

1-24-2024

Intimate Partner Relationships and Infidelity Among Female Adult Survivors of Child Sexual Abuse

kellyanne rodriguez
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Social Work Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Kellyanne Rodriguez

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Douglas McCoy, Committee Chairperson,
Human and Social Services Faculty

Dr. Kelly Chermack, Committee Member,
Human and Social Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2024

Abstract

Intimate Partner Relationships and Infidelity Among Female Adult Survivors of Child

Sexual Abuse

by

Kellyanne Rodriguez

MHSS, Walden University, 2017

BSW, Temple University, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Service

Walden University

February, 2024

Abstract

Greater understanding is needed regarding the experiences of child sexual abuse survivors in relation to issues of intimacy and infidelity. This basic qualitative study was conducted to explore the relationship and intimacy experiences of later-life infidelities among adult female survivors of child sexual abuse. The theoretical framework used in this study was the traumagenic dynamics model. A purposeful sample of 20 female participants over age 21 who experienced child sexual abuse prior to age 16 were recruited to participate in this study. Semistructured interviews were conducted with the participants who provided data through responses to 10 one-on-one interview questions regarding their experiences with child sexual abuse and their experiences with intimacy and infidelity as adults. Interview data were open coded and analyzed using NVivo software. Analysis revealed six descriptive themes and one subtheme: (a) ongoing issues with trust with a subtheme, betrayed by trusted person who sexually abused the child, (b) blame and guilt, (c) experience of the abuse, (d) intimacy issues, (e) committed infidelities with the intimate relationship, and (f) infidelity issues stems from the child sexual abuse. These findings help lead to an improved understanding of the experiences of child sexual abuse survivors and can help guide future research on this and related topics. The results of this study could have potential implications for positive social change such as decreasing rates of infidelity among intimate couple relationships and could lead to the development of further resources and interventions to aid in preventing infidelity among couples that include a victim of child sexual abuse.

Intimate Partner Relationships and Infidelity Among Female Adult Survivors of Child

Sexual Abuse

by

Kellyanne Rodriguez

MHSS, Walden University, 2017

BSW, Temple University, 2014

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Service

Walden University

February, 2024

Dedication

This is dedicated to all child sexual abuse survivors.

Acknowledgments

I would like to give my sincere appreciation and gratitude to the members of my committee, my family, friends, and each one of the participants in this study. I want to thank each of you for being the support that I needed to guide me through this process.

To my chair, Dr. McCoy: thank you for supporting me and making this process easier because of your ongoing motivation and knowledge on how to navigate this process in the most efficient way. Your dedication to ensuring that I remained confident in myself to complete this journey will never go unappreciated.

To my committee member, Dr. Kelly: I appreciate all of your feedback and knowledge during this process.

To my husband and children: thank you for understanding and supporting me as I took time away from our family to get through this process. There were countless times where I did not believe that I could or would ever make it to the end, and you never doubted me. You made me feel empowered that I am and will always be good enough. I would not have been able to get through this if it was not for the 3 of you.

To my family and friends: thank you for standing by and encouraging me throughout this process.

Table of Contents

List of Tables	v
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Problem Statement	3
Purpose of the Study.....	4
Research Question.....	5
Theoretical Framework.....	5
Nature of the Study.....	6
Definitions.....	7
Assumptions.....	8
Limitations	8
Scope and Delimitations	9
Significance of the Study.....	10
Summary	11
Chapter 2: Literature Review	12
Introduction.....	12
Literature Search Strategy.....	12
Theoretical Framework.....	13
Literature Review.....	15
Defining Child Sexual Abuse	15
Frequency of Abuse	16

Aftermath of Child Sexual Abuse.....	16
Cognitive Effects of Abuse.....	17
Emotional Effects of Abuse.....	18
Impact of Child Sexual Abuse on Child Development.....	19
Interpersonal Functioning	20
Impact on Non-Abused Partner.....	21
Relationship Difficulties	23
Child Sexual Abuse and the Psychosocial Consequences in Adulthood.....	24
Child Sexual Abuse and Intimate Partner Relationships	24
Discussion of the Literature	29
Summary	31
Chapter 3: Research Method.....	32
Introduction.....	32
Research Design and Rationale.....	32
Role of the Researcher	33
Methodology.....	34
Sampling	34
Instrumentation	36
Procedures for Recruitment and Participation	37
Data Collection	38
Data Analysis	40
Issues of Trustworthiness.....	43

Credibility	43
Transferability	45
Dependability	45
Confirmability	46
Ethical Procedures	46
Summary	47
Chapter 4: Results	49
Introduction	49
Demographics	50
Data Collection	50
Data Analysis	52
Evidence of Trustworthiness	56
Credibility	56
Transferability	56
Dependability	57
Confirmability	57
Theme 1: Ongoing Issues With Trust	60
Theme 2: Blame and Guilt	61
Theme 3: Experience of the Abuse	62
Theme 4: Intimacy Issues	63
Theme 5: Committed Infidelities Within the Intimate Relationship	63
Theme 6: Intimacy and Infidelity Issues Stems From Child Sexual Abuse	64

Summary	64
Chapter 5: Discussion, Conclusions, and Recommendations	67
Introduction.....	67
Interpretation of the Findings.....	67
Findings and the Research Question.....	67
Theoretical Framework	72
Limitations of the Study.....	74
Recommendations for Future Research	75
Implications.....	76
Conclusion	77
References.....	79
Appendix A: Screening Questions.....	96
Appendix B: Interview Protocol.....	97
Appendix C: Study Flyer	99
Appendix D: CITI Certificate.....	100

List of Tables

Table 1. Summary of Results Related to Research Question 59

Chapter 1: Introduction to the Study

Introduction

Sexual abuse of children is occurring at alarming levels. An estimated 88,000 children are sexually abused each year in the United States, and those rates continue to rise (Hanson & Wallis, 2018). These estimates are based off reported cases; not how many children have been sexually abused. One of the problems with gathering accurate statistics is that many cases of child abuse go unreported (Hanson & Wallis, 2018). Child sexual abuse is a crime that can go undisclosed and underreported (Murray et al., 2014; Townsend et al., 2016). According to Assink et al. (2019), child sexual abuse is a widespread issue that effects people throughout the United States. The U.S. Department of Health and Human Services (DHS, 2013) reported that 9.2% of victimized children were sexually assaulted. Statistics show that 1 in 5 girls and 1 in 20 boys is a victim of child sexual assault (DHS, 2013).

Child sexual abuse has long-ranging effects on both the survivor and the survivor's relationships with others. Relationships can be challenging and take much effort without the obstacles that come along with traumatic experiences (Garnefski et al., 2017). Child sexual abuse is a traumatic event that can alter intimate relationships (Castro et al., 2019). Sexual abuse can heavily influence a survivor's capability to engage in a healthy sexual relationship (World Health Organization [WHO], 2017). According to Lev-Wiesel et al., (2018), the repercussions associated with child sexual assault have been known to impact an individual cognitively, emotionally, and behaviorally. Child sexual abuse is associated with psychological trauma; women who have reported child

sexual abuse are more likely to be socially isolated (Haskell & Randall, 2019). Part of the social isolation may derive from an increased dissatisfaction within relationships.

Child sexual abuse survivors may have conflicted friendships and lack intimacy with a partner as a result of their childhood traumatic experience (Pulverman et al., 2018). Lahousen et al. (2019) suggested that childhood traumatic experiences can manifest into insecurities in interpersonal relationships that can lead to unhealthy patterns in relationships. Examples of those damaging behaviors exhibited by survivors of sexual abuse are jealousy, aggression, and destructive behaviors. Haskell and Randall (2019) found that child sexual abuse has a lasting impairment on the cognitive well-being of the survivor, which can affect their ability to maintain trust in a relationship and may not allow for a certain closeness in an intimate partner and instead turn to multiple sexual affairs outside the relationship.

The toll of child sexual abuse may not be apparent right away. Rather, a paramount event in a person's life could cause these disturbances to emerge (Popovic, 2018). Pulverman et al. (2018) researched child sexual abuse and how it can restrict a survivor from making good choices when it comes to a healthy sex life. Pulverman et al.'s study was conducted to understand the changes, both positive and negative, in sexuality, sexual behavior, and intimacy in survivors' post-assault experience. The study expanded beyond sexual dysfunction, none of the participating survivors mentioned a fear of sex, but more so a feeling of lost interest.

Many child sexual abuse survivors have reported issues with sexual relationships as adults (Murray, 2014). As many as 50% of women child sexual abuse survivors will

experience some form of sexual difficulty (Haskell & Randall, 2019) compared to 35% of non-abused women (Castro et al., 2019). Finkelhor and Browne's (1985) model of traumagenic dynamics provides an understanding on interpersonal difficulties frequently reported among child sexual abuse survivors. According to this model, child sexual abuse has short- and long-term effects on a child's emotional and mental orientation. This model identifies four dynamics present in sexual abuse: (a) traumatic sexualization, (b) betrayal, (c) powerlessness, and (d) stigmatization. These dynamics affect every aspect of the victim and characterize the short- and long-term consequences.

Problem Statement

According to Dugal et al. (2016), child sexual abuse has a lasting impairment on the cognitive well-being of the survivor, which could affect their ability to maintain trust in a relationship and not allow for a certain closeness in one intimate partner, instead causing the survivor to turn to multiple sexual affairs outside the relationship. This is the problem this study was conducted to aim to address. Socially, child sexual abuse survivors become compulsive and lack confidence in their ability to remain monogamous (Lozano, 2015). According to Nguyen et al. (2017), researchers have suggested that intimate relationships are likely to end in separation or even in divorce when there is a victim of child sexual abuse.

Several unpredictable issues can cause a relationship to end, such as infidelity, finances, abuse, addiction, and even mental health (Murray et al., 2014). Vonderlin et al. (2018) examined how these issues could lead to infidelities in intimate partner relationships. Infidelity is an unfaithfulness in a relationship and can severely strain that

relationship and all people involved (Walsh et al., 2018). According to Vonderlin et al. (2018), infidelity can be caused by emotional disconnect between intimate partners, leaving partners to feel alone, sad, or unappreciated.

The generality of self-declared infidelity in child sexual abuse survivors has been notably inflated. Studies have shown the rate of these behaviors are shown to be higher than those non-abused victims (Nielsen et al., 2018). The problem is that infidelities within a relationship or a marriage can be an ongoing issue if the problem of infidelity is not addressed. Infidelity within a partnership can affect individuals both physically and mentally. Healing following an infidelity is a slow process and cannot be rushed.

Research has demonstrated a relationship between child sexual abuse and mental health instabilities that become apparent in later life. This relationship has been found across several backgrounds, socioeconomic status, and forms of trauma (Iyengar et al., 2019). How child sexual abuse impacts a survivor has been researched and studied extensively, but the depth of how it affects people and their intimate relationships demands more attention. Although the aforementioned research regarding child sexual abuse has illuminated important findings, further research is warranted to examine the experiences of child sexual abuse survivors in an effort to address the documented problem of infidelity (Dugal et al., 2016).

Purpose of the Study

The purpose of this basic qualitative study was to explore the relationship and intimacy experiences of later-life infidelities among female survivors of child sexual abuse. Research has a lack of exploration in this area, so the findings of this study will

encourage those working with couples who have experienced infidelity in their relationship due to intimacy concerns as a result of child sexual abuse to acknowledge how these issues affect relationships (Franckowiak, 2017; Lozano, 2015). In this study, I explored the experiences and development of a struggling survivor of child sexual abuse and the issues of intimacy present in the relationship as a result of the experiences of child sexual abuse. These findings can also inspire future research related to this topic.

Research Question

What are the relationship and intimacy experiences of later-life relationship infidelities in female survivors of child sexual abuse?

Theoretical Framework

In this study, I used Finkelhor and Browne's (1985, 1988) model of traumagenic dynamic as a conceptual framework to guide this study of child sexual abuse. This model was theorized by Finkelhor and Browne (1985) as a response to the experience of child sexual abuse and its effects based on a variety of dynamics that account for different symptoms displayed by child sexual abuse survivors. The traumagenic model is used to view the trauma of sexual abuse in four main areas of development: (a) sexuality, (b) the ability to trust in personal relationships, (c) sense of ability to affect the world, and (d) self-esteem (Finkelhor & Browne, 1985). The traumagenic dynamics model states that sexual trauma weakens people's ability to develop healthy relationships as an adult through blaming perpetrators for hindering their sexual development and betraying their trust (Finkelhor & Browne, 1988).

The traumagenic dynamics model guided this study and the interview questions used to obtain information on how the variety of dynamics work when there is a trauma, such as child sexual abuse, and issues of infidelity within an intimate relationship. This model was used to analyze and identify the consequences of child sexual abuse on the psychological adjustment of survivors of child sexual abuse.

Nature of the Study

This qualitative study is significant because it involves collecting and analyzing non-numerical data for statistical analysis (Aspers & Corte, 2019). The nature of this study was a qualitative study with a basic qualitative research design. To collect data, I conducted interviews with participants. According to Aspers and Corte (2019), the exploration for both the meaning and understanding characterizes a qualitative approach. The results are an in-depth description of a phenomenon such as the lived experiences of the impact of child sexual abuse within an intimate couple's relationship. According to Merriam and Grenier (2019), a basic qualitative research study is derived philosophically from constructionism. The data are coded, logged, and recorded within the topic of the research question. The research method was used to identify patterns of experiences and perspectives of the survivors' child sexual abuse and its effects on their intimate relationship. This study adds to any existing literature on this topic and addressing the social problem of infidelities within relationships.

Definitions

Child: Human beings below the age of 18 years unless under the law applicable to the child. *Childhood* refers to the life stage of these individuals. (Cantón-Cortés et al., 2015; Lewis et al, 2016; Tran et al., 2017).

Child sexual abuse: Defined by Testa et al. (2015) as “any sexual contact between a child under the age of 16 and someone at least 5 years older; or unwanted and/or forcible sexual contact between a child under 16 and someone of any age” (p. 2).

Disclosure: Refers to telling another person about abuse either formally or informally, voluntarily, or in response to another person’s invitation to report the abuse (Rush et al., 2014).

Intimate partner: Refers to committed relationships between two people and/or married couples; a person with whom one has a close personal relationship with or some form of emotional connection (Hsu, 2016).

Infidelity: An act involving a third party that violates the standards or boundaries of a relationship between romantic partners; unfaithfulness to a moral obligation (Walsh et al., 2018).

Survivor: An individual who has lived through the experience of child sexual abuse (Murray et al., 2014); an individual who has been exposed to a traumatic situation and is coping with that trauma.

Trauma: The emotional response an individual has to a terrible event such as rape and sexual assault (Coles et al., 2014; Coyle et al., 2014). *Trauma* refers to any

experience that could cause physical and psychological stress reactions (Coles et al., 2014).

Assumptions

In research, assumptions are factors that cannot be proven but must be assumed to adequately conduct the research (Marshall & Rossman, 2016). In qualitative research, knowledge is socially constructed by the individual who experiences it. I aimed to understand the meanings and experiences of the participants, instead of approaching the data as known facts. I planned to make several assumptions while planning the research. First, I assumed participants who experienced some form of child sexual abuse would have experienced issues with intimacy with their significant other. Another assumption was that those victims of child sexual abuse experienced many issues of infidelity in their marriage that stemmed from their childhood victimizations. I assumed the participants would be honest in their answers during their interview. Lastly, I assumed that the experiences presented by the participants would be valid and true.

Limitations

In research, challenges can be expected when conducting a study. According to Ross and Zaidi (2019), the limitations in a study can be defined as the flaws or shortcomings within a research design that can influence the outcomes or conclusions in the study. In this particular study, a limitation would be obtaining participants through flyers presented to the community. There could be a challenge in recruiting potential participants through the use of flyers, considering the sensitivity of the topic being researched. This could lead to hesitancy to engage potential participants. When working

with a population of people of this nature, it can be limiting when faced with cultural barriers among researcher and participants. According to Quinney et al. (2016), basic qualitative studies can become a barrier due to participant access. In this study, I intended to use a small population of only 20 participants, which would limit the generalizability in the findings. A smaller population of participants would not allow for bias and increase in the margin of error.

An additional limitation could come from the inability to objectively verify the results based on the scenarios provided by the participants. The information provided by participants cannot be verified and must be taken at face value. In qualitative research, questions asked are mostly open-ended, which allows participants to be in control of the content being collected (Sutton & Austin, 2015).

Scope and Delimitations

The scope of the study refers to what the research will be addressing through the study (Aspers & Corte, 2019). This basic qualitative study was focused on the perceived understanding of child sexual abuse effects on intimate partner relationships. In this study, I explored the relationship and intimacy experiences of later-life infidelities among female survivors of child sexual abuse. Delimitations result from the choices a researcher makes about what details will be included in a study (Ross, 2019).

