moved to a different area once I realized that it had a hold on my life. So, once I moved away, I was away from them. I felt safe. I felt free to be me; to do me. And I just moved away. That's what created my resilience. That's what made me know that I had the resilience to move forward-just taking that first step.

Superordinate Theme 4: Professional Assistance Is a Necessity

Superordinate theme 4 was created from the interview question related to describing how the participants came to resiliency, meaning how they moved from the incident to a state of resilience and describing any changes that may have improved the participants' pursuit. This superordinate theme comprised theme clusters of professional assistance, outside assistance, teaching tool, pay it forward, ongoing process, touchstone milestone, and confidence boost. All participants stated that they had been in therapy at some point. Additionally, all participants except P5 began therapy in their adult years. While P1, P5, and P6 are no longer in therapy, P2, P3, and P4 are still in therapy. P4 shared the name of the psychotherapy treatment that she is currently engaged in with her therapist. Eye Movement Desensitization Reprogramming. P1 had her reservations about therapy initially. She stated:

I was against therapy at first because even though they (therapists) listen to you,

what exactly are they writing, and I kind of felt like at one point that therapists

were just judging you, but therapy actually helped me in the long run.

Alternatively, from P1, in response to how the participant came to resiliency, meaning

how the participant moved from the incident to a state of resilience, P6 cheerfully stated,

"Therapy. Three years of therapy. Every Friday. Never missed a session. Honestly it took

that long for me to move through things. To be able to say this is my life, and I'm taking

it back." Similarly, P3 was going to therapy twice a week, and she shared that she had to

take a year off work because of the level of internal damage the stress had caused from

holding everything in. She mentioned that she went through five therapists before finding

one that was a good fit for her.

Superordinate Theme 5: Not Accepting the Tactic

Superordinate theme 5 was created from the interview question related to

describing how the participants came to resiliency, meaning how they moved from the

incident to a state of resilience and describing any changes that may have improved the

participants' pursuit. This superordinate theme comprised theme clusters of wrong place

wrong time, adult disbelief, lost self, reversal of blame, point the finger, carried weight,

tangible disconnect, manipulative tactic, falsely reprimand, abuser misfortune, and angry

interference. P2, P3, P4, and P6 shared their stories about tactics around keeping them

stuck and fearful from the trauma they endured. However, once they emerged from that

dark space and chose not to accept the tactic, they were able to move from the incident to

a state of resilience. For instance, P2 stated:

Once I accepted that it wasn't my fault and that all of this had happened to me and it wasn't because I was a bad person. I was basically not protected, and I was in the wrong place at the wrong time. And I didn't have an adult to believe me. By hearing other people's stories and the similarities in the stories, and I just started to see that the problem was with the abuser and not the person who was abused. Cause they have a tendency to tell you and make you feel like it's your fault. And so, I had to carry that around. But once I said, oh, they do this to everyone, and they say this to everyone or, you know, I spoke to five different women, and they said that's exactly how they were trapped or abused. That's exactly what they were told or made to believe. I understood that it was more of a tactic that they employed to manipulate children. And that's what gave me my resiliency.

P3, P4, and P6 shared stories about tactics around keeping them stuck and fearful from the trauma they endured. P3 mentioned how she put all her time and energy into her daughter. When her daughter became an adult and moved out, P3 became lost. She stated:

I found myself in a state of where? Who? How? Who am I? How is she? How is she supposed to live? How am I supposed to do things? And it got to a point where everything just felt like it was closing in on me.

P3 felt like the tactic was a distraction. Once she realized distraction was the tactic, and she moved away from the tactic, she was able to find resiliency. The tactic for P4 was sugar. P4 stated:

You eat the sugar, and it activates that reward system, you feel better. You physiologically feel better. Since you do feel better physically, it makes you feel better emotionally. When you don't feel good, and you want to feel better, you go and get some sugar.

Like the other participants, once P4 realized sugar was the tactic, she moved past that tactic and moved toward resiliency.

Superordinate Theme 6: Self-discovery

Superordinate theme 6 was created from the interview question related to describing other areas in which resilience can be applied. This superordinate theme comprised theme clusters of everyday resilience, self-discovery, strive for excellence, learning growth, change self, growth process, mentally capable, mentally worthy, and overcome all. P1, P3, P4, and P5 described areas within "self" to apply resilience. For instance, P1 stated:

I think at some point, it's kind of like after going through an event in your life-a sad event at that. You start learning more about yourself as a person. And you take what you learned from that experience, and you can apply it to any future events that may come in your life.

