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Resilience and Intimacy for Adult Lesbian Survivors of Child Sexual Abuse

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Walden University

College of Social and Behavioral Sciences

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Karen L. John

has been found to be complete and satisfactory in all respects,
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Walden University
2021

Abstract

Resilience and Intimacy for Adult Lesbian Survivors of Child Sexual Abuse

by

Karen L. John

MS, Touro College, 2007

BS, Long Island University, C.W. Post, 1988

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

Walden University

August 2021

Abstract

Despite the existence of extensive research on child sexual abuse (CSA) for heterosexual women, lesbian women remain an understudied population, particularly regarding their lived experiences of resilience and intimacy as adult CSA survivors. While researchers have considered the uniqueness of the lived experience of the heterosexual female CSA survivor, consideration must also be given to the unique lived experiences of the lesbian CSA survivor. Such knowledge contributes to an increased understanding of resilience and intimacy for these survivors, further advancing the understanding for practitioners regarding these complex dynamics. The purpose of this phenomenological study was to understand the lived experiences of resilience and intimacy for adult lesbian survivors of CSA. The conceptual framework that guided the study was resilience, which was used to describe the adaptive functioning of the adult survivors of CSA. The data were gathered through semistructured interviews with eight lesbian women between the ages of 35 and 55 who experienced CSA and have been in a same sex relationship for at least three months. Moustakas's transcendental phenomenological approach was used to explore and analyze the experiences of the adult women. Five themes resulted from the data analysis: nature of support, resilience as a positive influence on intimacy, heightened self-awareness, positive shift in focus, and reaffirmed sexuality. The results of this study can lead to the construction of better assessments and diagnostics for lesbian survivors specific to mental health care. The implications of positive social change are improved therapeutic practices and supportive services for adult lesbian survivors of CSA.

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Dedication

I dedicate this study to my loving daughters who have supported me throughout this journey and encouraged me to further my path in education. I also dedicate this journey to my parents, my brothers, grandparents, and the generations before them for the love bestowed upon me and for the principles of faith, determination, and perseverance that kept me on this path and will forever reign within my heart. I humbly thank you all for understanding the hours of sacrifice that was matched with your unyielding support. I love you.

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Chapter 1: Introduction to the Study

The research related to the higher rates of reported child sexual abuse (CSA) among lesbian women compared to their heterosexual counterparts is insufficient (Tyler & Schmitz, 2018). The topic of study therefore explored the potential influence of CSA on the understanding and interpretation of resilience and intimacy for the adult lesbian survivor. The adverse consequences following the traumatic experience of CSA and the psychosocial adjustment of its survivors has presented a topic for extensive study among adult female heterosexual survivors yet this area of study remains limited for their lesbian counterparts (Diamond, 2016). Currently, the extent of research reflects implications specific to the experiences of heterosexual women and the long-term implications of these experiences on resilience and intimacy (Barnum & Perrone-McGovern, 2017; Li et al., 2016; Easton, 2019; Johnson et al., 2019; Steine, et al, 2017). However, despite the wide body of research there exist very limited studies that focus exclusively on the lived experiences of lesbian survivors of CSA and how this experience has influenced their individual perceptions of resilience and intimacy. The lack of substantial attention to the long-term implications of their experience has resulted in a category of women who are both understudied and underserved. Thus, the limited knowledge of the lived experience of resilience and intimacy for adult lesbian CSA survivors indicated a gap in literature and the need to investigate the experience. The social implication of this study is that it can contribute to the meaning of resilience and intimacy as perceived by the adult lesbian experience following CSA. The additional social implications of this study

are that it presents a clear understanding regarding the uniqueness of the adult lesbian experience and CSA, potentially promoting a decrease in marginalization.

This chapter provides background information for this study as well as the identified problem to be addressed, the purpose of the study, and the research question to be used to address the identified problem. I present the conceptual framework in support of this study as well as the nature and significance of the study. I also provide the key definitions and terms used in this study and identify any limitations that may be found to have occurred in this study.

Background

The relationship between CSA and mental health risk factors in the adult life of female survivors has been explored in terms of the psychosocial adjustment of the survivors (Marriot et al., 2014). Consequently, numerous researchers have conducted studies that examined resilience and intimacy based on samples of heterosexual female survivors without the exclusive consideration or the distinction of lesbian survivors (Ben-David & Jonson-Reid, 2017; Cicchetti & Toth, 2016; Edwards et al., 2014; Follette & Vechiu, 2017; Marriot et al., 2014; Masten, 2014; Newsom & Meyers-Bowman, 2017). Adversity and discrimination unique to the lesbian survivor and potentially varying from the experience of a heterosexual female survivor may be contributory to resilience (Colpitts & Gahagan, 2016; Lopez et al., 2019). Differences in higher levels of negative coping skills found in lesbian survivors compared to heterosexual female survivors demonstrated less favorable shifts in resilience (Amad et al., 2017). Both objective and external discrimination, rejection, and the internalization of negativity can also hinder the

development of resilience for the lesbian survivor (de Lira & de Moraes, 2018; Schnarrs et al., 2019). Additionally, researchers and practitioners have yet to acquire full understanding of intimacy explicitly for lesbian women and specifically as a survivor of CSA resulting in a limited understanding of how to promote healthy intimacy based on what is known about resilience (Kimberly & Williams, 2017). Implications specific to the influence of CSA on the lived experience of resilience and intimacy were therefore considered for further exploration.

Researchers have suggested that the unique experiences of lesbian women combined with the experience of trauma such as in the case of CSA influence the process of resilience development (Amad et al., 2017; Caceres et al., 2019; Newsom & Meyers-Bowman, 2017). Consideration was therefore given to the consistently higher occurrences of CSA in the lesbian population as compared to heterosexual women, as such an understanding may be influential to perceptions of resilience and intimacy. Thus, there existed a gap in knowledge that required understanding the uniquely lived experience of resilience and intimacy following the experience of CSA for adult lesbian survivors, which this study addressed. The need to explore an in-depth account of the adult lesbian survivor and how they perceive resilience and how that perception influences intimacy demonstrated the significance of conducting this study.

Problem Statement

CSA among lesbian women is reported at higher rates in comparison to heterosexual women yet there are limitations in knowledge regarding the resilient outcome of lesbian survivors (Charak et al., 2019; Dworkin et al., 2018; Hequembourg et

al., 2019; Schnarrs et al., 2019). While increased attention has been given to the process of resilience for lesbian, gay, and bisexual individuals (LGB), much of the research has been conducted on larger scale LGB populations and without qualitative consideration of CSA survivorship for adult lesbian women (de Lira & de Moraes, 2018). Limitations in awareness and understanding of the relational nature of resilience and intimacy for adult lesbian survivors continued to be demonstrated throughout the literature as repeated references to research indicated the consistent focus on general populations of women with limited focus on the lesbian population (Crump & Byers, 2017; Diamond, 2016; Fisher et al., 2017; Sullivan et al., 2017).

Researchers considered the uniqueness of the lived experience of the heterosexual female survivor of CSA and established determinants for resilience (Infurma & Luthar, 2018; Newsom & Myers-Bowman, 2017). Consideration must also be given to the unique lived experience of the lesbian CSA survivor (Lopez et al., 2019). However, current research findings continue to focus primarily on the premise that all female survivors of CSA experience resilience and intimacy with equivalence and without consideration given to the variances in sexuality (Ben-David & Jonson-Reid, 2017; Chouliara et al., 2014; Diamond, 2016). In this study, I explored the lived experience of resilience and intimacy specific to adult lesbian survivors of CSA, thus addressing a meaningful gap in the research literature.

Purpose of the Study

The purpose of the phenomenological study was to understand the lived experiences of resilience and intimacy for adult lesbian survivors of CSA. The focus for

research was to explore the development of resilience in lieu of CSA and to examine the adult interpersonal relationships of survivors. I used semistructured and in-depth qualitative interviews to understand this phenomenon. There was a need for increased understanding of this phenomenon, and this study provided insight as to how this population of adult female CSA survivors perceived resilience and intimacy in their relationships, thereby further advancing the understanding these complex dynamics. The overall purpose of the study was to increase understanding of the phenomenon based on the identified problem to be addressed.

Research Question

The research question that guided this study was:

RQ: What are the lived experiences of resilience and intimacy for adult lesbian survivors of CSA?

Conceptual Framework

The conceptual framework that guided this study was resilience. I used this concept to describe the adaptive functioning of survivors following sexual victimization. I used the empirical research of Bowlby's (1969) attachment theory to demonstrate the consequence of an early maladaptive environment. Safran (1990) built upon the foundation of this empirical research and was suggestive of a correlation between the early attachment and the development of adaptive mechanisms and the potential for depletions in resilience and intimacy. Resilience will therefore represent the life circumstances of the lesbian survivor and the evidence of positive adaptation (Luthar et al., 2000). The conceptualization of resilience was represented through protective factors

that reflect the characteristics found within the individual (Herrman et al., 2011). Because CSA has been linked to the negative outcome of intimate relationships (Liang et al., 2006) there exists a logical connection between the key elements of the framework and the potential for the experience to negatively influence perceptions of resilience and intimacy in adult lesbian survivors.

The concept of resilience was related to the research question and guided this study. I focused on the significance of the connection between the experience of early attachment and the potential for social patterns. I used the framework and the connected key elements to guide this study in the exploration of the lived experiences of resilience and intimacy for the adult lesbian survivor of CSA. I chose to employ guided interview questions the development of which were related to the framework to address the phenomenon of this study. I used a reliable audio recording device to record the results of the interviews. The data analysis consisted of data collection, the systematic search and arranging of the interview transcript, and any observation notes as referenced by Moustakas (1994). Additional information regarding the concept of resilience and the logical connection between the key elements of attachment is provided in Chapter 2.

Nature of the Study

The nature of this study was a transcendental phenomenological design to explore the lived experiences of resilience and intimacy for adult lesbian CSA survivors. The use of qualitative research permits the gathering of comprehensive information on the lived experience of a small number of participants (Patton, 2015). The use of this approach allowed detailed information to be gathered from adult lesbian survivors regarding the

individual experiences of resilience and intimacy following the experience of CSA. The use of a phenomenological approach was best suited for the in-depth exploration of the specified problem with the focus of the study on the personal, lived experience of these lesbian survivors.

In this study, I gathered data from eight adult lesbian survivors of CSA through semistructured qualitative interviews. The data gathered from the interviews were transcribed and analyzed using the steps for phenomenological analysis (see Moustakas, 1994). The transcripts were then divided into meaningful sections, integrated to identify similar content, and the essential meanings of these sections were determined in preparation for critical analysis (see Moustakas, 1994). Further information regarding the design and methodology of this study is provided in Chapter 3.

Definitions

The following key terms were referenced throughout this study and were defined as follows:

Adult lesbian survivors: Female survivors (aged 35-55 years) determined to be suitable for the examination of perceptions related to past sexual abuse experience and quality of life as an adult (Parry & Simpson, 2016).

Child sexual abuse (CSA): The sexual experience of abuse that occurred during childhood by someone known or unknown to the survivor and therefore inclusive of strangers (Emetu, 2019). In addition, the definition included the acute or nonacute forcing or enticing of a child to participate in activities sexual in nature despite the level of awareness of that child (Borg et al., 2019).

Intimacy: The presence of closeness, openness, sharing in a loving relationship, and close communicative social interactions with or without sexual interactions (Drescher & Schultheiss, 2016).

Relationship: Two persons who function as a unique and distinct entity and together seek a positive outcome pursuant to important life needs and goals with interdependence that lasts over time (Finkel et al., 2017).

Resilience: A two-dimensional construct consisting of a combination of innate personality trait and influences of environment that serve to protect an individual from the psychological harm of trauma or stress that is flexible and adaptable allowing for change in certain thoughts and behaviors (Haoran et al, 2018). In this study, adult lesbian survivors psychological and physiological perspectives on resilience were considered.

Assumptions

I made assumptions regarding certain critical aspects of this study. Assumptions are conditions that are believed but cannot be demonstrated as being true (Creswell & Creswell, 2018). The target population for this study were lesbian survivors of CSA. Thus, I assumed that I would have access to women who were willing to share in their personal experiences relative to resilience and intimacy. Such an assumption was critical to the purpose of this study. I also assumed that each participant's reporting of CSA was truthful in describing their lived experience of resilience and intimacy.

I assumed the accuracy of accounts of self-esteem and self-efficacy for each participant, which was necessary for determining personal resiliency resources and any other factors that may present a negative influence on varying stressors (Hobfoll, 2004). I

assumed that the personal and in-depth responses provided by the participants reflected their experiences accurately and according to their best recollection. Because both self-esteem and self-efficacy present declarations of self, they were critical to assessing the participant's ability to be resilient. The assumption was that each participant would have a clear sense of self when answering the interview questions. However, in the context of this study, the existence of a critical relationship between lesbian women who experience CSA and levels of self-esteem and self-efficacy was considered (see Herbert et al., 2016).

Scope and Delimitations

The purpose of this study was to understand the meaning of resilience and intimacy for adult lesbian CSA survivors. For this study I used a phenomenological approach to understand the influence of CSA on the perception of resilience and intimacy for these women. Because this study could not address all influences of CSA, I imposed delimitations such as the specific population of women survivors and the size of the sample. The scope of the study was limited to eight adult lesbian survivors of CSA. Lesbian women were selected as participants due to the limited studies available regarding this understudied population (Crump & Byers, 2017; Newsom & Bowman, 2017; Sawrikar & Katz, 2018). The age of the women was also delimited because the study was focused primarily on the survivors who have experienced a lasting relationship from which they may reflect. The boundaries of this study included a population of self-identification as a lesbian, an age range of 35 to 55 years, a survivor of CSA, and current or recent involvement in a same sex relationship. Transferability was not applied to this study due to its sample size, which consisted of eight participants. Because this study was

specific to a very small and defined group, the results were not applicable to the general population of female survivors of CSA. The results of the study will not have transferability because its results were not applicable to another group (see Firestone, 1993).

Limitations

A limitation to the study was finding lesbian participants who were survivors of CSA and who were willing to participate. The use of a phenomenological design for this study presented limitations because it involved a small sample size (see Fusch & Ness, 2015; Saunders et al., 2018). The possibility existed that the participants may have been unable or not willing to clearly communicate their experience. In addition, there existed the challenge of the participants not following through with the agreement to interview. There was also the possible challenge of researcher biases, which could have presented limitations in interpretation due to preconceived notions, thereby possibly influencing the study outcomes.