I focused on the social problem of infidelity within an intimate relationship as a result of survivors' child sexual abuse. Child sexual abuse is such a complex and wide topic; I narrowed the topic to ensure I could adequately conduct the study. Previous research has been conducted on how child sexual abuse and effects on survivors, but how

abuse has impacted intimate relationships is not a topic that has been discussed extensively. The gap in the literature regarding child sexual abuse and its effects on intimate relationships was used to identify the research problem for this study. Other topics related to child sexual abuse were not included in the research.

I only included participants who fit the criteria for this specific study. I decided to only include women in this study, so men were excluded. According to data, child sexual abuse is most common among children prior to the age of 16 (DHS, 2013), so I excluded participants who experienced abuse when over the age of 16. Purposeful sampling is a technique used to identify participants who meet the criteria for a study (Palinkas, 2015). The delimitations within this study describe the boundaries in place for this research.

Significance of the Study

This study is significant to both research and practice. The major significance in this study is addressing and filling a gap in the literature regarding the social issue of child sexual abuse and infidelity. This research was conducted to later lead to change in the area of divorce or failed relationships among those who have been affected by child sexual assault (see Petersen et al., 2014). This study allows a reader to understand how sexual trauma and infidelity effect intimacy within a relationship dynamic. This research could assist and provide further insight for counselors, therapists, psychologists, and social workers all throughout the country working with survivors of child sexual abuse. I found no research conducted on the lived experiences of intimate couples who have been victims of child sexual abuse.

Lastly, the survivors involved in the research could benefit from the study and address a certain sense of resiliency. Using the findings from this study could decrease the rates of infidelity among intimate couple relationships, which could lead to positive social change. These findings could be used in further research by advocates and therapists to develop further resources and interventions to aid in preventing infidelities among intimate couples when there is a victim of child sexual abuse.

Summary

In this chapter, I provided an overview of my research study. I identified the social problem, research problem, and the purpose for conducting my study. Throughout this process, I developed and identified the research question and stated the conceptual framework used. I provided the nature of the study and outlined the methodology and discussed key definitions.

In Chapter 2, I will discuss some of the aforementioned information in further detail. I provide an extensive literature review related to child sexual abuse and its lasting effects on intimate partner relationships. I include resources obtained through journal articles, books, and other academic resources. My literature review represents the research that has already been conducted in relation to child sexual abuse.

Chapter 2: Literature Review

Introduction

Relationships can be challenging and take much effort even without the obstacles involved with a partner's past traumatic experience. Child sexual abuse can alter intimate relationships (Haskell & Randall, 2019). The purpose of this basic qualitative study was to explore the relationship and intimacy experiences of later-life infidelities among female survivors of child sexual abuse.

In this chapter, I examine how the literature interprets child sexual abuse and provide in-depth information on the commonness of child sexual abuse, the impact of child sexual abuse on sexual development, interpersonal functioning, and the effects that child sexual abuse has on intimate relationships, as well as the problem of infidelity within relationships due to a victim's history of child sexual abuse. I discuss the theoretical framework for family systems and how all systems are connected or disconnected to each other (Palombi, 2016). In Chapter 2, I identify the literature that supports the lived experiences of intimate couples with a history of child sexual abuse and how this current research could contribute to future research. I close Chapter by identifying the gap in the literature.

Literature Search Strategy

I conducted searches in research databases at Walden University using key terms related to this study. The databases I searched included Sage Journals, Google Scholar, Academic Search Complete, dissertations, ProQuest, and searches related to child sexual abuse. Some of the key terms I searched were *child sexual abuse*, *child sexual assault*,

child sexual abuse on intimate relationships, infidelities in relationships with a child sexual abuse survivor, impact of child sexual abuse, and effects of child sexual abuse.

The publications dates for the reviewed literature were between 2010 and 2020. The articles used were selected by relevance and the most current information on this topic.

Theoretical Framework

The traumagenic dynamic model of child sexual abuse was developed by Finkelhor and Browne in 1985 to create a methodical understanding of the effects of child sexual abuse. This model is used to explore the effects of child sexual abuse on survivors who have experienced one or more incidents of abuse. The traumagenic model helps view the trauma of sexual abuse in four main areas of development: (a) sexuality (traumatic sexualization), (b) the ability to trust in personal relationships (betrayal), (c) sense of ability to affect the world (powerlessness), and (d) self-esteem (stigmatization; Finkelhor & Browne, 1985). Despite the fact that these dynamics can occur with other types of trauma (e.g., combat trauma, interpersonal violence) and may not be the most distinctive to child sexual abuse, the culmination of these dynamics makes child sexual abuse unique when compared to other traumas (Finkelhor & Browne, 1985). This model assists in identifying the psychological outcomes of child sexual abuse and damage to survivors' sexual development.

Traumatic sexualization is the way in which a child's sexual development becomes effected negatively by child sexual abuse (Finkelhor & Browne, 1985). According to Finkelhor and Browne (1985), this is the process by which a child's feelings are shaped in a dysfunctional manner and can result in inappropriate sexual

behaviors. Betrayal refers to when a child who was a victim of child sexual abuse realizes that someone they trusted or loved caused the trauma (Finkelhor & Browne, 1985). Powerlessness is the process by which a child's body is violated against their will. Powerlessness intensifies if a child is not capable of making other people understand exactly what is happening, while recognizing the feelings of guilt and shame (Finkelhor & Browne, 1985, 1988). Stigmatization refers to the negative implications communicated to the child surrounding their child sexual abuse experience, which becomes a part of their self-image (Finkelhor & Browne, 1985). The traumagenic dynamics model is relevant to this study because child sexual abuse victims may have long-term effects in their overall mental health and their sexual interactions in relationships (Finkelhor & Browne, 1985). According to Finkelhor and Browne (1985,1988), this model offers an intricate assessment of trauma that can be used to evaluate the abuse experience and a way to examine how the abuse experience contributes to the creation of each of the traumagenic dynamics. This model allows those working with victims of child sexual abuse to recognize the symptoms a survivor might display.

This model has been applied in several studies as a way to understand child sexual abuse and how it is connected to the emotions and behaviors of the child sexual abuse survivor (Canton-Cortes et al., 2013). Canton-Cortes et al. (2013) reported that many studies involving the traumagenic dynamics model have been focused on the effects of several dynamics; however, most recent studies are examining traumagenic dynamics individually. Canton-Cortes et al. (2013) aimed to further explore the efficiency of the traumagenic dynamics model by investigating trauma severity and exposure to domestic

violence on the presence of the traumagenic dynamics in adolescent girls and effects on girls' attitudes toward romantic relationships.

Senn et al. (2017) conducted a study to focus on child sexual abuse victims and long-term effects on their overall mental and physical health. The researchers focused on the perceptions of child sexual abuse by others, harm caused to the child, and the responsibility of the adult who betrays the victims' trust (Senn et al., 2017). The traumatic experience of child sexual abuse can alter victims' perceptions of what is appropriate in sexual interactions (Senn et al., 2017). Victims can find themselves confused about sexual boundaries and interactions with adults can be affected. The traumagenic model has been examined by many researchers and has had a positive impact on child sexual abuse investigations (Senn et al., 2017).

Literature Review

Defining Child Sexual Abuse

There are several definitions for child sexual abuse. According to Murray et al. (2014), child sexual abuse definitions vary in terminology among the various cultures and researchers who have aimed to define the term. The Centers for Disease Control and Prevention (CDC, 2014), defined *child sexual abuse* as any sexual act or contact of a child by a caregiver. The WHO (2017) defined child sexual abuse as the act of involving a child in sexual activity the child cannot fully understand, cannot give consent to, or is in violation of specific laws. Many of the definitions have required that the abuse occurred before a certain age (McElvaney et al., 2020; Murray et al., 2014), whereas others disagree on what constitutes child sexual abuse (Scoglio et al., 2019; Suter, 2014).

Culturally, the term *child sexual abuse* can be complex when defined based on cultural meaning and normality. For this specific study, the definition used is from Waid-Lindberg and Mohr (2019) as follows: a child providing any form of sexual gratification to another individual. This activity can be perpetuated by another adult, an older child, or even a child the same age, but coercion is used for the child to perform sexual acts (Mathews & Collin-Vézina, 2019).

Frequency of Abuse

The frequency of abuse contributes to the effect and impact on a child's life. Child sexual abuse is a crime that can go undisclosed and underreported (Murray et al., 2014; Townsend et al., 2016). Studies have shown that child sexual abuse occurs more often than expected (Ashraf et al., 2020; Castro et al., 2019; Fisher et al., 2017). How child sexual abuse impacts a survivor is a topic that has been researched and studied extensively, but the depth of how it affects people and their intimate relationships is a topic that demands more attention. According to WHO, roughly 1 in every 3 children is a victim of child sexual abuse. The reported frequency rates can range from 7% to 36% for women and 3% to 29% for men (Smith et al., 2017). These rates show that women are reporting child sexual abuse more often than men are (Smith et al., 2017). The disparity in the reported rates of child sexual abuse could be characterized by the variations in how child sexual abuse is defined (Mathews & Collin-Vézina, 2019).

Aftermath of Child Sexual Abuse

Sexual abuse impacts relationships. Sexual abuse can heavily influence a survivor's capability to engage in a healthy sexual relationship (Haskell & Randall,

2019). Abuse impacts victims' ability to have a normal sex life. Children who have been victims of child sexual abuse are more likely to suffer long-term psychological tribulation (Coyle et al., 2014; Lippard & Nemeroff, 2020). The impact of abuse could be determined based on factors such as age of the child, when the abuse occurred, how often the abuse occurred, the type of sexual abuse committed, the relationship between the child and the abuser, and if there was use of physical violence (Canton-Cortes et al., 2015; Lewis et al., 2016).

Experiences of child sexual abuse vary among each child survivor, and each survivor is affected by their trauma in their own way. Moreover, the deep-rooted impact of child sexual abuse can depend on a family's level of mental stability prior to the abuse (Hailes et al., 2019; Testa et al., 2015). Each victim's experiences and responses are not always the same, which would determine the effects the trauma can have on their other relationships (Murray, 2014). The aftermath of child sexual abuse is a trauma that can affect an individual and those with whom they form relationships and can be divided into categories—cognitive, emotional, and behavioral—surrounding of an individual's functioning (Karakurt & Silver, 2014).

Cognitive Effects of Abuse

Alongside other forms of trauma that could occur during childhood, child sexual abuse has been revealed to affect cognitive behavior throughout the life of the individual who experiences the child sexual abuse. Research has shown that trauma experienced early in life can lead to changes in an individual's cognitive functioning (Strathearn et al., 2020). The individual is more susceptible to experiencing issues with detachment

(Stiernagle, 2017), flashbacks (Hailes et al., 2019), sleeplessness (Mathews & Collin-Vezina, 2019), and even misrepresentation in how the individual perceives themselves, others, and the world (Stiernagle, 2017). Marques et al. (2020) conducted a study which included 26 college women with a history of childhood sexual abuse recruited within a community. Those women were compared to 19 female recruits who were not victimized. The study showed that child sexual abuse appeared to be associated with an array of neuropsychological deficiencies.

The neuropsychological effects of child sexual abuse have recently received an increase in attention. The most common imbalance comes from a victim's views of themselves and their inability to trust, which could impact their emotions and behavior toward others (Karakurt, 2014). A shortfall in short-term verbal memory has been observed in adults with a history of child sexual abuse. Karakurt (2014) found that women who had experienced child sexual abuse experienced neuropsychiatric and neurocognitive abnormalities. In conclusion, one third of those women reported an ongoing concern of experiencing symptoms of posttraumatic stress disorder (PTSD; Karakurt, 2014).

Emotional Effects of Abuse

Child sexual abuse can lead to a range of emotional irregularity. According to Coyle et al. (2014), survivors of child sexual abuse can experience times ranging from when they have no emotion (e.g., numbness) to a feeling of extreme anger. Survivors can also encounter times when they have extreme shame or guilt (Coyle et al., 2014; Murray et al., 2014; Reid, 2018). These feelings of shame or guilt can influence survivors' ability

to prosper and assert interpersonal relationships. In addition to these emotional disturbances, feelings of fear, sadness, and depression have been described by victims of child sexual abuse (Tran et al., 2017). These findings highlight the understanding of and strong comparisons between emotional phenomena—in particular the feelings of shame and guilt in child sexual abuse survivors (Murray et al., 2014).

Several studies have been conducted on mental health and emotional triangulation related to child sexual abuse survivors. In this particular study, conducted in 2012 by Shrivastava et al., (2017), a sample of 17,014 respondents aged 20 years and older included 651 participants who had a history of child sexual abuse. Path analysis was used to estimate the direct and indirect paths between child sexual abuse, protective factors, and complete mental health. The association between child sexual abuse and complete mental health was accompanied by a lifetime of depression, anxiety, and substance abuse and always needing to have a confidant (Shrivastava et al. 2017). Shrivastava et al. (2017) concluded that complete mental health among survivors of child sexual abuse is related to social and emotional factors, including a lifetime history of mental health conditions.

Impact of Child Sexual Abuse on Child Development

Child sexual abuse impacts child development. According to WHO (2017), the perceptions and understandings of the world, self, and others would be attained in one's childhood, but the abuse would play a negative role in those assumptions. According to Bakken et al., (2017), childhood is also one of the most important times in a child's life because this is where the child learns their social skills and develops coping skills. In the

developmental stages, one would begin to mature, learn social skills, and begin to understand others these developmental stages would be integrated. When an individual begins to mature and starts to understand and trust in others, child sexual abuse becomes a major violation to the domains of development (Bakken et al., 2017). It has been studied and discussed throughout time that in sexual abuse, the perpetrator is normally someone that the child trusts, such as a family member (Murray et al., 2014). As Assink et al., (2019) claimed, “Sexual abuse violates the child’s basic beliefs about safety and trust in relationships, disturbing the sense of self and the ability to have satisfying relationships” (p.11). When the developmental stages are disrupted, it can lead to a dysfunction in the psychological development (Scott et al., 2016). The impact of child sexual abuse is not a psychological issue that occurs once in the victim’s life however, it will continue to affect the survivor throughout one’s life (Scott et al., 2016; Vaillancourt-Morel, 2019). Accomplishing certain milestones in life such as being in an intimate relationship, marriage, and/or childbirth can be a constant reminder of the survivor’s abuse experience which can be extremely traumatic (Bakken et al., 2017, Harford et al., 2014).

Interpersonal Functioning

Child sexual abuse can have a major effect on the interpersonal functioning within the intimate partner relationship. Research would suggest that couples all experience some level of distress, however couples who have a survivor of child sexual abuse within the relationship are known to experience higher levels of stress (Hsu, 2016). Socially, child sexual abuse survivors become compulsive and lack confidence in their ability to

remain monogamous (Lozano, 2015). There are several unpredictable issues that can cause a relationship to end such as: infidelity, finances, abuse, addiction, and even mental health (Murray et al., 2014). According to Solomon and Teagno (2020), infidelity is caused because of the continued emotional disconnect between the intimate partners, and state that they felt alone, sad, or unappreciated.

Impact on Non-Abused Partner

Child sexual abuse does not only impact the victim but also those who have not experienced this trauma. Within the research, much of the research examines the impact of child sexual abuse on the survivor and not on the intimate couple (Nielsen et al., 2018). As researchers begin to consider the couple, the partners experiences become something that cannot be unnoticed. In history, there have been a few qualitative studies that have been conducted to direct attention to child sexual abuse and how it would directly affect the partner (Suter, 2014). One that would be common throughout the research would be secondary trauma that is experienced by the partner (Ellis & Knight, 2018). When these experiences are shared amongst the partner and the survivor, this can then lead to symptoms of trauma in the partner (Franckowiak,2017).

According to Franckowiak (2017), secondary trauma that is experienced in the partner could be related to the unpredictability of emotions that would occur in the survivor. Secondary trauma has been known to trigger feelings of anger towards the non-abused partner within the relationship (Lozano, 2015). The partner's anger has been described as unreasonable and should not be directed towards them (Fisher, 2017). According to Fisher (2017), secondary trauma that has been experienced by the partner of

the child sexual abuse survivor. Fisher (2017) identified 17 couples, and out of those 17, 15 of those couples had reported history of child sexual abuse within the intimate relationship. The study identified the following factors that were identified amongst the participants in this study: how severe the stress was in the relationship, the quality of the relationship, and family adjustment through the self-reporting measures. The conclusion of this study had indicated that those couples that had reported a history of child sexual abuse experienced higher stress symptoms than other couples that did not have any experiences with child sexual abuse. The results of the study indicated that the levels of psychological distress were not significant in either partner, which would support the theory of secondary trauma (Fisher, 2017).

