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Walden University

College of Psychology and Community Services

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Meg Justison

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Walden University
2023

Abstract

Women's Lived Experience with Shame in Intimacy After Surviving Childhood Sexual Abuse

by

Meg Justison

MSW, College of Saint Scholastica, 2020

BA of Psychology, College of Saint Scholastica, 2018

Dissertation Submitted in Full Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

General Psychology

Walden University

December 2023

Abstract

Childhood sexual abuse (CSA) is a global problem and can lead to substantial challenges in adult intimate relationships. Though there is considerable research on CSA, relationships, and relationship challenges, one area that required further study was how shame was felt by women who have experienced CSA. Interpretive phenomenological analysis (IPA) was used to explore these shame experiences in adult intimate relationships in women who had this history. Strength resilience theory was used as the framework for exploring their shame and resilience experiences. Open-ended, semistructured interviews were conducted with eight women aged 18 to 50 who were in intimate relationships. Results showed all participants described feelings of fear, shame, guilt, and avoidance, which aligns with prior research. Unlike previous studies, the participants did not identify anger as their current experience in their childhood abuse history, and they found safety in their partner to disclose their insecurities and vulnerabilities in their intimacy. Moreover, participants' discussions with their partner about the abuse made it easier for them to rationalize and normalize (i.e., that the abuse was not their fault and they could openly discuss their CSA experiences), and they felt stronger than they realized. These findings may help create a new avenue for positive social change by recognizing the importance of partner support to help women who have a CSA history. The results of this study can serve as an encouragement to make shame a more openly-discussed emotion in the world of CSA.

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Chapter 1: Introduction to the Study

The World Health Organization (WHO, 2017) defined child sexual abuse (CSA) as the

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

CSA, like any other influential event, can result in children experiencing guilt, embarrassment, loss, and shame. CSA can cause profound adverse experiences, including the inability to trust and build relationships.

This study focused on shame, operationally defined as a negative, highly aversive, debilitating affective experience associated with a profound negative evaluation of the self (Kim et al., 2009). Brown's shame resilience theory (SRT) suggests that shame is a psycho-social-cultural construct experienced because of CSA. Shame becomes an "unwanted identity" associated with something that an individual experiences (Brown, 2006, p. 46; see also Ferguson et al., 2000). This is experienced in adults who experienced sexual abuse as children. To date, most research has focused on the challenges CSA survivors face in relationships due to the impact that CSA has had on them. However, research has not sufficiently addressed women's experiences of shame within intimate relationships because of their CSA. This research provided insights into the experience of shame in individuals who have a history of CSA and how they navigated feelings of shame within intimate adult relationships. The following chapters

include and elaborate on the topic's background information, research purpose, literature review, and process and methodological approach.

Background

Many studies have been completed on the impact of CSA on adult relationships (sexual dysfunction, mental illness, relational challenges). CSA can be detrimental to children and their ability to cope with and communicate in subsequent adult intimate relationships (Neilsen et al., 2018). Aftereffects not only affect the individual but influence the relationships that they have in the future. Shame is a psychological construct in adults living with CSA experiences (MacGinley et al., 2019). Individuals who have experienced CSA report numerous problems that develop in their intimate relationships, including physical and sexual experiences (Jerebic & Jerebic, 2019). Satisfying sexuality arises from intimate safety, which can be impaired due to betrayal in individuals traumatized by sexual abuse in their childhood (Jerebic & Jerebic, 2019).

More research needs to be done to explore experiences of shame in intimate relationships in adult women who have a history of CSA (Neilsen et al., 2018). Men and women differ when experiencing pervasive negative effects after CSA (Rind & Tromovitch, 1997). This study focused on women because women are more likely to experience sexual dysfunction (Pulverman & Meston, 2020), and the shame the women with CSA experience makes them more at risk for unhealthy intimate relationships. Shame and intimacy are parts of relationships, and developing an understanding of their connection to CSA has assisted future researchers in the same area of study.

Problem Statement

According to the WHO (2017) CSA is one of the most common forms of childhood trauma. As reported by the U.S. Department of Health and Human Services Children's Bureau, children are most vulnerable to CSA between the ages of 7 to 13 (Children's Bureau, 2021). CSA can negatively impact social and physical health and affect the child's ability to have appropriate relationships as an adult. (Pan et al., 2021). Children who are victims of sexual abuse often develop low self-esteem, feelings of worthlessness, and an abnormal or distorted view of sex (CSA Statistics, n.d.).

Multiple studies have been done to address CSA and its relationship with mental health, sexual dysfunction, and relationships (Najman et al., 2005; Rellini & Meston, 2010; Weiss et al., 1999). For example, according to Beitchman et al. (2002), adult women with a history of CSA show more significant evidence of sexual disturbance or dysfunction. But there is a need for further research across specific populations and groups, a need for research evaluating therapeutic interventions responding to shame, and research that explicitly investigates adult survivors' lived experiences of shame following CSA (Nielsen et al., 2018). In this study, I addressed the need for more research exploring experiences of shame within a heterosexual intimate relationship with biological (cisgender) women with a history of CSA. I explored the experiences of CSA survivors and the meaning of shame within adult intimate relationships when there is a history of CSA. This study considered how adult women who have survived CSA had limited knowledge about how their understanding of shame from their CSA history influences their intimate adult relationships.

Purpose of the Study

In this qualitative study I explored the experience of shame in intimate relationships in adult women with a history of CSA. The phenomenon of interest was the experience of shame, which could be interpreted as the mental, emotional, and social consequences that often accompany adverse childhood experiences like CSA. An interpretative phenomenological analysis (IPA) was used. This approach was chosen because the purpose of IPA is to explore how participants make sense of their personal and social world (Smith et al., 2022). The target group was adult women ages 18 to 50 who have a history of CSA, are currently in an intimate relationship, and have discussed their abuse with a licensed professional.

Research Question

The following research question was addressed in this study: What is the lived experience of shame in intimate relationships in adult women with a history of CSA?

Conceptual Framework

Shame and intimacy are aspects of relationships. By developing an understanding of the connection these have to CSA, researchers can better understand how feelings of shame interact with intimacy in relationships. Shame resilience theory (SRT) offers a working definition of shame and a conceptual identity for shame (Brown, 2006). Brown's (2006) SRT focuses on the feelings of shame and overcoming feelings of shame such as feelings of being trapped, powerless and isolated (Brown, 2006). Shame is defined as a nonoral negative self-evaluation (Miceli & Castelfranchi, 2018).

SRT has been used in many studies (Fatima et al., 2019; Ryan-DeDominicis,

2020) to demonstrate how shame can influence an individual's behavior in different situations. In these studies, open-ended questioning and interviews have been used. Additionally, the SRT model proposes that the effects of shame can be decreased and managed by learning and practicing the four "elements" of shame resilience: (a) recognizing shame and shame triggers, (b) gaining critical awareness, (c) reaching out to others to find and offer empathy, and (d) speaking about shame (Brown, 2006). Shame is often a feeling related to something out of the individual's control, such as being a victim of CSA. Many studies have demonstrated that survivors of CSA become resilient and can heal from their sexual abuse (Arias & Johnson, 2013). Chapter 2 includes more detailed information about these studies.

Nature of the Study

To address the research question in this qualitative study, the specific design used included an IPA (Alase, 2017) with open-ended, semistructured questions. The IPA study addressed a gap in the current literature by exploring into the lived experiences of specific individuals. An IPA is recommended for understanding processes and events where participants try to make sense of significant life events (Smith et al., 2022). The qualitative approach of an IPA assists with understanding the participants' lived experiences; it helps researchers understand what a situation is like for participants within a specific circumstance (Smith et al., 2022). IPA focuses on making sense of a particular event for people who experience a specific experience as well as personal meaning, which was ideal for an in-depth exploration of the women's lived experiences of CSA and shame within intimacy. The four concepts that were studied were the following: (a)

recognizing shame and shame triggers, (b) gaining critical awareness, (c) reaching out to others to find and offer empathy, and (d) speaking about shame (see Brown, 2006).

Definitions

Child sexual abuse (CSA): Involvement of a child in sexual activity that they do not fully comprehend, are unable to give informed consent to, or that violates the laws or social taboos of society (WHO, 2017).

Intimate relationship: A quality of a relationship in which the individuals must have reciprocal feelings of trust and emotional closeness toward each other and are able to openly communicate thoughts and feelings with each other (Timmerman, 1991).

Shame: Nonoral negative self-evaluation (Miceli & Castelfranchi, 2018).

Assumptions

In this study, I made the following assumptions. First, I assumed that women who have a history of CSA present a tendency to have more challenges emotionally, physically, and psychologically than those who do not have a history of CSA. Additionally, I assumed that women who have a history of CSA struggle with intimacy in adult relationships. Moreover, it was assumed that all participants would be honest and report information to the best of their ability. Finally, I assumed recruiting some participants would be challenging, and therefore, data gathering could be limited. Due to the sensitivity of CSA, participants would be reluctant to reveal intimate details of their abuse and the challenges that the abuse has presented in the relationship, which could create limited data for researchers to work with.

Scope and Delimitations

The scope of my study was to invite research participants in the United States. Individual interviews were conducted via Zoom or Teams as the participants were selected based on inclusion and exclusion criteria. Participant recruitment only included biological (cisgender) women ages 18 to 50 with a history of CSA, who are currently in a heterosexual intimate relationship, have been for at least a year or more, and discussed abuse with a licensed professional. This study gathered information regarding the lived experiences of these women in adult intimate heterosexual relationships and what challenges they faced with intimacy in relationships due to having endured their CSA. This study increased the understanding of the lived experiences of feelings of shame and CSA as well as provided insight into how to assist individuals in developing ways to process CSA and the challenges they face with intimacy and shame in their intimate relationships.

Delimitations of the study focused on women with a history of CSA and my role as a sole researcher. Selection was based on the time between the abuse and the current age. Other theories, such as relationship theories and shame theories, were considered, but SRT allowed a specific focus on overcoming shame and becoming resilient due to challenges. My role as the sole researcher may have imposed biases as I am a female and have experience working with individuals who have a history of CSA. Therefore, I used reliable qualitative research strategies to attempt to remain fair and neutrally empathic to the participants' experiences and bracket my own perceptions. This is described in more detail in Chapter 3.

Limitations

There are several potential barriers that can limit the trustworthiness of the qualitative research (Shenton 2004). To address issues of credibility, I used member-checking with my participants throughout the interview to assure that the depth and meaning of what they were sharing are accurately represented. I also debriefed with my chair to ensure that, as the researcher, I included all data, not just data I had deemed relevant. This also decreased the chances of researcher bias. To enhance dependability, I included details of the data collection and reduction procedures that are commensurate with those described for IPA (Smith et al., 2009, 2022). To enhance transferability thorough, in-depth descriptions of both the research approach, process, and the lived experiences of feelings of shame in women were provided. The strategy, demographics, interview procedures, and data analysis procedures are included to ensure that research can be carried out in other contexts.

Significance

This study was influential in its ability to contribute to the continued research regarding CSA and adult intimate relationships. It assisted in filling a gap in exploring how biological (cisgender) women in adult intimate heterosexual relationships experience shame that stems from CSA. The findings of this study were intended to be used to assist the professional community in developing treatment and prevention programs for individuals affected by CSA. This study also contributes to the current body of knowledge by focusing on the aftereffects in current adult intimate relationships rather than the challenges of CSA. This study can be replicated in different age groups to

continue addressing the different perspectives of shame individuals face when in intimate relationships at various stages in adult life.

Summary

Historically, literature does a thorough job of addressing the challenges of CSA and its impact on relationships (Band-Winterstein & Avieli, 2022; Jerebic & Jerebic, 2019; Lassri et al., 2016; Stephenson et al., 2014). Over the past two decades, extensive research has been completed on the prevalence, correlations, causes, and consequences of CSA in childhood (Fergusson et al., 2008). However, there continued to be a lack of information regarding these individuals' lived experiences and what their adult relationships are like.

Implications for social change of the current study include addressing intimacy challenges and exploring the lived experiences of these individuals who have felt or are feeling shame in their intimate relationships. This resulted in greater knowledge regarding what is needed to assist individuals in overcoming their shame when in intimate relationships. The research highlighted a topic that has not received much attention and is difficult to discuss. Adequate and relevant research allows for necessary support and education for individuals who are currently or have previously gone through an adult intimate relationship and struggle with feelings of shame in relationships. Chapter 2 includes a review of applicable data and relevant research. It provides an in-depth discussion of the effects CSA has on adult intimate relationships and feelings of shame.

Chapter 2: Literature Review

As reported by the U.S. Department of Health and Human Services Children's Bureau, children are most vulnerable to CSA between the ages of 7 to 13 (Children's Bureau, 2021). Childhood maltreatment or abuse is associated with difficulties in adult relationship functioning (Miano et al., 2018). CSA is a direct link to attachment avoidance, and attachment avoidance could be related to feelings of shame that the individual is unaware of (Lassri et al., 2016). Studies of the short-term impact of CSA have found that 21% to 49% of the children studied suffered no symptoms (Kendall-Tackettet al., 1993; McLeer et al., 1992; as cited in Hyman & Williams, 2001). This indicates that roughly 50% or more individuals could be struggling with feelings of shame without anyone knowing it. Extensive research has been done to identify the different relationships between perpetrators and victims (Källström et al., 2020). However, there is limited research on the aftermath that CSA has on future adult intimate relationships and how the perception of adult intimate relationships for adult women has changed because of CSA. Significant gaps in research include the experiences of relationships for those who have been sexually abused, how CSA influences adult intimate relationships, and whether CSA changes an individual's perspective on adult intimate relationships as adults. These gaps are based on the current literature, some of which is discussed in this review.