There may have existed biases related to my personal beliefs, which could have influenced data collection, data interpretation, and the outcome of the study. This may have led to the development of codes specific to preconceived notions based on previous research, thus influencing the results. This potential bias was avoided by using open ended questions, which allowed participant to respond without limitations and without researcher influence (see Creswell & Creswell, 2018). Prior to this and the conducting of this study, I used epoché to block biases and assumptions which allowed the explanation of the phenomenon in terms of its own inherent system of meaning (see Patton, 2015).

Keeping a reflective journal to ensure transparency throughout the research process also assisted in reducing biases. In addition, to further address the potential influence of biases, I asked participants to review the accuracy of their interview (member checking) to ensure its correct interpretation (see Patton, 2015). Another limitation was transferability of the findings. With such a small sample size, it was not possible to transfer the findings back to a bigger population (Fusch & Ness, 2015).

Significance

Lesbian women report higher rates of CSA, yet little is known regarding the later life outcomes for these women (Hequembourg et al., 2019). In this study I qualitatively addressed resilience and intimacy in adult lesbian survivors of CSA, a topic with limited in-depth exploration. There existed a gap in the literature regarding the influence of CSA on the experiences of resilience and intimacy for lesbian women from a qualitative approach. Thus, for this study I used a phenomenological approach to explore such experiences to arrive at a description of the phenomenon (see Moustakas, 1994). Subsequently, the examination of perceptions of resilience and intimacy contribute to literature focused on the study of lesbian women as well as adding to the existing research on CSA.

The contributions of this study can provide practitioners and other healthcare professionals with advanced knowledge and understanding in the recognition of resilience as a process for lesbian survivors and how such a process relates to intimacy. The findings from this study can also provide practitioners with information to better assist lesbian survivors in the treatment of CSA, thus making an original contribution. In

addition, understanding the lived experience of the survivors will further assist in the identification of the challenges associated with acquiring coping strategies necessary for resilience and maintaining intimacy, as well as assisting in the development of therapeutic practices consistent with adult lesbian survivorship.

Because this population is still understudied, this study promotes social justice particularly regarding mental health care. The exploration of this group of women's expressions of resilience and intimacy following CSA can assist in the support of professional practices. The findings can provide practitioners with the ability to recognize the interrelatedness of resilience and intimacy specific to adult lesbian CSA survivors. An additional implication for positive social is providing an understanding of the lifespan perspective of resilience and intimacy for these survivors. This can assist practitioners in constructing better assessments and diagnostics for lesbian women who have experienced the trauma of CSA.

Summary

The purpose of this phenomenological study was to understand the lived experiences of resilience and intimacy for adult lesbian survivors of CSA. I used the conceptual framework of resilience to explore this phenomenon as it related to the early experiences of attachment and how it remained influential to the predicting of social patterns within an individual's relationships (see Castonguay et al., 2015). The empirical research of Bowlby's attachment theory (1969) and the further building on that work by Safran (1990) added to the examination of resilience. The goal of this study was to

increase the understanding of resilience and intimacy as perceived by adult lesbian survivors of CSA. The research question was:

RQ: What are the lived experiences of resilience and intimacy for adult lesbian survivors of CSA?

This question was used to guide the exploration of this study. I used semistructured interviews to collect the data from eight adult lesbian survivors of CSA. I used Moustakas's (1994) steps for data analysis to analyze the data.

The significance of this study could increase the awareness and understanding of resilience and intimacy for adult lesbian survivors of CSA. The results of this study can further assist in the development of improved therapeutic practices for treating adult lesbian survivors. An increase in knowledge regarding the process of resilience development for the unique experiences of lesbian women can also assist practitioners in establishing supportive environments.

Chapter 2 provides a review of literature regarding resilience and how it corresponds to intimacy as well as how resilience has been applied to prior research in the examination of female survivors of CSA. I also provided supportive information indicating the existence of a gap in the literature and the lack of qualitative research on this topic. In addition, I discuss the need for more research on the influences of resilience and intimacy for lesbian survivors.

Chapter 2: Literature Review

Introduction

Researchers have limited understanding regarding the lived experiences of resilience and intimacy specific to the adult lesbian CSA survivor. Although extensive research on CSA exists, most are exclusive of adult lesbian survivors. Diamond (2016) suggested the implications of CSA present the likelihood of psychological trauma and the potential to influence the lesbian relationship. Such a lived experience would therefore influence the individual's relationship experiences over a lifespan. Researchers have limited their understanding of this phenomenon by conducting studies with populations of heterosexual women, thus leaving little known about the influences of CSA in lesbian relationships (Marriott et al., 2014). The purpose of the study was to explore the lived experience of resilience and intimacy relative to the adult lesbian CSA survivor. The goal was to gather empirical data necessary for understanding of this phenomenon and to aid the development of evidence based guidelines for further research practices.

This chapter consists of a review of the literature used for the study. I reviewed literature based on CSA experiences by the lesbian population in terms of resilience and intimacy. In addition, I surveyed the literature on the relationship between attachment and the forming of adult relationships and the relationship between resilience and intimacy inclusive of adult relationship satisfaction, protective factors, and adaptive cognitive strategies following the experience of CSA. Thus, I explored the literature outcomes for the lived experience of resilience and intimacy for adult lesbian survivors of CSA and

their adapted protective factors. I also provide a summary of key findings from the literature in the next chapter.

Literature Search Strategy

Relative to the detrimental consequences of CSA, I accessed articles on resilience and intimacy through the Walden University online library and Google Scholar. I retrieved articles from database and search engines ProQuest Dissertations & Theses, Thoreau-Multi-Database, PLoS One, ERIC, and SAGE Journals. Key search terms and combinations of search terms were *child sexual abuse and resilience in lesbian women, resilience, female survivors of child sexual abuse and intimacy following child sexual abuse; lesbians, resilience, and CSA; and lesbians, intimacy, lesbians and sexual maltreatment as children, and CSA*. The identified keywords were used individually, as pairs, and as combinations to create the necessary key phrases. I accessed and selected articles based on the relevance of the article to the study. In addition, I used some of the references found and accessed in these articles for search purposes. I gave preference to peer reviewed scholarly articles.

Conceptual Framework

The concept of resilience has been applied and articulated in previous research to describe the adaptive functioning of survivors following sexual victimization. The use of the concept of resilience was significant to the correlation between the early interactions experienced by an individual and the prediction of social patterns in that individual's later relationships (Castonguay et al., 2015). The empirical research of Bowlby's (1969) attachment theory suggests that the emotional bonds formed between individuals begins

with their earliest attachments and expands across a lifespan. Thus, Bowlby's theory has been linked to this concept as it demonstrates the consequence of an early maladaptive environment and the development of an unhealthy reciprocal pattern. Such consequences have the potential to cause a child to make an association between interpersonal engagement and maltreatment that may persist in adulthood (Bowlby, 1969).

Resilience is marked by an individual's ability to maintain healthy levels of functioning following a traumatic experience as in the case of CSA (Fisher et al., 2017). Thus, the individual displays a stable trajectory throughout a traumatizing experience. It has therefore been inferred that resilience is exhibited when an individual exhibits positive adaptation in consequence of protective factors (Shrivastava & Desousa, 2016). A combination of personality traits innate to the individual in addition to environmental influences contribute to resiliency protecting the individual from the harmful psychological effect of trauma and enabling a satisfying and productive life (Miller-Karas, 2015). Although identifying factors related to resilience remain integral to its exploration, the underlying process for resilient individuals who have experienced trauma requires more understanding, particularly in terms of the unique lived experiences of lesbian women.

Attachment and Research

Bowlby's (1969) attachment theory suggests that early experiences present cognitive schemas of self, and embedded within the attachment system or internal working model, the mental representation of the relationship with the primary caregiver becomes the template for future relationships. If the attachment figure is perceived as

consistently available and responsive to signals of distress, a secure attachment will develop and will be internalized as such; if the attachment figures are nonresponsive and rejecting in the absence of consistency, an insecure attachment will develop (Bowlby, 1969). The result will present in the form of heightened attachment anxiety and/or attachment avoidance with the potential for predisposition of maladaptive emotions such as depression (Read et al., 2018).

Safran (1990) built upon Bowlby's empirical model suggesting a correlation between the early interactions experienced and the establishing of adaptive mechanisms responsible for predicting social patterns in a relationship, the potential for distress within the relationship, and the potential for the development of depletions in resilience and intimacy. The broadness and complexity of resilience leads to the consensus that it be interpreted as a two-dimensional construct related to the life circumstances of the victim and evidence of positive adaptation (Cook et al., 2017). The conceptualization of relative resilience will therefore be represented through protective factors reflective of the characteristics of an individual (Holz et al., 2019). This conceptualization was therefore used to define relative resilience throughout this study.

CSA has additionally been linked to the negative outcome of intimate relationships indicated by a decreased satisfaction in romantic relationships. Thus, the experience of CSA mediated attachment related anxiety in adult romantic relationships (Espeleta et al., 2017). Espeleta et al. (2017) explored the protective role of maternal support suggesting that CSA survivors with poor maternal attachment were more likely to enter a marital or cohabitating relationship with severer cases of CSA survivors doing so

with greater dissatisfaction. Depletions in support due to relationship dissatisfaction in addition to poor maternal attachment, may therefore be related to the lived experience of resilience for this population of female CSA survivors. Such prior research may also be integral to understanding the lived experience of intimacy for lesbian CSA survivors.

In this study, I inquired into the lived experience of resilience and intimacy for adult lesbian survivors of CSA. The goal was therefore to understand the experiences of lesbian women and the influence that CSA may have had on their perception of resilience and intimacy within personal relationships. The seminal work of Bowlby (1969) and the empirical model suggested by Safran (1990) were both applied to this question and to understanding the development of resilience and the social patterns of relationships. This application was therefore based on the correlation between early interactions and the adaptive mechanisms that form relationships.

Resilience and Protective Factors

Domhardt et al. (2015) presented an empirical model of resilience suggesting a correlation between resilience, religiosity, and spirituality. In addition, Banyard and Williams (2016) suggested a correlation between resilience, relationship satisfaction, and protective factors that decreased the risk of reoccurring trauma in female survivors of CSA. Further research conducted by Newsom and Myers-Bowman (2017) defined determinants found to facilitate resiliency in adult female survivors of CSA to include positive life circumstances, spirituality, high levels of self-regard, and well formulated interpersonal skills. Empirical research therefore has indicated that adaptive cognitive

strategies inclusive of social support represent a formative means for clinical intervention among CSA survivors (Newsom & Myers-Bowman, 2017).

Sippel et al. (2015) credited the development of effective interventions towards the enhancement of resilience in an individual as being dependent on increased levels of societal support. Subsequently, this increase would encourage healthy coping behaviors and assist in redefining trauma and enhancing the regulation of such emotions as fear, anxiety, and mistrust. Supportive of the multidimensional dynamic and variable process of resilience, Sawrikar and Katz (2018) determined resilience to be a successful coping strategy and cognitive defense against the potential long-term impact of CSA. Conclusive to this is that some individuals may remain asymptomatic despite the lived experience of CSA, therefore implying that a negative outcome in adult life is not inevitable with resilience to moderate the negativity (Sanjeevi et al., 2017).

Resilience and CSA are also related to intimacy according to Castonguay et al. (2015), who suggested that this correlation occurs during the early interaction of an individual and caregiver. Such an interaction may result in adaptive mechanisms predictive of social patterns in relationships (Castonguay et al., 2015). This further emphasizes the consequence of an early maladaptive environment, the potential creation of an unhealthy reciprocal pattern, and the association of interpersonal engagement, maltreatment, and its extension into adulthood (Bowlby, 1969). The potential development of distress within the relationships may also result in depletions of both resilience and intimacy (Castonguay et al., 2015). Consequently, an interruption in the

quality of intimate relationships following CSA further demonstrated the influence of such depletions (Jaffe et al., 2019).

The current study benefited from this conceptual framework in deriving meaning from the lived experiences of resilience and intimacy for adult lesbian survivors of CSA. The goal was to reveal any commonalities in the experience of CSA lesbian survivors regarding resilience and intimacy. The emergence of such a relationship demonstrated the continuous challenges necessary for these women to acquire the coping strategies for resilience and maintaining intimacy. Protective factors such as hope, control, beliefs, and optimism assist in developing the ability to cope (Domhardt et al., 2015). The conceptual framework assisted in demonstrating the significance of resilience in maintaining intimacy.

Literature Review

The occurrence of CSA within the lesbian population is higher in comparison to their heterosexual counterparts (Tyler & Schmitz, 2016). A subsequent study found lesbians to be 30 to 60% more likely to report experiences of CSA at rates significantly higher than heterosexual females while also exceeding these women in accessed levels of CSA severity (Hughes et al., 2016). Researchers Tyler and Schmitz (2016) attributed high levels of homelessness among lesbian youth as forming a positive link to elevated risk for sexual victimization. This directly relates to research which has attributed CSA disparity to childhood maltreatment due to gender atypical behavior, inclusive of running away from home, and an increase in the risk for sexual victimization (Tebbe et al., 2018). The understanding of CSA severity therefore remains significant to the potential for

adverse outcomes particularly committed by perpetrators who are strangers, figures of authority, caregivers, or friends of a parent (McWilliams, 2020). The likeliness of a negative long-term outcome following CSA was also greater associated with a father figure (Ports et al., 2016). Childhood sexual abuse therefore remains a strong predictor of physical adversities and mental health outcomes. Despite these findings there exists limited research to clarify the continued disparity of CSA within the lesbian population or how such disparity is relative to the lived experience of resilience and intimacy.

Resilience and Child Sexual Abuse

Infurma and Luthar (2018) concluded that resilience is common to all demonstrating the importance of its recognition as a process encompassing exposure to trauma and responding in such a way that it provides protection from negative effects typical to the occurrence. However, the same researchers importantly noted that the protective factor for an individual in a specific situation might present a risk factor in a situation with a different individual; one factor cannot be considered universally protective (Infurma & Luthar, 2018). Additional resilience based literature remains supportive of refuting the negative outcome of CSA (Beutel et al., 2017; Fava et al., 2018; Haffejee & Theron, 2019; Sanjeevi et al., 2017). This leaves the unique protective factors of an individual to be examined and understood regarding how that individual remains protected from the exposure to trauma (Infurma & Luthar, 2018). Such a conclusion was qualitatively demonstrated in the study conducted by researchers Newsom and Bowman (2017) who emphasized the uniqueness of each woman's CSA experience while demonstrating similar patterns in the process of resilience development

and emergent outcomes in heterosexual women; the study suggested both a deliberate and ongoing effort was required to achieve resilience. The rationale for the selection of the resilience concept is therefore justified by the literature particularly in its recognition of the unique protective factors of the adult lesbian CSA survivor as an individual.