P3, P4, and P5 discussed similar areas within "self" in which resilience could be applied, such as school. P3 mentioned she was in a master's program, and she has to push herself to make it through. In response to other areas in the participants' lives in which resilience can be applied, P4 happily shared:

Being the fat kid and winning the President's Physical Fitness Award. Being the

black kid in the white camp and being called ****** and going back again and

again. Thankfully, resilience has been a dominant theme in my life. And I really

think that goes back to childhood. I was not emotionally nurtured as a child. I was

physically fine. I never wanted for anything, physically. I was intellectually

nurtured. I was exposed. But I did not receive emotional nurture. However, what I

did receive was the message that I was OK, and I could take care of myself, and I

could do what I wanted to do. So, because I received that message, I guess with

enough frequency and enough volume, that when I do encounter difficulties or

traumas, I just never look at them as oh OK, this is it, this is the end. I can't do it. I

look at it as OK, so how do I crack this egg? Because my typical way isn't

working.

P5 shared a similar story in which she mentioned anything that she goes through pushes

her to change herself and become a better person.

Superordinate Theme 7: Strength Emerged and Warrior Revealed

Superordinate theme 7 was created from the interview question related to

describing changes that may have improved the participants' pursuit. This superordinate

theme comprised theme clusters of brighter outlook, warrior emerged, positive thoughts,

clearing perspective, self-identification, self before others, strength emerged, and

transitioned guarder. P1, P2, and P3 shared their changes that improved their pursuit. P1

explained that therapy improved her pursuit. She stated:

My confidence got better. I was able to build myself up. I'm more open. I'm not as angry as what I used to be. I think it just pretty much helped make me a better person like it gave me that motivation that I needed to get through this thing called life.

P2 believed her divorce is the change that improved her pursuit.

P2 stated:

I felt like because I was married, I felt like you were never supposed to get a divorce. Right? And I felt like God brought us together. We're supposed to stay together forever. Even though he treated me horribly and spoke to me the way my abusers did with the gaslighting, the deflection, put me down, and pointing a finger and making it seem like everything was my fault, and making me jump through hoops. So, I felt like I was supposed to stay because God didn't want a divorce, and there was going to be some change in him eventually. But after a while, I realized that he was never going to change, and I don't have to stay married or stay stuck in a toxic situation.

I thought that even though my mother was toxic and told me that she didn't like me and because I had a husband who treated me any ol' kind of way, that I was supposed to endure it. Like when I was a kid like I couldn't fight or say no to stop from what was happening. So, I always had that feeling like I can't fight and say no and change my situation. But once I got separated and got a divorce, I was like, oh, hell no! I don't have to sit down and take this anymore. Like, I can get up and walk away, and I can choose something better for myself.

P3 explained that realizing her true self is what improved her pursuit. She said that once she accepted the truth about herself, she was more at peace. Being at peace within herself improved her pursuit significantly. P3 stated, "I realize that being honest with myself about who I am, that's the most peaceful and happiest I've been, genuinely."

Superordinate Theme 8: Letting Go of Unnecessary Negativity and Hatred

Superordinate theme 8 was created from the interview question related to describing how positive coping has made a difference in the participants' lives. This superordinate theme comprised theme clusters of forgiveness potential, long-distance love, freeing experience, and goodness prevails. All the participants stated how positive and open they are. P1 mentioned having a different perspective of her life. She specifically stated, "light at the end of a dark tunnel." P2 mentioned how much confidence she has now. P3 stated:

> Positive coping has given me the ability to forgive because the way I was coping before, I just didn't deal with them. But I'm able to forgive, and I still don't have to be around the person. I can love you from a distance. I can forgive you, but I can also love you from a distance. I don't have to deal with you every day. I don't have to call you. I don't have to deal with you. I don't have to see you. I can go around my family members now, and I don't have any issues cause now I'm at the point where I feel sorry for you. Because you took advantage of a child, and you thought it was OK. So, it's like I don't have any ill will, which is freeing for me. So that part has helped tremendously. The coping and now I know I can pursue and create my own norms for myself. My own standards for myself. And it's OK.