The primary focus of this study was how CSA influences feelings of shame in adult intimate relationships. I explored the experiences of female CSA survivors and their perceptions of shame in their adult intimate heterosexual relationships. The goal was to

address the gap in the research about these perceptions and gain insight into how future researchers can assist individuals to navigate these relationship transitions, specifically related to feelings of shame in adult intimate relationships, using an interpretive phenomenological approach. In this chapter, a description of the literature search is provided. SRT is defined, identifying key constructs, and emphasizing how this model has been used in the past. A literature review discussing these concepts and past research then follows. This review provides an analysis of relevant studies and emphasizes any remaining gaps.

Literature Search Strategy

I extensively searched peer-reviewed literature using the following databases: SAGE Journals, CINAHL Plus, APA Psych Info, MEDLINE, Education Source, and Ebsco. Additionally, Google Scholar was a viable research engine for searching for peer-reviewed literature. I also reviewed citations and references from literature articles that were relevant to my research, whose databases were not identified. The keywords used for these searches were *childhood sexual abuse, childhood sexual abuse, and adult women, childhood sexual abuse, intimate relationships and challenges, intimate relationships and challenges, childhood sexual abuse, resilience, and adult relationships, childhood sexual abuse, romantic relationships, and adult females, childhood sexual abuse, romantic relationships and challenges, adult intimate relationships, shame and childhood sexual abuse, childhood sexual abuse and qualitative research and qualitative research, relationship challenges and childhood sexual abuse, adult women, shame and adult intimate relationships, adult intimate relationships, shame resilience theory, and*

childhood sexual abuse, childhood sexual abuse, shame, and *intimacy.*

Conceptual Framework

Brown's SRT was the conceptual framework for this study. By interviewing 215 women to determine why and how women experience shame, Brown (2006) identified that individuals experienced shame around an issue when personal vulnerability existed. Brown wanted to generate a theory that explained how and why women experience shame, how shame impacts women, and the various processes and strategies women employ to resolve their concerns regarding the impact and consequences of shame. Throughout her study, Brown developed SRT and tested it on a group of women with the aim of understanding shame from a theoretical standpoint. Brown's study allowed for a better conceptualization of what shame means to women and left room for further research to be conducted to see how effective the utilization of SRT was on women with a history of abuse.

SRT offers a working definition of shame and the conceptual identity for shame (Brown, 2006). This theory provided a framework for understanding how individuals recover from feelings of shame they might have after stressful life events, such as CSA. When an individual experiences any abuse, they may experience feelings of being trapped, helpless, ashamed, or isolated. According to Brown (2006) individuals most often experience shame as a web of layered, conflicting, and competing expectations of themselves based on sociocultural expectations. In adult intimate relationships, recognizing one's own feelings can become difficult. If this occurs, an individual may experience shame in the relationship, further exacerbating shame, helplessness, and

isolation. By referencing the concepts of SRT, individuals can navigate through their experience of shame and develop an understanding of it, rather than continuing to feel shame, helplessness, and isolation.

SRT proposed a contextualized and multidisciplinary understanding of shame that is not easily categorized into any of the social sciences or humanities approaches. Brown's theory and research has been instrumental in finding a solution to the negative shame outcomes researchers see in conjunction with individualistic self-construal (Arnink, 2020). Additionally, Brown's theory has been used to understand what type of events and situations can elicit shame (Van Vliet, 2008). Brown's SRT theory has been used by many to understand how shame is integrated into everyday life (Arnink, 2020; Fatima et al., 2019).

Brown (2006) found that individuals who learn to connect, refocus, accept, understand, and resist negative judgment have demonstrated the ability to overcome shameful experiences. Going through a life event such as CSA can lead an individual to struggle with identifying their worth, which is where SRT can create a baseline for them to begin their healing. Interventions that foster an individual's strength and ability to understand themselves on a deeper level are beneficial in increasing resilience-based practice (Green, 2002). When an individual has experienced a stressful life event, such as CSA, practicing resilience-based behaviors may help alleviate some of their feelings of helplessness and isolation that coincide with shame. By utilizing a strengths-based framework, individuals working through their own CSA will learn more about themselves and how resilient they are when overcoming challenges, especially in an

intimate adult relationship. For instance, the literature has suggested that children who experience trauma and become resilient adults often demonstrate personal strengths, empathy, intellectual skills, hope, and faith (Garmezy, 1993; Green, 2002). Experiencing CSA can challenge an individual's ability to create functioning, healthy relationships; however, many survivors of CSA are resilient and capable of healing from their sexual abuse histories (Arias & Johnson, 2013).

The SRT proposes that shame resilience is the sum of an individual's ability to recognize and accept personal vulnerabilities, critical awareness regarding social/cultural expectations, and the ability to form mutually empathic relationships. There are four key elements of shame resilience: (a) being able to recognize, name, and understand shame triggers, (b) developing critical awareness about one's own shame webs and triggers, (c) being willing to reach out to others rather than hide and isolate one's self and (d) having the ability to speak about experiences of shame with those who have earned the right to hear them (Brown, 2006). The key concepts of SRT used in this study were being able to recognize and understand our shame triggers, being willing to reach out to others (rather than isolate), having the ability to speak out about experiences of shame with others, and developing awareness about our own shame webs and triggers. These concepts were addressed through interview questions that have an emphasis on shame, triggers, discussion, and resilience.

Literature Review Related to Key Variables and/or Concepts

Overview

Sexual abuse often happens in isolation, in a distorted intimate space between the

aggressor and the victim (Sagi, 2021). CSA is a topic that many researchers have covered in many different areas of interest, including resilience, attachment, relationship satisfaction, risk factors, protective factors, recovery, and coping strategies (Arias & Johnson, 2013; Austin et al., 2020; Barker et al., 2022; Barker-Collo et al., 2012; Pérez-Fuentes et al., 2013). In the United States, CSA impacts approximately 16% of men and 25% of women (Pérez-Fuentes et al., 2013). Additionally, CSA is associated with 47% of all childhood-onset psychiatric disorders and 26% to 32% of adult-onset disorders. The U.S. Department of Health and Human Services Children's Bureau (2021) reported that nationally, in 2020, there were 618,000 victims of child abuse and neglect, which meant that there were 8.4 victims per 1,000 children in the population.

The question of whether CSA is a contributing factor to adult functioning has been around for over 50 years. Research has indicated that traumatic childhood experiences such as CSA could affect various adult adjustment outcomes, such as shame (Liang et al., 2006). Shame following CSA can be "intensely painful and destructive to one's sense of self and place in the world" (Lewis, 1992, p. 63) Shame is both an effect of CSA as well as influencing adult survivors' mental health, relationships, disclosure, self-concept, and recovery (McGinley et al., 2019). There are common themes throughout the literature regarding CSA and shame (Chouliar et al., 2014; Maniglio, 2009), including psychological effects and trauma symptoms, relationship and social connections and disconnections, disclosure, sense of self, and the process of recovery. Overall, there have been many studies to address different branches of CSA (Chenier et al., 2022; Stige et al., 2022; Winters et al., 2020); however, previously published studies

used quantitative approaches (Okur et al., 2020) or populations outside of this study's proposed qualitative focus group (Easton, 2013). There are limited findings on experiences of shame following CSA relating to survivors from specific population groups (McGinley et al., 2019). Though quantitative studies are essential, using a qualitative approach allows for an in-depth analysis of what each individual feels and thinks.

Adult Consequences of CSA

Increasing evidence shows that CSA is relevant to many problems, specifically sexual and relationship problems (Pulverman & Meston, 2020; Stephenson et al., 2014). In the United States, approximately 43% of women report sexual difficulties in one or more domains of sexual function, which can include desire, orgasm, arousal, and pain (Pulverman & Meston, 2020). Perceptions of sexual experiences are often different based on a variety of things, such as age, history, preference, and experience. Research has shown that sexual function and satisfaction likely manifest similarly in women experiencing sexual difficulties, regardless of CSA history (Stephenson et al., 2014). However, future research should include looking into the perceptions of the women more.

CSA and Adult Relationship Challenges

Part of understanding CSA is having the ability to recognize behaviors and patterns in relationships that could be from CSA. An examination between childhood abuse, intimate relationships, and attachment style is important in research because it allows for further insight into the world of CSA and relationships (Lassri et al., 2018; Tardif-Williams et al., 2017; Talmon & Ginzburg, 2018). Physical abuse and sexual

abuse have both shown significant associations with poorer relationship quality (Tardif-Williams et al., 2017). CSA has a direct negative effect on romantic relationship satisfaction, with an interplay between the quality of romantic relationships and attachment avoidance (Lassri et al., 2018). Common themes in women's feelings on how CSA impacted their relationship include "I died inside, sexual violence shaping the relationship, and I thought things would change as we got older" (Band-Winterstein & Avieli, 2022). However, it remains unclear how shame is felt in relationships and if that causes negative outcomes in relationships. Individuals experience a lot of body shame and discomfort when in proximity of others when there was a history of CSA, but it is unclear why these individuals felt shame when there was a history of CSA (Talmon & Ginzburg, 2018). Regardless, women have reported greater levels of shame and lower levels of self-esteem than men (Velotti et al., 2017).

Many different researchers have also hypothesized about sexual abuse severity and adult relationship challenges (Lassri et al., 2018; Tardif-Williams et al., 2017; Wang et al., 2022). CSA severity has been associated with higher sexual compulsivity, specifically in single individuals, both higher sexual avoidance and compulsivity in cohabitating individuals, and higher sexual avoidance in married individuals (Vaillancourt-Morel et al., 2016). This suggests that the relationship status of an individual could influence the behaviors within the relationship.

CSA and Intimate Safety

With any significant life event, everyone has different abilities to regulate their emotions. Research has indicated a difference in intimate safety between the couples who

had and had not experienced sexual abuse in childhood, with couples who did not have a history of CSA reporting statistically significantly higher sexual safety in their intimate relationships (Jerebic & Jerebic, 2019). A survivor's body often remembers the abusive acts, which might affect an individual's perception of themselves and their sense of safety and comfort in the presence of others (Talmon & Ginzburg, 2018).

Quantitative Research on CSA

Much research has been done on the quantitative scope to address the many questions about CSA (Barker et al., 2022; Knapp et al., 2017; Liang et al., 2006). As previously stated, CSA can lead to ongoing challenges when in a relationship. Barker et al. (2022) hypothesized and proved that sexual shame from being sexually abused does, in fact, impact relationship satisfaction in a statistically significant way. Barker et al.'s study (2022) focused on the pathways from CSA to relationship satisfaction via sexual shame and romantic partner attachment. The study included 732 adults, and data were collected using a serial mediation model. The results of the study showed that there was a direct association between CSA and relationship status, indicating it was statistically significant. The study demonstrated that sexual shame, combined with either romantic partner attachment avoidance or romantic partner attachment anxiety, reduces relationship satisfaction. The findings of this study are important and may contribute to a better understanding of what type of interventions are needed to assist CSA survivors in navigating relationships after abuse, and it focuses on overcoming feelings of shame in a relationship.

In previous years, Liang et al. (2006) examined the impact CSA had on adult

relational outcomes, such as marital satisfaction. This study focused on low-income, African American samples. This longitudinal study was conducted between 1973 and 1975, where 206 girls aged ten months to 12 years were seen in the emergency room of an urban hospital after reporting CSA. Instances of the abuse were documented through hospital records, and interviews with the girls and/or their caregivers were conducted. These same patients were contacted again between 1990 and 1992 when they were between the ages of 18 to 31 years and were asked to participate in a follow-up study of women who received medical care at the city hospital. Out of the original 206 individuals, 136 of them were located and consented to participate. Face-to-face interviews were completed, and researchers used the CSA Trauma Severity Scale, a scale that measured the severity level of abuse, to gather data. Additionally, they used the maternal attachment index, which measured scores from four self-report items developed for this study. Adult interpersonal problems were assessed by summing a four-item scale derived through the Trauma Symptoms Checklist, a nine-point checklist allowing participants to rate interpersonal difficulties women experienced during the past two months. Analysis was completed using 2 x 2 ANOVA, which allowed the researchers to understand how their two independent variables, trauma severity, and maternal attachments, affected the dependent variable trauma. Another ANOVA was conducted with marital dissatisfaction as the dependent variable, and trauma severity and maternal attachment served as the dependent variable. The independent variables were treated as discrete data given their categorical construction (Liang et al., 2006, pg. 49). Liang et al. (2006) found the effects of trauma severity and maternal attachment on interpersonal

problems revealed no direct impact between CSA trauma severity, interpersonal problems, and marital status, However, results did indicate that individuals with low maternal attachment had greater interpersonal problems with increased abuse severity, whereas those with high mother attachment, interpersonal problems were not exacerbated by increased abuse severity. Additionally, the results indicated that more severely abused individuals had more marital dissatisfaction. This study provides greater insight into the recovery variables that could benefit CSA survivors in relationships but was not conducted within the last five years.