Researchers Capella et al. (2016) conducted a qualitative study which investigated the ability to overcome future challenges following the experience of CSA. Their findings determined that resilience included feelings of empowerment and the display of improvements in psychological well-being. The process of recovery from CSA was analyzed based on the perception of children and adolescents who had been sexually abused, the important factor being the successful completion of psychotherapy (Capella et al., 2016). Jeong and Cha (2019) further supported the concept of resilience through the exploration of healing experiences among CSA survivors. Researcher findings were inclusive of the dissociation of the survivor from the memory along with the acquiring of peace through the creation of a comfort zone. Disclosure was primary to the healing process as were attempts to establish identity through ongoing activities that allowed for self-reflection, the sharing of experiences, the acceptance of CSA as a historical part of life, and the connection with other survivors (Jeong & Cha, 2019).

Borg and Hodes (2017) recognized the limited emphasis placed on the promotion of resilience as a means for overcoming adversity through a qualitative study. Presenting evidence to support resilience, these researchers performed a systematic search of the literature including both qualitative and quantitative studies that focused on the concept of resilience in CSA survivors. The researchers concluded that resilience could be

achieved through the management of risk factors and the promotion of risk factors. Risk factor management, including preventative strategies as protective factors along with support and stability, provided a major source of influence in the establishing of resilience in CSA (Borg & Hodes, 2017). Hitter et al. (2017) additionally emphasized the significance and empowering ability of community, interpersonal, and relational healing for female survivors of CSA in a qualitative study.

In further support of these protective factors, resilience was determined to be a means for healing presenting coping strength via the outcome of a qualitative thematic analysis based study (Walker-Williams & Fouche, 2018). Poole et al. (2017) used qualitative research to discover what female participants believed fostered their resilience interviewing self-identified resilient volunteers. The results indicated degrees of resilience in which each participant navigated through unhealthy behavior as a response to trauma. The process of resilience continued to be demonstrated citing spirituality and supportive relationships as a means for regulating the traumatic experience and increasing the likelihood of using religion or spiritual practices as a coping strategy (Fydenberg, 2017; Gittens, 2019; Vazquez, 2019).

Cultural and ethnic influences related to resilience were also investigated among Latina and African American female participants examining the cultural differences in coping within a nonparental socially supported system (Lee, 2017). African American adolescents were found to be problem focused and with culturally noticeable coping strategies indicative of less internalizing and externalizing symptoms. Conversely, Latinas presented the opposite in terms of this relationship and therefore suggestive that

better coping strategies for maltreated adolescents may be achieved through the understanding of culture, nonparental social support, and mental health (Lee, 2017).

The promotion of internal factors such as self-esteem, adaptive coping skills, the ability to make positive changes, and the external factor of participating in a religious community or spirituality were determined to allow for the development of resilience following the lived experience of CSA (Boden et al., 2019). Kerlin and Sosin (2017) further demonstrated the external factors of religious community and spirituality adding the themes of relationships and forgiveness as promoters of resilience by means of a qualitative approach. Considered a process rather than a fixed state, researchers Defferary et al. (2018) qualitatively concluded resilience to be integral to the treatment of CSA survivors. Furthermore, researchers studying resilience took a narrative approach to conducting a qualitative inquiry and found both social and relational support to be integral to favorable outcomes (Laughlin & Rusca, 2019). This study also suggested the transmission of resilience across romantic relationships (nonheterosexual included); if one or more partners have a history of CSA, the influence of the traumatic experience of each partner and resilience may be transmitted to each other through narrative couple therapy as it was found to be well suited for addressing both (Laughlin & Rusca, 2019).

Resilience and Lesbian Child Sexual Abuse Survivors

Despite findings, much of the increasing body of research regarding female survivors of CSA were based on large scale, population based, and longitudinal studies which demonstrated that lesbian women experience higher rates of CSA than heterosexual women (Charak et al., 2019; Dworkin et al., 2018; Schnarrs et al., 2019).

Significant however is the consideration of differences within the lesbian population given their unique lived experiences of adversity and discrimination deemed contributory to resilience (Colpitts & Gahagan, 2016). Additional challenges may include the constant presence of institutionalized adversity such as homophobic or transphobic discrimination suggesting that resilience be measured by how the individual defines and understands resilience to be based on their lived experience (Colpitts & Gahagan, 2016). Further supportive of this perspective was the study conducted by Lopez et al. (2019) which emphasized the need to better understand the unique experiences of lesbian women following the lived experience of CSA.

Consistent with the conceptualization of resiliency however is the contribution of protective factors comprised of individual characteristics to mediate the coping of difficult situations (Colpitts & Gahagan, 2016). Kaye-Tzadok and Davidson-Arad (2016) demonstrated that CSA women survivors (not explicit of the lesbian population) have lower resilience and higher posttraumatic symptoms (PTS) than nonCSA women survivors (also not explicit of the lesbian population); PTS mediated the relationship between CSA and resilience. Thus, adverse childhood experiences such as CSA have been found to negatively impact both mental and physical health across the lifespan of the survivor (Bellis et al., 2017). However, the same study found that such an impact may be substantially mitigated by the support of a trusted adult during childhood therefore developing resilience within that child and reducing the adversity (Bellis et al., 2017). Posttraumatic growth (PTG) or positive change was also demonstrated to increase when resilience was found to be moderate (Kaye-Tzadok & Davidson-Arad, 2016). Kaye-

Tzadok and Davidson-Arad (2016) also suggested that cognitive strategies such as past self-blame, forgiveness of self, hope, and perceptions of control combined with familial factors (birth order and number of siblings) contributed to PTG.

Caceres et al. (2019) sampled women considered to be representative of the sexual minority (lesbian, bisexual, and mostly lesbian) finding an association between older age and higher rates of childhood trauma. Lower social support and the likeliness of a posttraumatic stress disorder followed all forms of trauma yielding a higher association with greater odds of depression (Caceres et al., 2019). Researcher Amad et al. (2017) further supported these findings by demonstrating the attachment styles which positively correlated with problem focused and emotion focused coping and life satisfaction. Differences were also found among the lesbian population indicating higher levels of negative coping skills associated with avoidance coping in comparison to heterosexual women (Amad et al., 2017). Widom et al. (2017) suggested that individuals with a history of CSA demonstrated a high level of anxious attachment styles in adulthood and served as a predictor of increased levels of depression, anxiety, and self-esteem. The lasting effects of adult attachment styles therefore contributed to the negative consequences of mental health revealing a significant correlation between childhood maltreatment (Widom et al., 2017). Such qualities were found to be relative to parent-adolescent relationships and romantic relationships and additionally critical to intimacy development (Zimmer-Genbeck et al., 2017).

de Lira and de Morais (2018) described in the qualitative portion of their integrated literature review study the risk factors associated with individual resilience for

lesbian women identifying three processes of stress: discrimination both objective and external, the anticipation and expectation of events such as rejection and discrimination and the associated need to conceal sexual identity, and the internalization of the negative attitudes generated by society. Thus, there are several factors (both internal and external) that may decrease the impact of such stigmas thereby contributing to the process of resilience development (de Lira & de Morais, 2018; Schnarrs et al., 2019). The internal protective factors were identified as having a sense of emotional openness, the promotion of healthy cognitive abilities, positive behavior, self-efficacy, psychological hardiness, and personal mastery or the belief that one is in control of life circumstances (de Lira & de Morais, 2018). The external protective factors included family support/acceptance and social support (Bartos & Langdridge, 2019; de Lira & de Morais, 2018; Fowler, 2017). Consequently, the study determined the need for resilience to be further integrated to provide additional relational aspects associated with this population of women.

Hequembourg et al. (2019) narrowed the categories of coping behaviors into four broad categories which emerged following the qualitative interviews conducted within this study: self-blame, decisions of disclosure, avoidance, and realization coupled with the act of reaching out for support. Subsequently, Brown (2016) qualitatively confirmed that the achievement of resilience was determined by the sense of strength of the individual survivor and the distinct journey, the experiences, and support which permitted recovery. Thus, the determination of the underlying processes responsible for facilitating resiliency in lesbian survivors of CSA and the identification of specific determinants will increase the understanding of how an individual becomes a resilient adult. Defferary et al.

(2018) offered two views regarding an individual's ability to apply resilience to their lived experience: the realization that an individual can be resilient following adversity and might therefore result in the overcoming of future stressors leaving that individual less overwhelmed than someone who is not resilient or the view that resilience is a variable structure meaning the overcoming of one adversity does not determine the overcoming of future trauma. These same researchers suggested that psychologically the lesbian CSA survivor may not be any worse off than a non-CSA lesbian survivor due to resilience. Such findings may be integral to the quality and satisfaction of intimacy for lesbian CSA survivors.

Intimacy and Lesbian Child Sexual Abuse Survivors

Although there has been an increase in research focused on understanding quality and satisfaction of same sex intimate relationships, lesbian couples have not been explicitly studied and have often been combined by researchers as a subgroup along with other sexual orientations such as gay men and bisexual individuals (Kimberly & Williams, 2017). Thus, both researchers and practitioners have yet to acquire a full understanding of how to promote a healthy intimate lesbian relationships based on what is known about resilience and risk factors. Such a conclusion was determined following the 84 studies reviewed of which 27 used qualitative methods that included a variety of techniques such as categorized responses to open ended questions, grounded theory, consensual qualitative research method, ethnography, and phenomenology (Kimberly & Williams, 2017). The specific implications of CSA as a risk factor must therefore be considered when investigating adult lesbian relationship functioning. Such a risk factor

and the psychological consequences common to the history of many lesbian women will likely influence their relationships (Diamond, 2016).

According to Diamond (2016), although a woman within this population may not have experienced CSA, they may have either been involved with a woman who has experienced abuse or a woman whose previous partner had experienced abuse. The resulting dynamic of such relationships may therefore be indicative of a complexed, indirect, and slowly developed and influential to relationship experiences across the woman's lifespan. Consequently, deficits in individual and relationship functioning may present the greatest obstruction for these women in the prevention of obstacles invading their intimate connections and limitations in their ability to achieve psychological security from their partners (Diamond, 2016).

Sullivan et al. (2017) investigated the exposure to trauma as a moderator and its influence on romantic relationship functioning among lesbian, gay, and bisexual individuals in current relationships. The researchers found that those who experienced exposure to low trauma made an association between the trauma and changes in relationship functioning causing increased satisfaction and commitment but in the absence of trust. Contrary to this, those who were exposed to high trauma, did not make an association with changes in relationship functioning (Sullivan et al., 2017).

Few researchers have explored the consequence of CSA for the lesbian population specifically within dating relationships. The findings of one such study resulted in a negative effect in aspects of sexual well-being (Crumps & Byers, 2017). However, it's been concluded that this population of women who have experienced CSA can also

maintain healthy and positive intimate relationships within the context of dating. Ellis and Davis (2017) assessed intimate partner support along with relationship satisfaction and the likeliness of separation. The researchers found that women in same sex relationships received more support, reported more satisfaction, and were less prone to separating. The maintaining of such healthy and positive intimate relationships suggests the association of resilient protective factors citing familial and societal levels as being integral to the reduction of the likelihood of the negative consequences of CSA (Meng et al., 2018). A systematic review of the literature specific to an observational study design for resilience and CSA was used along with a qualitative approach to synthesize the results of this study.

The extent to which CSA specifically impedes upon adult lesbian relationships continues to remain limited. However, the role in which CSA plays in the hindrance of female heterosexual relationships has been explored in numerous studies (Knapp et al., 2017; Nielsen et al., 2018; Sigurvinsdottir et al., 2017; Waldron et al., 2018). Nielsen et al. (2018) accessed qualitative research studies using both primary and secondary sources which identified resilience as it related to relationship satisfaction, sexual satisfaction, and communication and trust among CSA survivors. Conversely, the qualitative study conducted by Waldron et al. (2018) demonstrated that a negative view of God was relative to more interpersonal difficulties. Several other studies attributed personal and interpersonal factors with intimacy and overall relationship and sexual satisfaction (Calvillo et al., 2018; Lorimer et al., 2019; Medina, 2019; Vaillancourt-Morel et al.,

2019). Lorimer et al., (2019) qualitatively assessed the meaning of sexual well-being based on individual experience and influenced by social structure.

A study conducted by Jong et al. (2015) explored the fulfillment of the adult role of relationships or the development of bonds with children, partners, work, and society finding an association between CSA and the quality of such an adult role. In other words, the quality of the adult role more than the transition into the adult role of relationships appeared to be associated with CSA. The open acknowledgement of the experience of CSA promoting the acceptance and the uniqueness of the experience of each partner in the relationship appeared to be beneficial to the relationship (Nguyen et al., 2017). The promoting of acceptance therefore translates to a protective factor which is supportive of resilience. Consequently, positive expectations which are not fulfilled are often met with a decline in relationship. Negative consequences of CSA have additionally been reported to demonstrate increased instability in relationships (Espeleta et al., 2017). Nguyen et al. (2017) suggested that the negative consequence to adult relational issues results from the experience of CSA and are related to fear of intimate contact.

Romantic relationships may be consequently difficult as CSA has the potential to cause distress across the lifespan of the survivor and relatable to attachment (Labadie et al., 2018; Meyers et al., 2017; Rizzo et al., 2019). Understanding how to promote healthy romantic lesbian relationships has therefore been a struggle for researchers specifically in their attempt to aggregate their knowledge of the resilience and risk factors associated with relationship satisfaction (Kimberly & Williams, 2017). While much of the literature remains limited to heterosexual behavior within the context of intimate ties, it was

qualitatively noted that lesbian couples follow a different structural dynamic which mutually reinforces the health of the relationship and the performing of cooperative work to maintain a healthy relationship (Rostosky & Riggle, 2017).

Labella et al., (2018) demonstrated difficulty in establishing stable and safe relationships among female CSA survivors. However, resilience might present an intervention to such difficulties within intimate relationships. A study conducted by Fisher et al. (2017) also supported these findings among female survivors of CSA emphasizing the impeding of happy and stable relationships in adulthood. Also demonstrated was the association between CSA and intimate relationship outcomes reflective of low levels of relationship satisfaction and stability.