Child sexual abuse can impact all aspects of the survivor's life including their intimate partner and their ability to function within the relationship (Haskell & Randall, 2019). Research would suggest that the partner to the survivor would experience difficulties in the intra- and inter- personal dynamics in the relationship, subsequently caused by the secondary effects of the trauma (Campbell & Renshaw, 2018; Dugal et al., 2016). According to Maercker and Hecker, (2016), when scrutinizing trauma, the significance has been placed on the individual who has experienced the trauma, but there is a domino effect that would extend onto the loved ones. Even though, the intimate partner was not there to witness the actual abuse, they are present for the direct impact of the abuse. According to Dagan et al. (2015), secondary traumatization can be incurred when the individual has been exposed to someone who has been traumatized. The literature has recommended that those secondary survivors may also experience

symptoms that child sexual abuse survivors have also experienced such as anger, shame, and fear (Coles et al., 2014). According to Lozano (2015), these emotional dysfunctions would be a result of the partners' history of sexual abuse, along with how it has caused difficulty within the intimate relationship.

Relationship Difficulties

Research has speculated that victims of child sexual abuse will experience relationship complications (Lassri et al., 2018). Those survivors of child sexual abuse have described their on-going difficulty with interacting with both men and women (Karakurt & Silver, 2014). Some of these issues that have been identified by those survivors of child sexual abuse would include, "social separation, mistrust of men, issues with making and maintaining relationships, difficulties with functioning in a relationship, sexual dysfunction, and difficulty in social functioning" (Fisher et al., 2017, p. 44).

There have been several studies conducted examining child sexual abuse survivors compared to non-child sexual abuse survivors and their issues that they have experienced within relationships. In one study, researchers examined a longitudinal mediational study that identified child sexual abuse having impact on adulthood interpersonal functioning and sexual risks (Dugal et al., 2018). The research connected intimacy issues within the relationship, which included issues such as a lack of sexual satisfaction and intimate violence within the relationship (Testa et al., 2015). Women who have experienced child sexual abuse have portrayed dangerous sexual behaviors such as multiple sexual partners, reputation for having risky sexualized behaviors, and being deceitful to the partner in the intimate relationship (Castro et al., 2019). It was

found that child sexual abuse was the most likely reason when pertaining to the adult risky sexualized behavior. According to Herbert and Bromfield (2019), when these victims were compared to individuals who had not been sexually abused, those who had been victims had reported increased levels of relational complications in areas of control, trust, confidence, and detachment between them and their intimate partner.

Child Sexual Abuse and the Psychosocial Consequences in Adulthood

Child sexual abuse can cause a range of negative effects on the survivor's thoughts and behavior. It has been suggested that child sexual abuse could cause a disablement with regard to the development and maintenance of intimate relationships (Brown & Wright, 2017; Campbell & Renshaw, 2018; Hsu, 2016). Normal activities that is expected to strengthen a relationship, such as lovemaking can be experienced as re traumatization which are situations that make victims vulnerable and are often avoided (Moschella, 2020). According to Gilleard and Higgs (2016), the process of human development is life-long, and conflicts remain throughout the life cycle. A traumatic experience, such as child sexual abuse, could create some risky behaviors when pertaining to personality development and relationships. Erikson's psychosocial model (1963) represents that throughout early adulthood, survivors of child sexual abuse often struggle to develop with intimacy and identity, because they have not had the ability to establish the necessary ego strengths of trust, initiative, and identity.

Child Sexual Abuse and Intimate Partner Relationships

Child sexual abuse can impact intimate partner relationships. This traumatic experience can result in the dysfunction in an individual's sense of identity, so an

individual would then struggle to develop and maintain intimacy (Campbell & Renshaw, 2018). Childhood trauma survivor's find difficulty in maintaining and developing marital relationships, due to the fact that survivor's behaviors would correlate to issues with intimate relationships, social isolation, problems with self-confidence, self-mutilation, and severe psychological distress (Gobout et al., 2020). According to Murray (2017), Child sexual abuse is reported to be linked to cognitive abnormalities, which have been suggested to impair relationships. Garnefski et al (2017), suggests that developing a relationship would be essential for the individual would require mutuality and be willing to compromise with their partner. Franckowiak (2017), suggests that establishing a healthy identity is mandatory for engagement in intimacy and long-term relationships. Sexual abuse survivors demonstrate patterns of mistrust and engagement (Campbell & Renshaw, 2018).

Issues With Trust

Trust has always been reported as one of the most essential components to a healthy relationship (Laborde et al., 2014). According to Murray et al., (2014), one of the long-term effects of child sexual abuse is difficulty developing trust in an adult relationship because of the violation of trust when a child is sexually abused. In response to this lack of trust, trauma survivors would find themselves testing the relationship to see if the partner would end the relationship, early. Child sexual abuse survivors have described this behavior as being motivated by issues with trust in prior relationships as well as the abuse. According to Lefevre et al., (2017), child sexual abuse victims have reported that there is a lack of trust in self as well as in others. The victim of the child

sexual abuse find that they will be retraumatized if they trust others with the details of what they have experienced. They feel that it is safer for them to be discrete, which could later lead to discrete behavior within the intimate relationship (Lefevre et al., 2017).

There has been a higher rate of divorce amongst survivor couples, because of the lack of trust and testing that trust within the relationship (Brown & Wright, 2017).

Lefevre et al., (2017), examine a study where the non-abused partner has reported that they found their partner to be insecure within the relationship and find that their insecurities would entice their decision to commit infidelities within the relationship.

Shame and Guilt

Child sexual abuse can be a highly stigmatizing experience. In child sexual abuse survivors, shame is much different than guilt (Haskell & Randall, 2019). According to Nielsen et al., (2018), guilt is a negative assessment of behavior, while shame is considered as a negative self-assessment. Not all survivors of child sexual abuse experience shame and what is shameful for one person may not be shameful for the other (Reid, 2018). Therefore, shame is self-identified and a very subjective experience.

Haskell and Randall (2019), discuss mild shame from the shame that can result from traumatic disjuncture of relational bonds caused by violation, betrayal, and extreme humiliation, as victims would identify when experiencing child sexual abuse. The effects of shame and guilt can be debilitating, disempowering, upsetting, and cause such a strain on relationships (Reid, 2018). Therefore, it is essential to understand these effects and what steps to take to take control of it.

Relationship Stability

Child sexual abuse survivors have reported increased instances of divorce and separation within romantic relationships amongst trauma survivors. Those reports have been known to differ from relationships of non-abused individuals when related to stability. Female sexual abuse survivors may have a predisposition to the pursuit of romantic relationships that are based off casual intimacy with a little expectation of long-term stability. The lack of commitment can be related to those issues of intimacy and trust.

Testa et al., (2015), examined a random sample of 2,250 women and distributed a questionnaire identifying various abuse experiences and a range of interpersonal, social, and sexual difficulties. Those 248 individuals who reported a history of child sexual abuse were invited to participate in an interview. The results of this study reported a decline in socioeconomic status, sexual dysfunctions, and unsuccessful intimate relationships (Testa et al., 2015). In conclusion, the study confirmed that those who reported child sexual abuse would be more likely to suffer from social, sexual, and interpersonal difficulties throughout their adult life (Testa et al., 2015).

Survivors of child sexual abuse may have more of a tendency to pursue a more casual romantic relationship, rather than seek out a relationship with more stability (Marques et al., 2020). According to Brown and Wright (2017), the lack of commitment to romantic relationships within the survivor relationship can be connected to issues with intimacy, trust, and communication.

Issues With Communication

Survivors and their partners may find that their ability to communicate is extremely challenging. Research has suggested that these communication challenges can be directly related to the feelings of shame, guilt, and inferiority that are linked to a sexual abuse survivor (Brown & Wright, 2017). According to Brown & Wright (2017), partners have also reported a feeling of betrayal because the survivor was not willing to share their experiences of the abuse. The partner also described this as a feeling of a form of dysfunctional communication (Campbell & Renshaw, 2018). When a child is sexual abused, they could be reluctant to sharing those vulnerable moments with others as a way of protecting themselves (Coyle et al., 2014). However, if this reluctance continues throughout the survivor's adult life it can become an issue with the intimate partner relationship.

Sexual Dysfunction

Survivors of child sexual abuse can experience sexual dysfunction within an intimate relationship. A history of child sexual abuse can be a clear indicator that the individual would be faced with issues of sexuality and sexual functioning (Pulverman, et al., 2018; Wells et al., 2019). The research examined peer reviewed articles that would supports these claims. Pulverman et al., (2018), examined the distinction between child sexual abuse women's sexual functions. A survey was administered to a sample of 1,376 women. Out of the 1,376 women a 47% of women with child sexual abuse histories reported at least 1 sexual issue, with an odd of 2.44 for a probability of a sexual dysfunction following the child sexual abuse. The results have indicated a notable

association among someone with a history of sexual abuse that disclosed an “increase in sexual problems, and a disturbance within the intimate partner relationship” (Pulverman et al., 2018, p. 4). With reference to sexual intimacy, research found that survivors of child sexual abuse were as sexually active as those who had not reported child sexual abuse. Pulverman et al., (2018), also found that survivors would be more likely to be more disappointed in their sexual intimacy.

Those who have survived child sexual abuse, have associated sexual activity with cynical feelings such as shame, fear, guilt, pain, in addition to memories of their own abusive experiences (Coyle, et al., 2014). As a result of the child sexual abuse, the survivor may experience some sexual difficulties that could include the survivor not enjoying sex, sexual dysfunction, and the lack of ability to be satisfied (Zolbrod, 2015). According to Assink et al., (2019), The survivor is also more likely to become preoccupied with sexual activities that would lead to patterns such as promiscuity and risky behaviors. Even though the survivor can become highly interested in the sexual activity, those survivors have disclosed that they have become completely absent in their sexual activities (Franckowiak, 2017).

Discussion of the Literature

According to Kilimnik et al. (2018), child sexual abuse research has been criticized in terms of the efficiency throughout previous research. It is critical to understand that studies that examine child sexual abuse is often based off-of self-reported data and backdated account; the precision of those studies cannot always be substantiated (Mills et. al., 2016). The main concern that has been discussed is how adequate these

research designs are, and the usefulness in the statistical strategies, timing of the assessments, and other factors that could be related to the child sexual abuse-symptom relations (Murray et al., 2014). It has been suggested that the many ramifications found to be associated with a history of child sexual abuse can also be found to be associated with other forms of abuse and trauma (Finkelhor & Browne, 1985). As a result of the lack of literature, it is important not to conclude casualties between a history of child sexual abuse and difficulties in intimate relationships later in life (Bussetto et al., 2020; Canton-Cortes et al., 2015; Murray et al., 2014).

Sigurdardottir and Halldorsdottir (2018), conducted a study that sampled participants who disclosed a trauma related disorder, and their results proposed the participants who had reported some form of child abuse (i.e., sexual or physical) had experienced higher levels of dissociation than those participants who did not report an abuse history. Research does support a relationship between child sexual abuse and symptoms that would become apparent in the later part of life; this relationship has been found to stabilize “after controlling the background variables such as socioeconomic status and other forms of trauma.” (Coyle et al., 2014, p.5). According to Marques et al., (2020), child sexual abuse has been speculated to have cognitive and conditioned responses that will continue into adulthood. Despite any criticisms, research would support a relationship between child sexual abuse and a number of trauma responses that can last throughout the survivor’s life.

Summary

This chapter provided a review of literature on child sexual abuse. According to the literature, children are experiencing child sexual abuse at a rising rate throughout the United States (Hanson & Wallis, 2018). As a result of the child sexual abuse, survivors may struggle with long-term psychological, behavioral, cognitive, interpersonal, and physical effects (Lev-Wiesel et al., 2018). According to Pulverman et al., (2018), child sexual abuse may adjust how a child experiences trust and safety throughout their lives. This safety and trust can lead into how the survivor reacts to interpersonal relationships and interpersonal functioning (Pulverman et al., 2018). This review noted how child sexual abuse impacts the survivor and its effect on intimate relationships. This study attempts to address the gap in the research that would examine the experiences of child sexual abuse survivors in an effort to address the problem of infidelity.

In the next chapter, I will discuss the basic qualitative research design that I will use for this study. I describe the methodology, which includes the population, recruitment, instrumentation, and data collection. I will also describe validity, ethical issues, and trustworthiness for this qualitative study.

Chapter 3: Research Method

Introduction

The purpose of this study was to explore the relationship and intimacy experiences of later-life infidelities among survivors of child sexual abuse. Further research is needed to understand the point of view of the victim of child sexual abuse and how that abuse affects intimate relationships. A basic qualitative research design was used to explore the lived experiences of study participants. I sought to better understand how individuals perceive and explain these events and situations (see Bussetto et al., 2020). In this chapter, I discuss and offer a rationale for the basic qualitative design. I also review the research question, discuss my role as the researcher, describe the methodology, and discuss the issues of trustworthiness for this study.

Research Design and Rationale

The research question that guided this study was: What are the relationship and intimacy experiences of later-life relationship infidelities in female survivors of child sexual abuse? For this study, I chose the qualitative method. Qualitative research is used when a researcher wants to understand the experiences and perspectives and meanings of the experiences (Merriam & Grenier, 2019). Qualitative researchers use open-ended questions in interviews to gather data on participants' perspectives (Merriam & Grenier, 2019).

A basic qualitative research design was chosen for this study because it allowed me to explore a social problem through a distinct methodological inquiry process to study a phenomenon in its natural environment (see Bussetto et al., 2020). Basic qualitative

research is the most appropriate for studies in which researchers aim to gather information on people's understanding concerning a specific issue or an experience (Merriam & Grenier, 2019). A basic qualitative research design was the most appropriate choice for this study to explore and understand the perceptions of child sexual abuse within intimate partner relationships. The focus of this study was relationship and intimacy experiences of adults who experienced child sexual abuse. I collected data through interviews to understand the perceptions of participants using a small sample rather than a large-scale sample, such as that used in quantitative research.

Role of the Researcher

I was the researcher in this study and the transcriber for all the data that were collected throughout this research. A researcher is a critical component in qualitative research (Merriam & Tisdell, 2016). In qualitative research, a researcher identifies how their experiences configure the explanations they gather throughout the coding and theme development process (Lester et al., 2020). The role of a researcher is the key to exploring the perceived understandings of the participants, which could offer reasoning for their behavior and attitude toward others. According to Merriam and Grenier (2019), a researcher develops research questions, recruits participants, collects data and then codes, analyzes, and interprets the data.

According to Yarborough (2020), a researcher's beliefs and personal perspectives can create researcher bias. Therefore, a researcher must examine their individuality in qualitative research and maintain validity. Due to interactions between researcher and participants, all personal biases must be acknowledged and managed to ensure they have

no influence on the research being conducted (Yarborough, 2020). Qualitative research methods have been criticized for lacking rigor detailing biased results (Aspers & Corte, 2019). I mitigated bias by ensuring the questions were framed and structured skillfully, while ensuring that all records remain honest and detailed.

Positionality and reflexivity are two theories researchers can use to bring awareness to their own roles, individualities, and biases that could influence the process and results (Corlett & Mavin, 2018). Positionality refers to a researcher's identity and how it relates to the influence and place in the research process (Corlett & Mavin, 2018). Researcher reflexivity refers to the process in which a researcher assesses their positionality, social location, and subjectivity that could affect them throughout the research process (Corlett & Mavin, 2018).

My role in this study comes from personal and professional experience in the topic being studied. My positionality in this study is my experience with child sexual abuse. I have worked in the field of social work by providing advocating services to children who have been victims of trauma. Those traumas include physical or sexual abuse, neglect, witnessing domestic violence, witnessing abuse of drugs and alcohol, and child maltreatment. I will use these findings to advance my advocating career.

Methodology

Sampling

The participants in this study were purposively selected. I chose to interview only female survivors of child sexual abuse. Purposive sampling is a systematic sampling method where a researcher identifies specific groups of people who fit the criteria of the

study and are most accessible to the researcher (Palinkas, 2015). According to Palinkas (2015), purposive sampling allows a researcher to rely on their own judgment when choosing participants in a given study. Purposive sampling guarantees that a researcher selects participants who fill a specific criterion (Etikan et al., 2016). Participants for this qualitative study were chosen through purposive sampling. Purposive sampling allows for the recognition and understanding of the particular phenomenon being studied (Palinkas et al., 2015). Purposive sampling allows for the proper selection of individuals who have received treatment for the impact of child sexual abuse and have experienced infidelities within relationships. The primary purpose when using purposive sampling is not to obtain a single correct answer but to examine the complexities in the different experiences of participants.