Trauma and CSA has been a topic of discussion for over 20 years. Another common theme connected to CSA was found in a study completed by Kim et al. (2009), where researchers used hierarchical regression statistical models to determine whether shame-proneness mediated the relationship between women's histories of CSA and their current partner and family conflict and child maltreatment. Participants included 129 mothers of children enrolled in summer camp programs for at-risk children from financially disadvantaged families. Data were collected on women's childhood abuse histories, shame in daily life, as well as current interpersonal conflict involving family conflict, intimate partner conflict, and child maltreatment. Families were chosen from the Department of Social Services, Aid to Families with Dependent Children, and Temporary Assistance to Needy Families. They utilized the Child Trauma Questionnaire, as well as the Differential Emotions Scale, a 5-point scale where respondents rate the frequency they feel 12 basic emotions, Family Environment Scale, a scale that measures women's views on the family climate of open anger and aggression, Conflict Tactics Scale, an 18-

item self-report measure that assess different means of dealing with conflict, and narrative reports to gather their data. A hierarchical regression model was used to test if the effects of shame on CSA could predict interpersonal conflict. Results showed that there was an association of CSA on self-verbal expression, and shame was the strongest predictor, as well as significant mediation effects of shame in the link between severe CSA and later intimate partner conflict. This study strongly suggests the role shame plays in interpersonal relationships with this specific group of women and demographics. The proposed qualitative study will address the underlying "why" of experiencing shame in adult intimate relationships.

CSA and Coping

Some research studies have used groups of women to understand CSA abuse and relationships (Barker-Collo et al., 2012; Newsom & Myers-Bowman, 2017). More specifically, in a phenomenological qualitative study of CSA among female survivors (age 29 to 53) from two Canadian and two New Zealand culture groups, feelings of shame, guilt, acute vulnerability, internal fragmentation, invalidation, and cultural shame, a need to make sense of the abuse, and the experience of reintegration were found to be representative themes (Barker-Collo et al., 2012). Participants included 290 females with a reported history of CSA. The cultural groups included 85 self-identified European Canadians, 40 self-identified Native Canadians, 129 self-identified European New Zealanders, and 35 self-identified Māori New Zealanders. Open-ended questions were used to gather age, gender, marital status, and ethnicity. Only data were gathered from participants who answered "yes" to the item "Did you experience sexual abuse prior to

the age of 16 years?" (p. 411). Only data from both the Canadian and New Zealand samples were included in the analysis. The post-hoc Tukey test was used to assess the significance of differences between the two ethnic groups. A multivariate analysis was conducted to find predicting factors, with nationality and ethnicity as the grouping variable and the t-score as the dependent variable. Results of the analysis showed that New Zealand has better access to services for survivors of abuse. Lastly, this study indicated that there continues to be a need for research on the "coping strategies and appraisals that mediate the relationship between a traumatic event and the outcome" (Barker-Collo et al., 2012, p. 444). Assisting individuals in identifying different coping skills to aid them in navigating the aftermath of CSA in the relationship is important in the recovery of CSA, as well as understanding why they felt shame, guilt, vulnerability, etc.

Other factors that might explain challenges in relationships when abuse is present have been explored in many studies (Barker et al., 2012; DeYoung, 2015; Fergusson et al., 2008; Wolf et al., 2022). For example, it is likely that someone who has experienced abuse knew the person who was abusing them. Källström et al. (2020) explored the association between different types of victimization, including physical, sexual, and verbal victimization, as well as poly victimization and the victim's relationship with the perpetrator. Results indicated that there were statistically significant differences in victimization between males and females, including significant gender differences. The study also indicated that parents were most likely to be reported as perpetrators of physical aggression, siblings were more likely to be perpetrators of property crime, and

partners were most likely to be the reported perpetrators of sexual assault. So, Källström et al. provided a "looking glass" into the relationships prior to CSA, however, and leaves room for focus on the intimate details of the relationship and what caused the CSA.

CSA and Differing Theories

It has become clear from the reviewed literature that CSA creates a ripple effect on an individual's life. Some impacts are major, and some are minor. According to Karakurt and Silver (2014), attachment theory provides a valuable framework for understanding and treating the emotional distress and interpersonal problems resulting from CSA, as it gives an underlying perspective for the development of psychopathology, affect dysregulation, and relationship difficulties. Additionally, systems theory focuses on the interaction that occurs among members of the system and assumes that all parts of the system are connected to each other. A study completed by Karakurt and Silver (2014) focused on the effects of CSA on survivor's later life through group therapy sessions. In this study, three case examples of female adult sexual abuse survivors were used to assess the intersection of family systems theory and attachment theory. These women identified themes of betrayal, which the women described as children's recognition that a caretaker on whom they depend on can cause them harm and violate the role of the protector, powerlessness, described as a disturbance of a child's body against the child's will, and stigmatization, described as abuse-specific shame and self-blame. A review of the case studies indicated that interpersonal problems are some of the most common issues among people who were abused as children. This study provided a review of the narratives of individuals who struggle or have struggled with their CSA later in life. However, due to

the study being older, it remains unclear whether these findings are still a true representation.

CSA and Recovery

By studying women's recovery stories and utilizing one-on-one interviews Newsom and Myers-Bowman (2017) completed a qualitative, inductive content analysis study with purposeful sampling. Newsom and Myers-Bowman (2017) used research questions focused on women's lived experiences of being survivors of child sexual abuse to understand how they have experienced resilience, developed intimate relationships, and viewed themselves as sexual beings. Inductive analyses aided the researchers in analyzing the transcripts and field notes and identifying themes, codes, and categories related to each research question. The research study's outcome showed an overwhelming description of the process of "working through the pain" (Newsom & Myers-Bowman, 2017, p. 934), and the participants all had the same goal of resilience and freedom from the effects of CSA on their self-image. Participants indicated that being conscious of their internal dialogue was a key component to moving through the CSA. The women in the study described dysfunctional and unhealthy schemas of adult intimate relationships and created new definitions of healthy relationships.

Graham et al. (2022) explored older women's reflections on healing processes related to CSA. Participants in this study included 12 women aged 60 or older who reported CSA as adults at the beginning of the Otago Women's Health Survey, a research project started 25 years prior. Two follow-up interviews were conducted in 1995/1996 and 2013/2014. This study aimed to answer questions about how childhood trauma was

integrated into an individual's life story and to identify factors or coping strategies that aided or hindered healing. This study utilized qualitative interviews to discuss the women's reflections and what was helpful and not helpful in recovering from their CSA. After using Braun and Clark's guide to thematic analysis, the answers of these women showed two key strategies, including reframing experience or drawing upon positive life philosophies to assist with healing. Additionally, it was noted that individuals who were not able to make sense of their experience continued to be influenced negatively by the memories and negative feelings. The findings are important contributions to the field of research by addressing CSA and adults. This study is important because it creates a baseline of understanding of how CSA can influence someone's ability to function appropriately as an adult. It focused on women's ability to recover from CSA and create a normal life, despite being affected by CSA.

CSA and Mental Health

CSA and mental health have been studied extensively in the literature and this review included 78 reviews that examined the probability of developing symptoms of depression and anxiety (Bárbara et al., 2015). Bárbara et al. (2015) established that the global prevalence of CSA is 11.8%, which included both men and women (Bárbara et al., 2015). Moreover, it indicated women had a CSA rate of approximately 18% to 20%, compared to the 8% prevalence for men. This review found that CSA victims were in the higher percentage for developing mental health symptoms as well as struggling to function normally in relationships because of depressive and anxious symptoms.

Aside from relationship difficulties caused by CSA, it can also lead to a greater

likelihood of abnormal experiences in adulthood (Gewirtz-Meydan, 2020; Izdebska, 2021). Family members, friends, and significant others are all individuals who someone can create a relationship with. Gewirtz-Meydan (2020) engaged in a study that examined a theoretical model of the effect of child sexual abuse on psychopathology. Gewirtz-Meydan wanted to focus specifically on the effects of CSA on psychopathology through self-concept as a mediating variable. Participants included 414 children and youth ages 10 to 17 who reported being sexually abused and were examined in comparison to a control group who were selected to match the CSA group. Telephone surveys about the abuse, crime, and victimization experiences of children and youth aged one month to 17 years were conducted. Participants included 12,546 individuals who were surveyed directly, without a parent. The Juvenile Victimization Questionnaire, a 34-item module that addresses exposure to family violence, neglect, relational victimization, conventional crime, child maltreatment, peer and sibling victimization, sexual victimization, and witness victimization, was used, and there were three cross-sectional samples combined. After the preliminary analyses, results indicated that the CSA group had lower self-concept, social support, and perceived parental quality and higher psychopathology than the control group. The main analysis reported that children who were sexually abused had lower self-concept than children who were not sexually abused.

CSA and Negative Life Consequences

Studies have been conducted that involved negative emotions, such as shame and suicidal ideation (Kealy et al., 2017; Velotti et al., 2017). Kealy et al. (2017) focused on suicidal ideation and the self-conscious emotions of guilt and shame that are frequently

encountered in psychotherapy when there is a history of CSA. The study investigated the relationship between suicidal ideation and experiences of guilt and shame among women seeking therapy and examined the role of childhood sexual trauma in this relationship. The study consisted of 68 women attending outpatient therapy who completed questionnaires indicating they experienced depression, guilt and shame, suicidal ideation, and childhood trauma. Interestingly after the analysis of the questionnaires, there was a direct positive association between the frequency of suicidal thoughts and both guilt and shame. Using hierarchical regression analysis, the researchers were able to create predictions about sexual abuse and self-conscious emotions, meaning the researchers aimed to understand the interaction between self-conscious emotions and a history of CSA in relation to the frequency of suicidal ideation. The hierarchical regression analysis showed a significant interaction between sexual abuse and self-conscious emotions. The researchers identified the relationship between suicidal ideation, guilt, and shame when there is a history of childhood trauma.

The initial effects of CSA include internalizing behaviors such as sleep and eating disturbances, fears and phobias, depression, shame, guilt, anger, and hostility (Pèrez-Fuentes et al., 2013). A quantitative study completed by Pèrez-Fuentes et al. (2013) examined the prevalence, correlation, and psychiatric disorders of adults with a history of child sexual abuse. Face-to-face interviews were completed with more than 34,000 adults during the 2004-2005 period. Demographics included Blacks, Hispanics, and adults aged 18 to 24 and relationship status. The participants were divided into two different waves, with the first wave being a civilian, non-institutionalized population of 18 years and older

residing in households and group quarters. After excluding respondents who were ineligible for Wave 2 (e.g., deceased), 34,653 respondents were re-interviewed. Everyone was assessed and interviewed using the AUDADIS-IV questions, which included questions covering criteria for alcohol and drug-specific abuse, as well as mental health disorders. Participants were also assessed using the Adverse Childhood Experience form, which assesses how many traumatic experiences a child has gone through in their first 18 years of life, including physical and sexual abuse and family separation. Using weighted cross-tabulations, which allows for analysis of relationships between multiple variables, the prevalence of psychiatric disorders and CSA history were analyzed. A series of logistic regressions were also used, which allowed researchers to make a prediction about psychiatric disorders being prevalent using CSA as a predictor. According to their results, the prevalence of CSA was higher among women and among individuals who were widowed, separated, or divorced. This researcher indicated individuals who have a history of CSA are more likely to develop a psychiatric disorder, identifying another ripple created in the lives of individuals who experienced CSA.

CSA and Disclosure

Disclosing any abuse is hard, especially when it happens to you as a child. A narrative qualitative study completed by Sagi in 2021 analyzed 54 texts written and published online by 22 women aged 20 to 40 who had been sexually abused in childhood. Sagi (2021) divided the texts into units of meaning following the thematic analysis method and arranged them into clusters by main meaning. Deductive analysis was then used to create different clusters. This study reported that one of the first classical

interventions when disclosing any type of abuse was using expressive writing as a coping mechanism. Additionally, most of the writers spoke about not having a safe space to talk about their abuse and the feelings associated with it. This study demonstrated the significance of allowing individuals to talk about their CSA and the meaning of processing CSA.

Brazelton (2015) completed a collective case study that used a hybrid qualitative design to explore the meaning that African American women created of their traumatic experiences with child sexual abuse and the different ways they had disclosed it across their life course. The study included 17 African American women between the ages of 40 and 63 who experienced CSA between the ages of five to 12. Data collection consisted of narrative-focused, semi-structured, open-ended, audio-taped interviews. After a thorough review of the interviews, transcripts, and audiotapes, common themes that the women of the study stated were feelings of shame, self-blame, and depression. The women in the study reported that they were able to be resilient throughout life and that resilience helped them through their pain and struggle. This study identified limitations, including a small sample size, a focus on African Americans, and an older age group. Brazelton (2015) addressed how different individuals perceive their CSA and how it changed their lives and perceptions.

Remembering any type of trauma can be a challenge for anyone and talking about it can be just as difficult. Foster and Hagedorn (2014) completed a study that utilized narrative analysis to capture the experience of 21 participants' accounts of CSA, which were recorded during trauma-focused cognitive-behavioral therapy, including several

narratives written by boys. The primary goal was to expose children to the trauma to decrease the symptoms gradually. Researchers transcribed the trauma narratives completed by the participants to find common quotes and descriptions. They utilized a thesaurus and text analysis software to examine word frequency. Results showed three predominant themes: memories of the abuse, disclosure and subsequent events, and healing journey. This study offered insight into an exposure approach to CSA and allowed for discussion of CSA and the different experiences of everyone.

Graham et al. (2022) explored older women's reflections on processes of healing related to CSA. Participants in this study included 12 women who were aged 60 or older and reported CSA as adults at the beginning of the Otago Women's Health Survey, which was a research project started 25 years prior. Two follow-up interviews were conducted in 1995/1996 and 2013/2014. This study aimed to answer questions about how childhood trauma was integrated into an individual's life story and to identify factors or coping strategies that aided or hindered healing. This study utilized qualitative interviews to discuss the women's reflections and what was helpful and not helpful in recovering from their CSA. After using Braun and Clark's guide to thematic analysis, the answers of these women showed two key strategies, including reframing experience or drawing upon positive life philosophies to assist with healing.

Additionally, it was noted that individuals who were not able to make sense of their experience continued to be influenced negatively by the memories and negative feelings. The findings are important contributions to the field of research by addressing CSA and adults. This study is important because it creates a baseline of understanding of

how CSA can influence someone's ability to function appropriately as an adult. It focused on women's ability to recover from CSA and create a normal life, despite being affected by CSA.