Summary and Conclusions

Researchers have consistently emphasized the need to understand the individual aspects of the lived experience as being critical to the development of resilience following trauma (Brown, 2016; Diamond, 2016; Hequembourg et al., 2019; Infurra & Luthar, 2018; Newman & Bowman, 2017). Therefore, it is imperative that resilience research assist in the identification of factors supportive of lesbians in the process of effectively coping with the marginalization which occurs from society (Asakura, 2018). Thus, having provided literature on resilience and how it has been applied in research was integral to the understanding of adult lesbian resilience and intimacy as it relates to the lived experience of CSA. The literature reviewed supported the need for research to understand the lesbian lived experience following CSA in the determination of resilience

and intimacy (Colpitts & Gahagan, 2016; Defferary et al., 2018; Kimberly & Williams, 2017; Nguyen et al., 2017).

Despite the numerous studies in which researchers emphasized the significance of resilience following a traumatic experience and the use of positive factors as a formative means for coping strategies within the adult female heterosexual population, limited research focused on the experience within the adult lesbian population thereby demonstrating a significant gap in the literature (Charak et al., 2019; Dworkin, et al., 2018; Lopez et al., 2019; Schnarrs, et al., 2019). The need to understand the uniqueness of the lesbian experience following CSA was emphasized as being integral to this qualitative study. The literature also supported adult lesbian intimacy following CSA which additionally demonstrated a gap within the literature (Crumps & Byers, 2017; Fisher et al., 2017; Labella et al., 2018; Rostosky & Riggle, 2017).

The phenomenological approach will be used to explore and provide insight into how lesbian survivors of CSA may perceive resilience and intimacy thus addressing the existing gap in literature. The purpose of this qualitative study will be to identify processes of resiliency and intimacy gleaned from its lesbian participants who have experienced CSA. The knowledge acquired will further advance practitioners in the understanding of this complexed and potentially unique dynamic and will therefore address the need to understand resiliency and intimacy formation among lesbian women. In Chapter 3, the research methodology for the study will be discussed as will the justification of the study, trustworthiness, and the ethical procedures as it relates to the chosen method.

Chapter 3: Research Method

Introduction

The purpose of this phenomenological study was to understand the lived experiences of resilience and intimacy for adult lesbian survivors of CSA. The current level of understanding found in the existing research is limited particularly regarding the interpersonal relationships of these survivors (Diamond, 2016). This study increased the understanding of this phenomenon through providing insight into how lesbian survivors perceive resiliency and maintain intimacy in their relationships. This insight could result in the development of strategies leading to the building of resilience in this population.

This chapter provides information related to the selected research design as well as the rationale for using the particular design. Additionally, I state and define the central concepts of the study and the phenomenon explored. I also discuss a my role as the researcher including the management of any potential biases and ethical issues. I describe the methodology used with the procedures for participant recruitment, the instruments for data collection, and the plan for data collection and analysis. I explain issues of trustworthiness and the ethical procedures in specific detail. I provide a summary reflective of the main points in this chapter as well as a transition into the following chapter.

Research Design and Rationale

The qualitative design for this study was guided by the research question:

RQ: What are the lived experiences of resilience and intimacy for adult lesbian survivors of CSA?

I used a phenomenological approach to explore the experiences of adult lesbian CSA survivors specific to their perceptions of resilience and intimacy. This approach assisted me in describing the phenomenon of the personal experiences of the participants making it best suited for addressing the research question (see Patton, 2015).

The use of epochè or the process of suspending judgement, biases, theories, previous experiences, or assumptions to explain the phenomenon can be significant to the phenomenological approach (Moustakas, 1994). The facilitation of such a process allows participants to generate individualized descriptions of the meaning from an experience, thereby arriving at the essence of the lived experience (Moustakas, 1994). The lesbian women in this study provided an in-depth account of their experiences with resilience and intimacy. This allowed for further analysis and the deriving of the essence of the experience.

Role of the Researcher

As the researcher, I had the role of the observer and the ethical responsibility to protect the confidentiality of the thoughts and experiences of the participants in this study. The safeguarding of all participants was clearly articulated and other ethical research standards maintained. Regarding the participants as equal members in the research process throughout the investigation of the phenomenon is integral to the role of the researcher (Moustakas, 1994). As the main instrument for the gathering of data, including the defining of the analytical process and the interpreting of data, the role of the researcher is central to the qualitative approach (Guba & Lincoln, 1981). The maintaining of ethical standards therefore ensured the protection of the participants throughout the

process of recruitment, data collection, and debriefing. The ethical principles were adhered to as set forth in the *Belmont Report* (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979) for the maintenance of beneficence and justice. As the researcher, I had neither personal nor professional relationships with the participants of this study.

The possibility of biases could have existed due to unknown or unrealized beliefs that could have possibly influenced the format of my questions or my perception of participant responses. Biases related to the anticipated responses of the participants can influence the study outcomes (Guba & Lincoln, 1981). Such a bias could therefore cause the development of codes specific to personal interpretation of the phenomenon, which might cause variances in the results. Increasing my awareness of personal experiences assisted in the avoidance of such biases. The phenomenon was explored methodically to minimize generalizations while using Moustakas's (1994) process of epochè to manage any biases and/or prejudgments through journaling. This allowed for the management of such feelings while remaining focused on the participant responses.

Methodology

Participant Selection Logic

In this study I explored the lived experiences of resilience and intimacy for adult lesbian survivors of CSA. The targeted population consisted of eight lesbian women purposefully selected for an in-depth interview. The sample size was acceptable for this study following the premise that a smaller sampling would increase the potential for quickly achieving saturation (Charmaz, 2006). Further justification was based on Morse's

(1994) suggestion that a phenomenological study should have a sample size of at least six respondents for achieving saturation. The women considered eligible to participate in the study met the critical factors according to Moustakas (1994) including the experience of the phenomenon by the participant, the participant's interest in the study, a level of comfort necessary for the participating in an in-depth interview, and a willingness to have the interview recorded.

I recruited the participants by means of a purposeful sample. Such a sampling technique is used to deliberately recruit participants who meet the requirements specific to the purpose of the study (Ravitch & Carl, 2016). The rationale for this sampling technique is to ensure the proper identification and selection of participants most effective for relaying the experience of the phenomenon (Guba & Lincoln, 1981). Thus, the sampling was consistent with the assumptions of the selected method and reflected the intent to achieve depth in understanding (see Patton, 2015).

The criteria for the participants of this study included the following: (a) female survivors of CSA; (b) self-identification as a lesbian; (c) between the ages of 35 and 55; (d) have been in a same sex relationship for at least 3 months as a means for differentiating romantic interest of longer term as suggested by researchers Eastwick et al. (2018); and (e) willing to consent to a recorded interview by phone, in person, or by Zoom. Parry and Simpson (2016) indicated such criteria as being suitable for examination of perceptions relative to past sexual abuse experiences and quality of life. as well as to account for a greater range of experience with longer term intimate relationships. Concerns regarding Zoom privacy issues recently resulted in an upgraded

security system that enhanced its encryption. This significantly reduced the ability of another party to steal data or to access data content. In addition, each participant was required to enter a unique password to ensure further privacy; participants were unable to gain entry to the Zoom interview without use of the assigned password.

I used social media to recruit the participants for this study via social groups frequented by the targeted population, indicating the criteria for participation and the means for contacting me. Potential participants were screened to determine they met the criteria for this study, which included inquiring as to whether (a) the individual was a female survivor of CSA, (b) the female was a self-identified lesbian between the ages of 35 and 55, (c) the individual had been in a same sex relationship for at least 3 months, and (d) the individual was willing to participate in a recorded phone, in person, or Zoom interview to discuss their experience with resilience and intimacy.

Detailed information explaining the purpose of the study was provided to all participants meeting the criteria. Any questions that participants had were answered to ensure clarity. Confidentiality was explained in an informed consent form that was emailed to the participants. Possible dates for interview were also discussed. Copies of electronic consent forms for interviews conducted via Zoom or by phone were signed and either emailed or faxed to me for my records. The participant maintained a signed copy for themselves. Any interviews able to be conducted in person resulted in an emailed consent form prior to the interview for participant review. A signed copy was made available to the participant at the time of the interview to be retained for their records. An additional copy was maintained for my records. Consideration were given to the sample

size of eight women as the smaller sample size increased the potential for saturation based on the data collected and analyzed, therefore achieving a point when new information or themes are no longer achieved (see Patton, 2015). Data saturation was achieved at the point when the collection of data became repetitive and thus no further data was needed (see Ravitch & Carl, 2016).

The participants were recruited via an online posting and the use of online social organizations and groups developed specifically for the LGBTQ community (i.e. social networking groups and organizations hosting events and social gatherings). To achieve this, I used social media as a platform to describe the purpose and nature of the study via an online posting. My email information was provided following an expressed interest in volunteering. I used snowball sampling as an additional means for acquiring participants when the above method of recruitment yielded fewer than the required number of participants; with snowball sampling, participants recruit other participants for the study (Ravitch & Carl, 2016). The participants were also provided with my email address as a means for contact. Following the approval of the Institutional Review Board (IRB), the process of recruiting participants began and continued until the noted sample size was achieved.

Instrumentation

Instrumentation for this study included guided interview questions (see Appendix A) and a dependable device for recording the interview with participants. The main source of the data collection was determined to be an in person semistructured interview with selected participants. While in person interviews were preferred, interviews were

conducted by phone or Zoom since the participant was too far away or circumstances deemed it impossible to do so. I used an audio application on my phone which both recorded and transcribed all interviews. The guided interview questions were open ended and addressed the research question associated with this study. This allowed participants to provide in-depth responses which therefore allowed the individual to describe perceptions and lived experiences as related to the phenomenon. Any follow up questions needed to prompt the participant for reasons of clarification and/or for elaborations on responses during the interview were provided.

Procedures for Recruitment, Participation, and Data Collection

Appropriate arrangements were made for the in person interviews of the participants to be selected. The determined location was mutual to ensure the comfort and confidentiality of the participant. The participants were also given the option to be interviewed via phone or Zoom based upon participant time, location, and level of comfort. Thus, my overall goal as the researcher was to ensure that the interview location and process would be free from distraction and promoting of privacy. Participants were notified as to the length of the interview which was expect lasted between 45 minutes to an hour. Confidentiality, informed consent, the explanation of the voluntary nature of the interview as well as my contact information was revisited for further individual assurance. The participants were also reminded of their ability to withdraw from participation at any time prior to or after the signing of the consent form.

The interviews were conducted in a professional and unbiased manner while inquiring about the participants' experiences. Such responses were therefore heard with

an open mind and without preconceived notions. Participant responses warranting of further questioning were addressed accordingly, and the participants were contacted via a follow up phone call when it was necessary to clarify any discrepancies and to confirm information. In addition, all interviews were audio recorded as stated within the consent form. Handwritten notes were taken throughout the interview loosely recording responses related to such things as body language which cannot be conveyed through an audio recording. The information acquired through the interview process was accurately transcribed and all confidentiality and privacy were maintained. All participant names remained anonymous; all names were replaced with codes. Snowball sampling was employed when the initial recruitment process resulted in too few participants until the desired number of participants was achieved.

Concluding the study, each participant was debriefed following the semi-structured interview. Although the focus of this study was not the sexual abuse but rather the quality of resilience that developed from the experience and its effects on resilience and intimacy in adult lesbian relationships, there remained the possibility that distress could occur. If it was determined that a participant reflected or expressed distress resulting from the interview, a call to a mental health resource outlined in Appendix B was suggested. The resources were provided to each participant and was of zero to low cost. The resources represented contacts which are both local and accessible to participants who resided in another state. The participant had the opportunity to add or correct any necessary information to the contents of the interview. Thus, all participants received a summary of the interview as the member checking process to ensure accuracy.

In addition, all participants were informed and provided with an explanation as to the findings of this study upon its completion.

Data Analysis Plan

The data for this study were gathered through semistructured interviews specifically related to the following research question:

RQ: What are the lived experiences of resilience and intimacy for adult lesbian survivors of CSA?

The resulting data were transcribed verbatim for analytical purposes which allowed for the organization and analysis of the data using Moustakas's (1994) transcendental phenomenological analysis. The primary steps in the process of transcendental phenomenology Moustakas's (1994) model includes epoché, phenomenological reduction, imaginative variation, and synthesis of texture and structure.

The epoché process refers to the recognition of all prejudgments and beliefs related to the issue which will allow for proper consideration to be given as the participant presents it (Moustakas, 1994). Phenomenological reduction will involve complete consideration given to each experience as an individual and a description of the essence of the phenomenon; the researcher will engage in bracketing and theme analysis (Moustakas, 1994). Bracketing refers to the conscious abandonment of all preconceived beliefs regarding the phenomenon in question and the shift in focus towards the experience and perception of the participant as practiced throughout the course of the study (Moustakas, 1994). Essential structures and elements were uncovered, defined, and analyzed. Bracketing was therefore maintained throughout the data collection and the

analysis process to allow a clear perception of this phenomenon as it was described by the participants.

The performing of imaginative variation on each theme will require the researcher to identify and develop invariant themes within the data (Moustaskas, 1994). Through horizontalization the researcher is required to give equal value to each statement which is representative of a segment of meaningful clusters by theme; segments will be synthesized into a textural description or portrayal (Moustaskas, 1994). The reoccurrence of this process eventually revealed any repetition within the participant statements. Subsequently, I thoroughly reviewed each transcript seeking similarity and understanding while acknowledging the uniqueness of each statement presented by the participants. Such horizons were appropriately marked and noted placing focus upon consistent and relevant statements grouped by theme and similarities in content. The explication of each theme was achieved through the textural descriptions obtained from the participant interviews.

Following the horizontalization process of phenomenological research, the textural description was examined from the different perspectives of the participants through imaginative variation. Imaginative variation required that my consideration be given to the data based on the potential variations in perspectives. This eventually arrived at the description of structure and the arrival of structural themes based on the experience (Moustakas, 1994). The emergence was a textural and structural description that represented the meaning and essence of the experience (Guba & Lincoln, 1981).

Structural themes of the experience were determined throughout the imaginative variation (Moustakas, 1994).

The synthesis and essence of textual and structural descriptions was the last processes in Moustakas's (1994) phenomenological research method as it assisted in forming the commonalities between participants. Subsequently, this resulted in the synthesis of meaning and the essence of their experience through the integration of a composite textual and composite structural descriptions (Moustakas, 1994). Since there existed the possibility for the participants to have varying perspectives regarding this phenomenon, there existed discrepant cases which varied from any of the emerging themes (Guba & Lincoln, 1981). Discrepant cases were equally analyzed comparatively to the nondiscrepant cases thus ensuring the trustworthiness and credibility along with ensuring the social validity, subjectivity, and adequacy of the data as well as the interpretation of the data (Morrow, 2005).