P4 stated:

>It [positive coping] helps to keep my amygdala at bay. You know, it helps me to not walk around in a perpetual state of fear and hopelessness and intimidation. Positivity for me is a frequency in which people, all people, can vibrate. But they have to want to do it and then set an intention to do so. So, I think it is a tool available to everybody. Sure, some people have a little bit more muck and mire to cleanse themselves from before they can find it within them. But it is something that is within us. And I'm just really grateful that I was able to stumble upon mine as early as I did.

P5 simply stated how "open her vision" is now because of positive coping or resilience. P6 stated:

>I've been able to go a lot of places and see a lot of things and meet a lot of people that without my coping mechanisms or what I had to go through to get here, I wouldn't have been able to go to these places. I would've been staying, just stuck because I was for so many years prior to going through all these steps for years. So, it's made me able to live.

Summary

The research question was: How do African American sexual minority women perceive and describe the pursuit of resilience following CSA. In Chapter 4, I discussed the findings of this research question. I discovered eight final themes (superordinate themes): taking your life back, expressing feelings through written words, distance relieves pressure and anxiety, professional assistance is a necessity, not accepting the

tactic, self-discovery, strength emerged and warrior revealed, and letting go of unnecessary negativity and hatred.

Based on an in-depth review and analysis of the participants' lived experiences, I found that African American SMW perceive and describe the pursuit of resilience following CSA in intermittent stages. Not accepting the tactic of keeping them confined to a space of fear is the first stage they must go through. This is a stage within "self" that they must mentally prepare for. The next stage is distance. Once they had mentally prepared themselves, they were ready to put space between themselves and their abuser. Next, they were mentally prepared for therapy. All participants stated therapy was how they were able to come to resiliency or therapy was the change that improved their pursuit. Therefore, therapy was a necessity.

The next stage is journaling. Several participants discussed how journaling helped them express themselves and helped them get their feelings out. Journaling was a way to "let it go." Further, the next stage is letting go of unnecessary negativity and hatred. Journaling helps with this stage. Thus, journaling is a stage in explaining how these women perceive and describe the pursuit of resilience following CSA. Once these women let go of this built-up anger, they were free to begin self-discovery. Several of the participants discussed how they learned so much about themselves. Therefore, once they started working on themselves and opening up themselves, they learned so much about themselves. A life-changing experience. Next, with so much energy, power, and a new outlook on life, the next stage is strength. Following strength, the last stage is taking your life back.

Each one of these stages was essential to the overall resilience of the individual. I have learned that each stage is necessary to completely understand the perception and description of the pursuit of resilience following CSA for African American SMW. Without one stage, the next stage may not be successful. Thus, all stages complete the package. While some stages may take longer for some to complete than others, each stage must be completed in its entirety before moving on. All participants noted that once resiliency has been acquired, it becomes a personality trait that you carry with you forever.

Within Chapter 5, I will discuss my interpretation of the findings. The findings were drawn off the participants' recollection of their experiences. Additionally, I will discuss and address the limitations of the study. Further, recommendations and implications will be offered as a guide for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to explore and gain a better understanding of how adult African American SMW survivors of CSA perceive and describe their pursuit of resilience. In this study, I employed an IPA approach that allowed for a rich, in-depth exploration of the lived experiences of the participants. Based on the in-depth review and analysis of the participants' lived experiences, I discovered eight final themes (i.e., superordinate themes) in answering the research question. These eight final themes were: taking your life back, expressing feelings through written words, distance relieves pressure and anxiety, professional assistance is a necessity, not accepting the tactic, self-discovery, strength emerged and warrior revealed, and letting go of unnecessary negativity and hatred.

Interpretation of the Findings

Findings of the Study Compared to the Theoretical Framework

My interpretation of the findings supports Miller's work on RCT in stating that growth is possible through positive relationships (see Duffey & Somody, 2011; Ticknor & Averett, 2017). P1, P2, P3, and P6 discussed the necessity of positive relationships and removing negative or toxic relationships. The participants described how familial support was helpful, as was having a circle of friends with shared experiences. Anyikwa et al. (2015) explained the concept of RCT empowered women; gave women strength; and gave women the courage to connect with others, speak up, and be heard. P3 described how having a community of peers who are welcoming and accepting helps with feeling at

peace. Similarly, P6 mentioned the ease of communication between those who have commonalities with others.