Research completed by DiMauro and Renshaw (2021) has highlighted the importance of trauma-related disclosure within the context of intimate relationships for post-trauma functioning and recovery. According to DiMauro and Renshaw, trauma-related disclosure within the context of intimate relationships may be very important to understand for both researchers and individuals within intimate relationships. Additionally, DiMauro and Renshaw (2021) argued that those who have experienced unwanted sexual contact from a partner in a prior romantic relationship might have unwanted negative associations with intimate relationships, as well as difficulty trusting subsequent romantic partners. Using a sample size of 164 females who reported unwanted sexual contact and completed the Posttraumatic Stress Disorder (PTSD) Checklist, a 20-item self-report measure that assesses the 20 Diagnostic Statistical Manual-5 symptoms of PTSD, Partner Communication About Stressful Experiences Scale, an eight-statement assessment on a 4-point Likert scale, Experience of Shame Scale, And the Partner Response to Disclosure Scale, a multiple linear regression was used to analyze results. Analysis suggested that the association between higher shame and reduced disclosure may be due to negative judgment from others. Discussion of the study stated that even though there has been research highlighting the importance of trauma-related disclosure within the context of intimate relationships, the phenomenon still needs to be examined specifically in survivors of sexual abuse. This study

highlighted how disclosure of CSA in adult intimate relationships could potentially cause challenges.

Humans respond differently to life events. Some run, some hide, and some fight back. Katz and Nicolet (2022) investigated the ways adult survivors of CSA described their responses during incidents of abuse. Katz and Nicolet (2022) emphasized that in the specific area of child sexual abuse, victims' responses have received considerably less attention. The study involved 20 semi-structured interviews with adult survivors, focusing on their perceived responses to CSA and reflection on how these responses affected their lives. Participants included 20 Jewish Israelis (16 women) aged 24 to 53 who had been sexually abused during childhood and engaged in interviews to answer the research questions (a) How do adult survivors of CSA describe the responses they had as children during abusive incidents? (b) What are their current perceptions of these responses? (c) How did these responses affect their adulthood? After using Braun and Clarke's thematic analysis, the following themes were identified "finding ways to make it easier" (Katz and Nicolet, 2022, para. 20), "I just knew it was wrong" (Katz and Nicolet, 2022, para. 32) and "If only I could have stopped it" (Katz and Nicolet, 2022, para. 37). This study addressed the perceptions of adult survivors and how they viewed their responses to the abuse.

MacIntosh et al. (2016) completed a qualitative thematic analysis study involving 27 English-speaking individuals and focused on the process of disclosing CSA to romantic partners. Telephone interviews focused on the participants' experiences of disclosing their history of CSA and included follow-up questions based on responses.

This study covered many themes and was able to identify shame as the main theme in CSA. Understanding the process that individuals go through when disclosing their CSA to intimate partners is important and can be helpful in developing interventions to assist these individuals in navigating the path of CSA disclosure.

CSA and Intervention

There has been a growing amount of studies completed to understand the complexity of CSA and treatment (Barker-Collo & Read, 2003; Glaser, 1991; Lev-Wiesel, 2008) and it has been found that CSA can damage individuals in more ways than one. For example, Kerlin and Sosin (2017) reported that CSA abuse might leave emotional, physical, or spiritual scars that can last for a lifetime. This study examined the changes reported by females after completing a religious treatment. Kerlin and Sosin (2017) found that participants reported having a variety of symptoms, including depression, anxiety, insomnia, body image dysphoria, flashbacks, suicide attempts, eating disorders, alcohol abuse, drug abuse, and other somatic complaints prior to the treatment. However, after the treatment, the participants identified being able to discuss their trauma and rebuild their relationships as helpful. This study investigated how individuals challenged the negative emotions and feelings they have towards themselves because of CSA. To support the need for prevention, García (2019) reported that women have between 1.5 and four times more risk of child sexual abuse than men, and it has been identified that the age of onset of abuse is mostly between eight and 12 years, with a second peak between six and seven years.

Being in a relationship with someone who has a traumatic past can be challenging

in many different areas. A previous study completed by Sims and Garrison (2014) examined an individual's perception in a relationship when the other partner has experienced CSA. While this study was able to provide insight and education about intervention for couples, it lacked insight from the partner who had been sexually abused. However, they did find that the non-abused partner in a relationship is often excluded from the treatment process. This study focused on support groups for male partners in intimate relationships when there is a history of CSA.

Shame and guilt are immense emotions felt by many different people. Individuals experience these emotions differently and can portray them in different ways. Dorahy and Clearwater (2012) examined the experiences of shame and guilt in adult males who were sexually abused as children. The aim of this study was to understand further the lived experience of male adults who have a history of CSA. Sexual abuse of males has received less attention than the sexual abuse of females, but after utilizing IPA, data from the study has demonstrated that it is far more common than generally perceived. The sample was completed of seven males. The data were collected via semi-structured focus group interviews. According to Dorahy and Clearwater (2012), shame is linked to how individuals perceive themselves and how they believe others perceive them. This study focused on how one's own feelings of shame can influence intimate relationships.

As it has been found throughout this literature review, CSA can lead to many different emotional and developmental outcomes. Fitzgerald (2021) reported CSA had been suggested to potentiate a maladaptive developmental trajectory, leaving adolescents and young adults at risk for mental health and romantic relationship problems. According

to Fitzgerald (2021), there is an association between abuse and romantic relationship functioning. Fitzgerald (2021) completed a quantitative study to examine how abuse in the first 12 years of childhood is linked to young adult romantic relationships, including relationship quality, conflict, intimacy, and companionship. Physical abuse, sexual abuse, and emotional abuse were measured using a self-report instrument created for the Longitudinal Studies of Childhood Abuse and Neglect. The Trauma Symptom Checklist was used to assess mental health. Relationship functioning was measured using the Network of Relationships Inventory, a 5-point Likert scale, which allowed researchers to examine a broad array of relationship characteristics across several different types of personal relationships. Bivariate correlations were conducted in SPSS, allowing researchers to determine the existence of relationships between childhood abuse and young adult romantic relationship functioning. The coding and analysis of the interviews and data showed that prior to the age of 12, 8.6% of adolescents reported non-contact sexual abuse, 8.8% reported fondling, 4.5% reported oral sexual abuse, and 4.5% reported being raped. This study again provided evidence that CSA can set forth a ripple of developmental problems and mental health symptoms, as well as increased risk factors for adult intimate relationship problems.

Joseph & Bance (2019) indicated that the high prevalence of CSA and the adverse consequences of sexual abuse in children warrants an increased investment in the development of preventative and therapeutic strategies. Joseph and his researchers completed a study to develop an intervention program for sexually abused female children focusing on enhancing self-compassion and trauma-related shame. This study

included ten sexually abused female children, who were all abused by someone close to them. The self-compassion scale was administered as well as the Trauma-Related Shame Inventory. These scales were used to measure the impact of traumatic shameful experiences caused by child sexual abuse as well as the importance of the intervention. Findings showed that there was a significant change in the level of self-compassion and trauma-related shame among the participants because of the intervention. This study assisted in understanding self-compassion when experiencing shame related to traumatic experiences with CSA.

CSA continues to be an important topic for future researchers. Further investigation was needed to provide greater insight into the effects of CSA on relationships, specifically feelings of shame in relationships. Challenges, successes, and limitations have been provided throughout this literature review. However, there was still a need to understand the views and experiences of individuals who have a history of CSA and are having or have had feelings of shame in adult intimate relationships.

Summary

Many branches of CSA, including adult intimate relationships, had been studied throughout years of research, and the findings seemed to be varied. CSA is shown to have a huge impact on adulthood in many realms of adult functioning. CSA has consistently demonstrated the damaging effects these experiences have not only on survivors' development but also on the nature and quality of their adult relationships – specifically romantic ones (Barker et al., 2022). However, other factors influence the amount of information that is available to researchers, including methodological challenges,

outdated research, and limited knowledge on CSA and adult intimate relationships and feelings of shame. Although studies have recognized the challenges CSA presents in an individual's life, research has yet to address the feelings of shame in adult intimate relationships, specifically in women aged 18 to 50 who are or have been involved in intimate relationships. This study addressed this gap, challenged previous literature, and contributed to finding more resources for individuals with a history of CSA and are struggling with feelings of shame in their adult intimate relationships. The methods that this study used are discussed in Chapter 3.

Chapter 3: Research Method

In this qualitative, IPA study I explored the experiences of shame in heterosexual intimate relationships in adult (cisgender) women with a history of CSA. This chapter presents the methodological approach used in this study and its rationale, states the research questions, defines and explains the researcher's role, and discusses the population, sampling, procedure, instrumentation, and data analysis. Lastly, ethical considerations are discussed and justified as needed. The section is concludes with a summary of key points.

Research Design and Rationale

I used IPA to study the research question: What is the lived experience of shame in intimate relationships in adult women with a history of childhood sexual abuse? IPA was developed in the United Kingdom and is based on an approach to research by enjoining hermeneutics, ideography, and phenomenology (Smith et al., 2022). The purpose of IPA is to explore how participants make sense of their personal and social world (Smith et al., 2022). This approach involves a detailed examination of the participant's life to explore personal experience and perception. There were three justifications for the choice of IPA. First, it was a suitable approach to explore how individuals perceive the situation they are facing and how they make sense of their personal and social world (Smith et al., 2022). The approach allows for different individuals experiencing the same phenomenon in different ways and how individuals make connections between thoughts, feelings, and behaviors. Second, IPA allowed participants to express the meaning of their world and me to interpret the meaning to

make sense. Third, the data analysis process called for the coding and theming of each participant's data thoroughly, which allowed for the double hermeneutic process to take place. This approach was used to formulate interpretations of individual's perspectives and describe the role of shame in intimacy in their relationships when there is a history of CSA. Other approaches were considered, but IPA was the best approach.

Role of the Researcher

As the researcher for this study, I was responsible for all the research aspects and collecting and analyzing the data. Additionally, I was accountable for keeping all ethical considerations abiding by the IRB guidelines, including confidentiality, the safety and well-being of my participants, and managing all forms of the data. As the researcher, I was also an observer-participant. I fulfilled this role by conducting the interview, listening and analyzing, and observing the interview. My role also included developing semistructured, in-depth questions for interviews that allowed the participants to elaborate on their perspectives, thoughts, and feelings related to their experience. I maintained professional composure and avoided questions that might have caused the participant to shut down. Should the participant have appeared to withdraw, I asked if they needed a break and if they wanted to continue. I also had immediate resources for each individual if they felt triggered by any discussion. Due to the sensitivity of the topic being discussed, it was my responsibility to assure each participant that they could withdraw at any time, and I provided resources for support in the consent form. I also worked to establish rapport in the opening moments and indicated that there are no right answers to the questions that were asked (Shenton, 2004). To ensure that the participant

felt comfortable, interviews were held in a calm, non-threatening environment and allowed time for the participant to become comfortable as well as ensured privacy to the participant.

Working as a clinical counselor in my current job, I had to be aware of my own personal bias and the want to "counsel" my participants, rather than just be the interviewer. To address this bias, I utilized reflective journaling, took notes throughout the interview, and reviewed the recordings to analyze my own personal reactions to ensure that I was remaining neutral and not viewing the interview through a "clinical" lens. Another one of the biggest challenges in the role of the qualitative researcher was to address the issues of bias through researcher reflexivity. To practice research reflexivity I practiced engaging in explicit, self-aware analysis of my own role through reflexive journaling and examining my conduct in the recorded interviews (see Finlay, 2002). This meant that I not only practiced my own reflection of the process of gathering data, but I continually analyzed the information that I was given to make the connection between subjective and objective influences. I checked my own interpretations of the data gathered with what was being told to me to make sure there were no mis-interpretations.

Methodology

Participant Selection Logic

The target group was adult women ages 18 to 50 with a history of CSA and are currently in an intimate relationship. Each individual needed to be in a relationship for at least a year. Purposeful sampling was used for this study. Purposeful sampling is widely used in qualitative research to identify and select information-rich cases related to the

phenomenon of interest (Patton, 2015). Homogeneous purposeful sampling was used to locate specific characteristics of the particular group of interest.

After IRB approval (approval 05-16-23-1048277) participants were recruited through invitations (Appendix B) through online advertisements on Facebook to groups that have individuals that meet inclusion criteria that asked participants to engage in one-on-one interviews to discuss feelings of shame, and requested participants reach out if they met criteria for the research population. I contacted the administrators of the following Facebook groups to obtain permission to post my invitation: “Warrior and Survivors of Abuse,” “Trauma, Sexual Abuse & Mental Health,” “Recovering Adult Surviors of Childhood Abuse and Trauma,” “Adult Surivors of Childhood Abuse,” “Healing From Sexual Abuse – Beyond Surviving,” and “Childhood Sexual Abuse/Rape/Trauma Support.” I additionally sought out administrative approval to post in the Walden Participation Pool and utilized referral sampling. This request was denied. The criterion for participation was listed on the online advertisement as the following: biological (cisgender) female, currently in a heterosexual relationship for a year or more, experienced CSA between the ages of 7 to 13, having processed their abuse with a licensed profession and were willing to talk about their experiences in intimate relationships.

Smith et al. (2022) stated interpretive phenomenological analysis studies are typically smaller sizes and sufficient to be understood. Vasileio et al. (2018) stated that the sample size in qualitative research tends to be small and purposive, providing richly textured information suitable to the phenomenon being researched. The goal number of

participants was 8, to ensure data saturation. Guest et al. (2006) recommended at least 6 participants for phenomenological studies.