Issues of Trustworthiness

Credibility

Morrow (2005) emphasized the significance of credibility in qualitative studies as a means for establishing confidence in the existence of truth or validity in the study's findings. The establishment of credibility for this study was achieved through triangulation, reflexivity, and prolonged engagement given to both the participants and data, and member checking (Morrow, 2005). Triangulation consists of the collecting of data from different resources and through different methods to confirm the data as it is related to the phenomenon of investigation (Patton, 2015). The different sources for

obtaining the data for triangulation included an in person, phone, or Zoom interview along with any notes that were taken during the interview. Such multiple data sources were then compared to encompass all aspects of the phenomenon as described by the participants. Reflexivity continued throughout the course of the study and included the awareness of any personal assumptions, preconceived beliefs, and biases (Morrow, 2005). The prolonged engagement that I had with the study participants included the time spent interviewing, the follow up phone calls for clarity, the transcribing of the recorded data, and the continuous reading of such transcripts to establish data familiarity. Member checks occurred to ensure further credibility of this study. Each participant therefore reviewed a summary of their interview to ensure the accuracy of the information (Ravitch & Carl, 2016).

Transferability

Transferability refers to how the researcher will demonstrate how the findings of a study are applicable to other contexts (Patton, 2015). In this study, the context referred to the similar population of lesbian survivors of the phenomenon of CSA and their perceptions of resilience and intimacy thereafter. The result of this research was not however applicable to other contexts, circumstances, and situations due to the limitations within the content of this study. Thus, transferability was not applied to this study since the results of the study will not be applicable to another group (Firestone, 1993). This study is specific to a very small and defined group therefore the results were not applicable to the general population of female survivors of CSA.

Dependability

The extent to which this study was consistent and reliable in its findings and to the extent to which the research procedures are documented to allow others outside of the research to follow, audit, and critique the research process increased the dependability of the research (Patton, 2015). An audit trail was provided to establish reliability that highlighted each step of the data analysis process indicative of the rationale for any decisions made regarding participant responses. In addition, the audit trail assisted in the establishing of findings within this study as well as the accurate portrayal of the participant responses.

Confirmability

Confirmability ensured that the findings of the study were based on the responses of the participants and without the existence of any potential biases or personal motivations (Patton, 2015). The findings of the study reflected the true experience of the phenomenon and not the biases or assumptions of the researcher (Morrow, 2005). Moustakas's (1994) phenomenological process was used as a means for me to maintain self-reflective documentation in the form of a journal throughout the study. This process heightened my self-awareness regarding any biases and/or preconceptions. Member checking was additionally used as a means for determining any possible discrepancies and to ensure the accuracy of the data.

Ethical Procedures

The ethical procedures that was used to guide the conducting of this study were adhered to as stipulated within the American Psychological Association (APA) Ethical Standards (APA, 2020). Such standards included the acquiring of informed consent from

the participants which included the consent for the audio and visual recording of the interview, voluntary participation, informing the participant as to the nature of the study, anonymity, the assurance of no harm, and the ability and right to withdraw from the study without consequence (APA, 2020). In addition, approval was obtained from the Walden University IRB prior to the conducting of research. The IRB approval number was 10-30-20--0732047 and it expires on 10/29/21.

Social media sites focused on the LGBTQ community were used as a platform for describing the purpose and nature of the study to acquire the participants. The social media posting included information regarding the study, the criteria for participating, and the assurance of confidentiality. In addition, my direct contact information was provided for those interested in participating in the study. All participants were informed of any potential risks and the voluntary nature of the study along with the right to withdraw their consent to participate at any time. Although CSA survivorship was regarded as criteria for recruitment for participation, participants were not asked questions regarding their CSA experiences. However, if a participant experienced any mental or emotional stress resulting from the discussion of resilience and intimacy, a list of free resources was provided to the participant (see Appendix B).

The protection of participant privacy and confidentiality remained integral to the study. Thus, all consent forms, audio recordings, interview transcripts, and any additional data related material were locked and secured within a confidential file cabinet within my residence. The contents of the interview transcripts as well as any electronic files related to this study were secured on a computer with password protection. All access to such

information was restricted for my use only. A predetermined and private location for in person interviews was established in the effort to maintain the anonymity and privacy of the participant. In person, phone, and Zoom interviews were all conducted solely by me. Any participant names associated with the interview data obtained were replaced with a code for identification purposes (i.e. P1, P2, P3...P10). Upon the completion of the study, all acquired research information will be kept for a period of 5 years after which time it will be destroyed by means of shredding and permanent electronic erasure by the stipulations put forth by Walden University. Lastly, there was no association between myself and the participants of this study neither working, familial, or otherwise that will create a conflict of interest or power differentials.

Summary

This chapter provided a detailed description of the research design, the methodology to be used, the role of the researcher, a description regarding the issues of trustworthiness, and the expected ethical procedures for this study. The purpose of the study was to use a phenomenological approach to explore the experiences of resilience and intimacy for adult lesbian survivors of CSA. The goal of the study was to increase understanding and support for lesbian CSA survivors as it related to resilience and intimacy. As a researcher, it was integral to this study to be fully aware of any potential biases related to the phenomenon to be researched. I maintained my professional interests in the phenomenon and engaged in the process of epoché to bracket and therefore everted any possible biases to achieve this (Moustakas, 1994).

The methodology for this study was described in this chapter as was the procedures for recruitment, the sampling strategy, sample size and saturation as well as the criteria for selecting the participants. In addition, the use of instruments for data collection and management were addressed as were the steps in the phenomenological process of data analysis plan for this study as stipulated by Moustakas (1994). Guiding the semistructured interviews was the following research question: What are the lived experiences of resilience and intimacy for adult lesbian survivors of CSA? Issues of trustworthiness and the strategies that were established for credibility, dependability, and confirmability for the study was also addressed. Ethical procedures as stipulated by the APA (2020) with adherence to the conducting of research, the need to obtain IRB approval, the ensuring and maintaining of participant confidentiality, and the proper storing/management of acquired data. Chapter 4 will address the setting to be used for the study along with any demographics relevant to the study. Additionally, the data collection and analysis process will be presented as will the evidence of trustworthiness and the findings specific to the experiences of resilience and intimacy for adult lesbian survivors of CSA.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to understand the lived experiences of resilience and intimacy for adult lesbian survivors of CSA. The primary focus of this study was to explore the development of resilience in lesbian CSA survivors and to examine the adult interpersonal relationships of survivors. The perceptions of eight lesbian survivors of CSA were explored in this study. The research question that guided this study was:

RQ: What are the lived experiences of resilience and intimacy for adult lesbian survivors of CSA?

In this chapter, I present information regarding the demographics and characteristics of the participants as well as the method of data collection. In addition, I provide a detailed description of the data analysis process, evidence of trustworthiness, and the results of the study.

Demographics

The study consisted of eight participants whose ages ranged from 35 to 55 years, all of whom volunteered their time and shared their personal journeys. All participants were self-identified lesbians who experienced CSA. Four of the participants lived in New York, two lived in New Jersey, one lived in California, one lived in Pennsylvania, and one lived in Arizona. Two of the participants were married to a same sex spouse, four participants were in a same sex relationship, and two participants were recently single having been in a same sex, long-term relationship. Additionally, all participants were

actively involved in organizations or activities that heighten the awareness of CSA amongst all women and promote acceptance of self.

Participant Characteristics

- Participant 1. P1 was a 55-year-old woman and a resident of New York. P1 was in a same sex relationship for 6 months at the time of her interview.
- Participant 2. P2 was a 55-year-old woman and a resident of New York. P2 was married to a woman for a year at the time of her interview.
- Participant 3. P3 was 45-year-old and a resident of New York. P3 was married to a woman for a year at the time of her interview.
- Participant 4. P4 was 43-year-old and a resident of New York. P4 was in a same sex relationship for 8 months at the time of her interview.
- Participant 5. P5 was 55 years old and a resident of New Jersey. P5 was newly single following a 5-year same sex relationship at the time of her interview.
- Participant 6. P6 was 44 years old and a resident of New Jersey. P6 was newly single following a 7-year same sex relationship at the time of the interview.
- Participant 7. P7 was 36 years old and a resident of Pennsylvania. P7 was in a same sex relationship for 2 years at the time of the interview.
- Participant 8. P8 was 35 years old and a resident of Arizona. P8 was newly single following a 3-year same sex relationship at the time of her interview.

Data Collection

The data for this study was collected from eight adult lesbian survivors who have experienced childhood sexual abuse, were between the ages of 35 and 55, and were either

currently or recently involved in a same sex relationship for at least 3 months. I posted online flyers via social media sites to recruit participants. Volunteers who expressed an interest in participating in the study emailed me directly either acquiring my contact information from the online flyer or from those who had already participated in the study.

All participants were interviewed via phone following the receipt of a signed consent form. The semistructured interviews lasted from 45 to 60 minutes. Participants were asked six guided and open ended interview questions, thus prompting a detailed response reflective of their lived experiences as lesbian survivors of CSA. I also used follow up questions as needed throughout the interview process to gain further understanding and/or clarification regarding the participants' individual experiences. The interviews were recorded using the Transcribe-Speech to Text application, which allowed for live transcriptions alongside a voice recording. An additional in app purchase provided machine transcription time. Each transcript was additionally reviewed by me for accuracy and arranged to distinguish between the researcher and the participant.

Throughout the data collection process of the dissertation, only I had access to the data. The digital recorder, interview transcripts, and all materials associated with this study were kept in a locked file cabinet at my residence. Transcripts from the interview along with all electronic files were password protected and secured on my personal laptop and recording device. In addition, all electronic files were stored on a password protected external drive also stored and locked in a file cabinet in my residence. I had sole access to all files.

Each participant was provided a summary of their interview by email for member checking purposes. During the member checking process, none of the participants provided further data regarding their experiences of resilience and intimacy. There were no unusual circumstances encountered during the data collection process. Some potential participants provided my contact information to those who expressed interest in being a participant in the study. These participants were then contacted as requested.

Data Analysis

The data organization and analysis for this study was completed using Moustakas's (1994) steps and processed for transcendental phenomenological analysis. I used bracketing throughout the process of data collection and analysis by journaling my thoughts, any biases, and beliefs, which provided transparency while exploring the phenomenon and allowed me to remain open to the experiences described by the participants. I listened to the interview recordings and reread the transcripts while I continually noted any biases, preconceived notions, and potential assumptions that I associated with my study. This process allowed me to maintain clarity while I remained focused and opened to each participant's unique experience related to the phenomenon of resilience and intimacy in adult lesbian survivors of CSA.

Moustakas's (1994) process for transcendental analysis horizontalization was then followed. I reviewed each interview transcript several times for familiarity and understanding granting equal attention to the statements conveyed by each participant. I used colored highlighter to denote the horizons of each participant. Only the statements that were relevant and consistent to the phenomenon remained following the elimination

of repetitive and unrelated statements made by participants. Similar groups were formed based on the horizons from each interview. I grouped horizontal groups with similar content together. Five major themes were identified: (a) nature of support, (b) resilience as a positive influence on intimacy (c) heightened self-awareness, (d) positive shift in focus, and (e) reaffirmed sexuality. For the resulting textural descriptions, I used the verbatim quotes from the interviews that were developed to explicate each theme (Moustakas, 1994).

Imaginative variation followed the textural descriptions, which allowed for the mental consideration of the data from various points of view and the attaining the structure of the experience (see Moustakas, 1994). It was through this process that I reflected on all possible perspectives leading to the identification of structural descriptions for each of the participants' experience. Common meanings were later obtained along with the essence of the experience after I synthesized the core textual and structural descriptions, which led to a composite description of the experience of resilience and intimacy for adult lesbian survivors of CSA. Any discrepant cases found to be contrary to the identified main themes were noted and analyzed by means of comparison to the established cases (Morrow, 2005).

Themes Identified

In this study I explored the lived experiences of resilience and intimacy in adult lesbian survivors of CSA. All participants engaged in a semistructured phone interview in which they conveyed their personal journeys of resilience and intimacy. The resulting themes were identified from the detailed responses of the participants.

Theme 1: Nature of Support

Seven out of eight participants in the study described the nature of the support received as a means for helping them to progress beyond their experience of CSA. The existence of a confidant was noted as a main area of support, as was therapy. The participants further expressed how the existence of a confidant and/or therapy enhanced their support system(s) deeming these support systems as being most helpful throughout the process of progressing beyond the CSA experience.

Confidant

Seven out of eight participants acknowledged an individual or group of individuals whom they have entrusted with the sharing of their experience. Some of the participants expressed the challenges experienced prior to developing the level of trust necessary for such sharing. P1 said

Well a few people that I had told, including a doctor, said not to say anything to anybody. At this point, if something like that happened to you it was your own fault. I was involved with a guy at the time and he was the only one who was kind and understanding and was there for me one hundred percent. I think that helped a lot.

P2 stated,

I guess I've never really spoken about it...just suppressing it...then it was only when I came to America I talked about it. I think being able to talk about it as someone who understood helped me a lot and being able to figure it wasn't my fault.

P3 said,

But when my mother found out what was happening, she acted very quickly and in a very supportive way and supported me. I knew that I was supported by her, and I believe that it had a huge impact on my later memories of it. I feel I was lucky because my mother was extremely supportive and she reacted very quickly. Just having the conversation I feel helped alleviate any lingering damage.

P4 stated,

When I was eight, I remember that there was one moment, instance, in my life that I had someone to talk and I don't think I talked about the child abuse because I honestly thought it was normal. (Later in my life) my neighbor. She really paid attention to me as a person. And before that nobody really seemed to pay attention to me. Nobody cared about anything that I did, but she was interested in me as a person.

P5 said,

Sharing my experience and talking about it with others who could relate and identify with what was going on with me. There are all sorts of support groups out there, videos on YouTube and meetup groups that people have discussions about anything and everything.

P6 stated,

I would recognize that if I don't open up and release I will never heal and I would remain (in) the same circle. It would be a hamster wheel. Just recently, I joined a couple of (social media) groups related to childhood trauma and sexual abuse and

things to kind of open up and talk about things. As far as those deep conversations, I actually cried on the phone which is something I've never done in my life with some close friends of mine, which is something totally new and totally unexpected for me, but I vowed to myself that I wanted to change.