Regarding the resilience portfolio model, Banyard et al. (2017) argued that resilience is not the absence of mental health difficulties; it is the ability to overcome adversity and grow from the experience. All participants stated they overcame the adversity, whether they used therapy, poetry, speaking engagements, counseling others, or putting their time and energy into loved ones. Therefore, my interpretations of the findings support Grych, Hamby, and Banyard's resilience portfolio model as well.

Findings of the Study Compared to the Literature

Emotional Abuse

The identification of Superordinate Theme 2: Expressing feelings through written words, Superordinate Theme 3: Distance relieves pressure and anxiety, Superordinate Theme 4: Professional assistance is a necessity, and Superordinate Theme 5: not accepting the tactic supports current literature on emotional abuse. Hughes et al. (2010) found that SMW are at a higher risk for mental health disparities. However, the reasons for this elevated risk are not entirely understood (Szalacha et al., 2017). I found that 83% of my participants admitted mental health disparities, which ultimately resulted in the need for therapy later in life. P1 discussed emotional abuse from her adopted family, while P2 discussed emotional abuse from her mother and husband. P3 and P6 discussed the incident as emotional, and P4 discussed emotional abuse from her biological mother.

Emotional abuse magnifies depressive symptoms and hopelessness (Crow et al., 2014; Gaskin-Wasson et al., 2017). African American women with histories of emotional

abuse report higher suicide ideation levels due to detachment from family and friend relationships (Allbaugh et al., 2018). P3 stated, "I found myself in a place where I would drive, and I could see me driving off a bridge or driving into a median." Additionally, P6 shared thoughts of vigilante justice. While vigilante justice may not be equivalent to suicide, I believe vigilante justice is a form of suicide. Vigilante justice can have tragic outcomes. For instance, taking the law into one's own hands to avenge a horrid act may be understandable, but it is also very daring. Taking the law into one's own hands through vigilante justice could result in death by a police officer or the intended target. Therefore, in my opinion, vigilante justice is a form of suicide or suicidal ideation, at the very least. My interpretation of emotional abuse, suicidal ideation, SMW, and African American women supports the current literature discussed in Chapter 2.

Substance/Alcohol Abuse

The identification of Superordinate Theme 3: Distance relieves pressure and anxiety and Superordinate Theme 4: Professional assistance is a necessity supports current literature on substance/alcohol abuse. For those with a history of CSA, there is also an elevated risk of using substances, such as alcohol, cigarettes, cannabis, opioids, and illegal drugs (Sartor et al., 2013). Additionally, alcohol abuse is a coping mechanism for avoidance for individuals with a CSA history (Gray & Rarick, 2018). P6 stated she drank alcohol and smoked marijuana for many years until she decided to go to rehab. Substance and alcohol use became a coping mechanism for African Americans with histories of traumatic life events (Long & Ullman, 2006). P6 stated,

I probably spent most of my adolescence so high off marijuana and alcohol I

don't remember much about them, but staying high and drunk because of the hurt,

the fear, and the whole situation. Trying not to think about it. So, I did it [drugs

and alcohol].

Thus, my interpretation of the findings supports the current literature on substance abuse,

alcohol abuse, and African American SMW discussed in Chapter 2.

Positive Coping

The identification of Superordinate Theme 1: Taking back your life,

Superordinate Theme 2: Expressing feelings through written words, Superordinate

Theme 4: Professional assistance is a necessity, Superordinate Theme 5: Not accepting

the tactic, Superordinate Theme 6: Self-discovery, Superordinate Theme 7: Strength

emerged and warrior revealed, and Superordinate Theme 8: Letting go of unnecessary

negativity and hatred supports current literature on positive coping. Environmental

protective factors, such as support from family, friends, and the spiritual community, are

the main contributors to resilience (Schaefer et al., 2018). Furthermore, African

Americans use religious practices, spiritualities, and prayer as positive coping

mechanisms (Boyd-Franklin, 2010; Holt et al., 2009). All participants spoke on

environmental factors that contributed to their resilience. P1 discussed her nephew. P2,

P3, and P5 shared connections that contributed to their resilience. P4 identified

connections but also the spiritual community, while P6 discussed her grandchildren.