Invitations on Facebook indicated that the study was used for my capstone doctoral research project toward achieving my doctoral degree and assured that there would be complete confidentiality throughout the entire study. Confidentiality was maintained by separating identifiers from the data in separate password-protected files, and using pseudonyms or numbers to identify participants. Interested participants contacted me via email or phone number with their name and age. I provided them via phone call or email with a summary of the purpose of the study and determined if they met the criteria for the study via self-report. After a discussion about the study had been completed, participants were sent the informed consent by email.

Instrumentation

I used a semi-structured interview structure to collect data. This allowed me to be less "restrictive" in asking the questions in order, provided freedom for me to follow the flow of the interview as long as all the concepts of the interview are covered (Rubin & Rubin, 2016). Audio recordings of the interviews were created during the interviews. An interview guide (Appendix A) was created to explore the research question with interview questions about intimate relationships in adult cisgender women with a history of CSA. The questions explored the experience of shame and resilience, as described in SRT (Brown, 2006). The key concepts that guided the development of the interview guide came from SRT and includes the experiences of shame and its triggers, the willingness to reach out for help (rather than isolate), the ability to speak out about

experiences of shame and the meaning of resilience (Brown, 2006). For the interview, an interview guide was created with open-ended questions, to determine how participants experienced shame in their adult intimate relationships and what shame and resilience meant to them.

Procedures for Recruitment, Participation, and Data Collection

A goal of 8 individuals was made, to ensure that there would be enough participants to identify experiental statements and codes. Data was collected via social media invitations. Social media invites were included in the previously mentioned above Facebook groups, and through referral sampling. Consent from administrators was obtained prior to distributing my invitation to Facebook groups. Participants were invited to contact me via phone or email. Once the participant agreed or was willing to join the study, the informed consent was sent via email, along with an explanation of the study and a request for an interview time to be set up.

Based on the participant's availability, the date and time of the interview was decided. Interviews were set up via Zoom or Teams, in a quiet location. Field notes were taken as well as audio recorded. Interviews were expected to be between 60 to 90 minutes. Data was collected through semi-structured interviews. To address trustworthiness, participants and the researcher reviewed answers before the interview ended to ensure accuracy. Each participant was told that there was no follow-up expectation. I provided each participant with a list of resources in case the conversation triggered the individual and they were needing to talk to someone. To ensure an appropriate amount of participants, each participant was asked to share the invitation with

others that meet the criteria.

Data Analysis Plan

The data analysis for the research was constructed based on Smith's interpretative phenomenological analysis methods (Smith et al., 2022).

1. Immersed oneself in the original data, independently reviewing the transcript before moving forward with the next interview transcript.
2. Looked for experiential statements in the context. Reread the transcripts for free textual analysis. This involved looking at the language participants use, thinking about the context of concerns, and identifying more abstract experiential statements that could help make sense of the patterns of meaning in their account. Transcripts were read, and the left-hand margin issued was used for annotations.
3. Formulation and organization of experiential statements. Emergent experiential statements were extracted and noted in the right-hand margins.
4. Created a table of experiential statements with page numbers and identifiers.
5. The last step was continuing the individual analysis of interviews. Completed the analysis, determined the repeated experiential themes, and acknowledged emerging issues in each interview.
6. Created a final table of experiential statements and completed the write-up and statements that outlined the meaning of the experiences each participant had.

Issues of Trustworthiness

Lincoln and Guba (1985) discussed four criteria that need to be present in qualitative research to ensure trustworthiness, and these were amplified by Shenton (2004) and others with strategies to enhance trustworthiness in qualitative research. Strategies for each are discussed here.

Credibility

Lincoln and Guba (1985) argue that ensuring credibility is one of the most important factors in establishing trustworthiness. The research study employed credibility strategies through purposeful sampling and investigator credibility (Shenton, 2004). During this process, participants stated whether their words aligned with the information they intended to provide (Shenton, 2004). To ensure credibility, I used the adoption of research methods that are well established in both qualitative investigation in general and information science in particular (Shenton, 2004, p. 64).

Transferability

To address transferability, it was up to the research to ensure that sufficient contextual information about the fieldwork is provided to enable readers to "recreate" the study" (Shenton, 2004). I took descriptive and in-depth field notes during the interview that helped establish transferability. These in-depth field notes included; any restrictions on the type of people who contributed data, number of participants, data collection methods, number and length of the data collection sessions, and period of time over which the data was collected (Shenton, 2004). This allowed for future researchers to understand the phenomenon under investigation and allowed them to compare the

instances of the phenomenon described in my report, with other instances they might have seen emerge in their research (Shenton, 2004). Additionally, to ensure transferability, I had an audit trail to allow any observer to trace the step-by-step process to ensure the research can be applied to other situations, contexts, and situations.

Dependability

Dependability in qualitative research is reliability (Creswell, 2014). To show dependability in my study, I included the research design and its implementation, the operational detail of data gathering, and a reflective appraisal of the project (Shenton, 2004). This means that I described what was planned and executed on a strategic level, addressed and discussed what happened in the field, and evaluated the effectiveness of the research process so that future researchers were able to repeat the study.

Confirmability

Confirmability includes a detailed methodological description that enables the reader to determine the emerging data and constructs. I conducted an audit trail of the data collection and analysis process, to assist the reader in understanding how the data reduction process moved from the transcripts to the emergence of key themes (Shenton, 2004). A summary of the audit trail is diagrammed in Chapter 4. I also included discussion of discrepant findings and cases to illuminate why particular data and participants were not included in the shared meanings of the results.

Ethical Procedures

I kept in mind all concerns around informed consent, confidentiality, and potential risk of harm (Creswell, 2014), also keeping in mind that talking about traumatic events

may be very triggering for individuals and needed to be able to balance that feeling of fear with resources readily available to all participants, regardless of them feeling triggered or not. Participants were informed that they were able to stop if they felt the need to stop. My job included following all ethical guidelines and considerations as given by Walden's Institutional Review Board (IRB). With my study being so sensitive, communication with the institutional review board was very important to address all ethical concerns and be respectful of the sensitive nature of my participants' experiences.

Additionally, my composure was open and transparent to create a calm and trusting environment. Participants were informed of the purpose of informed consent and informed of the nature of the student, the expected level of participation, the purpose of the study, where the findings were used, and how their information may benefit future research. Everyone completed an informed consent form prior to engaging in interviews. A checklist was created to ensure that all information was labeled and documented appropriately while being stored in a locked container, so all information was kept confidential. Participants were informed confidentiality will be maintained by separating identifiers from the data in separate password-protected files and using pseudonyms or numbers to identify participants.

Data Access and Dissemination

Individuals who had access to my data included myself and my research committee. Information might be passed along through future publications, journals or books, presentations, seminars, workshops, Walden's University electronic archives, and by website or poster.

Summary

This qualitative study used an interpretive phenomenological approach to explore the lived experiences of (cisgender) adult women who are currently in adult heterosexual intimate relationships and what challenges they face with intimacy and shame in relationships because of their CSA. I gathered participants based on criteria listed above and engaged in in-depth interviews. I utilized transcripts, recordings, and field notes to transcribe and code, and interpreted in relation to research questions. The vulnerable population and sensitivity of the topic was recognized, and all steps were taken to ensure IRB ethical considerations were covered and the participants were protected from all harm. Chapter 4 provides an in-depth discussion of the results from this study.

Chapter 4: Results

In this qualitative study I explored the experience of shame in intimate relationships in adult women with a history of CSA. The phenomenon of interest was the experience of shame, which has been described as the mental, emotional, and social consequences that often accompany adverse childhood experiences like CSA. In this chapter, I discuss the current study, including the setting where the study took place, the demographics of the participants, and the data collection process. Lastly, I discuss the data analysis process and the results of the study.

Setting

The interviews took place via Zoom. All interviews were conducted in private rooms away from other people. There were no known conditions present that I was aware of that may have influenced participants regarding their experience during the interview that could have had an impact on the interpretation of the study results. The research did not take place in any type of environment where I previously had an active role. There were no incentives given for participation in the research.

Demographics

The research sample consisted of eight ($N = 8$) participants who identified as female between the ages of 18 and 50, had a history of CSA between the ages of seven and 14, were currently in a relationship, and have discussed the abuse with a licensed mental health professional. Table 1 summarizes the demographics noted in the interviews. Specific details regarding the abuse and length of abuse were not asked at the time of the interview.

Table 1

Participant Demographics

Participant	Age (years)	Length of Relationship (years)	Number of Children
P1	36	12	3
P2	42	12	2
P3	44	25	3
P4	22	4	0
P5	29	5	3
P6	44	22	3
P7	48	7	0
P8	35	2	0

Data Collection

Advertisements were placed in online social media groups to recruit participants using a homogeneous purposeful sampling strategy. The participants were recruited from different social media groups related to shame throughout the United States. Semistructured interviews were conducted via Zoom in private rooms, without intrusion from any other people. I obtained the informed consent of each participant prior to the interview via email; once the consent was received the interview was scheduled. Each interview lasted 60 to 90 minutes depending on the length of the participant's responses. I recorded and transcribed each interview using Transcribe.

Audio recordings and member checking were used to verify the data in the study for accuracy and dependability. Once the interviews were transcribed, each transcript was reviewed with the appropriate audio recording to ensure all transcripts were correctly

developed. Using member checking was useful as it allowed for clarification of statements made by each participant throughout the interview.

The only change to the data collection process was to expand the age range from 18 to 30 to 18 to 50. This was done because there were not enough potential participants who responded to the initial advertisements that were within the original age range. Implications of the expanded age range in the data analysis and interpretation are discussed in later sections. No unusual circumstances were encountered during data collection.

Another data collection issue to report was that Participants 3 and 4 were known to me, but not until after the interviews had commenced. When I recruited these individuals by email, their last names were not known. It was only during the course of their interviews that I recognized them from 15 years ago. I had not had any contact with them over the 15-year period and when I knew them; they were acquaintances who I had lost contact with over these years. I chose to continue the interview because I felt confident in my ability to remain neutral about the participant and not let the past interactions interfere with the interview. After the interview, I went back and reviewed the audio recording and transcript to ensure that there were no differences in my behaviors or questions. There were no changes in my interview approach and my questions and demeanor remained consistent with all of the other interviews.

Data Analysis

The data were coded and analyzed according to IPA (Smith et al., 2022). In Stage 1, I examined each interview individually prior to examining themes across the

interviews. This included carefully reviewing each transcript, reading and rereading each transcripts to fully immerse myself in the data and making notes of important ideas and expressions. Examples of my audit notes included:

- Very flat affect, did not smile
- Tearful, and looking around
- Crying but saying they were okay
- Appeared embarrassed when to talk about abuse when someone walked by them in the house – got very quiet
- Did not elaborate on feelings about shame and intimacy related to learned beliefs
- Made statements while crying
- Sat up straighter when talking about abuse
- Was open about challenges and elaborated more than others

In Stage 2, I went back through each case individually, and identified experiential statements, and continued to make descriptive notes and comments that were transferred into spreadsheets with page numbers and participant identifiers to assist with managing data more effectively. Table 2 presents examples of experiential statements for each participant.

Table 2

Examples of Experiential Statements

Participant	Experiential Statements
P1	1. Eventually, it's not so raw. It is a story instead of something that was difficult to talk about. 2. It was like telling someone you care about that you're not the person they think you are. 3. For years, my family said it was my fault and that I was a slut, so to have somebody say it wasn't my fault was really helpful. 4. They'd ask me about my past and I would be scared to talk about it.. and now it doesn't bother me and it is just a thing that happened. 5. I am really proud of myself.
P2	1. The first time I shared it with him, I felt relief because he was one of the first people to know. 2. Shame makes me feel like I have done something wrong and that I am not good enough. 3. Vulnerability is raw and authentic and exposing yourself for potential rejection. 4. I did not know how to set a boundary in a relationship because it made me feel vulnerable. 5. I did not feel like I was providing enough.
P3	1. I felt like I was dirty and gross, unlovable. 2. Talking about it has been most helpful. 3. I found resilience because I had to be there for someone else who went through this. 4. Being vulnerable to me is weak, but when someone else does it I view it as strong. 5. I would shower to clean and then never wear the clothes again.
P4	1. This is probably the healthiest relationship I have ever been in. 2. Shame is embarrassing. 3. He would touch a certain part of my body and I would go into shock and shut down. I felt gross. 4. Talking about it was empowering. 5. I feel really embarrassed.
P5	1. Asserting a sexual preference felt filled with shame because of my abuse. 2. Vulnerability means unprotected. 3. One of my first relationships mirrored my abuse. 4. So much therapy helped. I realized I am the one who gets to write my story. 5. I had to relearn beliefs about myself.
P6	1. What if he knows the whole thing and thinks of me differently? 2. Shame means you are gross and that something is wrong with you. 3. I found myself trying to be perfect. 4. I thought people didn't love me or care about me because I thought it was normal. 5. I am proud that I am still here.
P7	1. Sharing was empowering, but also embarrassing. 2. I feel like when I go out in public, everyone knows and is judging me. 3. I feel proud that I am still here and even in a relationship. 4. I felt sometimes like it was my role because it was the only male attention I was getting. 5. I had to make a choice and put myself first.
P8	1. If I hadn't told him, there would be a big part of me that he was missing. 2. I want to hide from shame, keep it hidden. 3. I feel proud that I am able to have difficult conversations about abuse. 4. Learning how to communicate was really helpful. 5. Shame is a very heavy emotion.