P8 said,

I didn't have a lot of family support. I would definitely say my partners helped me through it. It's something that I am open about it. It's something that I am open about. I don't hide the fact that I was abused as a kid.

Therapy

Five out of eight participants acknowledged having gone to therapy. Although not all therapeutic services received by these participants began as a means for addressing their CSA experiences, all five participants did confirm that receiving therapy helped to enhance their resilience and ability to maintain intimacy as CSA survivors. P3 shared that "I did not receive therapy directly for that (CSA), but I did go to therapy later in life for other issues and I discussed it there." P5 offered, "I believe therapy helped me the most. Seeking outside therapy for it (CSA). Helped me become stronger, have more self-respect, see positive things instead of focusing on the negative." In addition, P8 stated, "Therapy for sure. A lot of therapy. I've been going to therapy for years on and off, but that usually helps." P2 said,

I think it was talk therapy. I went to therapy here for other reasons and that came out, and I think how it helped was just not normalizing it but being able to express

it and say it out loud and talk about it without making me feel crazy or bad about it.

P4 stated,

I remember when I was eight my father sent me to a psychologist and she was really nice. When I was eight, I remember that there was one moment, instance, in my life that I had someone to talk to. That's the first time that I felt good and less stressed and overwhelmed.

Theme 2: Resilience as A Positive Influence on Intimacy

All eight participants identified that the ability to be resilient positively influenced intimacy as an adult survivor of CSA. Many participants identified confidence in physical intimacy and emotional intimacy as being contributing to the high influence of resiliency on intimacy. P1 shared, "Well I think for the most part of all my relationships with women have all been healthy, sexually and otherwise. But I think it never was an issue." P2 offered, "But right now, for the first time, I'm in a very sexually and emotionally fulfilled relationship and I realized that I'm okay." P3 stated, "I feel completely free sexually. I don't know if my sexuality was necessarily impacted by the act of sexual abuse." P4 said,

I'm in a very healthy relationship. To be honest, the first healthy relationship I have in my life. I'm actually in disbelief and sometimes this person makes me feel like she's moving me to another level that I don't know what it is but there's a level of comfort. A level where I don't feel like I have my guards up. It's a very different situation.

P5 stated,

I feel comfortable when I'm with the right person and it allows me to you know be free to express myself when I'm with the right person when I feel comfortable.

It's (resiliency) helped me to grow and see what's good for me and what's not.

P6 said, "I'm able to recognize and have insights to know that it's [resiliency] needed in order to maintain a healthy relationship to be able to communicate and express what I feel." P7 stated

I think in my current relationship it helps I've been able to be more vocal in stating like I know my flaws and I know this is what I do in a relationship. And my partner is kind of understanding. She's the complete opposite. She believes in fighting for relationships...and so I think it's a balance.

P8 said,

I'm still working through it to be honest. Now I just have a toolbox of coping skills so I don't thankfully deal with trauma on a regular basis anymore. But now when it does pop up and when it does start to brew, I know that meditation helps.

Theme 3: Heightened Self-Awareness

Six out of eight participants identified and shared beliefs regarding self-awareness as they noted their conscious identification of feelings related to the healthy development of intimacy in their adult relationships. Such conscious development was described as having conversations with self and others, reading about topics such as intimacy and relationships to allow for more exposure and understanding, and the acknowledgement of personal accountability in previous relationships while making emotional space for

others. Participants also discussed the overcoming of issues with trust, establishing healthy boundaries, awareness of behavior patterns resulting from trauma, and the development of good communication skills. P2 said,

What has helped me is I think reading about things just the more exposure to understanding intimacy and relationships, having a partner ... and I kind of just was able to be completely myself with. No wondering if something was wrong with me.

P3 stated,

Practice. Having conversations with myself. This is more in thinking about reality. I had to tell myself. I had to have conversations with myself. Just being honest with myself about it helped me get past those small voices in the back of my head.

P4 said,

I think I started to understand that a relationship is more like a give and take, and it's not all about me. I'm still working on that. But I acknowledge now that I see it. I have to make more space for others.

P5 stated,

Looking inside myself knowing that I'm a good person and that I have a lot to offer; that I don't have to hold onto things that bother me that you know happened. I noticed red flags a lot easier than I use to and I realized it's a give and take relationship. If that's not there, it will not work. I have a lot more self-respect. I have boundaries now.

P6 said,

I'm able to recognize and have the insights to know that it's needed in order to maintain a healthy relationship to be able to communicate and express what we feel. It made me realize that the more it heals, the better it gets.

P8 said,

Being more honest in the relationship and just being more aware of my patterns because of the trauma work that I've done so I can better communicate. I look at my experiences and I learn from them. I have learned to communicate better because I have learned how to connect to people without the (lack of) trust issue.

Theme 4: Positive Shift in Focus

Seven out of eight participants described a variety of coping skills that were helpful in maintaining emotional well-being following their childhood experience. The existence of such coping skills therefore generated a positive shift in focus. In addition, the participants expressed the impact of these positive shifts in focus on their ability to maintain resiliency and healthy intimacy patterns as adult survivors. P1 said,

I wouldn't dare have told my mother! No, I wouldn't tell anybody in my family! The Me Too Movement has been very helpful to me ... so many women were coming forward...the fact that it was finally coming out into the open, really out into the open, and I think that was helpful to me. It helped my resiliency just realizing that I was not alone in these things that happened.

P2 stated,

I think this sounds crazy because I'm not even religious, some amount of repression, just suppressing it and some amount of religion I think. I think you just don't think about it (the abuse), and you don't talk about it. I am thankful for being in this country. People talk about these things openly and validate people's experiences.

P3 said,

I still have conversations with myself. I remember having conversations with myself to remind myself that as an adult, the experience is not happening now. I'm married to someone that I'm very comfortable with and it's much more of an emotional intimacy that translates to a much deeper, healthy, physical intimacy. It's because I'm still comfortable emotionally and mentally.

P4 stated,

I felt like a victim or like I did something to deserve that. I developed skills that makes you think more critically and it helps to understand that whatever you do does not only affect you but society too. I started to write and I started to feel much better and happier because I found a passion, and helping others and telling my story and helping them (people) to believe that there's something better in the future. I feel that when I can help someone who's going through the same thing or went through the same thing, I feel good.

P5 said,

I think a lot of working out, yoga. I'm going to a Bible study so that helps.

Praying. Church, Saying prayers. I'm religious. I pray to help myself grow and to learn and to be a stronger person. Church teaches you new lessons on different perspectives. It also helps you to grow spiritually, to be positive. God has always been in my life, and I can always count on him ... somebody's there for you all the time and will never turn His back on you.

P6 stated,

The fact that I, for the most part, maintain a positive outlook and attitude. I take accountable past mistakes, and I try to do better and I use those tools. I discovered meditation that I listen to almost 24/7. That has helped me tremendously ... and that has helped a lot to kind of just ground me, developed my spirituality. I had to really enforce my coping skills and set boundaries.

P8 said,

Meditation like I mentioned is a big one. I do a lot of breathing exercises just to try and stay even keeled throughout the day. I mentioned music and crossword puzzles and a lot of word puzzles. Anything that keeps my mind active and almost distracted. I like to involve my partners in my coping skills. If it's something that we can do together, which I think naturally just brings you closer to somebody.

Theme 5: Reaffirmed Sexuality

Seven out of eight participants reaffirmed their sexuality when asked to briefly describe anything that made progression beyond their experience of childhood abuse unique to their experience as a lesbian. Collectively, the participants described the natural

sense of comfort with women expressing no doubt or uncertainty as to their sexuality. P1 stated, "I think being with women is very safe for me and nonfearful and lovely." P2 contributed by stating "I didn't even know that you couldn't love a woman passionately and be completely fulfilled." P3 shared "I had to tell myself. I had to have conversations with myself. Just being honest with myself". P5 stated, "Live your life ... feel better rather than hiding and being somebody who you're not". P6 offered, "Freedom that I've been seeking all along but I've been keeping myself from it." P4 said,

I spent my whole life thinking that I should be with men and that's the right thing even though my first time that I liked someone, I liked a girl. I didn't think about that boys should be with boys or girls should be with girls. I liked her. I was attracted to girls.

P8 stated, "Before the abuse started, I knew I was one [a lesbian]. I remember my childhood crushes all being girls. I feel like I grew up in a very open environment where I was given room to explore myself."

Discrepant Cases

Discrepant data was presented by P1, P6, and P7. In contrast to the other participants, P1, P6, and P7 described means other than therapy as having enhanced their resilience and ability to maintain intimacy. P1 said,

I think the Me Too Movement has been very helpful to me because you see how many women have had this happen to them, and I am so glad that it's out in the open now. I think the Me Too Movement when so much, so many women were coming forward I just realized how great, not that it was great that so many

women had this happen to them, but the fact that it was finally coming out into the open and I think that was helpful to me. It helped my resiliency or whatever just realizing that I was not alone in these things that happened.

P6 stated,

Joining (social media) support groups and realizing that I'm not the only one going through it and that it's okay to open up and heal and finally break the cycle within myself for myself and that would give me overall freedom that I've been seeking all along but I've been keeping myself from it all along.

P7 said,

You don't talk about it as far as therapy. I have a Masters (degree) in social work and I tell everybody to go to therapy and I have never gone to therapy. I probably need therapy, but it's just something that you don't. Growing up we don't go to therapy. We kind of just deal with the situation.

In contrast to the other participants, P7 expressed her opposition to therapy which she stated that culture influenced her decision not to seek therapy. In addition, she did not have a confidant as means for support. P7 shared that her father represented her support system both financially and emotionally but was not considered a confidant; her experience was not shared with him. P7 stated that "I have a really, good, strong relationship with my father. He was my support system. My dad is really cool, but I don't know, actually don't know how he would have handled like hearing anything". In expressing her level of independence as perceived resilience, P7 reported the speed in

which she ended relationships without guilt or remorse, friendship or otherwise, deeming this to be a coping skill. P7 said,

I guess my coping skill is my independence. I can end relationships pretty quickly, whether it's friends or relationship, and I don't really feel remorse or guilty about it. If I feel that someone has done me wrong or did me harm, I tend to just leave the situation and that's been since childhood. I guess I've always been that way, and I don't know how to stop it. It's hard for me to give people second chances.

P4 and P7 provided discrepant data regarding emotional intimacy patterns as adult survivors expressing difficulties in forming such connections; both identified trust as an issue. P7 also shared her tendency to lack empathy referencing its impact within her relationship. P4 said,

I really don't have any problems with (physical) intimacy. Sex comes first for me in a relationship. I have a problem connecting with people beyond sex. I think it (emotional intimacy) is difficult for me because I don't really know what it is to connect to someone. I think the only issue I have noticed is that I see people as like almost sex instruments. I have a hard time connecting beyond that. I have a hard time trusting people. I have a very hard time trusting people...something inside keeps me from being one hundred percent.

P7 stated

I think that (resiliency) has made me become so independent to the point where I try not to rely on anyone because it's really hard for me to trust people. I've been

told multiple times that I lack empathy. And I've been told that my whole life. I don't know why. It's like I feel that I have feelings for people, but it's hard for me to show it. And that played a part in my relationship because I think I'm showing love and they think I'm being cold.

These discrepancies were noted and considered insightful feedback unique to the perspectives offered by individual participants relative to their lived experience

Evidence of Trustworthiness

Credibility for this study was established through triangulation, researcher reflexivity, prolonged engagement with research participants and data, and member checks (Morrow, 2005). I addressed the triangulation of data by reviewing all recorded interviews and transcripts as well as the demographic information collected from the participants. All data sources were compared, thus capturing the various aspects within the phenomenon as described by each participant. To maintain my awareness of any biases, beliefs, or personal assumptions, the practice of reflexivity remained continuous throughout the study. I attended to reflexivity through the prolonged engagement with each participant through individual phone interviews, the personal transcription of data, and the numerous reading of the transcripts to establish familiarity.

Member checking was achieved through the prompting of each participant at the end of each interview. All participants added more to their interviews prior to disconnecting from the call elaborating further on what they deemed necessary. In addition, each participant was sent an email, via my shared email address, a summary of their interview transcript for their review to correct, expand upon if needed, to be emailed

back to me with their approval. All participants expressed approval of the transcribed interviews.

Transferability for this study was not applicable. The context of this study referred to the similar population of lesbian survivors of the phenomenon of CSA and their perceptions of resilience and intimacy thereafter. The result of this research would not however be applicable to other contexts, circumstances, and situations due to the limitations within the content of this study. Thus, transferability was not applied to this study since the results of the study would not be applicable to another group (Firestone, 1993). This study was specific to a very small and defined group therefore the results are not applicable to the general population of female survivors of CSA.

Dependability was achieved through an audit trail for this study. All material used for this study including the required forms, interview transcripts, recordings of interviews, and the steps contributing to the analysis process were all locked via a secured password and/or physically placed within a file cabinet in my place of residence. Moustakas' (1994) phenomenological process was also used to establish confirmability which ensured that the findings of this study were based on the responses of the participants without the existence of any potential biases or personal motivations. A journal was used throughout the process for the self-reflective process allowing me to remain aware of any biases and/or preconceptions.

Results of Data Analysis

The purpose of this phenomenological study was to understand the lived experiences of resilience and intimacy for adult lesbian survivors of CSA. The focus for

research was to explore the development of resilience in lieu of CSA and to examine the adult interpersonal relationships of survivors. The primary goal was to increase understanding of how this population of adult female CSA survivors perceived resilience and intimacy within their relationships following their lived experiences. The research question that guided this study was:

RQ: What are the lived experiences of resilience and intimacy for adult lesbian survivors of CSA?

The CSA survivors who participated in this study varied in age and geographical location.

Composite Depiction

Seven out of eight participants described the nature of support that helped them progress beyond their childhood experience as consisting of either a confidant and/or seeking some form of therapy, conventional or otherwise. Participants reported that someone or a group of individuals whom they experienced a sense of comfort and trusted were deemed confidants. Participants described the ability to freely share their experiences. Participants also described the benefits of conventional therapy although some participants sought out an unconventional form of therapy through social media groups which discussed such lived experiences.

Participants further described how conversation attributed towards the feeling of being loved unconditionally while allowing the process to take its course and how that helped to “alleviate any lingering damage” as P3 conveyed. Participants highlighted that the sharing with others who can identify with their experience was also helpful. The

motivation of wanting to do something different to get different results was also found to be integral to progressing beyond the experience of childhood sexual abuse, and the described support systems were identified as being most helpful throughout the progression process.