Choosing an adequate sample size in qualitative research is extremely important to ensure that a researcher obtains adequate data. According to Vasileiou et al. (2018), in qualitative research a sample size under 50 can ensure that a researcher can manage the complexity of the data obtained. I also planned to engage in snowball sampling if and when purposive sampling procedures failed to produce an adequate number of participants (Hanage et al, 2020). I planned to use snowball sampling in the event that purposive sampling did not provide at least 20 participants for this study. Snowball sampling occurs when a researcher asks a participant to provide information about the study to other participants who meet the study criteria (Ali & Tanveer, 2022). I planned to use this sampling method to attempt to recruit additional participants for the study.

According to Ali and Tanveer (2022), snowball sampling is one of the most popular methods used in qualitative research.

The WHO (2017) has reported a higher ratio of female survivors than male survivors of child sexual abuse, which would allow me a better chance of obtaining participants to engage in this particular study. The female participants in this study needed to have experienced sexual trauma at some point in their life prior to age 16. A purposive sample of data for this study would include 20 participants. Those 20 participants needed to meet the following criteria to participate in the study: (a) female; (b) at least 21 years old at the time of the study and have experienced child sexual abuse prior to age 16; (c) involved in a heterosexual cohabitating or marital relationship in which the female participant committed an infidelity in the relationship as a result of their child sexual abuse; (d) have been in a relationship for at least 1 year or more; and (e) willing to dedicate 1–2 hours of their time to participate in the interview.

Instrumentation

Data were collected through semistructured interviews conducted in person through Zoom for this study. Semistructured interviews are flexible forms of data collection that allow researchers to explore participants' thoughts and feelings about a particular topic (DeJonckheere & Vaughn, 2019). I predicted these interviews would last about 45 minutes in length. After receiving participant consent through email, I used the Zoom interview to gain access to understanding the perceptions of each participant. Additionally, I prepared open-ended questions to encourage participants to provide a more descriptive interpretation of their experiences.

The questions used in the interviews were open-ended and preplanned prompts allowed me to build rapport in the interview process. The main research question being asked in this study was: What are the relationship and intimacy experiences of later-life relationship infidelities in female survivors of child sexual abuse? I did not take the research question from a published instrument. I developed interview questions that pertained to the research question (see Appendix A). For this study, the open-ended researcher-developed questions allowed me to probe for more details about the participants' responses.

Procedures for Recruitment and Participation

Before recruitment began, I obtained my approval number 02-20-23-0618064 which expires on February 19, 2024. I obtained permission through Walden University's Institutional Review Board (IRB) due to the study consisting of human subjects. A purposive sample of 20 participants (see Vasileiou et al., 2018) was recruited through flyers. The research study participants were accessed through social media posts on various social media sites, e.g., Facebook, Instagram, LinkedIn, etc. I solicited participants through purposeful sampling procedures beginning with an open invitation for recruitment by way of online social media sites. I also posted flyers and invitations throughout local businesses within the area. Consent and permission from local businesses was obtained prior to posting any flyers or invitations about the study. The invitation to be a participant in the study was done electronically through email or phone. Individuals interested in participating in the study were able to contact me by email or phone. Those who contacted me by email received a follow-up email requesting

convenient times to schedule a Zoom interview. Those who contacted me by phone were provided a link through Doodle.com to select appropriate time slots for their interview. To create a safe and confidential space, interviews were conducted through Zoom in a space comfortable for the participants. I provided the consent form to participants through email. The participants were asked to reply to the email using the words, *I consent*. I informed participants that the Zoom would be audio recorded. I then moved forward with the interview questions (see Appendix A).

Data Collection

In data collection, the researcher acts as the primary instrument in this process of this qualitative study (Merriam & Grenier, 2019). This study includes procedures that aimed to answer the research question. Following IRB approval, participants were recruited, contacted, and then asked to provide consent through email by indicating the words, "I consent". A total of 20 participants who agreed to participate would be contacted through Zoom to discuss the study in further detail. After extensive research, I found that 20 participants would give adequate results to effectively answer the research question (Vasileiou et al., 2018). *Appendix A* contains the interview questions that I have asked in this study. Individual semi structured interviews were used to collect the data for this study. I have asked a series of open-ended self-made questions that allowed me to ask more probing questions that would allow for more in-depth answers (Merriam & Grenier, 2019). Purposeful sampling was used in this study for recruitment, which increased the probability of choosing participants who would provide the most relevant information to the present study (Martinez et al., 2016). DeJonckheere and Vaughn

(2019), recommended that a semi structured interview last about 1 hour to 1 hour and a half, the interviewer should prepare about 11 interview questions. The questions should be open-ended and not allow for any leading of the responses (DeJonckheere & Vaughn, 2019). I have prepared a total of 11 questions that have been asked in the interview with the participant. (Appendix A).

In the pre interview discussion, I developed the initial rapport with the participant to assure them that they are in a safe space, and I assured the participant that they would not have to discuss anything that the participant did not feel comfortable discussing. The pre interview lasted about 5 minutes and I asked the 5 screening questions to ensure that the participant is eligible to participate. In basic qualitative research studies, interviews generally include past and present experiences to describe the participants' overall experience with the phenomenon (Aspers, 2019). The research interview did take about 1 hour, which ensured that the participant had enough time to answer each question.

All the data being collected was recorded while on the Zoom call with the participant with each participant's permission. I have provided the interview questions developed for the open-ended interviews, and then the coding of the interviews were included. Following the interview, the participants have been provided with the opportunity to provide any additional comments or remarks in relation to the study. I audio-recorded each interview while on the Zoom meeting with the participant, and then I transcribed the interview utilizing a confidential transcribing service. I have used Rev (rev.com) to transcribe the interview. After the interview is transcribed, I contacted the participant through email to request that the participant perform a member check of the

transcribed interview. Member checks enhance the trustworthiness and accuracy of the qualitative data (Candella, 2019; Birt et al., 2016). This process validates the responses while minimizing research bias by comparing the researcher's notes and understanding the interviewee's responses (Candella, 2019). I utilized this technique as a way of establishing credibility within the interview and data collection process. I requested that the participant inform me through email if the interview was acceptable or if they would like to make any changes. If the participant requests that there be a change made to the interview, I made a note in the data analysis memo and include the change in the data analysis.

Data Analysis

I obtained data for this study by conducting in-depth, one-on-one interviews with all recruited participants through Zoom. According to Merriam & Tisdell (2016), data analysis is often a subjective process that entails the researcher to identify similarities, themes, and patterns to link together the data obtained and the research question being asked in the study. Through the process of identifying the patterns within the transcript will allow the researcher to adequately organize the data and help answer the research question.

Zoom is a collaborative, cloud-based videoconferencing service that offers features such as online meetings and secure recording of sessions (Gray et al., 2020). Zoom allows the researcher to record the interview without a third-party software. I utilized the automatic live transcription capability through the Zoom application and check the recording of the interview against the transcript. Zoom's video recording

feature will automatically generate a searchable transcript. I reread the transcripts at least twice to begin to identify the patterns and meaning, taking notes as the researcher goes along (Guest et al., 2020). The emerging data will allow for the development of themes, providing for the focus of the data analysis plan of this study (Guest et al., 2020).

In basic qualitative research, the researcher is aiming to uncover individual's perceptions of their own experiences and what those experiences mean (Bussetto et al., 2020). Some of the coding methods used in qualitative research are open, axial, and selective coding. Open coding is a first cycle of coding, whereas; axial and selective are second cycle methods (Saldana, 2016). I began the process of open coding by identifying emotions, actions, reactions, and events that seem related to the research question. During the open coding phase, themes are preliminary and can change as the researcher analyzes the data. I plan to use open coding as the first cycle of coding in the interview process. The process of coding qualitative data is an essential part of the analytical process of analyzing the qualitative research. Qualitative coding allows for the researcher to interpret, organize, and structure the observations into meaningful theories. Qualitative researchers use first and second cycles to code and recode data because qualitative data is not always straightforward, but rather repeated (Saldana, 2016). The first cycle of coding breaks down the qualitative data into parts so that it can be analyzed in further detail (Saldana, 2016). Saldana (2016), also discusses the second style of coding that allows the researcher to identify the codes and categories and develop the patterns and themes to align the data to the research and theory in the study.

I utilized the NVivo Qualitative Data Analysis Software. This software will assist the researcher in the organization and analyzation in the data being studied (QSR International, 2020). I chose this software to assist with increased identification of emerging patterns. This software will assist the researcher in organizing, analyzing, and visualizing the unstructured information by providing the needed to classify, sort, and arrange the data (QSR International, 2020). I followed this step-by-step process to analyze the data received by the participants in the interview. NVivo allows for the creation of nodes where similar codes can be grouped. Nodes are the central component in understanding and working with NVivo. This allows the researcher to look for emerging patterns and ideas. Each node will be created to indicate one of the twelve interview questions. The research question will guide the study to adequately set up the nodes and guide the starter organization codes. NVivo will assist with capturing the relevant identifiable themes.

The transcripts will be uploaded to the program and an analysis will be conducted to pull out the significant language, patterns, and themes that were discovered throughout the participants' interview transcripts. Thematic analysis is one of the most common forms of analysis in qualitative research. It focuses on pinpointing, examining and recording patterns that come up within the data (Nowell, White, & Moules, 2017). According to Creswell (2018), There are six steps of thematic analysis: familiarizing oneself with the data, generating initial codes, searching for the themes, involved reviewing of the themes, defining and naming themes, and then producing the report.

I systematically coded all the data that were transcribed from the recorded data obtained through the Zoom call. Once all the data were coded, data that identified with the same codes will be accumulated into categories. The themes will be developed based on the codes and categories will be organized to obtain the meaning to answer the research question. This coding process would be the most logical option in a basic qualitative research design because it will provide a workable perspective that could be adjusted for the need of the study, providing a comprehensive account of data (Elliott, 2018).

Issues of Trustworthiness

It is essential to develop trustworthiness in qualitative research. Trustworthiness is necessary to ensure that the research is delivering precise and honest results (Adler, 2022). Reliability is a very critical factor that should be considered when formulating and designing a qualitative study. Reliability is referred to as *trustworthiness*, and act as a guide to ensure the trustworthiness and rigor in qualitative research studies. Qualitative researchers would integrate methodological strategies that would include transferability, dependability, credibility, and conformability to conclude the effectiveness of the study being researched.

Credibility

Credibility is referred to as the confidence in the truth of the study's findings (Johnson et al., 2020). Credibility is intensified by the researcher providing his/her experiences as the researcher and verifying the research findings with the participants in the study (Johnson et al., 2020). A qualitative research study would be considered

credible if individuals share and recognize those same experiences (Johnson et al., 2020). Researchers can enhance credibility by implementing validation strategies such as, triangulation, member checking, and reflexivity (Birt et al., 2016). Member checking aims to improve credibility because the participants can review interviews and validate if the researcher was able to accurately represent their views and experiences (Birt et al., 2016). I encouraged the participant to provide feedback on whether the answers in the interview were captured adequately. Participants who decided not to review their interview were not contacted again.

I also used reflexivity to enhance the credibility of the research. Reflexivity is a method used to decrease the likelihood of researcher bias (Palaganas et al., 2017). Reflexivity enables researchers to be aware of how their personal and professional experiences can influence data collection, data coding, data analysis, and data interpretation. In order to address reflexivity, the researcher can keep a reflexive journal throughout the research process to document their feelings about the interviews. This will help increase the trustworthiness of the data and identify the researcher's subjectivity (Palaganas et al., 2017). I kept reflexive notes throughout the interview and coding process.

Triangulation is an additional method that I have used to ensure credibility of my research. Triangulation is the process of utilizing multiple sources of information to develop themes and make conclusions about the data (Fusch et al., 2018). According to Fusch et al., (2018), triangulation is a method that can also be viewed as a qualitative strategy to test the validity through the information utilized from the multiple sources. I

used triangulation in my research by the use of multiple resources and theory to validate the conclusions.

Transferability

According to Johnson and Chauvin (2020), researchers establish transferability by providing the reader with evidence that the research study's findings could be relevant to experiences of the participants in the research study. Researchers need to provide sufficient details on in their analysis so that the information is applicable to others in those similar contexts (Leung, 2015). Transferability is primarily the responsibility of the readers and of future researchers; it is up to them to determine if the findings are applicable to other settings and contexts (Johnson & Chauvin, 2020). One plan of action that is used to establish transferability is through a thick description, which would lead to external validity (Forero et al, 2018). According to Johnson and Chauvin (2020), Thick description provides detailed accounts of the lived experiences of the participants where the researcher creates patterns of social and cultural relationships.

Dependability

Dependability addresses the consistency and the reliability of the research findings and how the research is documented (Korstjens & Moser, 2018). Dependability is extremely important to the trustworthiness because it establishes the research findings to be consistent and repeatable (Leung, 2015). Researchers aim to verify that the findings remain consistent with the data that has been collected (Korstjens & Moser, 2018). A technique used to establish dependability is external audits. An external audit is a process that involves another researcher that is not involved in the study examines the process

and the outcome of the study, assists with determining and evaluating the accuracy of the findings, and conclusions that are supported by the data (Forero et al., 2018). For this study, the chair and the committee member helped with the external audits by providing feedback that would lead to additional data and stronger findings. I addressed dependability by providing ample detail of the process so that future researchers can repeat the method and add to further research

Confirmability

Confirmability is the final criterion of trustworthiness that the qualitative researcher must establish (Forero et al., 2018). Confirmability will allow for the reviewers to understand why the researcher came to those conclusions (Forero et al., 2018). I ensured confirmability by providing sufficient details of their own reflexive processes in the data analyses to explain the conclusions and how they came to those conclusions. In qualitative research, the researcher must be able to confirm their own personal biases and prejudices into their analysis to ensure that there is nothing altering the conclusions or results in the study (Ravitch & Carl, 2016). According to Leung (2015), confirmability can be increased by using audit trails, triangulation, and member checking. I used triangulation and member checking in the manner that was discussed in the previous sections to improve comfortability.

Ethical Procedures

Ethical practices and procedures in research help protect the participants information and disclosures through the interview process (Leung, 2015). Ethical procedures need to be implemented as a guideline to promote best practice. Informed

consent is one of the most important ethical procedures, because it is a mechanism to guard the researcher from being accused of coercing the participant into completing the study (Crane et al., 2013). Informed consent will be obtained from the participants through email. The participant will be asked to respond to the email with the words, “I consent”. Additionally, I made sure to guarantee the participant that all information provided by the participant remains confidential. I requested approval from the Walden University institutional review board (IRB) before collecting my data.

As the interviews conducted with the participants involve sensitive topics, I guaranteed that the information remains confidential. I ensured confidentiality in the study by assuring the participant that the information obtained in the study will only be used to collect data. The names of the participants will not be shared. I referred to the participants during the interview as the “participant” followed by the numerical position of that participant. I ensured that all identifying information is removed from the final study so that the participants are not identified or connected to the data. I keep all data collected in locked folders that only I had access to and will destroy all data collected for this research at the end of 5 years. This will ensure the protection and confidentiality of all the participants.

Summary

Basic qualitative research was the most appropriate method to explore the research questions formulated for this study. In alignment with the research questions and the basic qualitative research, I conducted an exploration of the relationship and intimacy experiences of later-life infidelities among survivors of child sexual abuse. In this

chapter, the research reviewed basic qualitative research design and the rationale for using that particular design. I chose this design due to nature of the inquiry, which was to understand how child sexual abuse effects intimate partner relationships. Since I chose a qualitative study, open interviews were conducted through Zoom as the research method. I ensured that I received consent from each participant and ensured a safe space for each participant.

I recruited the sample through purposive sampling and snowball sampling if adequate participants were not obtained through purposive sampling. I collected data and provided analytical procedures identified by (Merriam & Grenier, 2019). I used an open coding process, due to the inductive nature of qualitative research. I discussed my role in the study and how that impacts qualitative research. I described the research methodology, including participant selection and instrumentation, and outlined the data analysis plan. I utilized member checks to ensure the credibility in the data collection process. I ensured that all data being collected, and the data coding process have met the standards for credibility, confirmability, transferability, and dependability expected of qualitative research methods.

In Chapter 4, I presented the findings from the data that have been collected. These results offer answers to the research question and offer insight on how child sexual assault plays a part within intimate partner relationships. These findings could ultimately be a motive for social change amongst this population.

Chapter 4: Results

Introduction

The purpose of this basic qualitative research study was to explore the relationship and intimacy experiences of later-life infidelities among female survivors of child sexual abuse. Gaining a deeper understanding of these experiences may help to encourage those working with couples who have experienced infidelity and intimacy concerns better understand how these issues can affect relationships. The primary research question in this study was: What are the relationship and intimacy experiences of later-life relationship infidelities in female survivors of child sexual abuse?