There were four main experiential statements that emerged from the participants' interviews: negative self image related to shame, finding resilience, identifying vulnerability, and recognizing triggers. At Stage 3, I formulated and organized the experiential statements related to the key concepts of SRT: recognizing shame and shame triggers, gaining critical awareness, reaching out to others to find and offer empathy, and speaking about shame. I put these in the right-hand margins, reducing all textual data until experiential statements emerged. This was somewhat of a digression from the prescribed IPA method, as I employed the framework rather than continuing the inductive process. Additionally, formulation and organization of identified themes in relation to the experiental statements were also identified. This is shown in Table 3.

Table 3

Examples of Stage 3 Analysis

Participant	SRT Theme	No. of Occurances	Example
P1	1. Recognizing Shame 2. Developing Awareness 3. Reaching out 4. Speaking about shame 5. Present Moment	2xs 3xs 1x 4xs 3xs	1. I was shameful with intimacy. 2. I noticed my triggers – sexual positions. 3. I have started to tell people. 4. It was terrifying at first to talk about. 5. I have been able to start talking, it's a phase I have outgrown.
P2	1. Recognizing Shame 2. Developing Awareness 3. Reaching out 4. Speaking about shame 5. Present Moment	4xs 3xs 2xs 4xs 2xs	1. I feel as if I have done something wrong, like I was being punished. 2. I started to ask myself why I was feeling the way I was and started therapy. I feel like I am in a better mental spot now. 3. I started therapy and I have told some people, my next people to tell are my parents. 4. I have always associated shame with intimacy. 5. Within the last 3 weeks, I have noticed that I feel a little bit better about everything.
P3	1. Recognizing Shame 2. Developing Awareness 3. Reaching out 4. Speaking about shame 5. Present Moment	5xs 4xs 3xs 6xs 2xs	1. I would self harm afterward, or wash all my clothes and never wear them again after intercourse because I felt so dirty. 2. I started to recognize things in my body and my husband helped me talk about things. 3. I would talk to my daughter all the time and she would know when I was upset. 4. I have opened up a lot about this in the past. 5. These past 5 years have been really good for me, there were some instances though where I struggled.
P4	1. Recognizing Shame 2. Developing Awareness 3. Reaching out 4. Speaking about shame 5. Present Moment	4xs 5xs 2xs 2xs 1xs	1. It was hard because most people don't go through what I specifically went through. 2. I was seeking out not good relationships. 3. I would talk to my mom a lot. 4. I have been talking about it to my husband's siblings. 5. This is probably the healthiest relationship I have ever been in ever.
P5	1. Recognizing Shame 2. Developing Awareness 3. Reaching out 4. Speaking about shame 5. Present Moment	3xs 3xs 1xs 4xs 2xs	1. During intimacy, I felt like I needed to be the smallest possible, like take up the least amount of room – lack of self importance or confidence. 2. I started to recognize that I had a lot of learned beliefs, specifically sexually and I wasn't able to talk about my emotions. 3. I have shared it with a couple close friends. 4. He only knows the outskirts of my abuse. I am a therapist so it has become easier for me to talk about. 5. Because of the infidelity, I think I am struggling a little bit more lately and have things to process – but had you asked me 5 years ago, you would've gotten a way different answer.

Participant	SRT Theme	No. of Occurances	Example
P6	1. Recognizing Shame 2. Developing Awareness 3. Reaching out 4. Speaking about shame 5. Present Moment	2xs 2xs 1xs 1xs 2xs	1. I felt shameful. I felt gross – mostly during intimacy, but it was my fault, not his. 2. I developed the need to try and be perfect, I didn't know how to advocate for myself and that would cause issues. 3. I have spoken to my counselor about a lot of things. 4. Advocating for myself was difficult but helpful. 5. We have been together for 22 years, but I mostly told him everything within the past year.
P7	1. Recognizing Shame 2. Developing Awareness 3. Reaching out 4. Speaking about shame 5. Present Moment	5xs 4xs 3xs 2xs 2xs	1. I feel shame always, when I look in the mirror, I am scared to go outside, kind of like self loathing on a daily basis. 2. For me, everything is a trigger. I struggle with intimacy, specific smells, sounds, tastes or certain words or phrases. I have put myself into a lot of situations that I should not have. 3. I feel like right now I am not at a place to be vulnerable. 4. I would love to be able to say that I have done a good job of talking about my abuse and shame, but unfortunately I am not there yet. 5. I feel like I'm taking as many steps backwards as I am moving forward.
P8	1. Recognizing Shame 2. Developing Awareness 3. Reaching out 4. Speaking about shame 5. Present Moment	4xs 5xs 2xs 3xs 3xs	1. I felt like if I did not tell my partner about it, there would be a huge part of me that he wouldn't know. 2. I knew that I wanted to be able to speak about things, like if I was triggered. 3. I wrote a memoir about my story. 4. I told my partner everything the night we met – which he kind of took for granted and it seems not as impactful. 5. I have had a lot of personal growth, and learning how to do basic communication has changed my life.

During Stage 4, I repeated Steps 1 through 3 with each interview transcript (see Smith et al., 2022). I identified each SRT concept, reviewed the interviews and counted how often each concept was mentioned throughout the interviews. Lastly, I identified an example of each concept and created subthemes from these statements. Once all sub-themes were identified, I placed them under the appropriate main theme. I created a table to organize each theme and subtheme (see Table 4). I then reviewed the themes and subthemes of all participant's experiences and analyzed how they were related to each other and the concepts of SRT.

Table 4

Themes and Subthemes

Main Themes	Sub-themes
Recognizing Shame	Feeling shame after abuse Shame means unlovable Shame makes you dirty, embarrassing, a bad person Safety to disclose
Developing Awareness	Talking about abuse to others Overcoming hard moments Reflection on abuse and growth
Reaching out	Verbalizing insecurities Advocating for self in intimate moments
Speaking about Shame	Continuity of shame throughout life Therapy helped recognize triggers Senses are triggers
Present Moment	Personal growth Relationships

Discrepant Cases

Six out of the eight participants all expressed the same common experiential statements with regards to shame in adult intimate relationships. They all reported that they were working on themselves and felt worthy of the love they were receiving. The

other two, P3 and P7 felt that they were still immensely struggling with their shame. According to the interview transcripts, both P3 and P7 struggled with acknowledging their shame and processing it. P7 struggled to find any resilience in her growth and felt as though she was "taking steps backwards." This study had five participants who wanted to participate. Of these five potential participants, one decided to withdraw, one identified as transgender, one was divorced, one was male, and another had experienced shame but was not in a current relationship. These discrepant cases could have been important to the study with insight into areas of further research in the future, but because of the specific research requirements that were established, they could not be included with the exception of the one participant who did meet the requirements but decided to withdraw.

Evidence of Trustworthiness

As discussed in Chapter 3, Lincoln and Guba (1985) stated that trustworthiness is essential and was accomplished through applying different methods to check accuracy. This is completed by credibility, dependability, transferability, and confirmability. I employed multiple methods, including member checking, reflexive journaling, check-ins, thick description, and audit trail to enhance the trustworthiness of the process and results.

Credibility

Efforts to enhance credibility occurred through member-checking, journaling and check-ins. Due to being a novice researcher, credibility was improved through using the same interview protocol with each participant, manual transcription, and use of the audio recordings to verify transcription accuracy. Credibility was also enhanced by reviewing

transcripts with at the end of the interview and participant acknowledged that the answers given were correct and their own experiences of shame were correctly portrayed during the interview. Reflexive journaling was used throughout the research process to reflect on my experience and potential for bias in the data collection and analysis process.

Transferability

Transferability is ensured by having sufficient contextual information to enable readers to “recreate the study” (Shenton, 2004). Transferability was attempted through a detailed description of the data collection and data analysis process using IPA. Transferability was also attempted by including direction quotes from participants in developing themes and sub-themes.

Dependability

Dependability in qualitative research is reliability (Crewell, 2013). I approached dependability by providing a thorough description of research design, implementation, data collection, interpretation and results. I included a discussion of descrepancies to the data collection process as well. My intent was to provide an analysis and an evaluation of the research process so future researchers can complete the study.

Confirmability

Confirmability was completed by using an audit trail of the data collection and analysis process. I kept accurate records through reflexive journaling and the audit trail. The audit trail will assist readers in understanding the data reduction process moved from the transcripts to the emergence of key themes (Shenton, 2004). Confirmability was cultivated through careful documentation of coding the data, development of themes, and

attempts to reach saturation.

Results

As described early, the results of this study are organized around the four themes of the SRT (*recognizing shame and shame triggers, gaining critical awareness, reaching out to others to find and offer empathy, and speaking about shame*) and the unique theme present moment. These themes and their sub-themes directly speak to the purpose of this study exploring the lived experience of shame in intimate relationships in adult women with a history of CSA. These are described here, along with direct quotes from participants.

Theme 1: Recognizing Shame

According to the participants, the feeling of shame does not easily go away, and it is a feeling that they still feel to this day. The participants affirmed that having a history of CSA created a negative self-image. Participants reported that they felt shameful when disclosing their abuse, but were able to do it when they felt safe in their relationships. P4 indicated that "During intimacy, I felt like I needed to be the smallest possible, like take up the least amount of room – lack of self-importancee or confidence." Furthermore, P5 stated, "I started to recognize that I had a lot of learned beliefs, specifically sexually and I was not able to talk about my emotions to people. I felt shame being vulnerable." The survivors described the need to feel safe in the relationship in order to talk about the way shame has shaped their perceptions of themselves. Their expressions formed the sub-themes and provided greater insight into the recognition of shame.

Subtheme 1.1 Feeling Shame After Abuse

All eight of the participants in this study described problems with feeling shame after their abuse. However, only six of the eight blamed themselves and viewed themselves damaged. For example, P3 reported “I would self-harm afterward, or wash all my clothes and never wear them again after intercourse because I felt so dirty.”

The participants also reported having problems in their current relationships with feeling like they are “gross.” P7 stated, “It is soul-crushing and there was so much shame associated around intimacy, even though I had been with my partner for years.” Their experiential statements created the subtheme and provided more insight into feelings of shame.

Subtheme 1.2 Shame Means Unlovable

Almost all eight participants defined the word shame to mean something along the lines of “being unlovable”, that “something is wrong with them” or they “found themselves seeking out people who did not treat them well.” P6 stated:

> Because of my abuse, I was only dating people who did not love me because I felt worthless. I felt shameful mostly during intimacy, but it was my fault not his. We broke up three times because I did not know how to stand up for myself and when he raised his voice, I would get scared.

P5 stated, “when I first started dating after my abuse, my relationships mirrored my abuse and I felt like I needed to be small.” P4 indicated, “I found myself being very hypersexual and in relationships that were manipulative and unhealthy.” P2 stated, “I feel like I have done something wrong and I was being punished.” Each individual’s

experience with intimacy was related to shame and made them believe that they did not deserve to be in a healthy, intimate relationship.

Subtheme 1.3 Shame Makes You Dirty, is Embarrassing and Makes You A Bad Person

Most of the participants described an issue with their self-worth and sense-of-self. P3 spoke about her experience with intimacy and shame and shared her thoughts on this sub-theme as,

> I always felt dirty and slutty. It was like I was obligated to do these things because my first experience with intimacy was rape. This made me feel as if I did not deserve to have a healthy relationship, and it was never going to be normal.

P2 indicated, "I constantly felt like crap and my current relationship is not healthy, but my shame about it all makes it hard for me to acknowledge it all." Throughout the interviews, participants indicated that their experience with shame has created self perception to be more negatively based and creates challenges in recognizing what they deserve in a relationship, instead of accepting what they are used to.

Subtheme 1.4 Safety to Disclose

All participants agreed that it is important that when one goes through any type of abuse, they feel safe enough to talk about the abuse with their partner. When asked about disclosing all the abuse to their current partners, there was an equal split between disclosing all information to their partners and only telling bits and pieces. Two participants (P1 and P8) wrote books about their abuse as a way to process and talk about it. P5 reported:

> The information I have told my husband is fairly limited because what I went

> through was extensive abuse, and I worried that if he knew everything it could either foster greater connection or make things a lot worse for my relationship.

P1 stated, "I had a child with my abuser, so I did not have a choice but to talk about what happened with my husband, we had the constant reminder through one of my children." Participants reported that one important thing was to feel safe in their relationship and have the opportunity to talk about their abuse as much or as little as they want to. P3 stated "I have opened up a lot in the past few years, and it has been so helpful." P6 reported that "we have been together for 22 years, but I mostly just told him everything within the past year."

Theme 2: Developing Awareness

Most of the participants reported they did not know if they were resilient in their life because of their abuse. Each woman described resilience along the lines of "overcoming something hard." P6 described resilience as "not letting something destroy you." However, P1 stated that she

> Had not felt much resilience because I was disowned by my family. Nobody wanted me around, and I felt like I was alone through most of it, because my abuser was someone in my family, and everyone took their side over mine.

Resilience appeared to be something that the participant could answer confidently about or could not identify a time in their relationship when they felt resilience because of their abuse. Participants in the study indicated that they are constantly trying to find the positive in their situation and recognize how far they have come in their relationships.

Subtheme 2.1 Talking to Others

All of the participants reported that they had spoken about their abuse to someone else, and that it had either made them feel better or that they still felt shameful when they were talking about their abuse. All participants reported that talking in therapy and normalizing the feelings of shame has helped them become more comfortable and feel empowered to talk about their abuse. P2 stated that “learning how to name emotions and talking to people who have made me feel worthy has helped me talk more about what has happened to me without feeling shame.” P3 stated that “it was helpful knowing that I was not the only one this stuff has happened to and I know that hope is on the other side of everything.” P4 reported that “I learned how to talk about things with my husband, he did not give me a look of sympathy but rather listened to me and understood me.”