Participants described how their resilience positively influenced physical intimacy as an adult survivor conveying that it had no negative impact. All participants identified themselves as being sexually fulfilled and feeling comfortable with the right person which allowed freedom of expression. According to P6, “It made me realize that the more it (the experience of CSA) the better it [intimacy] gets.” P2 conveyed that “sex was a very functional thing” but later herself “in a very sexually and emotionally fulfilled relationship” having a partner whom she is “able to completely be herself with.” P3 expressed a feeling of being “completely free sexually” also describing more emotional intimacy being comfortable with her partner which she stated, “translates to a much deeper, healthy physical intimacy”. However, two participants, P4 and P7, described how despite resiliency, negative influences appeared to hinder emotional intimacy. P4 emphasized that sex comes first for her in a relationship, but when describing emotional intimacy stated that “I think this is difficult for me because I don’t know really what it is to connect with someone” seeing people as almost sex instruments.” P7 stated that “it’s really hard for me to trust people. I definitely think that played in my relationship as far as intimate relationships.” Both participants found this to be a “protective mechanism,” which may appear to be “independent” but is really “a means of preventing others from getting too close.”

In addition, participants highlighted how the ability or inability to establish healthy intimacy patterns affected their personal relationships while reflecting upon a heightened sense of self-awareness. P1 conveyed that the Me Too Movement heightened her self-awareness regarding sexual abuse giving her both a voice and the ability to regain “control” of her life. P2 described how further exploration of emotional intimacy lead to “understanding intimacy and relationships” which enhanced her relationship with her partner. P3 emphasized the need to have ongoing “conversations with self” to maintain self-awareness. P4 contributed her eye-opening experience which made her aware of the need to “make space for others” in relationships. Social media played an integral role for the participants as it allowed further self-awareness through the joining of groups where CSA experiences were shared. P6 admitted to in the past having sought relationships “but didn’t put any emotional investment” into them and has since acknowledged that “what I want from someone, I have to be able to give.” P7 described her awareness regarding a “lack of empathy” which has hindered her ability to establish healthy intimacy patterns. Maintaining honesty within a relationship, becoming more aware of patterns reflective of trauma, and improving upon communication skills remained integral to self-awareness and the effort to establish healthy intimacy patterns in adult relationships following CSA.

Positive shifts in focus for all participants were reflected through coping skills that helped to maintain emotional well-being following their lived experience of CSA as well as their ability to maintain resilience and healthy intimacy pattern development as adults. Most participants emphasized the need to talk openly, sharing to help others who

identify with the experience. P2 stated, “talk openly for clarity and understanding ... validate people’s feelings.” P4 stated, “I feel that when I can help someone who’s going through the same thing or went through the same thing, when I can help others move on, I feel good.” Participants also described the building of strength and self-worth along with the creation of healthy boundaries. P5 conveyed that “you get more power when you take your control back. Don’t give up power ... get a support system and talk to people about like things and that helps people connect.” Maintaining a positive outlook and attitude was also identified by the participants as was seeking other outlets such as exercise, meditation, spirituality, faith, and the development of a “tool box” to increase awareness of patterns caused by the trauma of the experience.

The reaffirming of sexuality was also highlighted by the participants collectively as they reflected upon the comfortability that results from being a lesbian and therefore in relationships with women. P1 stated that “being with women is very safe and nonfearful and lovely”. Participants also expressed how not initially distinguishing or defining sexuality added to comfortability and the reaffirming of sexuality. P4 conveyed this when she stated, “I didn’t realize sexuality. I was attracted to girls.” Participants also discussed feelings of not being suppressed regarding their sexuality and therefore freedom to be oneself. P5 added, “stand up and say this is who I am ... live your life.”

Discrepant data regarding how adult lesbian CSA survivors described progression beyond the experience of CSA, the support system(s) found to be most helpful, healthy intimacy patterns, and coping skills were considered. In contrast to the other participants, P7 conveyed her opposition to therapy and the absence of a confidant. P7 indicated that

her father represented her support system both financially and emotionally but was not considered a confidant; her experience was not shared with him nor with anyone else. P7 indicated the speed in which she ended relationships “without guilt or remorse”, friendship or otherwise, deeming this to be a coping skill. P7 also provided discrepant data regarding healthy intimacy patterns as an adult survivor considering herself to “lack empathy”. These discrepancies in data were noted and considered to be insightful as to the unique perspectives that existed amongst the participants regarding their lived experiences.

Summary

This chapter provided the results of my research study which explored the perceptions and lived experiences of eight adult lesbian survivors of CSA. The goal of the study was to increase understanding of how this population of adult female CSA survivors perceive resilience and intimacy within their relationships while also addressing an identified gap in the literature regarding a qualitative account of adult lesbian survivors of CSA and their experiences of resilience and intimacy. Moustaka’s (1994) steps of transcendental phenomenological analysis was used for data organization and analysis via the hand coding process.

The five major themes used to answer the research question following the above steps. Identified were the following five major themes: (a) nature of support, (b) resilience as a positive influence on intimacy, (c) heightened self-awareness, (d) positive shift in focus, and (e) reaffirming sexuality. The individual and collective essence of the

experience of resilience and intimacy for adult lesbian survivors of CSA were highlighted within these themes.

In Chapter 5, I will compare the findings to the literature review to discuss the interpretation of the results. I will provide the information needed regarding how the results of this study confirm and expand upon the knowledge of resilience and intimacy as it relates to adult lesbian survivors of CSA. Also, discussed in Chapter 5 will be the limitations of the study, recommendations for research, and implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative, transcendental phenomenological study was to explore the perceptions and lived experiences of resilience and intimacy relative to the adult lesbian CSA survivor. The gap I identified in the literature was a limited scholarly understanding of this phenomenon. Although researchers conducted studies with populations of heterosexual women, little was known about the influences of CSA in lesbian relationships. I therefore determined the phenomenological research design to be appropriate for the purpose of the study and to address the identified gap in the literature. The goal of my study was to gather empirical data necessary for further understanding of this phenomenon for the development of evidence based guidelines for further research practices.

I interviewed all participants individually by phone for a period that lasted between 45 and 60 minutes. Interviews were conducted at a time that was mutually agreed upon and with ensured privacy and confidentiality. The data analysis was completed using Moustakas's (1994) steps and processed for transcendental phenomenological analysis. The key findings of this study were five major themes that reflected the experience of resilience and intimacy for adult lesbian survivors of CSA. Five major themes were identified: (a) nature of support, (b) resilience as a positive influence on intimacy (c) heightened self-awareness, (d) positive shift in focus, and (e) reaffirmed sexuality.

Interpretation of Findings

Many of the findings in this study were consistent with the results I discussed in the literature reviewed in Chapter 2. The participants exemplified the significance of resilience and its correlation between the early interactions experienced by an individual and the prediction of social patterns in that individual's relationships (see Castonguay et al., 2015) in addition to how resilience is marked by an individual's ability to maintain healthy levels of functioning following a traumatic experience, as in the case of CSA (Fisher et al., 2017; Safan, 1990). Furthermore, participants discussed protective factors reflective of their specific situation that may have presented a risk factor for a different participant; one factor was not considered universally protective, which aligned with the findings of Beutel et al. (2017), Fava et al. (2018), Haffejee and Theron, (2019), Infurma and Luthar, (2018), and Sanjeevi et al. (2017). Participants described how disclosure was primary to the healing process as were attempts to establish identity through ongoing activities that allowed for self-reflection, the sharing of experiences, the acceptance of CSA as a historical part of life, and the connection with other survivors. Such descriptions aligned with the findings of Jeong and Cha (2019) who suggested disclosure as being integral to the healing process.

In addition, participants described the promotion of internal factors such as adaptive coping skills, the ability to make positive changes, and external factors that included participating in a religious community and social and relational support, which was consistent with the studies in the literature review (Bartos & Langdrige, 2019; de Lira & de Morias, 2018; Fowler, 2017; Kerlin & Sosin, 2017; Laughlin & Rusca, 2019).

Participants attributed their ability to apply resilience to their lived experience following adversity providing them with the means to overcome future stressors. Such an application of resilience and its consideration as a process rather than a fixed state, as suggested by Defferary et al. (2018), remained consistent with the findings in this study. Participants additionally described their ability to maintain healthy and positive intimate relationships in adulthood expressing intimate partner support along with relationship satisfaction. Such an association suggested that resilient protective factors are integral to the reduction of negative consequences associated with CSA, which is in accordance with literature reviewed studies (Ellis & Davis, 2017; Meng et al., 2018; Nielsen et al., 2018). Participants also emphasized the benefits of open acknowledgement of their experience of CSA equally indicating the acceptance and uniqueness of the experience of each partner in the relationship. This is consistent with Nguyen et al. (2017), who determined that the promotion of such acceptance created protective factors supportive of resilience.

Inconsistent with the literature referenced in Chapter 2 was the unique lived experience of adversity and discrimination of the lesbian population having a contributory impact on resilience (Colpitts & Gahagan, 2016). Although such a unique experience may have occurred, participants in this study described acceptance of self and the acceptance from others as being a significant contributory factor to their resilience. Consequently, the participants in this study did not indicate higher levels of negative coping skills associated with avoidance coping in contrast to findings in related studies (Amad et al., 2017; Widom et al., 2017; Zimmer-Genbeck et al., 2017). All participants offered positive coping skills as a means for defining their ability to maintain resilience

and healthier intimacy patterns. Conversely, although two participants highlighted an increased sense of commitment and satisfaction in their relationships, these same participants expressed an absence of trust consistent with Sullivan et al.'s (2017) findings. Consequently, all themes identified in this study remained consistent with the literature reviewed for this study in which I explored the lived experience of resilience and intimacy of adult lesbian survivors of CSA.

Theme 1: Nature of Support

The majority of participants in this study described the nature of the support received as a means for helping them to progress beyond their experience of CSA. The existence of a confidant was noted as a main area of support, as was therapy. The participants further expressed how the existence of a confidant and/or therapy enhanced their support system(s), deeming these areas most helpful throughout the process of progressing beyond the CSA. Subsequently, the nature of support emphasized by participants coincided with the results of a study conducted by Bellis et al. (2017) that found the negative impact of CSA on mental and physical health across the lifespan of a survivor are substantially mitigated by the support of a trusted adult during childhood, thereby developing resilience in the child and reducing adversity. This is also representative of external protective factors, which include family support/acceptance and social support as found in the studies supported by the literature (Bartos & Langbridge, 2019; de Lira & de Morias, 2018; Fowler, 2017). In addition, participants described resilience to include feelings of empowerment, disclosure, and support as being primary to the healing process resulting in their psychological well-being, which was in

accordance with the findings in the literature (Capella et al., 2016; Borg & Hodes, 2017; Hitter et al., 2017).

Although participants acknowledged having gone to therapy, not all therapeutic services received by these participants were initiated due to their CSA experience. However, these same participants did confirm that receiving therapy helped to enhance their resilience and their ability to manage intimacy as CSA survivors. In addition, the participants discussed their challenges and how therapy provided a platform for the process of healing. One participant of this study highlighted her cultural and ethnic influences describing the differences related to nonparental socially supported systems that coincided with her refusal to seek therapy. This aligned with the findings of Lee (2017), who suggested that culture and ethnicity influence resilience relative to a nonparental socially supported system.

Theme 2: Resilience as a Positive Influence on Intimacy

All eight participants identified that their ability to be resilient positively influenced intimacy as an adult survivor of CSA. Participants identified confidence in physical intimacy and emotional intimacy as contributing to the influence of resiliency on intimacy, which aligned with the findings of other research (Sullivan et al., 2017); those who were exposed to high trauma tend not to make an association with changes in relationship functioning. Inconsistent to the findings of Crump and Byers (2017), the participants did not describe any negative aspects of sexual well-being. However, the participants did share their maintaining of healthy and positive intimate relationships,

thus reflecting the findings in a study conducted by Ellis and Davis (2017) in which women in same sex relationships reported more satisfaction in their relationships.

While all participants expressed that resiliency had a positive influence on physical intimacy as adult survivors, two of the participants expressed difficulty with emotional intimacy, identifying trust as an issue. These women described deficits in their individual relationship functioning. Such deficits were said to have prevented emotional aspects of intimacy that limited their ability to achieve psychological security from their partners. This finding is consistent with previous research conducted by Diamond (2016) that indicated the complexity, indirectness, and slowness involved in the development of such relationships. The remaining six participants expressed that resiliency positively influenced intimacy both emotionally and physically. This would suggest an association between resilient positive factors such as the familial and/or societal as being integral to the reduction of the likelihood of negative consequences of CSA. Such a correlation was found in a study conducted by Meng et al. (2018), who emphasized the maintaining of healthy, positive relationships and the association of resilient protective factors.

Theme 3: Heightened Self-Awareness

More than half of the participants identified and shared beliefs regarding self-awareness as they noted their conscious identification of feelings related to the healthy development of intimacy in their adult relationships. These shared beliefs represent some of several internal factors that may contribute to the process of resilience development according to the research of deLira and de Morais (2018) and Schnarrs et al. (2019), who identified internal protective factors as having a sense of emotional openness, the

promotion of healthy cognitive abilities, positive behavior, self-efficacy, psychological hardiness, and personal mastery or the belief in being in control of life circumstances. Such conscious development was described by the participants as having conversations with self and others, reading about topics such as intimacy and relationships to allow for more exposure and understanding, and the acknowledgement of personal accountability in previous relationships. Also discussed was the overcoming of issues with trust, establishing healthy boundaries, awareness of behavior patterns resulting from trauma, and the development of good communication skills, all of which remain consistent with the findings of de Lira and de Morais (2018). Additionally, some participants indicated a sense of spirituality and religiosity, which relates to the empirical model of Domhardt et al. (2015) and suggestive of a correlation between those factors and resilience. It is also in alignment with Newsom and Myers-Bowman (2017), whose study found determinants that facilitate a sense of self-awareness in female adult survivors of CSA to include positive life circumstances, spirituality, high levels of self-regard, and well formulated interpersonal skills.