Therefore, my interpretation of the findings supports the current literature on positive

coping and African American women, as discussed in Chapter 2.

Religion and Traditional Beliefs

The identification of Superordinate Theme 6: Self-discovery supports current literature on religion and traditional beliefs. Though different religions may hold different belief systems, most religions have the same standpoint on sexual minorities' place in religion (Stern & Wright, 2018). Additionally, respectable African American culture leaders detest homosexuality (Brown, 2013). Sexual minorities have been thought of as sinful and deviant, and they are usually rejected and criticized by religious organizations (Barton, 2010; Sherkat, 2002; Whicker et al., 2017; Whitehead, 2010). As a result, sexual minority individuals have had difficulty establishing and maintaining their spirituality (Sumerau et al., 2016). P4 shared an experience in which her mother voiced her negative opinion about P4 getting married to another woman.

Similarly, P3 corroborated this life experience as she shared that her mother is Jamaican, and homosexuality is not accepted in a Jamaican household. She mentioned how she hid that side of herself for so long because the older generation was not open minded about sexual minorities. P3 stated that traditional beliefs guide their household no matter how dated the traditional beliefs were. She also noted that it was difficult growing up in this type of household because there were so many things that she was supposed to do or not do, and it was "confining."

Conversely, due to the most recent social change over the past several years, there have been positive and neutral attitudes toward African American sexual minorities and religious practices (Barringer, 2020). P1 and P4 both attend church regularly with no issues. Additionally, P4 is a pastor of her church. However, some complexities still exist

(Barringer, 2020). Thus, my interpretation of the findings supports the current literature on religion, traditional beliefs, and African American SMW as discussed in Chapter 2.

Summary of Interpretation

My interpretation of the findings is that African American SMW perceive and describe the pursuit of resilience following CSA in intermittent stages. Not accepting the tactic of keeping them confined to a space of fear is the first stage they must go through. This is a stage within the "self" that they must mentally prepare for. The next stage is distance. Once they had mentally prepared themselves, they were ready to put space between themselves and their abuser. They were then mentally prepared for therapy. All participants stated therapy was how they were able to come to resiliency or that therapy was the change that improved their pursuit. Therefore, therapy was a necessity.

The next stage is journaling. Several participants discussed how journaling helped them express themselves and helped them get their feelings out. Journaling was a way to "let it go." The following stage is letting go of unnecessary negativity and hatred. Journaling helps with this stage. Therefore, journaling is a stage in explaining how these women perceive and describe the pursuit of resilience following CSA. Once these women let go of their built-up anger, they were free to begin self-discovery. Several of the participants discussed how they learned so much about themselves. Once they started working on themselves and opening themselves up, they learned so much about themselves, which was a life-changing experience. With so much energy, power, and a new outlook on life, the next stage is strength. Following strength, the last stage is taking your life back.

Each one of these stages was essential to the overall resilience of the individual. I have learned that each stage is necessary to completely understand the perceptions and descriptions of the pursuit of resilience following CSA for African American SMW. Without completion of one stage, the next stage may not be successful; therefore, all stages are required. While some stages may take longer for some to complete than others, each stage must be completed in its entirety before moving on. All participants noted that once resiliency has been acquired, it becomes a personality trait that the person carries with them forever.

Limitations of the Study

I did not encounter any of the potential limitations discussed in Chapter 1. One concern expressed in Chapter 1 was difficulty recruiting enough participants. All six participants for this study were recruited with ease. Another concern was participants becoming emotional during the interview process; however, this issue was not encountered either. Because the participants discussed how they overcame the incident to pursue resilience, they did not spend much time discussing the actual incident of CSA.

Transferability has essential limitations in qualitative studies (Daniel, 2019). However, transferability was not the aim of this qualitative research. Researcher bias was a possible limitation of the study because it may result in data contamination. I employed member checks, reflexivity, audit trails, and triangulation as methods to avoid researcher bias.

Additionally, the most significant limitation of the study was the participants being candid in their accounts of their pursuit of resilience. I assumed that the

participants were open and honest during their interviews. Being provided with false information was a possibility, and therefore, I had to list it as a limitation. While developing rapport and trust with the participants was a possible limitation discussed in Chapter 1, this did not end up being an issue. I believe I had a good rapport with all the participants.