In this chapter, I provide an overview of the study, which includes a description of the interview setting, demographics, data collection, and analysis process. I also discuss how I addressed trustworthiness. I conclude this chapter with a discussion of the results of the study.

Setting

I conducted semistructured interviews through Zoom videoconference. I was able to record interviews with the audio/video record function available through Zoom. Zoom video conference is encrypted and secure, as well as being Health Insurance Portability and Accountability Act compliant (Zoom, 2023). The interviews were scheduled to fit participant availability. I made sure to be in a quiet room while I conducted the interviews, but two participants experienced some connectivity issues and distractions that included noisy backgrounds and dog barking during their individual interviews. I

was able to complete all the interviews during their scheduled times with clarity and accuracy.

Demographics

This sample consisted of 20 female individuals who experienced childhood sexual abuse. At the time of the study, nine participants were in their 20s, seven participants were in their 30s, and four participants were in their 40s. Additionally, 13 of the 20 participants were reported to be unmarried. Each of the participants in this study disclosed that they experienced child sexual abuse prior to age 16. Lastly, each participant reported being in a heterosexual cohabitating relationship for at least 1 year.

Data Collection

I posted a recruitment flyer on public online sites and in several local businesses. In addition to posting on social media sites and in local businesses, I used snowball sampling to recruit participants. I asked participants to share information about the study with people they thought met the study criteria.

Participants contacted me by phone or email as detailed in the flyer (Appendix C). I returned the call or sent an email and asked the participant a series of five screening demographic questions in the preinterview to ensure the participant was eligible to participate in the study (Appendix A). Once eligibility was verified, I provided the participant via email a copy of my informed consent form to review. I requested that each participant review the informed consent and, if interested, return the document back to me with the words *I consent* in the email. Once I received their consent, I emailed the participant a Doodle.com link with a list of dates and times during which I could be

available to conduct the interview through Zoom. Upon finding an agreed upon date and time for the interview, I responded to each participant thanking her for her time and letting her know I was looking forward to meeting.

I conducted 20 semistructured interviews to collect my data. I scheduled each interview for 90 minutes: 15 minutes to go through the informed consent with the participant and discuss any questions the participant may have, 60 minutes for the actual interview, and 15 minutes to wrap up the interview and ask any remaining questions. I interviewed each participant through Zoom and used the software to record the audio of each interview. First, I asked each participant for their permission to begin recording the interviews. Once the recording began, I asked the participants to verbally acknowledge their consent to be recorded. I used my interview protocol to guide my interviews and ask my 10 open-ended questions to gather the data needed for the study. I asked each participant the 10 main questions using a semistructured format, and I was able to follow up with probing questions (see Adams, 2015).

Following the completion of the interview, I transcribed all interview recordings using Rev.com and obtained a confidentiality agreement from the company. Following the completion of the interview, I sent a recording of the interview to Rev.com, which is an online transcribing company. The recordings and the interviews were saved on my password-protected computer. I emailed each participant a copy of their transcribed interview for them to conduct a member check for accuracy. I did have to send three follow-up emails to participants to obtain confirmation that the interview was acceptable or if they would like to make any changes. All participants sent a response email

indicating the interview transcript was accurate, and they did not need to make any changes.

Data Analysis

To begin the data analysis process, I confirmed that each participant accepted the transcribed interview through email. After the interviews were transcribed through Rev.com, I began the coding process. Due to the basic qualitative research design of this study, I used an inductive approach to coding the data, which included open, axial, and selective coding. Open coding is the first step in the analysis of qualitative research, assigning labels and codes to the data (Saldana, 2016). Selective coding entails looking for patterns and categorizing the data into groups (Saldana, 2016). Axial coding entails the process of looking for themes by linking the subcategories to the main categories to reveal the codes (Williams & Moser, 2019). I began the process of open coding by first reading the transcribed interviews several times to familiarize myself with the content. I went through the interviews and highlighted sentences, paragraphs, and phrases that related to my research question or that seemed important to the participant.

I used Percy et al.'s (2015) 12-step process of doing an inductive analysis as a guideline for coding the data in this study. Steps 1 to 4 address open coding; Steps 5 to 6 address selective coding; and Steps 7 through 12 explain axial coding. The 12-steps to completing the inductive analysis were: (a) Step 1, reviewing the data; (b) Step 2, highlighting data that is relevant to the research question; (c) Step 3, removing unrelated data; (d) Step 4, coding the data; (e) Step 5, clustering related codes to look for themes; (f) Step 6, labeling and describing patterns and connecting data to those patterns; (g) Step

7, looking for patterns of patterns and combining related patterns into themes; (h) Step 8, arranging themes into a matrix that includes the supporting patterns and data codes; (i) Step 9, writing a detailed abstract analysis of each theme that addresses the scope and substance of the study; (j) Step 10, conducting the above steps for each participants' data; (k) Step 11, combining the patterns and themes from all of the participants' data; and (l) Step 12, synthesizing the themes together to create a composite synthesis of the data regarding the research question (Percy et al., 2015).

I began the open coding process by first reading through the interviews to familiarize myself with the details stated. I highlighted in a color-coded system the sentences, paragraphs, and phrases in the interviews that aligned to the research question. I created codes based on the literature discussed in Chapter 2. I also created codes based on the highlighted passages and phrases I read in the interviews. In categorizing the data, I first labeled pieces of the interviews with initial codes drawn from the words expressed by the participants in the study. I used a verbatim coding method to generate a list of starter codes developed through the coding process. Those codes included *trust, trauma, anger, child sexual abuse, abused, fear, anger, intimate, intimacy issues, unfaithful, faithful, infidelity, commitment, romantic partner, guilty, and mental health*. I returned to the data, listed more codes, and highlighted additional words and phrases that addressed the study's objective and research question. This process was repeated several times until I was able to organize the codes into more refined categories. As I continued to analyze the data, I was able to align final codes: (a) the child sexual abuse experience made it so difficult to trust anyone; (b) the trauma that I experienced was so confusing at my young

age; (c) I was so fearful of the abuse and did not know what to do, being intimate comes with trust and, I believe the child sexual abuse was the cause of my lack of trust; (d) infidelities are a result of the child sexual abuse; (e) child sexual abuse was a traumatic experience; and (f) ongoing infidelities caused by the child sexual abuse.

Once I completed my open coding methods for all 20 interviews, I moved to the second cycle coding. For selective coding, I reviewed the codes and the passages and started to reorder and regroup codes together. During the second cycle of coding, I was able to reorganize the codes in order of the questions and began grouping some codes together, such as being intimate and committing infidelities has always been a challenge for me since I was young. I grouped these codes into one code, infidelities and intimacy issues are a result of my child sexual abuse. There will be further discussion on themes and coding described in the results section.

For axial coding, I identified patterns and themes in the responses. NVivo assisted by offering different reports that analyzed the data and highlighting repeating codes. NVivo was able to identify themes specifically related to the participants' demographics. I kept notes on how I created themes and why they addressed the research question. I completed this step for each of the participants in this study. By identifying the themes in each of the interviews, I was able to identify the themes and patterns that directly addressed and aligned to the research question.

I uploaded the transcribed interviews into NVivo for storage and data analysis (see Dhakal, 2022). With my research question in mind, I read through the interviews for a second time and this time paying close attention to repetitive and thematic words (see

Nowell et al., 2017). While reading through the transcript on the second time, I highlighted specific words, lines, and passages of text and created a node in NVivo. These nodes are the primary unit in the data analysis that would allow me to gain an understanding of participants' experiences (see Woolf & Silver, 2017). To guide each interview, I printed out a list of nodes to combine similar nodes to begin to generate my themes that directly supported my research question. The nodes that emerged were (a) abuse, (b) child sexual abuse, (c) disclose, (d) infidelity, (e) intimate, (f) lack of trust, (g) stems from the abuse, (h) guilt, (i) anger, and (j) fear, which represented frequency of shared words patterns. From these nodes, data were further analyzed for common patterns and themes. These themes and patterns are discussed further in the results section.

All 20 participants in this study disclosed that they were abused by a family member or someone they were familiar with. Only three of the participants indicated that they reported their abuse immediately after the abuse occurred and were able to report it to an adult. Five of the 20 participants also reported that they were in a relationship and committed infidelity and the victim and partner decided to terminate the relationship. The other 15 participants indicated that they remained in the relationship where the victim committed an act of infidelity. There were two discrepant cases in which participants were not sure if their intimacy issues and infidelities stemmed from their child sexual abuse. However, they understood that child sexual abuse has lasting effects on intimacy issues and infidelities within intimate relationships. Lastly, nearly all participants reported having struggled with trust as a child and in their later life experiences as a result of their child sexual trauma.

Evidence of Trustworthiness

In this section, I address the methods I proposed using in Chapter 3 to enhance trustworthiness. Trustworthiness is essential and is accomplished by applying methods to check the accuracy of the findings, demonstrated by credibility, dependability, transferability, and confirmability (Adler, 2022). I executed these methods during my data collection, coding, and data analysis.

Credibility

I used member checking for this study to increase the degree of confidence in the evaluation of the participants' views and experiences (see Birt et al., 2016). I emailed all 20 participants and requested they review the transcribed interview to ensure accuracy. I was able to enhance my credibility because all participants reviewed the interview transcripts as requested. I also used methods of reflexivity and triangulation to show credibility. I kept memos and notes regarding my decision making throughout the process of data collection, coding, and analysis. I addressed triangulation by using method triangulation, which involves using multiple sources of information to develop themes and make conclusions about the data (see Fusch et al., 2018). I used previous research, literature, and interviews to develop themes and simplify the data.

Transferability

I increased transferability in this process by keeping notes and memos throughout the data collection and analysis process (see Johnson & Chauvin, 2020). I also used purposeful sampling to enhance transferability in this study (see Johnson & Chauvin, 2020). I recruited participants based off their ability to aid in answering the research

question, which was determined by a list of specific study criteria participants needed to meet to participate. Lastly, I improved transferability by including demographic information regarding the participants. Demographic details such as age, gender, and marital status describe the research context and allow a reader to better understand certain background characteristics of the audience (see Johnson & Chauvin, 2020; Leung, 2015).

Dependability

Korstjens and Moser (2018) discussed how dependability is met when a researcher is able to demonstrate the data were carefully collected and interpreted and results were reported accurately. I used triangulation and documented my research process to improve dependability in my study. To address triangulation, I used theory and research to support the themes that emerged from the data (see Korstjens & Moser, 2018). I kept records and notes in NVivo as part of my data collection and coding process throughout my study.

Confirmability

I was able to increase confirmability by using triangulation, participant validation, and member checking (Birt et al., 2016; Korstjens & Moser, 2018; Leung, 2015). I kept notes pertaining to the research process and experiences throughout the interview process. I used participant validation by emailing the participants their transcribed interview to ensure accuracy. All participants were able to confirm that the interview was accurate. Triangulation was used to improve confirmability as discussed in the previous sections (see Fusch et al., 2018; Korstjens & Moser, 2018).

Results

The purpose of this study was to explore the relationship and intimacy experiences of later-life infidelities among survivors of child sexual abuse. The interviews were conducted through Zoom and consisted of 10 questions developed to answer the main research question. Several flyers were placed throughout local businesses in the area and on social media websites. After participants consented to participate, each participant was interviewed. The interviews were allocated for 90 minutes but most interviews only took about 60 minutes. Each of the interviews was audio recorded through Zoom.

The perceptions of the participants in this study were developed through analysis of their interviews. I created codes for the answers to the interview questions and then developed themes from these codes. Each of the 20 participants was interviewed and answered 10 questions developed to answer the main research question: What are the relationship and intimacy experiences of later-life relationship infidelities in female survivors of child sexual abuse?

Table 1*Summary of Results Related to Research Question*

Interview question	Themes and participant number	Results
Q4. Please share with me your experience of how your sexual abuse experience has affected your later-life experiences?	Trust (1, 2, 3, 5, 7, 10, 11, 13, 14, 15, 16, 18, 19, 20)	70% indicated their sexual abuse experience affected how they trust later in life
	Anxiety (6, 9, 17, 20)	Four of the participants explained that they experienced anxiety later in life as a result of their child sexual abuse
	Mental health (3, 17, 12, 19)	20% of the participants expressed that they have experienced mental health concerns later in life as a result of their child sexual abuse
	Blame and guilt (1, 2, 3, 4, 6, 9, 10, 11, 14, 18, 19, 20)	12 participants disclosed feelings of blame and guilt as a result of their child sexual abuse
Q4a. Has it been difficult to trust romantic partners?	All the participants (1–20)	All the participants expressed they found it difficult to trust romantic partners
Q4b. Has it been difficult to make friends?	Yes (1, 2, 3, 4, 5, 7, 9, 10, 11, 12, 13, 14, 17, 19)	14 of 20 participants found it difficult to make friends
	No (2, 4, 13, 14, 15)	
Q4c. Has it been difficult meeting romantic partners?	Yes (1, 3, 6, 7, 8, 9, 10, 11, 12, 16, 17, 18, 19, 20)	70% of participants experienced issues with meeting romantic partners
	No (2, 4, 13, 14, 15)	
Q5. Tell me about any intimacy issues that you may have experienced?	Lack of intimacy (1, 2, 5, 8, 15, 17, 19, 20)	40% of participants expressed they found being intimate in a relationship a challenge
	Too intimate (3, 4, 9, 10, 11, 12, 13, 14, 16, 18)	10 participants disclosed they found themselves to be overly intimate
Q6. How has your experience with trust been in your relationship?	All the participants (1–20)	All participants disclosed some form of issue with trust in any intimate relationship.
Q7. Have there been any infidelities on your part within your current or past relationship?	All the participants (1–20)	All participants disclosed there have been infidelities on their part within their current or past relationships
Q7a. Tell me about when your infidelities started?	Cheated on their partner as soon as the relationship began (1, 5, 6, 9, 14, 18, 19)	Seven participants disclosed they started committing infidelities as soon as the relationship began
	Committed infidelity after some time had passed (2, 3, 4, 7, 8, 10, 11, 12, 13, 15, 16, 17, 20)	65% of participants indicated they committed infidelities after being in their intimate relationship for some time
Q8. Was your partner aware of the infidelity?	Yes (1, 2, 3, 4, 6, 7, 8, 10, 11, 13, 14, 15, 17, 18, 19)	Five participants disclosed their partner was not aware of the infidelities they committed within their intimate relationship
	No (5, 9, 12, 16, 20)	
Q8a. Tell me more about what happened with that relationship.	Still in that relationship (6, 7, 8, 9, 13, 14, 16, 17, 19, 20)	Half the participants expressed that they stayed in that relationship
	Terminated the relationship (1, 2, 3, 4, 5, 10, 11, 12, 15, 18)	Half the participants disclosed they terminated that relationship
Q10. Where do you think that the infidelity and intimacy issues stem from?	Stems from the abuse (1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 14, 15, 16, 17, 18, 19, 20)	Two participants were not certain their issues with infidelity and intimacy stem from their experience with child sexual abuse
	Not sure (8, 13)	

Theme 1: Ongoing Issues With Trust

In this study, 14 of 20 participants reported that they have experienced ongoing issues with trust from the time of their child sexual abuse experience, which has affected their intimate relationships. As reported by Participant 2, “I have a lot of trust issues. I don’t barely trust anyone.” Participant 1 stated, “I mean, it gives you great trust issues. You look at everyone as if they are going to hurt you, and it creates so many bonding issues.” Based on the data collected, female survivors of child sexual abuse experience trust issues. As reported by Participant 3,

Ever since the moment that this happened to me, I lost trust in everything and everyone. I think that trust is one of the most important factors in life and now I will never know what it means to ever trust anyone in my life.

Child sexual abuse is oftentimes initiated by someone the child loves and trust, which breaks trust and may later result in the survivor believing that anyone they love will hurt them (Hailes et al., 2019).

Subtheme: Betrayed by Trusted Person Who Sexually Abused the Child

All the participants in this study reported they were sexually abused by a trusted individual. Participant 1, Participant 20, and Participant 3 stated they were molested by their stepfathers. Participant 4, Participant 8, and Participant 15 reported being raped by their stepfathers. Participant 15 stated, “I cannot believe that my mom would fall in love with a rapist and not even see the signs.” Participant 19 expressed that they were sex trafficked by someone they thought was there to help them when their mother kicked them out of the home. Participant 6 and Participant 11 were raped by a cousin, and both

participants stated they were left with this cousin without any supervision. Participant 2 disclosed that she was raped by her lacrosse coach: “I was in my locker room changing, and he forced himself on me.” Participant 5 was not as specific about the trusted family member that sexually abused her, stating, “A family member abused me when I was left unsupervised with them.” Participant 17 was assaulted by her volleyball coach after a game she attended; she was assaulted while in the locker room changing. Participant 9 and Participant 16 both expressed they were molested by their grandfathers. Participant 18 was raped by a foster son and expressed, “I did not feel safe. I felt so alone that I had no one that I could tell.” Participant 12 was molested by a foster dad. Participant 10 disclosed that she was molested by her sister’s friend. Participant 7 and Participant 14 were molested by a cousin. Participant 13 was molested by her father, and she expressed, “I thought that what he was doing was right. He told me that he loved me and that he would keep me safe.”