Theme 4: Positive Shift in Focus

Six of the participants described a variety of coping skills that positively shifted their focus offering hope, control, beliefs, and optimism which demonstrated the ability to cope according to Domhardt et al. (2015). These skills were helpful in maintaining emotional well-being following their childhood experience which is in alignment with the study conducted by Sippel et al. (2015) that suggested increased levels of societal support enhances resilience. Such an increase would therefore encourage healthy coping

behaviors and become integral to redefining trauma and enhancing the regulation of such emotions as fear, anxiety, and mistrust. Further supported are the findings of Sawrikar and Katz (2018) who determined resilience to be a successful coping strategy and cognitive defense against the potential impact of CSA. In addition, the participants expressed the impact of these positive shifts in focus in their ability to maintain resiliency and healthy intimacy patterns as adult survivors. This coincides with the study conducted by Sanjeevi et al. (2017) concluding that some individuals may remain asymptomatic despite the lived experience of CSA which implies that a negative outcome in adult life may be moderated by resilience. Subsequently, more than half of the participants sought support concurring with realization regarding their lived experience which allowed them to make decisions of disclosure. This demonstrated the coping behaviors found within the literature review (Hequembourg et al., 2019 & Brown, 2016). Healing presenting coping strength therefore determines resilience according to the findings of Walker-Williams and Fouche (2018) thus further aligning with the results of this study. Also, consistent with the literature is the demonstration of spirituality and supportive relationships described by some of the participants was found to regulate the traumatic experience of CSA and increase the likelihood of using religion or spiritual practices as a coping strategy as suggested in the research (Fydenberg, 2017; Gittens, 2019; Vazquez, 2019).

Theme 5: Reaffirmed Sexuality

All eight participants reaffirmed their sexuality while also expressing positivity when asked to briefly describe what made progression beyond their experience of childhood abuse unique to their experience as a lesbian. Collectively, the participants

described the natural sense of comfort with women expressing no doubt or uncertainty as to their sexuality. Such responses remained consistent with the findings of Caceres et al. (2019) and Lopez et al. (2019) which suggested that the unique experiences of lesbian women combined with the experience of trauma are influential towards the development of resilience thus further emphasizing the unique protective factors of adult lesbian survivors of CSA. Therefore, it is the consideration of differences within the lesbian population and the unique lived experience of adversity and discrimination that remain contributory to resilience. This finding is in alignment with the study conducted by Colpitts and Gahagan (2016) who suggested that resilience be measured by how the individual defines and understands resilience to be based on their lived experience. In addition, the reaffirming of sexuality described by the participants allowed for the open acknowledgement of their CSA experience and promoted acceptance of the uniquely described experience of each partner in the relationship which appeared to be beneficial and in alignment with the findings of Nguyen et al. (2017) who suggested the need to understand the lesbian experience following CSA to determine resilience and intimacy.

Conceptual Framework and Interpretation of Findings

The conceptual framework that guided this study was resilience. This concept was used to describe the adaptive functioning of survivors following sexual victimization. The empirical research of Bowlby's (1969) attachment theory was used to demonstrate the consequence of an early maladaptive environment. Resilience therefore represented the circumstances of the lesbian survivor and the evidence of positive adaptation (Luther et al. 2000). The conceptualization of resilience was represented through protective factors

which reflected characteristics found within the individual (Herman et al., 2011). These aspects of resilience were evident in the descriptions provided by the participants of this study as part of the experiences of adult lesbian survivors of CSA.

The empirical research of Bowlby's (1969) attachment theory suggested that the emotional bonds formed between individuals begins with their earliest attachments and expands across a lifespan. Bowlby's (1969) theory has therefore been linked to the concept of resilience in its demonstration of an early maladaptive environment and the development of an unhealthy reciprocal pattern, the consequences of which may potentially cause a child to make an association between interpersonal engagement and maltreatment which may persist in adulthood. Participants in this study described the absence of familial support following their experience of CSA reflective of the absence of the emotional bond suggested in Bowlby's (1969) attachment theory. Participants described direct experiences of challenges with family resulting from the denial of their sexual abuse as children. Two participants further described estrangement from their families while still minors leaving them to live independently from an early age. One of the two participants described her continued struggle to completely trust when in an intimate relationship. If the attachment figures are nonresponsive and rejecting in the absence of consistency, an insecure attachment will develop (Bowlby, 1969). Consequently, some participants described early associations between interpersonal engagement and maltreatment as a direct result of their abuse citing complacency, disassociation, and the absence of trust. One participant described herself as lacking empathy.

In accordance with resilience and the evidence of positive adaptation and the representation of protective factors which reflect characteristics found within the individual, participants in this study also described making efforts that positively impacted their ability to maintain healthy intimacy patterns. For example, participants described deliberate efforts to seek therapy for establishing overall well-being and to ensure the development and reinforcement of positive protective factors. Participants also sought societal support from a confidant, embraced social media focused on shared CSA experiences, and most recently embraced social movements against violence and sexual assault which encourages women to speak out regarding their experience; some participants credited this movement for giving them a voice in their own healing. Participants also emphasized the significance of having a supportive partner in their efforts to maintain resiliency as well as their ability to maintain healthy intimacy patterns. Some participants described how they developed coping skills such as meditation, exercise, involvement in support groups with shared experiences, self-realization, supportive relationships, spirituality, and religiosity as both protective factors and positive adaptations. The protective factors and positive adaptations described by the participants in this study influenced their experience of resilience were therefore consistent with the conceptual framework.

The findings of this research study are consistent with the concept of resilience as being a two dimensional construct consisting of a combination of innate personality trait and influences of environment that serve to protect an individual from the psychological harm of trauma or stress and is therefore flexible and adaptable allowing for change in

certain thoughts and behaviors (Haoran et al, 2018). Participants provided descriptions reflective of their experiences of resilience and intimacy as adult lesbian survivors of CSA. The seeking of well-being caused the participants to form positive adaptations and protective factors that influenced their ability to be resilient and to maintain healthy intimacy patterns. The results of this study identified the lived experience of resilience and intimacy for adult lesbian survivors of CSA.

Limitations of the Study

A limitation of this study was the small sample size. The total sample size consisted of eight participants, all of who self-identified as a lesbian. The eight participants who volunteered for the study ranged in age from 35-55 and were all survivors of CSA residing within the United States. The study was therefore limited by the small sample size and the individual perspectives of the participants. The sample size, however, was acceptable for this study as it followed the premise that a smaller sampling would increase the potential for quickly achieving saturation (Charmaz, 2006). All participants were self-identified lesbian CSA survivors who provided invaluable insight as to the experience of CSA for this underserved population. Since this study focused primarily on lesbian survivors within a specified age range, it may not reflect an appropriate representation of all adult lesbian survivors of CSA within the population sampled. An additional limitation of the study was that there were only four states represented within the study. A broader sampling of participants representing more states may have also added to the efficacy of the study.

Researcher bias was acknowledged as a potential limitation of the study. The study therefore reflected the true experiences of the phenomenon and not the biases of the researcher (Morrow, 2005). As the researcher, I maintained vigilance towards the effort of addressing any potential bias through bracketing; extra care was taken to remain objective. This was achieved through the journaling of my thoughts, any preconceived ideas, and beliefs which helped me to create a path for a clear and open mindset that enabled me to focus solely on the perspective and experience of each individual participant as it related to the phenomenon of the lived experience of resilience and intimacy of adult lesbian survivors of CSA. The use of an interview guide listing semi-structured, open ended interview questions that encouraged responses and the expression of each lived experience of the participants as it related to the phenomenon. The use of a reliable recording device and a transcription App that allowed for a machine transcription was used to record each interview. This allowed for the achieved accurate transcription of the interview data and member checking which assisted me in attending to the limitation issue as it related to potential researcher bias (Patton, 2015). A further limitation of the study was the indirect nature of the interview from the participants; the interview data represented the lived experience of the phenomenon from the perspective of each participant which resulted in the data being a representation of the participant's experience and the interpretation of the data through my analysis.

Recommendations

In this study, I attempted to understand the lived experiences of resilience and intimacy for adult lesbian survivors of CSA. The eight participants in this study were

self-identified lesbian survivors of CSA from four states: New York, New Jersey, Pennsylvania, and Arizona. Thus, a broadening of demographics should be explored. In addition, further research addressing the experience from a cultural perspective is recommended. The insights provided by these women based on their culture may further contribute to the understanding of the adult lesbian survivor experience of resilience and intimacy. Future research could also focus on a broader age range inclusive of younger adults for gaining insight into their experience and perspectives and to perhaps gain further understanding as to the phenomenon over a lifespan. Such a study may contribute more to generalized experiences of resilience and intimacy for lesbian survivors of CSA. Furthermore, most of the participants in this study received some form of therapy which assisted in their progression beyond their lived experience. Therefore, there is a need to investigate the experiences of resilience and intimacy for lesbian CSA survivors who have not received any form of therapy while exploring the influence of cultural aspects on decisions not to seek therapy. Such a study would contribute to a more conclusive account of the experience of resilience and intimacy for adult lesbian survivors of CSA while considering a broader population of women.

Implications

Implications for Positive Social Change

The implications of this study regarding positive social change include contributing to the meaning of resilience and intimacy as perceived by the adult lesbian experience following CSA. The study may also contribute to the existing knowledge as to how resilience influences intimacy following such childhood trauma thus improving upon

the understanding as to the correlation between resilience and the lesbian survivors. An additional social implication of this study may present a clear understanding regarding the uniqueness of the adult lesbian experience and CSA and the potential decrease in marginalization. This will remain integral to gaining insight into the reality of aftercare and the development of supportive environments.

Methodological Implications

CSA among lesbian women is reported at higher rates in comparison to heterosexual women yet there are limitations in knowledge regarding the resilient outcome of lesbian survivors (Charak et al., 2019; Dworkin et al., 2018; Hequenbourg et al., 2019; Schnarrs et al., 2019). While increased attention has been given to the process of resilience for lesbian, gay, and bisexual individuals (LGB), much of the research has been conducted on larger scale LGB populations and without qualitative consideration of CSA survivorship for adult lesbian women (de Lira & de Moraes, 2018). Despite the numerous studies in which researchers emphasized the significance of resilience following a traumatic experience and the use of positive factors as a formative means for coping strategies within the adult female heterosexual population, limited research focused on the experience within the adult lesbian population thereby demonstrating a significant gap in the literature (Charak et al., 2019; Dworkin, et al., 2018; Lopez et al., 2019; Schnarrs, et al., 2019). The participants provided in-depth information based on their perspectives of their experiences as lesbian survivors which filled the identified gap in the literature. The methodological implication of this study is therefore the in-depth description of the experience of resilience and intimacy for adult lesbian survivors of

CSA as achieved through the analyzing of data acquired from the study's participants using Moustakas's (1994) steps and processes for transcendental phenomenological analysis.

Theoretical Implications

This development of an individual and their experiences related to Bowlby's (1969) attachment theory suggests that emotional bonds formed between individuals begins with their earliest attachments and expands across a lifespan. Thus, the impact of CSA may be substantially mitigated by the support of a trusted adult during childhood therefore developing resilience within that child and reducing the adversity (Bellis et al., 2017). Furthermore, researchers studying resilience took a narrative approach to conducting a qualitative inquiry and found both social and relational support to be integral to favorable outcomes (Laughlin & Rusca, 2019). This study also suggested the transmission of resilience across romantic relationships; if one or more partners have a history of CSA, the influence of the traumatic experience of each partner and resilience may be transmitted to each other (Laughlin & Rusca, 2019). The participants of this study provided invaluable insight regarding how lesbian survivors of CSA experience resilience and intimacy as adults. The theoretical implications of this study contribute to an increased understanding of the influences of resilience and thus how resilience influences intimacy for these adult lesbians who have survived the trauma of CSA. Subsequently, understanding the lived experiences of these women contributes toward understanding how to provide better support specific to this population thus serving to improve the outcome for this underserved population.

Recommendations for Practice

Participants in this study described how they perceived resilience and how their perception of resilience influenced intimacy patterns. The insights shared by the participants of this study could lead to improved therapeutic practices and supportive services. Thus, given the understudied nature of this population, the study may present the promotion of positive social justice particularly with the approach towards mental health care. In addition, the exploration of the commonalities between this population of women and their expressions of resilience and intimacy following CSA may further assist in the support of professional practices. Such an implication may provide practitioners with the ability to recognize the interrelatedness of resilience and intimacy specific to adult lesbian survivors of CSA. An additional implication for positive social justice may include a clearer understanding of the lifespan perspective of resilience and intimacy for these survivors. This may also assist practitioners in constructing better assessments and diagnostics for lesbian women who have experienced the trauma of CSA.

Conclusion

The purpose of this qualitative, transcendental phenomenological study was to explore and to understand the perceptions and lived experiences of resilience and intimacy for adult lesbian survivors of CSA. The descriptive exploration of the lived experiences of resilience and intimacy with these adult women following their childhood trauma presented invaluable insight into an underserved population and contributed knowledge that will be integral to the field of psychology. The knowledge may subsequently contribute to CSA awareness as it relates specifically to the lesbian

survivor. This may in turn improve upon therapeutic practices and the assessments used to evaluate these survivors thereby improving the accuracy of the diagnosis and therapies for mental health. Significant to this study is the benefit of heightened awareness relative to CSA for this marginalized population of women while continuing to advocate for changes in policies and programs that are essential to positive change.

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Appendix A: Guided Interview Questions

1. What do you believe helped you to progress beyond your experience of childhood sexual abuse?
2. What type of support system(s) did you find to be most helpful throughout this progression process? How have these support systems contributed towards your development of resiliency?
3. How has your resiliency influenced intimacy as an adult survivor?
4. Describe how your ability or inability to establish healthy intimacy patterns affected your adult relationships.
 - A. What has helped you to develop healthy patterns in intimacy?
 - B. What do you feel has hindered your development of healthy patterns in intimacy?
5. What coping skills do you feel helped to maintain your emotional well-being following your childhood experience?
 - A. What impact do these coping skills have on your ability to maintain resiliency as an adult?
 - B. How do these coping skills help in your maintenance of healthy intimacy patterns as an adult?
6. Briefly describe anything that you may feel made your progression beyond your experience of childhood sexual abuse unique to your experience as a lesbian.

Appendix B: List of Free Resources for Mental or Emotional Stress

- Free Therapy Links (347) 296-0006
- Long Island Crisis Center (516) 679-1111
- The Gender and Sexuality Therapy Center (646) 389-6561
- Pride Center of Staten Island (718) 808-1360
- The Lesbian, Gay, Bisexual & Transgender Community Center (212) 620-7310
- The Institute for Urban Family Health (212) 206-5200
- NYC Well (888) NYC-WELL or text WELL to 65173
- National Domestic Violence Hotline: 1-800-799-7233 or TTY 1-800-787-3224
- National Suicide Prevention Lifeline: 1-800-273-8255
- Crisis Text Line: Text 741741
- SAMHSA National Helpline: 1-800-622-4357