Subtheme 2.2 Overcoming Hard Moment

It can be extremely stressful to overcome moments that remind someone of their abuse. One participant (P3) talked about how they struggled to overcome hard moments, but when their own child was going through something, she knew she needed to overcome her own personal challenges and “be there for my daughter as she was going through something I continue to struggle with. I had to just shove everything down and be strong.” Each participant was able to identify one hard moment in their relationships that they had to overcome and how it gave them a feeling of empowerment. P8 gave the example, “I had to learn to do something uncomfortable, my significant other and I were long distance, so I had to learn how to be intimate over the phone, which was very uncomfortable for me. But when I was able to do it, I felt empowered.” P5 gave a

personal example relating to overcome hard things:

> My husband had an act of infidelity and that was really hard for me, but I have learned to rationalize my emotions and did work on my own thoughts and feelings to move forward and not continue to feel triggers.

Not overcoming challenging and vulnerable situations in relationships became something that was not an option and each participant learned how to navigate these hard moments.

Subtheme 2.3 Reflection on Abuse and Growth

When talking with CSA survivors, it was revealed by all participants that it is important but difficult to look back on the abuse and reflect on how an individual has grown. The reflections of growth varied between participants. P2 stated that:

> I did okay in my relationship before I had children and was able to block out any memories, so I felt like I was sexually healthy. However, after I had children, I found myself becoming shameful of intimacy again and overanalyzing what I liked because of my abuse.

P6 stated that, “I struggled to stand up for myself in the beginning of my relationships, but after years of therapy and reflection, I realized I have been able to become more comfortable speaking up for myself and setting boundaries.” P5 stated, “I never thought I would be able to open up about things and talk about my sexual preferences, but now I can because I am learning that it is normal to speak up and talk about what I like.” P7 stated that “I used to be in and out of relationships, however, once I thought I was pregnant, I realized that I was not the only one involved anymore and had an opportunity to do things very differently.” Through years of experience and different levels of

intimacy, people learn how to recognize what they have gotten better at and areas of intimacy that might still be a challenge for them. They were able to look back on their abuse and see they are still growing and learning.

Theme 3: Reaching Out

When asked what vulnerability means to them, each participant had a different answer. P6 stated “vulnerability is letting someone know who you really are.” P2 and P8 stated “vulnerability means doing something real and authentic.” P7 stated “vulnerability is safety.” P3 states that “vulnerability is being weak, it means that you are showing a weakness, but, when I see other people doing it, I tell them that it is strong of them to be vulnerable.” P1 emphasized that “talking about vulnerability provides opportunity for people to realize that you are not the person they think you are.” Two participants indicated that being vulnerable means that you are able to see both the good sides of yourself and the bad parts of yourself. Additionally, four participants indicated that reaching out and recognizing vulnerability allows them to work on those parts they wanted to forget and accept those parts that are hard to embrace.

Subtheme 3.1 Verbalize Insecurities

When talking about vulnerability with female CSA survivors, a common insecurity was embarrassment and shame that the individual felt about voicing their insecurities. For some participants, they indicated that their beginning relationships made them believe that talking about insecurities is something that is negative and should not be done, especially when in intimate situations. P2 states “verbalizing these insecurities is exposing yourself to potential rejection.” P3 stated, “it took a lot of talking, but the

validation of my feelings was something that helped me learn how to verbalize my insecurities." P5 indicated that:

> I was often closed off during sex and really struggled with speaking about sexual preferences.However, after therapy, I worked on processing my learned beliefs and updated my life beliefs, which allowed for a greater experience.

Subtheme 3.2 Advocating for Self

All participants reported learning that it is always important to believe in themselves and prioritize their own needs. Additionally, there was the shared experience of having to rely on self-knowledge to know their own needs, but when there is a history of CSA, it can be hard to understand what specific individual needs are. P7 states "shame has held me hostage for so long, I continue to have mental and physical barriers when it came to being intimate." P6 stated:

> I often did things with people who did not love me, and I thought I was worthless. However, now I have overcome a lot and now I am with someone who values me. I practice positive self talk and have learned how to ask for things that I want.

P4 indicated that, "I was hypersexual for a long time and now I am able to talk about things, even if I feel really vulnerable. It depends on my headspace and if I am feeling upset or embarrassed." P1 states that, "it was freeing learning how to talk about what I want and recognize that I wasn't going to be judged for talking about things." All participants indicated that when there is a history of CSA, it can be hard to advocate for yourself in many different realms of the relationships, ranging from intimate positions

and recognizing what you want, need and deserve from a relationship.

Theme 4: Speaking about Shame

According to all eight participants, being intimate was a trigger for them. The triggers ranged from physical positions, physical touch, intimacy, children, exposing self, holidays, having flashbacks mid intimacy, being touched, certain smells, hearing about incestual abuse and being asked about abuse. Participants shared the importance of discussion about triggers with their partners and that this discussion assisted them in learning how to recognize triggers throughout their relationship.

Subtheme 4.1 Continuity of Triggers Throughout Life

P6 stated that:

> When I was younger my abuser used to come into my room at night. Now that I have children, when my kid comes into my room at night, it is very hard for me to not start to worry and stress. I try to be a good mom, and have worked with my partner on setting boundaries with our child coming to bed.

Additionally, P1 states that she had a child with her abuser, so she has the constant reminder of her abuse. P3 provided an example of:

> My first intimate experience was rape, so it was very hard for me to move forward. I started having suicidal thoughts to cope with feeling obligated to complete ceratin aspects of intimacy even if I was uncomfortable. I no longer trust anyone and I have a very hard time opening up to anyone, even my husband sometimes.

Another personal example given by P4 was, “I struggle with being too intimate.It

becomes hard for me and I pick up on different body language that causes me to feel small." P7 explains that, "I felt as though all I was born to do was be used and it was my role. I struggle with being with anyone that I don't feel safe with, and I still feel embarrassed, still feel very shameful, struggle with being super intimate and feel like I am taking steps backwards."

Subtheme 4.2 Therapy Helped Recognize Triggers

Each participant noted that through therapy, they have been able to learn how to recognize their triggers. P5 gave the example:

> Throughout my abuse, I had my learned beliefs about myself and about life. However, through therapy, I was able to challenge these learned beliefs and learn a new outlook on life. Throughout the process, I like to say I struggle with 'shame hangovers' because I am working through things, but the shame is still there.

P6 stated, "I completed EMDR and learned how to practice positive self talk and recognize that I can't take personal responsibility for things that are out of my control." P2 stated that "I am learning that I am on a life journey and even though I still struggle with shame related to intimacy, I am learning how not to live in shame." Lastly, P8 stated that "therapy has helped me with a lot of personal growth, replacing shame with pride and learning how to practice basic communication, which has helped immensely in my relationship." Therapists allow for a safe space to talk about vulnerable moments, set boundaries and recognize self worth is not defined by individual past experiences.

Subtheme 4.3 Senses are Triggers

According to the majority of participants interviewed, their senses were large

triggers for them, specifically physical touch. P3 stated that:

> If I smelled or was touched in a certain way, my whole body would go into fight or flight. Even though it has been years, it is all still there. I used to engage in self harm and have suicidal thoughts because of my triggers.

P8 reported that "I will be in the middle of sex and have a flashback, which makes me want to shut down and stop." P4 indicated that

> Sometimes I am uncomfortable and shocked when I am able to be intimate in a position that I was abused in. It is an odd feeling being touched in a way that I used to associate as bad. I used to engage in self harm and being very sexually active.

P6 stated that "I have learned what my triggers are and need to find a balance. I have learned to just believe that my husband cares and is solid."

Theme 5: Present Moment

In regard to the theme of present moment, all but one participant reported feeling as though they were moving forward with their life. Responses such as, "I feel like I am doing much better now than I was," and "if you had asked me a few years ago, I would have a very different answer" supported the challenging reflection of growth after abuse. However, not all participants indicated as much optimism as others. For example, P7 indicated that she feels as though "I am taking as many steps backwards as I am forward" and P3 reported that "These past five years have been better, the past 10 years have been good, but I still struggle on a day to day basis." After their abuse, each individual went through their own healing path of ups and downs.

Subtheme 5.1: Personal Growth

P8 reported "I broke up with my partner because my core values weren't being met – I was choosing to take care of myself in such a deep and real way without the fear of being alone." Additionally, P1 reflected "I now feel like it is just a phase I have grown through, maybe like a mountain I have climbed and gotten to the other side." By switching their mindsets about their abuse, participants reported that they were able to understand that their abuse was not their fault and it is not a reflection of who they were as a person nor who they are currently as a person.

Subtheme 5.2 Relationships

A common finding was that each individual sought out people that had characteristics in common with their abuse and abuser. For example, P4 stated "I was seeking out people who reminded me of my sister, and I was experimenting sexually with many different people." Additionally, P2 stated that "I am now realizing that the relationship that I am in right now is not necessarily a good relationship." However, the outlier was P6, who indicated:

> It was like I adapted a survival skill, I aimed to be perfect, I did not drink, I did not self-harm, I went to college – I aimed to be completely perfect and did not go down a negative path. These reflections may be related to the extent of the abuse or who the abuser was.

Summary

The sample for this study consisted of eight biological (cisgender) women ages 18 to 50 with a history of CSA and who are currently in a heterosexual intimate relationship

and have been for at least a year or more. The participants were recruited via social media sites specific for adult women who have a history of CSA. After consent was provided, semi-structured interviews took place.

During the interview process, several themes emerged to answer the research question. The experience of shame in adult intimate relationships when there is a history of CSA, from the perceptions of the women who have a history of CSA and feel shame, were recognizing shame, developing awareness, reaching out, speaking about shame and present moment. Chapter 5 provides an interpretation of the findings, limitations of the study, recommendations for further research, implications for positive social change, and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

The goal of this interpretive phenomenological study was to gain an in-depth understanding of the experiences of shame in adult intimate relationships when there is a history of CSA. Female survivors of CSA tend to have an abundance of adult relationship problems, which is often a result of insecure attachments they formed during their childhood (McCarthy & Maughan, 2010). Preliminary research has revealed that individuals with a history of CSA tend to have more challenges in adult intimate relationships than those without a history of CSA.

The eight participants in the study identified as female, were between the ages of 18 and 50, had a history of CSA between the ages of 7 and 14, were in a current relationship at the time of this writing, and had discussed the abuse with a licensed mental health professional. Five main themes and 14 subthemes emerged during thorough comparative analysis of the interview data, which I review in this chapter in relation to existing research and literature. This chapter includes results discussion, including interpretation of the findings; the limitations of the study and recommendations for further research; a consideration of the study's implications; and a conclusion to the study.

Interpretation of the Findings

Participants in this study discussed their lived experiences with shame in adult intimate relationships stemming from their own history of CSA. In my analysis, I identified five descriptive themes: recognizing shame, developing awareness, reaching out, speaking about shame, and present moment. I synthesized the findings presented in

Chapter 4 with relevant literature identified in Chapter 2.

Theme 1: Recognizing Shame

Brown (2006) emphasized that the understanding of shame is not easily categorized into any of the social sciences, which demonstrates how complex shame is. But shame following sexual abuse can be destructive to one's sense of self and place in the world (Lewis, 1992)). My research aligns with these findings. The participants struggled to identify what shame meant and how to categorize it in their life but did not struggle with identifying how shame influenced their perceptions of themselves in their relationship and life. There were many obstacles that the participants continue to overcome when in adult intimate relationships, such as learned beliefs about themselves, believing they were unlovable and not feeling worthy.

The importance of understanding how shame influences the outlook on self is pertinent for individuals to move past their abuse and recognize their own self worth outside of the learned beliefs they developed. Individuals experience abuse-specific shame and self-blame (Karakurt & Silver, 2014). In the current study, each individual identified their abuse as the main contributor to the feelings of shame that they felt. However, in this study, one participant felt shame because her family disowned her and took her abuser's side. This is critical in understanding that there are many different ways shame manifests in someone's life and identifying the reasoning behind it can be helpful in understanding one's connection between negative self image and shame.

As stated in Chapter 2, part of understanding CSA is having the ability to recognize patterns and behaviors in relationships that could be from CSA abuse. The

participants also identified that they struggled with allowing themselves to be in appropriate relationships and often resorted to being in relationships that mimicked their previous abuse. This finding aligns with researchers like Vaillancourt-Morel et al. (2016), who also found that there was avoidance or sexual compulsivity in relationships where one partner has experienced abuse. This is important in understanding how the perception individuals have of themselves influences the type of relationship that they get into after their abuse.

Theme 2: Developing Awareness

In this study, I found that moments of resilience were varied and expressed in different ways. Resilience is the freedom from the effects of CSA (Newsom & Myers-Bowman, 2017). Part of the barrier in finding resilience, according to participants, was that they did not have someone who did not judge them or they felt like they were not able to move forward from their abuse, even when they were trying. Many participants found resilience through discussion of their abuse with others who had gone through the same things, and they were able to feel resilience in recognizing that they were not the only ones feeling shame because of their abuse. Furthermore, individuals have been able to move forward from their abuse by reframing it and finding positive life philosophies (Graham et al., 2022), as many participants reported working on positive self talk as a way to cope with their abuse and move toward resilience rather than avoidance. It appeared that the discussion about the abuse made it easier to rationalize and normalize (i.e., normalize- making it natural to discuss) that the abuse was not the participant's fault and they were stronger than they realized. Normalizing this discussion would assist

individuals in recognizing that there is no reason to feel shame or embarrassment when talking about their experiences because it is not their fault. All participants identified feelings of fear, shame, guilt, and avoidance (see Pèrez-Fuentes et al., 2013). However, my participants did not identify anger as an effect of their childhood abuse. This is new and important because like shame, anger might need to be an emotion that is normalized.