Theme 2: Blame and Guilt

When the survivors discussed their sexual abuse experience and how it has affected their later-life experiences, a common theme was blame and guilt that the participant felt. 60% of the participants in this study disclosed their feelings of blame and guilt. Participant 1 expressed, “I feel like I am to blame for everything that happens in my life. I feel guilty for the fact that I have always felt that I did something to bring on the abuse.” Participant 2 disclosed, “I blame myself for everything that happens in my life now that I am an adult. I have been this way since my abuse occurred. I do the things that I do or don’t do because of what happened to me.” Participant 3 disclosed, “I only remember feeling guilt

and not understanding why this happened to me.” Participant 4 described, “what else is there to feel when something like this happens, all I could feel was blame and guilt. I blamed myself for this and felt guilty for not doing anything about it”. Participant 6 disclosed, “I always felt so guilty but was always so confused why I would feel guilty about something that was done wrong to me”. Participant 19 expressed,

My adult life is filled with blame and guilt. I blame my family for not believing me when I told them about my abuse. They could not believe that they could do something like this to me, so I just felt guilty for ever bringing it up and looking for help. It was my fault.

Theme 3: Experience of the Abuse

The participants in this study have all claimed that their experience of abuse has caused issues with trust, ongoing mental health issues, or issues with anxiety. Of these participants, 70% disclosed that they continue to struggle with trust as a result of their child sexual abuse. Participant 18 stated, “I am not sure that I will ever be able to trust anyone ever again.” It has been reported by 4 of the participants that they have experienced anxiety throughout their lives due to their child sexual abuse experience. Participant 20 expressed, I struggle with anxiety every day since the day that my abused occurred, I do not even like to be outside.”

According to Assink et al., (2019), those who have experienced child sexual abuse may have a higher risk of experiencing PTSD, depression, eating disorders, dissociative disorders, and personality disorders. 20% of these participants disclosed that they have ongoing struggles with mental health issues. Participant 12 disclosed, “I have

been seeing a therapist for my PTSD and manic depression following my victimization. This has been something that I have struggled with since the day that I was raped.”

Theme 4: Intimacy Issues

All the 20 participants disclosed that they have experienced intimacy issues within their past or present relationships. Participant 1 stated, “Intimacy has always been something that I have struggled with. I feel that there are times where I am too intimate and times where I do not feel that I am intimate enough.” Participant 20 expressed, “My intimacy issues are a result of my CSA and because of that I can’t see myself trusting someone enough to allow true intimacy.” When an intimate partner in a relationship has experienced child sexual abuse, it can have a lasting impact on the relationship and require the partners to work through those common difficulties to enhance sexual intimacy (Campbell & Renshaw, 2018).

Theme 5: Committed Infidelities Within the Intimate Relationship

All of the 20 participants in this study have disclosed that they have committed an infidelity within their current or past relationship. Participant 4 stated, “I committed infidelities in every relationship that I have ever been in.” Participant 1, participant 3, and participant 18 expressed, “I always wondered why I struggled with staying faithful in my relationships, I committed infidelities in my relationship as soon as the relationship began.” Half of the participants disclosed that they remained in that relationship when their partner became aware of the infidelity; whereas the other half of the participants expressed that they terminated that relationship.

Theme 6: Intimacy and Infidelity Issues Stems From Child Sexual Abuse

Eighteen of the 20 participants expressed that they knew that their ongoing issues with intimacy and infidelities was a result of their child sexual abuse experience.

Participant 1 stated, “I do not think that I would have had the issues that I have had with cheating and promiscuous behavior if I was not sexually abused as a child.” Participant 20 expressed,

I always wondered as a young adult why I could not just be in a relationship and be faithful to one man, and then as I got older, I realized that the one common theme in my life was the abuse, and then I realized this was the reason.

There were 2 discrepant cases where the participants discussed that they were unsure if their intimacy issues and infidelities stemmed from their child sexual abuse. However, they were understanding that the child sexual abuse does have lasting effects on intimacy issues and infidelities within intimate relationships.

Summary

This study included 20 female participants. All the participants in this study experienced child sexual abuse prior to the age of 16. Participants responded to flyers that were posted on social media site and in local businesses and semi structured interviews were conducted through Zoom. All participants provided verbal and written consent to the basis of this research study.

The interview questions asked in this study were developed to answer the primary research question. Themes were developed as a result of the participants’ responses provided an understanding of how child sexual abuse affects the relationship and

intimacy experiences of later-life infidelities. The major themes that were identified in this current research: ongoing issues with trust, blame and guilt, experience of the abuse, intimacy issues, committed infidelities within the intimate relationship, intimacy issues and infidelities stem from child sexual abuse. Based upon the data, it is apparent that women of child sexual abuse experience ongoing relationship and intimacy issues that would cause the survivor to commit infidelities within the intimate relationship.

In summary, the interview questions that were asked in this study were framed in a way to address what those intimacy issues were and if those issues enticed the infidelities in the relationship as a result of being a child sexual abuse survivor. All the participants were able to provide detailed and genuine reflections of their experiences. Their responses gave insight on their childhood sexual abuse experiences and how it affected their intimate relationships. The primary research question was: What are the relationship and intimacy experiences of later-life relationship infidelities in female survivors of child sexual abuse? Interview questions 4, 5, 6, 7, 8, 9, and 10 answered this research question. Some of the most thematic answers disclosed by the participants can be summarized as having ongoing trust issues affecting these women survivors; trust in themselves, trust in friends and romantic partners, and trust in their ability to remain faithful in their intimate relationship as a result of their abuse. The participants provided details on how they were too intimate in their relationship and had ongoing issues with infidelities as a result of the child sexual abuse.

In Chapter 5, I will complete this research study with a recap of the introduction, interpretation of the major findings, a discussion of the limitations of the study,

recommendations for further research, and implications of social change. A final conclusion will provide a complete overview of this basic qualitative research study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this basic qualitative study was to gain an in-depth understanding of the relationship and intimacy experiences of later-life infidelities among female survivors of child sexual abuse. In this study, I conducted 20 interviews with participants who matched the study criteria through screening questions. Once participants became eligible, I scheduled interviews and asked each participant 10 interview questions to help answer the primary research question. The key findings identified in this study provide an understanding on child sexual abuse causing later life infidelities within intimate partner relationships. The issues within intimate relationships could be due to ongoing issues with trust, mental health concerns, blame and guilt, overly intimate behavior, and unfaithfulness in relationships. This study adds to existing literature on this topic and addressing the social problem of infidelity within relationships among child sexual abuse survivors.

Interpretation of the Findings

Findings and the Research Question

The guiding research question was: What are the relationship and intimacy experiences of later-life relationship infidelities in female survivors of child sexual abuse? A summary of the main results from the interview questions pertaining to the research question are outlined in Table 1. Table 1 includes a list of the interview questions, sub-questions, and answers. I interpreted the findings from my study using research or literature discussed in Chapter 2.

The participants in this study discussed their experiences as female child sexual abuse survivors. In my analysis, I identified six descriptive themes and one subtheme. The six themes were (a) ongoing issues with trust with a subtheme, betrayed by trusted person who sexually abused the child, (b) blame and guilt, (c) experience of the abuse, (d) intimacy issues, (e) committed infidelities with the intimate relationship, and (f) infidelity issues stems from the child sexual abuse.

Theme 1: Ongoing Issues With Trust

Trust is reported to be one of the long-term effects of child sexual abuse and continues to be an issue for survivors as adults (Laborde et al., 2014; Lefevre et al., 2014; Murray et al., 2014). Child sexual abuse survivors find difficulty in trusting themselves and others (Laborde et al., 2014; Lefevre et al., 2014; Murray et al., 2014). My research findings align with those of previous authors. This population struggles with trust that affects their intimate partner relationships as adults. Participants reported losing trust for themselves and others following their experience with child sexual abuse. According to Sathyamurthi and Nanditha (2023), many adult survivors struggle with issues related to trust, and these issues can prevent or impact their ability to actively engage in a committed relationship. This research also aligns with research conducted by Brown and Wright (2017).

Subtheme: Betrayed by Trusted Person Who Sexually Abused the Child. All the participants in this study disclosed having increased feelings of betrayal for the individual who violated their trust. Although feelings of betrayal can emerge following any abuse experience regardless of relationship to the abuser, betrayal can be associated

with negative psychological developments (Bakken et al., 2019; Scott et al., 2016).

Childhood is a time when children begin to trust others and build bonds; these bonds are paramount during a child's maturing and developmental stages, and when trust is broken, this can become a concern for a child's psychological development (Assink et al., 2019; Bakken et al., 2017). Throughout the literature review, a number of researchers reported child sexual abuse survivors disclosing feelings on being betrayed by their abuser (Bakken et al., 2017; Murray et al., 2014; Scott et al., 2016). It makes sense that survivors of childhood sexual abuse would have problems with psychological development.

Theme 2: Blame and Guilt

Participants in this study discussed ongoing issues with blame and guilt when they discussed how their child sexual abuse experience affected them later in life. Survivors of child sexual abuse have difficulty externalizing their abuse and therefore think negatively of themselves (Canton-Cortes et al., 2015; Gewirtz-Meydan & Godbout, 2023). My research findings align with previous authors. This population disclosed continued struggles with blame and guilt in their later life experiences. In the course of searching for answers from childhood to adulthood, blame and guilt frequently surface as a way to cope with the sexual abuse experience, a normal and valid feeling to have in response to something destabilizing (Gewirtz-Meydan & Godbout, 2023). According to Gewirtz-Meydan and Goudbout (2023), blame and guilt may be a normal response to child sexual trauma; however, these feelings can create complications for the survivor in their later life experiences.

Theme 3: Experience of the Abuse

The overall experience of the abuse has an impact on survivors' intimacy and infidelity issues within intimate relationships. Many participants explained that their experience with child sexual abuse caused ongoing cognitive and emotional disturbances, such as trust issues, mental health issues, and anxiety. This directly with the existing research. Shrivastava et al. (2017) indicated child sexual abuse is related to reoccurring mental health conditions throughout the life of the survivor. The experience of child sexual abuse can have a range of effects in adulthood. Some survivors experience few mental health issues, while others experience countless issues with mental health (Murray et al., 2014). All the participants in this study expressed experiencing at least one emotional disturbance in their later life experiences.

Theme 4: Intimacy Issues

All the participants in this study reported experiencing issues with intimacy in their intimate relationships. Participants reported that either they found themselves lacking intimacy or they were too intimate. When participants discussed their struggle with being too intimate, they discussed involving themselves in risky behavior due to a need for intimacy. Other participants discussed lack of intimacy related to their detachment from their intimate partner and their difficulty with functioning within a relationship. This research aligns with existing research regarding the struggles of survivors becoming sexually compulsive and experiencing issues with sexual dysfunction (Castro et al., 2019; Dugal et al., 2018; Fisher et al., 2017). Victims of child sexual abuse

can experience increased levels of complications in control and detachment to their intimate partner.

Theme 5: Committed Infidelities Within the Intimate Relationship

All the participants in this study expressed committing infidelities within their intimate relationship, past or present. For adult survivors of child sexual abuse, interpersonal and romantic relationships can be more of a challenge to balance than any other relationship (Love & Robinson, 2022). Survivors of child sexual abuse are more likely to engage in risky sex than non-survivors. This risky sex can include engaging with multiple partners and can make it difficult to achieve a healthy, enduring, and lasting relationship when there is abuse from the past (Love & Robinson, 2022). My research aligns with existing research. This population described ongoing struggles with staying faithful in their current or past relationships. Authors have discussed that child sexual abuse survivors can become compulsive and find difficulty remaining committed in a relationship. Authors have discussed the issues that stem from this can lead to problems such as infidelity in intimate relationships (Lozano, 2015; Murray et al., 2014; Solomon & Teagno, 2020).

Theme 6: Intimacy and Infidelity Issues Stems From Child Sexual Abuse

During the data collection of this study, 18 of 20 participants disclosed being sure their issues with intimacy and infidelity stem from their child sexual abuse. Child sexual abuse impacts survivors' ability to engage in healthy intimate relationships (Trevino et al., 2023). Child sexual abuse is a trauma that can heavily influence an individual's intimate functioning. According to Trevino et al. (2023), child sexual abuse survivors are

reported to experience higher levels of stress, which can affect how they function within a relationship. This aligns with the existing (Haskell & Randall, 2019; Karakurt & Silver, 2014; Nielsen et al., 2018) showing ongoing struggles with child sexual abuse and its effects on intimate relationships throughout adulthood. These issues include infidelity, intimacy, mental health issues, stress, and anxiety (Haskell & Randall, 2019; Karakurt & Silver, 2014; Nielsen et al., 2018). Authors have discussed how survivors of childhood sexual abuse intentionally and unintentionally think, feel, and behave under the influence of child sexual abuse.

Theoretical Framework

The theoretical framework that was used in this study was Traumagenic Dynamics Model, which was conceptualized in a process-oriented, rather than event-oriented framework to view sexual abuse as an ongoing, dynamic process in a child (Finkelhor & Browne, 1985). Many of the findings of this research can be contributed to how sexual trauma impedes the survivors' ability to maintain healthy relationships. The participants in this study identified challenges in their ability to trust individuals as a result of their child sexual abuse. The participants identified how the issues related to their abuse experience manifested into their struggles with intimacy that led into infidelities within their intimate relationship. Previous research indicated that a relationship existed between each of the traumagenic dynamic symptoms: (a), traumatic sexualization, (b) betrayal, (c) powerlessness, (d), stigmatization/self-blame, and the support of unhealthy attitudes toward romantic relationships. The findings in this study have reported that adults who have experienced child sexual abuse are likely to

experience anguish and dissatisfaction in their intimate relationship (Murray et al., 2014; Nielsen et al., 2018; Dugal et al., 2018). The combination of these factors makes sexual abuse distinctive from other forms of trauma in childhood. This model provides an understanding of the effects of child sexual abuse and its long-term consequences. The instrument used for data collection of this study represents the stages of the traumagenic dynamics model (Finkelhor & Brown, 1985). Traumatic sexualization was present because it discussed how the child's behavior changed as a result of the child sexual abuse experience. Betrayal was evident when the participant described their experience and how they ultimately realized something was wrong when the perpetrator violated their trust, which may lead to the thought that there was some manipulation involved. This led to the powerlessness stage and stigmatization when the child disclosed the experience and how the experience became negative in the family's life, there is a loss of power, and feelings of shame and guilt. The traumagenic dynamics model views how the family and society react to the disclosure of the abuse and its psychological consequences on the development of the child (Finkelhor & Brown, 1985). The traumagenic dynamics model suggests that, in direct response to the child sexual abuse experience, the child can develop psychological problems such as depression, difficulties with self-esteem, promiscuous behavior, and negative coping skills (Finkelhor & Browne, 1985).

Overall, this study concluded that child sexual abuse can lead to an array of emotional and relational challenges. It is important to recognize unhealed trauma as a part of the dynamics within the relationship as these issues become complicated by heightened reactions to common relationship issues. The traumagenic dynamics model

can be the basis for developing instruments and understanding the impact of child sexual abuse. The results of the current study were interpreted using the traumagenic dynamics model for child sexual abuse.

Limitations of the Study

This study provided valuable and in-depth data describing the understanding of child sexual abuse and how it effects intimate partner relationships. This study provided an understanding of relationship and intimacy experiences of later-life relationship infidelities in female survivors of child sexual abuse; however, this study did have a few limitations. This study focused solely on female survivors of child sexual abuse; therefore, it limited the perspective of male child sexual abuse survivors. It would have been informative to understand the male's point of view as the victim within the intimate relationship.

This study included 20 participants which allowed the opportunity to gather some very valuable data. A large enough sample size is extremely important to sufficiently address the research question, but a smaller sample size could have limited some of the repetitive data that was obtained.

Lastly, the participants in this study were required to be in an intimate relationship where the female was a victim of child sexual abuse. This research only studied the female victim's intimacy and infidelities within the relationship as a result of the child sexual abuse, which limited the understanding of how the intimacy and infidelities have affected the partner, which could lead to issues with bias presented in the study.