Recommendations

Based on the strengths, limitations, and findings of this study as well as the overall experience of conducting the study, I have some recommendations for future research. This study focused on African American SMW. I think it would be beneficial to widen the spectrum to all ethnicities within the SMW population. I had several SMW of all ethnicities respond to my recruitment flyer with an urgency to participate. During my review of the literature, there was not much literature on CSA and SMW of any ethnicity; therefore, I would recommend future research on CSA and SMW of various ethnicities.

Additionally, I think it would be beneficial to include men as victims of CSA as well. I had a few men respond to my recruitment flyer with an urgency to participate as well. During my review of the literature, there was not much literature on CSA and men overall; therefore, I would recommend future research on CSA and men.

Moreover, while transgender individuals were not in the scope of this study, I believe they should also be included in future research. I had a respondent ask if transwomen were welcome, and another ask if transmen were welcome. However, one was not African American, and the other was not a CSA victim, so neither qualified for

inclusion in the study. However, I would still recommend more research on transgender individuals and CSA.

Lastly, a respondent did not qualify for this study, but she provided input for future recommendations. Thus, more research is needed around the escalating issues as it pertains to how child molestation evolves. The friendships and relationships that allow for these circumstances to escalate over time should be evaluated. Therefore, future recommendations are suggested for this as well.

Implications

Positive Social Change

The implications illuminated in this study encompass positive social change. This study adds to the knowledge base of qualitative research regarding resilience. Though there has been ample research on resilience, the gap in the literature for this research was CSA within African American SMW. I wanted to discover how these women perceive and describe their pursuit of resilience following CSA. This study's findings have contributed to positive social change by sharing and explaining how these women became resilient. This research study documented how these women overcame adversity; took their lives back. This study will allow others to use the same positivity structure in many other areas of their lives. This positive structure is also known as resilience, and resilience aids in strength, self-confidence, and positivity (Miller, 1976). Finding positivity and applying resilience to life's challenges contribute to positive social change. Contributing to positive social change is a step in the right direction of spreading positivity.

Additionally, positive social change can be impacted at the familial, organizational, and societal levels. This study illustrated the dehumanization, homophobia, and bigotry experienced by these SMW not only by society but their families as well. P4 experienced this by her religious organizations. Therefore, positive social change is potentially impacted by this study at all levels. The impact of this study can be utilized to adjust traditional beliefs at the organizational level and the familial level.

Theoretical Implications

RCT and the resilience portfolio model were used to guide this study in formulating a research question to find answers to the problem identified. The interview guide was framed from these theoretical models and used to interpret the study's findings. RCT concentrates on social associations and is vital as it focuses on building allies (Jean Baker Miller Training Institute, 2014; Jordan, 2017). Additionally, RCT infers that growth is possible through positive relationships (Duffey & Somody, 2011; Ticknor & Averett, 2017). This study supported this concept as the participants discussed the role that others with similar backgrounds and stories have played in their pursuit of resilience. The participants had a shared story that having friends who have been through similar situations and knowing that there is a welcoming and accepting community helps with their peace and positivity.

The resilience portfolio model argues that multiple strengths, or poly-strengths, work together to build resilience (Gonzalez-Mendez et al., 2018). Poly-strengths enhance happiness, reduce the number of additional adversities, and aids in positive coping

(Hamby et al., 2015). The resilience portfolio model helps build a protective barrier against the unexpected (Hamby et al., 2015). Poly-strengths such as journaling, prayer, speaking engagements, family time, therapy, and paying it forward are methods utilized by the participants to build and continue resiliency. Thus, this study supported the concepts of the resilience portfolio model as well.

Practice Implications

The findings from this study suggest that after adversity, resilience is possible through individual stages. Each stage is essential to the overall resilience of the individual. Without one stage, the next stage may not be successful. Thus, all stages complete the package. Therefore, a potential practice recommendation would be creating a "resilience after adversity" package in which professionals could use to make sure each stage is met to ensure resiliency is reached before therapy is discontinued.

Conclusion

CSA is disheartening. The effects can be long-lasting, detrimental to one's health, and even fatal. While CSA affects all children of all ethnicities, CSA is more prevalent among African Americans (Kozak et al., 2018). Further, sexual assault is more prevalent in racial and sexual minorities (Balsam et al., 2010). Therefore, African American SMW are at an elevated risk for CSA or sexual violence (Coulter et al., 2017; McConnell & Messman-Moore, 2018).