Theme 3: Reaching Out

A common experiential theme of participants in this study was finding safety in their partner to disclose insecurities and vulnerabilities in their intimacy. This was critical because this was not identified as a common theme in the literature review. Sage (2021) found that most of their participants struggled with talking about their vulnerabilities and feelings because they did not have a safe space to talk about their abuse. By having a safe space, participants were able to overcome their feelings of vulnerability and start trusting their partner.

This current research aligns with Brazelton's (2015) results describing the correlation between talking about vulnerabilities and finding resilience. The participants found that the more they were able to talk about their vulnerabilities, the easier it was to identify and process them. Each participant indicated that finding their vulnerabilities and advocating for themselves allowed them to feel empowered and recognize that their vulnerabilities and struggles did not define who they were as people or partners. DiMauro and Renshaw (2021) found that disclosure within the context of intimate relationships was important; however, with this study, some participants found themselves withholding information out of fear that it would ruin the relationship or cause more problems. Lastly,

they found that individuals who had unwanted sexual contact from a partner struggled with having negative associations within intimate relationships, which was a similar finding in this study.

Theme 4: Speaking about Shame

Throughout the literature review, there was nothing specific showing that researchers focused on CSA triggers and how they influence the experiences of shame in a relationship. This study was significant by addressing triggers felt by participants and how they learned to recognize and process them. The SRT focuses on the recognition of triggers and shame and how to address and discuss them. Participants were able to identify sexual positions, intimacy, physical touch, children and talking as triggers, which can lead to later studies that focus more on triggers and CSA.

Much of the literature reviewed for this study lacked evidence-based research on the triggers that cause individuals to feel shame. Rather, the literature has focused on the "after" stage of abuse and how people moved past their abuse. This study was important because it allowed for an in-depth discussion of why shame was felt in these relationships and furthered understanding of just how large the scope of shame can be. Finally, some literature did address how individuals viewed their abuse before and after they had completed therapy. This study made therapy part of the participation criteria so that there would be a consistent factor to base their knowledge of their triggers off of.

Coincidently, Kealy et al. (2017) focused on suicidal ideation and self-conscious emotions that are frequently encountered in therapy when there is a history of CSA. There were many parallels between this research and the research that addressed suicidal

ideation and self-conscious emotions. Participants identified that triggers led them to having suicidal thoughts and self-conscious emotions and behaviors related to their abuse. These thoughts were apparent after being intimate with someone after their abuse, and it was reported by multiple participants that they struggled with self-worth and suicidal thoughts for many years after their abuse. This study showed that clients who had completed therapy still struggled with having suicidal ideation, but the intensity had decreased due to engaging in therapy, having a safe space and learning to recognize what might trigger these suicidal thoughts were beneficial to them. Throughout the abuse individuals have to learn to become more introspective and recognize that things are not always in their control.

Theme 5: Present Moment

In the current study it was found that most participants have found ways to move forward with their lives and have personal growth in many areas. According to Karakurt and Silver (2014) emotional distress and interpersonal challenges are common challenges when there is a history of abuse. Interestly, the current study both supported this finding and also challenged it. For example, many participants indicated that they completed therapy, were able to successfully reflect on their abuse and move forward from it. However, a few participants did indicate having continued struggles with feeling shameful and vulnerable, despite the fact that they were in therapy and working on bettering themselves. Additionally, participants struggled with internal negative talk, which supports the research of Newsom and Myers-Bowman (2017) who found that being conscious of internal dialogue was helpful in moving forward with life. Participants

of this study indicated that having to relearn their own beliefs about themselves and give themselves positive self-talk was immensely helpful when moving forward.

Limitations of the Study

This study provided valuable in-depth data describing the lived experiences of shame in adult intimate relationships when there is a history of CSA to better understand the role of shame in these relationships; however, this study did have limitations. Initially, the age group was between 18 and 30, and everyone interested in participating was out of the age range. This resulted in the age group being expanded to 18 to 50. Even after the age group range was expanded, individuals interested in the study continued to be outside the age group, ranging 50+ in age.

This study focused specifically on biological females, between ages of 18 and 50, who experienced their abuse between ages 7 and 14, were in a current relationship and had discussed the abuse with a licensed mental health professional. Therefore, these participation requirements were a limitation in itself. Further research could open up the age limitation of the abuse and remove the relationship requirement to increase the participant pool and experiences. Additionally, the study focused on just biological females and not those who have stated they are “female” and are going through the medical steps to change and become female. It would have been informative to know how these transgendered females who identify outside of the biological female lens experience shame in their adult intimate relationships when there is a history of CSA.

The study focused solely on CSA, which is a sensitive topic. Due to this focus, it made some of the participants less forthcoming in their responses, and although

confidentiality was a priority, some individuals gave vague and superficial answers. This study had five participants who wanted to participate. Of these five potential participants one decided to withdraw, one identified as transgender, one was divorced, one was male, and another had experienced shame but was not in a current relationship.

Recommendations

Based on the strengths and limitations of this study, some recommendations are proposed for future research. First, future researchers could attempt to better saturate by the proposage range, e.s., 18-30 years, over 50 years. Second, it is recommended that phenomenological studies utilizing the full IPA approach should be conducted. Third, to expand the understanding of CSA as experienced by different gender and sexual identities, further research is recommended. This would add to transferability and a broader understanding of shame in adults who experienced CSA .

Lastly, it would be important to open interview older people who experienced CSA. Many individuals who wanted to participate were upset because the age cutoff was 50. By expanding the age, it could encompass the generational views on sexual abuse and how that plays a role in shame, guilt, resilience etc. It would also be enlightening to see how the experiences of shame differ or remain the same in individuals along this continuum and over time.

Implications

A number of implications came from the study's findings with regard to positive social change. This study adds to the knowledge base of qualitative research concerning effects shame has on adult intimate relationships when there is a history of CSA. It is

important to understand the role that shame plays in relationships when there is a history of CSA, as the role and experiences of shame is crucial to the development and progress of adult intimate relationships.

This research tackled an important gap found in qualitative literature pertaining to the experiences of shame in adult intimate relationships. This research completed highlights on a topic that has not received much attention and is a very difficult thing to discuss. While this research does not eliminate or completely normalize the feelings of shame in adult intimate relationships, having an understanding that shame is a regular emotion felt by women who have experienced CSA will allow others who have gone through abuse, therapists and other researchers to develop potential programs to help support individuals in their journal through shame, resilience, vulnerability and recovery.

Based on the results of the study and as a practitioner who works with this population, it is important practitioners and researchers to recognize that shame is an emotion felt by almost every survivor of CSA. Additionally, the participants emphasized the more negatively associated emotions that come with being in an adult intimate relationship when there is a history of CSA. Sharing these findings with adult survivors of CSA could encourage this population to feel less alone and abnormal. The results of this study can be brought into the treatment and social support community, as the importance of sharing with partners and trusted individuals was described as a key part of the healing process.

Conclusion

Current literature has not thoroughly addressed the experiences of shame in adult

intimate relationships when there is a history of CSA. Research based on CSA has found that there are various adult adjustment outcomes in relationship and life (Liang et al., 2006). Individuals who have experienced shame in adult intimate relationships feel unlovable, vulnerable, bad, gross, and like something is wrong with them because of their abuse.

Implications for social change include adequately addressing emotions related to CSA, normalizing feelings of shame and having negative self-image because of the abuse. This research highlights a topic that is sensitive and has a negative connotation around it. This research provides support and education for individuals who have experienced feelings of shame in their adult intimate relationships, and struggle with finding resilience, strength and self-worth. This study extended the current literature about the experiences of shame in adult intimate relationships when there is a history of CSA.

IPA allowed for in-depth responses from a very specific and vulnerable population. The five main experiential statements that emerged: recognizing shame, developing awareness, reaching out, speaking about shame and, present moment. These experiential statements can serve as additional suggested research for quantitative and qualitative studies. Additionally, it can inform and educate future researchers and individuals who have gone through the experience of CSA on how to navigate shame and adult intimate relationships.

This research opens the door to further research in the area of experiences of shame in adult intimate relationship when there is a history of CSA. This study's findings

will potentially help create a new avenue in social change by developing ways in which support can be employed to serve this specific population, which in turn has potential to make shame a more normal and openly-discussed emotion in the world of CSA.

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Appendix A: Interview Guide

Icebreaker Questions
Hello, welcome to the interview, first review the purpose of the interview, remind them that they can withdraw at any time, and that they are going to be talking about some personal experiences with intimate relationships
What is your age?
Can you tell me about your current relationship? a. Can you tell me how long you have been together? Are you living together and if so for how long? a. Do you have children? Any at home? b. How did you meet? c. And how would you describe your relationship? a. Probes – do you like to do things together? Like what?
So now we'll turn to some of the difficult topics of the interview. Just a reminder, if you are feeling overwhelmed or don't want to talk anymore, we can stop or pause the interview, just let me know.
Tell me about what your current partner knows about your early childhood experiences. a. Probe: if you've not shared this with your partner that is fine, not needed for this interview. - What does "not sharing" this feel like"? What does it mean for you in your current relationship? b. Probe: If you have shared this with your partner What does "sharing" this feel like"? What does it mean for you in your current relationship?

Questions and Probes	Sources
So the first area that I have questions about is "shame". What does that word mean to you? a. Probe: "some people describe this as an intensely painful experience of being flawed; what else can you say about that?" Can you recall a recent time in your current relationship when you felt shame? b. What happened? How did you come out of that?	SRT – Primary Concept Shame
Can you tell me what resilience means to you? Probe: c. Can you give me an example of when you felt resilient in your relationship from your experience of CSA? d. Can you tell me about a time when you did not feel resilient (e.g, shame) in your relationship? e. Can you tell me what those resilient moments meant to you? f. Can you think of any other times of resilience or non-resilience in your relationship?	SRT – Primary Concept Resilience Van Vliet, K. J. (2008).
What does the word vulnerability mean to you? a. Probe: People who have gone through traumatic experiences often feel very uncomfortable talking about these experiences. Another thing that can lead to feeling vulnerable is understanding triggers related to vulnerability. a. Probe: Some people may know triggers as something that leads them to feel upset, angry or shameful. b. Can you explain what a trigger means to you? c. Can you tell me about any triggers that led you to feeling vulnerable in your relationship?	SRT – recognizing and accepting personal vulnerability is a way to cultivate shame resilieance. SRT – Primary Concept Critical Awareness about shame and triggers

Now I have some questions about when you first started having intimate relationships and the feelings you had. a. (Do check in as needed). I know we have been talking about some tough things, are you doing okay? If you need to take a break, we can. If not, we can continue when you are ready. A. When you first started having adult intimate relationships, can you tell me about what different feelings you had? Probe: Like we previously talked about, some people have felt shame, isolation and vulnerability in relationships. B. Can you tell me about how your CSA caused you to feel vulnerable in your relationship? a. Can you tell me how/if you were able to overcome your feelings of vulnerability in your relationship? b. b. Can you explain to me what these feelings meant to you?	SRT – Primary Concept Critical Awareness about shame and triggers
My next questions are about shame and talking about it. I know we already covered what shame means to you, and times that you have felt shameful in your relationship. b. Can you tell me what those shame felt moments mean to you now? c. Have you ever talked to anyone else about your CSA and your feelings of shame? d. When you were able to talk about your CSA, did you get a sense of resilience? Did you feel shameful talking about it?	SRT – Primary Concept Discussion Van Vliet, K. J. (2008).
We are going to loop back to talking about vulnerability. a. (Do check in as needed). I know we have been talking about some tough things, are you doing okay? If you need to take a break, we can. If not, we can continue when you are ready. a. Can you tell me about your most vulnerable moment in your relationship? b. When did this occur? c. Can you tell me why this stands out as most vulnerable? d. What does that vulnerable moment mean to you? e. Was there another vulnerable moment?	Ryan-DeDominicis, T. (2020). SRT – Primary Concept Discussion
Can you tell me about what happened when you started having adult intimate relationships after your CSA? a. Can you tell me how you navigated your more vulnerable feelings (i.e anger, shame, isolation, helplessness) throughout your relationship? b. Can you describe what it was like learning how to be resilient in your relationship when faced with these feelings?	Brown (2006). SRT – Primary Concept Critical Awareness about shame and triggers
Can you tell me how you learned to use those feelings of shame, isolation, guilt etc. to become more resilient and comfortable in your relationship? a. Have you helped anyone else become resilient in their own relationships? b. Can you explain what was helpful for you in learning how to be resilient? c. Can you tell me what it means to you to be able to help someone else become resilient in their relationship?	Velotti, P. et al. (2017). Primary Concept – SRT
We've come to the end of the interview. Is there anything else you'd like to share with me to help me better understand your experience?	
There may be people you know who might meet the criteria for the study. Would it be possible for you to pass the invitation forward?	

Appendix B: Invitation

Research Participants Needed

Why?

Doctoral Candidate Researcher is seeking (cisgender) female volunteers between ages 18 and 50 to participate in a study on feelings of shame in adult intimate heterosexual relationships when there is a history of childhood sexual abuse.

Who?

- Are you between the ages of 18 and 50?
- Are you currently in a heterosexual relationship? Have you been in this relationship for a year or more?
- Do you have a history of childhood sexual abuse between ages of 7 to 13?
- Have you experienced feelings of shame in your relationship because of your childhood sexual abuse?

Where/When?

- Hour-long interviews via Zoom or Teams
- Time at your convenience
- Totally confidential

There will be no compensation and participation is voluntary. If you would like to participate in the study, you can contact Meg Justison, doctoral candidate at [redacted] [redacted] or [redacted]