Recommendations for Future Research

The goal of this current research was to gain an understanding on relationship and intimacy experiences of later-life infidelities among female survivors of child sexual abuse. Based on the strengths and limitations of the study, some recommendations are proposed for further research. First, additional basic qualitative studies should be conducted to examine the effects male survivors of child sexual abuse and their perceptions on how the abuse affects their intimate partner relationships. Therefore, getting a perspective of the male experience, since there are less qualitative studies conducted on male survivors of child sexual abuse. Sexual intimacy is known to be influenced by gender. It is possible that couples with the survivor being male may have relational concerns, strengths, and solutions related to abuse that is not discussed in this study. Male victims of childhood sexual abuse tend to delay disclosure of their abuse experience much later than female survivors (Romano et al., 2019). Researchers have discussed a correlation between earlier disclosure a better outcome for the survivor (Romano et al., 2019).

Second, majority of research has been conducted on those that child sexual abuse occurs prior to the age of 16, so this study focused on survivors who have experienced the abuse prior to the age of 16. It would be beneficial to examine the impact of child sexual abuse from childhood to 18. This can allow for the results to be generalized to a much broader population. Nearly 70% of all reported sexual assaults occur to children ages 17 and under. Youths have a higher sexual abuse rate for youth 12 to 18 which is 2.3 times higher than adults (Assink et al., 2019).

Third, this research focused on the problem of infidelity. It would be beneficial to examine further understanding of other social problems that can occur as a result of child sexual abuse. It would be extremely important to learn other issues that can occur within the intimate relationship when there is a survivor of child sexual abuse. According to Popovic (2018), child sexual abuse can cause a wide range of social issues throughout childhood and adult life. Child sexual abuse can affect psychological well-being, family and intimate relationships, education and career. Victims and survivors of child sexual abuse are two to four times more likely to become victims of sexual abuse again in their lifetime (Popovic, 2018; Cantón-Cortés et al., 2015; Castro et al., 2019).

Implications

All of the information obtained from this research study can provide an impact for positive social change. This research aims to address and fill the gap in the literature regarding the social issue of child sexual abuse and infidelity. This will aim to lead to change in divorce rates and failed relationships that have been affected by child sexual abuse. The findings in this study have severe implications on the effects of child sexual abuse in intimate relationships. The likelihood of possible social change is limitless due to the lack of research on the experiences of child sexual abuse survivors in an effort to address the problem of infidelity.

On the individual and family level, understanding these results could have an impact on how child sexual abuse survivors maintain a positive and healthy dynamic in the intimate relationship. The results of this study could be used to assist professionals in developing adequate tools and resources to prevent further issues of infidelities within

intimate relationship where there is an experience of child sexual abuse. Further research and considerations have the potential to change people's perspective on this topic and lead to major changes in how victims of child sexual abuse engage in their relationships and how issues are handled when they arise.

The theoretical implications of these findings align with the theoretical framework used in this study could be used for changes in how counselors, therapists, psychologists, and social workers apply the traumagenic dynamics model for child sexual abuse cases. The results of this study can have a strong impact on the individual and family level. The results could provide a better understanding of how this issue can relate to unstable relationships.

Conclusion

The findings from this study helped to close a gap in the literature by addressing the experiences of the child sexual abuse survivors in an effort to address the documented problem of infidelity. The results indicated that there are ongoing issues with intimacy and infidelity within an intimate partner relationship as a result of child sexual abuse. The analysis of their individual experiences revealed what those issues are and ways that issues can be identified and addressed. The analysis reveals to the intimate partner how child sexual abuse affects the survivor and the intimate relationship.

The research question in this study was essential to understand the experiences of the research participants. The participants were able to identify the ways that child sexual abuse has affected their intimacy and later-life infidelities within their current and past

relationships. The identified themes can be useful to other professionals who work or are interested in working with sexual trauma victims.

This study showed how child sexual abuse results in intimacy issues in their later-life. This study discussed if the participants feel that intimacy and infidelity can stem from the child sexual abuse. The participants give their insight on the infidelities in their relationship and what has occurred as a result of the infidelities. The findings of this study have provided details for those working with couples who have experienced infidelity in their relationship due to intimacy concerns as a result of child sexual abuse, to acknowledge how these issues effect relationships.

References

- Adams, W. C. (2015). Conducting semi-structured interviews. In K. E. Newcomer, H. P. Hatry, & J. S. Whole (Eds.), *Handbook of practical program evaluation*, (4th ed. pp. 492–505). Wiley.
- Adler, R. H. (2022). Trustworthiness in qualitative research. *Journal of Human Lactation*, 38(4). <https://doi.org/10.1177/08903344221116620>
- Ali, N. B., & Tanveer, B. (2022). A comparison of citation sources for reference and citation-based search in systematic literature reviews. *E-Informatica Software Engineering Journal*, 16(1). <https://doi.org/10.37190/e-Inf220106>
- Ashraf, I. J., Pekarsky, A. R., Race, J. E., & Botash, A. S. (2020). Making the most of clinical encounters: Prevention of child abuse and maltreatment. *Pediatric Clinics of North America*, 67(3), 481–498. <https://doi.org/10.1016/j.pcl.2020.02.004>
- Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research. *Qualitative Sociology*, 42(2), 139–160. <https://doi.org/10.1007/s11133-019-9413-7>
- Assink, M., van der Put, C. E., Meeuwse, M. W. C. M., de Jong, N. M., Oort, F. J., Stams, G. J. J. M., & Hoeve, M. (2019). Risk factors for child sexual abuse victimization: A meta-analytic review. *Psychological Bulletin*, 145(5), 459–489. <https://doi.org/10.1037/bul0000188>
- Bakken, L., Brown, N., & Downing, B. (2017). Early childhood education: The long-term benefits. *Journal of Research in Childhood Education*, 31(2), 255–269. <https://doi.org/10.1080/02568543.2016.1273285>
- Barrow, J., Brannan, G., Khandhar, P. (2020, August 28). *Research ethics*. StatPearls

Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK459281/>

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802–1811. <https://doi.org/10.1177/1049732316654870>

Brown, S. L., & Wright, M. R. (2017). Marriage, cohabitation, and divorce in later life. *Innovation in Aging, 1*(2). <https://doi.org/10.1093/geroni/igx015>

Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and Practice, 2*, 1–10. <https://doi.org/10.1186/s42466-020-00059-z>

Campbell, S. B., & Renshaw, K. D. (2018). Posttraumatic stress disorder and relationship functioning: A comprehensive review and organizational framework. *Clinical Psychology Review, 65*, 152–162. <https://doi.org/10.1016/j.cpr.2018.08.003>

Candela, A. G. (2019). Exploring the function of member checking. *The Qualitative Report, 24*(3), 619–628. <https://doi.org/10.46743/2160-3715/2019.3726>

Cantón-Cortés, D., Cortés, M. R., & Cantón, J. (2015). Child sexual abuse, attachment style, and depression: The role of the characteristics of abuse. *Journal of Interpersonal Violence, 30*(3), 420–436. <https://doi.org/10.1177/0886260514535101>

Castro, Á., Ibáñez, J., Maté, B., Esteban, J., & Barrada, J. R. (2019). Childhood sexual abuse, sexual behavior, and revictimization in adolescence and youth: A mini review. *Frontiers in Psychology, 10*, 2018. <https://doi.org/10.3389/fpsyg.2019.02018>

- Centers for Disease Control and Prevention. (2014). *Child abuse and neglect prevention*.
<https://www.cdc.gov/violenceprevention/childmaltreatment/index.html>
- Coles, J., Astbury, J., Dartnall, E., & Limjerwala, S. (2014). A qualitative exploration of researcher trauma and researchers' responses to investigating sexual violence. *Violence Against Women, 20*(1), 95–117.
<https://doi.org/10.1177/1077801213520578>
- Corlett, S., & Mavin, S. (2018). Reflexivity and researcher positionality. In C. Cassell, A. L. Cunliffe, & G. Grandy (Eds.), *The Sage handbook of qualitative business and management research methods*, (pp. 377–399). Sage.
<https://doi.org/10.4135/9781526430212.n23>
- Coyle, E., Karatzias, T., Summers, A., & Power, M. (2014). Emotions and emotion regulation in survivors of childhood sexual abuse: The importance of “disgust” in traumatic stress and psychopathology. *European Journal of Psychotraumatology, 5*, 23306. <https://doi.org/10.3402/ejpt.v5.23306>
- Crane, C. A., Hawes, S. W., Mandel, D., & Easton, C. J. (2013). Informed consent: An ethical issue in conducting research with male partner violent offenders. *Ethics & Behavior, 23*(6), 477–488. <https://doi:10.1080/10508422.2013.804795>
- Dagan, K., Itzhaky, H., & Ben-Porat, A. (2015). Therapists working with trauma victims: The contribution of personal, environmental, and professional-organizational resources to secondary traumatization. *Journal of Trauma & Dissociation, 16*(5), 592–606. <https://doi.org/10.1080/15299732.2015.1037038>
- Daher, M., Carré, D., Jaramillo, A., Olivares, H., & Tomicic, A. (2017). Experience and

- meaning in qualitative research: A conceptual review and a methodological device proposal. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 18(3). <https://doi.org/10.17169/fqs-18.3.2696>
- DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, 7(2), e000057. <https://doi.org/10.1136/fmch-2018-000057>
- De Jong, R., & Bijleveld, C. (2015). Child sexual abuse and family outcomes. *Crime Science*, 4(1), 34. <https://doi.org/10.1186/s40163-015-0046-1>
- Dhakal K. (2022). NVivo. *Journal of the Medical Library Association: JMLA*, 110(2), 270–272. <https://doi.org/10.5195/jmla.2022.1271>
- Dugal, C., Bigras, N., Godbout, N., & Bélanger, C. (2016). Childhood interpersonal trauma and its repercussions in adulthood: An analysis of psychological and interpersonal sequelae. *A Multidimensional Approach to Post-Traumatic Stress Disorder: From Theory to Practice*, 71. [https://doi:10.5772/64476](https://doi.org/10.5772/64476)
- Ellis, C., & Knight, K. E. (2018). Advancing a model of secondary trauma: Consequences for victim service providers. *Journal of Interpersonal Violence*, 886260518775161. <https://doi.org/10.1177/0886260518775161>
- Erikson, E.H. (1963). *Childhood and society*. (2nd ed.). New York, NY: Norton.
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1-4. <https://doi.org/10.11648/j.ajtas.20160501.11>
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A

- conceptualization. *American Journal of Orthopsychiatry*, 55, 530-541.
- Finkelhor, D., & Browne, A. (1988). Assessing the long-term impact of child sexual abuse: A review and conceptualization. In L.E.A. Walker (Ed.), *Handbook on Sexual Abuse of Children* (3rd ed., pp. 55-69). New York, NY: Springer Publishing.
- Fisher, C., Goldsmith, A., Hurcombe, R., & Soares, C. (2017). The impacts of child sexual abuse: A rapid evidence assessment. *Independent Inquiry into Child Abuse*, 23(4), pp. 1-19.
- Forero, R., Nahidi, S., De Costa, J., Mohsin, M., Fitzgerald, G., Gibson, N., McCarthy, S., & Aboagye-Sarfo, P. (2018). Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. *BMC Health Services Research*, 18(1), 120. <https://doi.org/10.1186/s12913-018-2915-2>
- Franckowiak, M. (2017). Intimacy after sexual trauma: Clinical perspectives. Retrieved from Walden University.
- Fusch, P., Fusch, G. E., & Ness, L. R. (2018). Denzin's paradigm shift: Revisiting triangulation in qualitative research. *Journal of Social Change*, 10(1), 2. <https://doi.org/10.5590/JOSC.2018.10.1.02>
- Garnefski, N., van Rood, Y., De Roos, C., & Kraaij, V. (2017). Relationships between traumatic life events, cognitive emotion regulation strategies, and somatic complaints. *Journal of clinical Psychology in Medical Settings*, 24(2), 144-151. <https://doi:10.1007/s10880-017-9494-y>
- Gewirtz-Meydan, A., & Godbout, N. (2023). Between pleasure, guilt, and dissociation:

How trauma unfolds in the sexuality of childhood sexual abuse survivors. *Child Abuse & Neglect*, 141, 106195.

Gilleard C, Higgs P. (2016). Connecting Life Span Development with the Sociology of the Life Course: A new direction. *Sociology*. 50(2):301-315.

<https://doi.org/10.1177/0038038515577906>

Gobout, N., Morissette Harvey, F., Cyr, G., & Bélanger, C. (2020). Cumulative childhood trauma and couple satisfaction: Examining the mediating role of mindfulness. *Mindfulness*, 11(7), 1723–1733. <https://doi.org/10.1007/s12671-020-01390-x>

Gray, L. M., Wong-Wylie, G., Rempel, G. R., & Cook, K. (2020). Expanding qualitative research interviewing strategies: Zoom video communications. *The Qualitative Report*, 25(5), 1292-1301. <https://doi.org/10.46743/2160-3715/2020.4212>

Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PloS One*, 15(5), e0232076. <https://doi.org/10.1371/journal.pone.0232076>

Hailes, H. P., Yu, R., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: An umbrella review. *The Lancet Psychiatry*, 6(10), 830-839. [https://doi:10.1016/S2215-0366\(19\)30286-X](https://doi:10.1016/S2215-0366(19)30286-X)

Hanage, W., Xueting Q., Lee Kennedy-Shaffer. (2020). Snowball sampling study design for serosurveys in the early covid-19 pandemic.

Hanson RF, Wallis E. (2018). Treating Victims of Child Sexual Abuse. *Am J Psychiatry*. 175(11):1064-1070. <https://doi: 10.1176/appi.ajp.2018.18050578>.

- Harford, T. C., Yi, H. Y., & Grant, B. F. (2014). Associations between childhood abuse and interpersonal aggression and suicide attempt among US adults in a national study. *Child Abuse & Neglect*, 38(8), 1389-1398.
- Haskell, L., & Randall, M. (2019). The impact of trauma on adult sexual assault victims. What the criminal justice system needs to know. *SSRN Electronic Journal*.
- Herbert, J. L., & Bromfield, L. (2019). Multi-disciplinary teams responding to child abuse: Common features and assumptions. *Children and Youth Services Review*, 106, 104467. <https://doi:10.1016/j.childyouth.2019.104467>
- Hsu, E. T. (2016). Child sexual abuse, interpersonal difficulties, and staying in relationships with intimate partner violence: A preliminary study. <https://searchebshostcom.ezp.waldenulibrary.org/login.aspx?direct=true&db=eric&AN=EJ734305&site=eds-live&scope=site>
- Iyengar, V., G. Link, P. W. Beatty, M. Boel, C. Crockett, C. DiCocco, D. Fink, J. S. Gray, C. LaCounte, A. C. Miller, M. Phillippi, S. Skowronski, M. S. Twomey, and T. Williams. (2019). Trauma caused by injury or abuse in late life: Experiences, impacts, and the federal response. *NAM Perspectives*. <https://doi.org/10.31478/201901a>
- Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education*, 84(1), 7120. <https://doi.org/10.5688/ajpe7120>
- Karakurt, G., & Silver, K. E. (2014). Therapy for childhood sexual abuse survivors using attachment and family systems theory orientations. *The American Journal of*

- Family Therapy, 42(1), 79–91. <https://doi.org/10.1080/01926187.2013.772872>
- Kilimnik, C. D., Pulverman, C. S., & Meston, C. M. (2018). Methodologic considerations for the study of childhood sexual abuse in sexual health outcome research: A comprehensive review. *Sexual Medicine Reviews*, 6(2), 176-187. <https://doi.org/10.1016/j.sxmr.2017.11.006>.
- Korstjens, I., & Moser, A. (2018). Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124.
- Laborde, N. D., vanDommelen-Gonzalez, E., & Minnis, A. M. (2014). Trust - that's a big one: intimate partnership values among urban Latino youth. *Culture, Health & Sexuality*, 16(9), 1009–1022. <https://doi.org/10.1080/13691058.2014.921837>
- Lahousen, T., Unterrainer, H. F., & Kapfhammer, H. P. (2019). Psychobiology of attachment and trauma-some general remarks from a clinical perspective. *Frontiers in Psychiatry*, 10, 914. <https://doi.org/10.3389/fpsy.2019.00914>
- Lassri, D., Luyten, P., Fonagy, P., & Shahar, G. (2018). Undetected scars? Self-criticism, attachment, and romantic relationships among otherwise well-functioning childhood sexual abuse survivors. *Psychological Trauma: Theory, Research, Practice and Policy*, 10(1), 121–129. <https://doi.org/10.1037/tra0000271>
- Lefevre, M., Hickle, K., Luckock, B., & Ruch, G. (2017). Building trust with children and young people at risk of child sexual exploitation: The professional challenge. *British Journal of Social Work*, 47(8), 2456-2473. <https://doi.org/10.1093/bjsw/bcw181>