CSA invites opportunities for revictimization. Properly coping with CSA offers revictimization solutions (McConnell & Messman-Moore, 2018; Neilson et al., 2018; Tapia, 2014). Strength, power, and resilience over child abuse are the best coping

strategies. Resilience helps victims focus on positivity and overcome negativity (Newsom & Myers-Bowman, 2017). Additionally, environmental protective factors (such as the support of family, friends, and the spiritual community) are the main contributors to resilience (Schaefer et al., 2018).

CSA within the African American SMW community was underresearched. This study addressed that gap and contributed to the existing literature. While the findings from this study will not eliminate CSA, the findings will highlight the process of accepting and overcoming adversity. It is not a simple process. The stages may take longer for some to complete than others. However, it is possible. Zamir and Lavee (2015) found that those who recognize and express their feelings about being victimized are more likely to find resilience. Thus, I believe that the participants of this research study have recognized and expressed their feelings in such a way that suggests they have found resilience. The findings from this study suggest that once resiliency is learned, it can be used in all aspects of life. Applying resiliency to life's challenges will increase positivity, which will result in positive social change.

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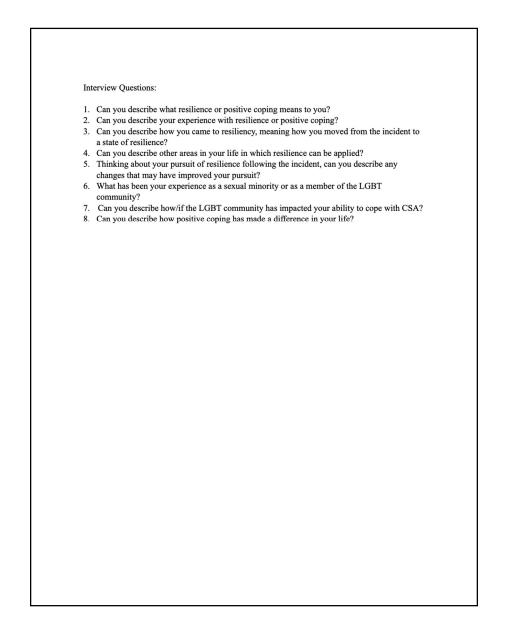
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Appendix A: Free Counseling Services and Hotline Telephone Numbers

Free Counseling Services and Hotline Telephone Numbers

Depression Hotline
1-877-706-3811

Emergency Medical Services
911

Girls & Boys Town National Hotline
1-800-448-3000

National Alliance on Mental Illness (NAMI)
Text NAMI to 741-741

National Domestic Violence Hotline/Child Abuse/Sexual Abuse
1-800-799-7233

National Hopeline Network
1-800-442-4673

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
Live Online Chat
https://suicidepreventionlifeline.org

Rape, Sexual Assault, Abuse, and Incest National Network (RAINN)
1-800-656-HOPE (4673)

Samaritans
1-877-870-4673

SAMHSA Treatment Referral Hotline
1-877-SAMHSA7
1-877-726-4727

Substance Abuse and Mental Health Administration (SAMHSA) Helpline
1-800-662-4357

Veterans Crisis Line
1-800-273-8255

Appendix B: Interview Guide

Interview Questions:

1. Can you describe what resilience or positive coping means to you?
2. Can you describe your experience with resilience or positive coping?
3. Can you describe how you came to resiliency, meaning how you moved from the incident to a state of resilience?
4. Can you describe other areas in your life in which resilience can be applied?
5. Thinking about your pursuit of resilience following the incident, can you describe any changes that may have improved your pursuit?
6. What has been your experience as a sexual minority or as a member of the LGBT community?
7. Can you describe how/if the LGBT community has impacted your ability to cope with CSA?
8. Can you describe how positive coping has made a difference in your life?

Appendix C: Screening Questions

Screening Questions

1. Are you African American?
2. Are you at least 21 years old?
3. Do you have a history of sexual assault?
4. Are you currently using positive coping strategies or identify as being resilient?
5. Do you identify as a sexual minority, such as lesbian, gay, bisexual, transgender, queer, or questioning?