- Lester, J. N., Cho, Y., & Lochmiller, C. R. (2020). Learning to do qualitative data analysis: A starting point. *Human resource development review*, 19(1), 94–106. <https://doi.org/10.1177/1534484320903890>
- Letourneau, E. J., Brown, D. S., Fang, X., Hassan, A., & Mercy, J. A. (2018). The economic burden of child sexual abuse in the United States. *Child Abuse & Neglect*, 79, 413-422. <https://doi.org/10.1016/j.chiabu.2018.02.020>
- Leung L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 324–327.
- Lev-Wiesel, R., Bechor, Y., Daphna-Tekoah, S., Hadanny, A., & Efrati, S. (2018). Brain and mind integration: Childhood sexual abuse survivors experiencing hyperbaric oxygen treatment and psychotherapy concurrently. *Frontiers in Psychology*, 9, 2535. <https://doi.org/10.3389/fpsyg.2018.02535>
- Lewis, T., McElroy, E., Harlaar, N., & Runyan, D. (2016). Does the impact of child sexual abuse differ from maltreated but non-sexually abused children? A prospective examination of the impact of child sexual abuse on internalizing and externalizing behavior problems. *Child Abuse & Neglect*, 51, 31-40. <https://doi.org/10.1016/j.chiabu.2015.11.016>
- Lippard, E., & Nemeroff, C. B. (2020). The devastating clinical consequences of child abuse and neglect: Increased disease vulnerability and poor treatment response in mood disorders. *The American Journal of Psychiatry*, 177(1), 20–36. <https://doi.org/10.1176/appi.ajp.2019.19010020>
- Love, S., & Robinson Kurpius, S. E. (2022). Childhood Sexual Abuse and Coping as

- Young Adults: The Roles of Attachment and Mattering. *Journal of Interpersonal Violence*, 37(7–8), NP4931–NP4951. <https://doi.org/10.1177/0886260520958647>
- Lozano, N. M. (2016). *The impact of sexual violence on intimate relationship dynamics: A grounded theory study*. The University of Nebraska-Lincoln.
- Maercker, A., & Hecker, T. (2016). Broadening perspectives on trauma and recovery: a socio-interpersonal view of PTSD. *European Journal of Psychotraumatology*, 7, 29303. <https://doi.org/10.3402/ejpt.v7.29303>
- Marques, N. M., Belizario, G. O., Rocca, C., Saffi, F., de Barros, D. M., & Serafim, A. P. (2020). Psychological evaluation of children victims of sexual abuse: Development of a protocol. *Heliyon*, 6(3), e03552. <https://doi.org/10.1016/j.heliyon.2020.e03552>
- Marshall, C., & Rossman, G. B. (2016). *Designing Qualitative Research* (6th ed.). Sage Publications.
- Martínez-Mesa, J., González-Chica, D. A., Duquia, R. P., Bonamigo, R. R., & Bastos, J. L. (2016). Sampling: how to select participants in my research study? *Anais brasileiros de dermatologia*, 91(3), 326–330. <https://doi.org/10.1590/abd1806-4841.20165254>
- Mathews, B., & Collin-Vézina, D. (2019). Child sexual abuse: Toward a conceptual model and definition. *Trauma, Violence, & Abuse*, 20(2), 131–148. <https://doi.org/10.1177/1524838017738726>
- Merriam, S. B., & Grenier, R. S. (Eds.). (2019). *Qualitative research in practice: Examples for discussion and analysis*. John Wiley & Sons. Newark: John Wiley &

Sons, Incorporated.

McElvaney, R., Moore, K., O'Reilly, K., Turner, R., Walsh, B., & Guerin, S. (2020).

Child sexual abuse disclosures: Does age make a difference? *Child Abuse & Neglect*, 99, 104121.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: a guide to design and implementation*. Fourth edition. San Francisco, CA, John Wiley & Sons.

Mills, R., Kisely, S., Alati, R., Strathearn, L., & Najman, J. (2016). Self-reported and agency-notified child sexual abuse in a population-based birth cohort. *Journal of Psychiatric Research*, 74, 87–93. <https://doi.org/10.1016/j.jpsychires.2015.12.021>

Moschella, Matthew. (2020). *The long-term effects of sexual assault on romantic relationships: A qualitative study*. University of New Hampshire, Durham.

Murray, L. K., Nguyen, A., & Cohen, J. A. (2014). Child sexual abuse. *Child and adolescent psychiatric clinics of North America*, 23(2), 321–337.

[https://doi.org/10.1016/j.chc.2014.01.00323\(2\)](https://doi.org/10.1016/j.chc.2014.01.00323(2)), 321-37.

Nielsen, B., Wind, G., Tjørnhøj-Thomsen, T., & Martinsen, B. (2018). A scoping Review of challenges in adult intimate relationships after childhood sexual abuse. *Journal of Child Sexual Abuse*, 27(6), 718–728.

<https://doi.org/10.1080/10538712.2018.1491915>

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), <https://doi.org/10.1177/1609406917733847>

Nguyen, T. P., Karney, B. R., & Bradbury, T. N. (2017). Childhood abuse and later

- marital outcomes: Do partner characteristics moderate the association? *Journal of Family Psychology*, 31(1), 82–92. <https://doi.org/10.1037/fam0000208>
- Palaganas, E. C., Sanchez, M. C., Molintas, M. P., & Caricativo, R. D. (2017). Reflexivity in qualitative research: A journey of learning. *The Qualitative Report*, 22(2), 426-438. <https://doi.org/10.46743/2160-3715/2017.2552>
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
- Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. *The Qualitative Report*; Fort Lauderdale, 20(2), 76–85
- Petersen, A. C., Joseph, J., Feit, M., & National Research Council. (2014). *Consequences of child abuse and neglect. New Directions in Child Abuse and Neglect Research.* National Academies Press (US).
- Popović, S. (2018). Child sexual abuse news: A systematic review of content analysis studies. *Journal of child sexual abuse*, 27(7), 752-777. *Journal of Child Sexual Abuse*, 27(7), 752–777.
- Pulverman, C. S., Kilimnik, C. D., & Meston, C. M. (2018). The impact of childhood sexual abuse on women’s sexual health: a comprehensive review. *Sexual Medicine Reviews*, 6(2), 188-200. <https://doi.org/10.1016/j.sxmr.2017.12.002>
- QSR International. (2020). Nvivo. <https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software>

- Quinney, L., Dwyer, T., & Chapman, Y. (2016). Who, where, and how of interviewing peers: Implications for a phenomenological study. *SAGE Open*, 6(3).
<https://doi.org/10.1177/2158244016659688>
- Ravitch, S. M., & Carl, N. M. (2019). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. Sage Publications.
- Reid, J. (2018). The imprint of childhood abuse on trauma-related shame in adulthood. *Dignity: A Journal on Sexual Exploitation and Violence*, 3(1) Article 4.
<https://doi:10.23860/dignity.2018.03.01.04>
- Romano, E., Moorman, J., Ressel, M., & Lyons, J. (2019). Men with childhood sexual abuse histories: Disclosure experiences and links with mental health. *Child abuse & neglect*, 89, 212–224. <https://doi.org/10.1016/j.chiabu.2018.12.010>
- Ross, P. T., & Bibler Zaidi, N. L. (2019). Limited by our limitations. *Perspectives on medical education*, 8(4), 261–264. <https://doi.org/10.1007/s40037-019-00530-x>
- Rush, E. B., Lyon, T. D., Ahern, E. C., & Quas, J. A. (2014). Disclosure suspicion bias and abuse disclosure: Comparisons between sexual and physical abuse. *Child Maltreatment*, 19(2), 113–118. <https://doi.org/10.1177/1077559514538114>
- Saldaña, J. (2021). *The coding manual for qualitative researchers*. The coding manual for qualitative researchers, 1-440.
- Sathyamurthi, K., & Nanditha, P. J. (2023). *Child Sexual Abuse–Social Workers’ Perspective*.
- Scoglio, A., Kraus, S. W., Saczynski, J., Jooma, S., & Molnar, B. E. (2021). Systematic review of risk and protective factors for revictimization after child sexual abuse.

Trauma, Violence & Abuse, 22(1), 41–53.

<https://doi.org/10.1177/1524838018823274>

Scott, J. G., Mihalopoulos, C., Erskine, H. E., Roberts, J., & Rahman, A. (2016).

Childhood mental and developmental disorders. In V. Patel (Eds.) et. al., Mental, Neurological, and Substance Use Disorders: Disease Control Priorities, Third Edition (Volume 4). The International Bank for Reconstruction and Development The World Bank.

Senn, T. E., Braksmajer, A., Hutchins, H., & Carey, M. P. (2017). Development and

refinement of a targeted sexual risk reduction intervention for women with a history of childhood sexual abuse. *Cognitive and Behavioral Practice*, 24(4), 496–507. <https://doi.org/10.1016/j.cbpra.2016.12.001>

Shrivastava, A. K., Karia, S. B., Sonavane, S. S., & De Sousa, A. A. (2017). Child sexual

abuse and the development of psychiatric disorders: a neurobiological trajectory of pathogenesis. *Industrial Psychiatry Journal*, 26(1), 4–12.

https://doi.org/10.4103/ipj.ipj_38_15

Sigurdardottir, S., & Halldorsdottir, S. (2018). Screaming body and silent healthcare

providers: A case study with a childhood sexual abuse survivor. *International Journal of Environmental Research and Public Health*, 15(1), 94.

<https://doi.org/10.3390/ijerph15010094>

Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M.,

& Jain, A. (2017). The national intimate partner and sexual violence survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury

Prevention and Control, Centers for Disease Control and Prevention.

Solomon, S. D., & Teagno, L. J. (2020). “ Making up is hard to do”-couples therapy after infidelity. <https://www.continuingcourses.net/active/courses/course089.php>

Stiernagle, Elizabeth, “Effects of Childhood Sexual Abuse: Women in Adulthood” (2017). Counselor Education Capstones.

<https://openriver.winona.edu/counseloreducationcapstones/72>

Strathearn, L., Giannotti, M., Mills, R., Kisely, S., Najman, J., & Abajobir, A. (2020).

Long-term cognitive, psychological, and health outcomes associated with child abuse and neglect. *Pediatrics*, 146(4), e20200438.

<https://doi.org/10.1542/peds.2020-0438>

Suter, Lynn. (2014). Exploring therapists’ understandings of childhood sexual abuse and the impact of this on their practice with adult survivors: A discursively informed thematic analysis. Prof Doc Thesis University of East London School of Psychology. <https://doi.org/10.15123/PUB.4003>

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy*, 68(3), 226–231. <https://doi.org/10.4212/cjhp.v68i3.1456>

Testa, M., VanZile-Tamsen, C., & Livingston, J. A. (2015). Childhood sexual abuse, relationship satisfaction, and sexual risk taking in a community sample of women. *Journal of Consulting and Clinical Psychology*, 73(6), 1116-24. <https://doi.org/10.1037/0022-006X.73.6.1116>

Townsend, C. (2016). Child sexual abuse disclosure: What practitioners need to know.

Charleston, S.C., Darkness to Light. www.D2L.org.

Tran, N. K., Van Berkel, S. R., van IJzendoorn, M. H., & Alink, L. (2017). The association between child maltreatment and emotional, cognitive, and physical health functioning in Vietnam. *BMC Public Health*, 17(1), 332.

<https://doi.org/10.1186/s12889-017-4258-z>

Trevino, Z. R., Marroquin, C., Fife, S., Williams, T., Nordfelt, R., & Gomes, A. (2023). Childhood Sexual Abuse and Couple Relationships: A Grounded Theory on Healing. *The American Journal of Family Therapy*, 1-17.

United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Child Maltreatment 2012*.

<http://www.acf.hhs.gov/programs/cb/researchdata-technology/statistics-research/child-maltreatment>

Vaillancourt-Morel, M. P., Bergeron, S., Blais, M., & Hébert, M. (2019). Longitudinal associations between childhood sexual abuse, silencing the self, and sexual self-efficacy in adolescents. *Archives of Sexual Behavior*, 48(7), 2125-2135.

Vaillancourt-Morel, M. P., Bergeron, S., Blais, M., & Hébert, M. (2019). Longitudinal Associations Between Childhood Sexual Abuse, Silencing the Self, and Sexual Self-Efficacy in Adolescents. *Archives of Sexual Behavior*, 48(7), 2125–2135.

<https://doi.org/10.1007/s10508-019-01494-z>

Vonderlin, R., Kleindienst, N., Alpers, G. W., Bohus, M., Lyssenko, L., & Schmahl, C. (2018). Dissociation in victims of childhood abuse or neglect: a meta-analytic

review. *Psychological Medicine*, 48(15), 2467-2476.

<https://doi.org/10.1017/S0033291718000740>

Waid-Lindberg, C. A., & Mohr, N. L. (2019). Child sexual abuse. *The Encyclopedia of Women and Crime*, 1-7. <https://doi.org/10.1002/9781118929803.ewac.0051>

Walsh, M., Millar, M., & Westfall, R. S. (2019). Sex differences in responses to emotional and sexual infidelity in dating relationships. *Journal of Individual Differences*, 40(2), 63–70. <https://doi.org/10.1027/1614-0001/a000277>

Williams, M., & Moser, T. (2019). The art of coding and thematic exploration in qualitative research. *International Management Review*, 15(1), 45-55.

Woolf, N. H., & Silver, C. (2017). *Qualitative analysis using NVivo: The five-level QDA® method*. Routledge.

World Health Organization. (2017). *Responding to children and adolescents who have been sexually abused*.

<https://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf>

Yarborough M. (2021). Moving towards less biased research. *BMJ open science*, 5(1), <https://doi.org/10.1136/bmjos-2020-100116>

Zoldbrod A. P. (2015). Sexual issues in treating trauma survivors. *Current Sexual Health Reports*, 7(1), 3–11. <https://doi:10.1007/s11930-014-0034-6>

Zoom. (2023). Zoom Video Communications. Retrieved from <https://zoom.us/>

Appendix A: Screening Questions

1. What is your age?
2. What is your gender?
3. What is your marital status?
4. Were you sexually abused prior to the age of 16?
5. Have you been involved in a heterosexual cohabitating or marital relationship for at least 1 year?

Appendix B: Interview Protocol

Thank you again for agreeing to participate in this study. Your time and willingness to share your thoughts and experience is greatly appreciated. The purpose of this study will help understand the intimacy experiences of later-life infidelities among female survivors of child sexual abuse. Any information that is shared today will be kept confidential and no identifying information will be shared. The interview will only be used for transcription purposes. I will obtain your verbal consent to continue with this interview. Is this okay with you? If at any time, you no longer wish to continue with the interview, let me know, and we can discontinue immediately.

1. Can you start by telling me how old you were when you experienced your abuse?
2. Tell me about what that experience was like? Did you report it? Did you seek help from an adult or professional? Why or why not?
3. How do you think that affected you at the time?
4. Please share with me your experience of how that has affected your later-life experiences? **Probing Questions-** Has it been difficult to trust romantic partners? Has it been difficult to make friends? Meeting romantic partners?
5. Tell me about any intimacy issues that you may have experienced? Do you feel that those issues can come from the issues of abuse?
6. How has your experience with trust been in your relationship?
7. Have there been any infidelities on your part within your current or past relationship? Tell me more about that?

8. Was your partner aware of the infidelity? Tell me more about what happened with that relationship?
9. Tell me about when your infidelities started and how they began?
10. Where do you think that the infidelity stems from?
11. Is there anything else that you would like to add that we haven't already discussed?

This concludes our interview. Thank you again for taking the time to speak with me and share your experience. The Zoom recording will be used to transcribe the interview and develop themes and patterns. The information that you have provided today will help to inform social change.

Appendix C: Study Flyer



**PhD Study on the
Understanding of Child
Sexual Abuse on
Intime Partner
Relationships**

**Participation is completely
Voluntary and confidential**

**Looking for female
Survivors of child sexual
Abuse in a current intimate
Relationship and have experienced
sexual abuse prior to the age of 16.**

Please Consider
Participating in a Study
On Intimate Relationships

PhD Study

I am conducting a study for my PhD dissertation on the perceived understanding of child sexual abuse on intimate partner relationships. Your participation will be confidential, and the interviews will be conducted through Zoom at your convenience.

Appendix D: CITI Certificate



Completion Date 20-Oct-2022
 Expiration Date N/A
 Record ID 52233553

This is to certify that:

Kellyanne Rodriguez

Has completed the following CITI Program course:

Not valid for renewal of
 certification through CME.

Student's
 (Curriculum Group)
Doctoral Student Researchers
 (Course Learner Group)
1 - Basic Course
 (Stage)

Under requirements set by:

Walden University

CITI
 Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?we71e0c7e-2aba-4f51-96f6-366eb918b0f1-52233553