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# Threads of Attachment: Exploring Relationship Development Among Marginalized Populations of Childhood Sexual Abuse Survivors

Eunique S. Powell  
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# Walden University

College of Social and Behavioral Health

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Eunique S. Powell

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Walden University  
2025

Abstract

Threads of Attachment: Exploring Relationship Development Among Marginalized

Populations of Childhood Sexual Abuse Survivors

by

Eunique S. Powell

MA, University of North Carolina, Pembroke, 2015

BS, Methodist University, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2025

## Abstract

Childhood Sexual Abuse (CSA), traumatic sexual violence within trusted relationships, continues to impact children in the United States and often leads to insecure attachments in adulthood. There was a gap in the literature concerning the experiences of adult survivors of CSA within marginalized communities, where such experiences are frequently ignored. The purpose of this qualitative descriptive phenomenological study was to explore how adult survivors of CSA from marginalized populations develop attachments. Bowlby argued that maintaining mental health in adulthood depends on forming healthy and secure relationships during childhood. Bowlby's attachment theory served as the framework to understand how early attachment experiences influenced development. The study aimed to understand how adult survivors of CSA from marginalized groups experienced barriers to establishing secure attachments. Twenty adults from diverse backgrounds volunteered to share their lived experiences. Criterion sampling was used. Individuals under 18 or without CSA histories were excluded. Key themes identified through descriptive qualitative coding were (a) Attachment Formation, (b) Coping Mechanisms, (c) Trust Dynamics, (d) Relationship Satisfaction, (e) Internal and External Influencing Factors, (f) Emotional and Psychological Responses, (g) Trauma and Abuse Impact, (h) Interaction and Behavioral Patterns, (i) Social and Family Dynamics, and (j) Self and Personal Growth. These themes highlighted ways survivors navigated relationships. The findings underscored the need for culturally sensitive, trauma-informed support for this population. This research can inform training and foster inclusive systems aimed at improving survivor care and promoting community healing.

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## Dedication

This dissertation is lovingly dedicated to my supportive and nurturing husband, Atravis Powell, Sr., whose unwavering encouragement and belief in my dreams have propelled me through this journey. I also dedicate this work to my two amazing children, Atravis Jr. and Erabella Swann, whose smiles and laughter bring joy to my life and serve as my constant motivation to strive for excellence. Their presence inspires me every day, reminding me of the importance of perseverance and dedication.

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## Chapter 1: Introduction to the Study

### **Introduction**

Childhood trauma refers to physical, sexual, and emotional abuse that significantly disrupts developmental processes, leading to a wide range of health outcomes (Saadati et al., 2024). Persistent childhood trauma, as mentioned earlier, can lead to various psychological disorders and health conditions (Saadati et al., 2024). Stewart-Tufescu et al. (2022) suggested that there is a direct relationship between these experiences and the negative outcomes for adults, leading to poor physical and mental health, substance use, and problematic behaviors. Childhood maltreatment can also result in harmful and damaging behaviors that may be apparent in young adults. Often, adult minority survivors of childhood sexual abuse (CSA) develop poor attachments in interpersonal relationships (Stewart-Tufescu et al., 2022). Underlying causes for maladaptive behaviors frequently result in ineffective coping strategies and unhealthy mannerisms during interpersonal engagement into adulthood because of a lack of skills, insecurity, and harmful attachments formed as individuals develop into adults. Stewart-Tufescu et al. (2022) highlighted the association between adverse childhood experiences (ACEs) and detrimental health outcomes, including internalizing and externalizing disorders, physical health conditions, suicidal behaviors, poor well-being, and inadequate daily functioning. Researchers also noted that the effects of childhood trauma go beyond individual health, influencing the career choices of helping professionals and shaping their approach to providing therapeutic care (Saadati et al., 2024).

ACEs within school systems are closely associated with poor academic outcomes, including school engagement, attendance, and increased dropout rates (Stewart-Tufescu et al., 2022). Childhood abuse, neglect, parental divorce, and mental illness in the home are all experiences that contribute to low academic achievement for school-age children in the United States (Stewart-Tufescu et al., 2022). As a result, there is an increase in individualized education plans, grade retention, and mental impairment into adulthood. ACEs include the five-childhood maltreatment to include physical, sexual, and emotional abuse and physical and emotional neglect (Stewart-Tufescu et al., 2022). Also included are the five household challenges, consisting of exposure to domestic violence, substance abuse, mental illness, parental separation or divorce, and familial incarceration. Additionally, Stewart-Tufescu et al. (2022) noted that current research has expanded ACEs to include spankings, bullying, involvement with child welfare, parental gambling, poverty, and the lack of neighborhood safety, all leading to mental health impairment issues.

Overall, the effects of childhood trauma and ACEs result in individuals having a higher risk of displaying maladaptive behaviors as adults (Stewart-Tufescu et al., 2022). In addition, exposure to childhood maltreatment can potentially cause lifelong and intergenerational health and wellness issues, such as low self-concept, unhealthy intimate relationships, attachment disorders, and insecure attachments. Specifically, exposure to childhood maltreatment can potentially cause lifelong and intergenerational health and wellness issues among child abuse survivors (Stewart-Tufescu et al., 2022). Social domains such as violence and substance abuse are issues to consider. The impact of

social skills and interactions can be significant, as they may become impaired, leading to difficulties in maintaining relationships and a lack of trust in others. Finally, depression, withdrawal, and dissociation are internalized symptoms of distress associated with exposure to childhood maltreatment.

Additionally, childhood trauma and adverse experiences can lead to individuals having poor coping skills, lack of parental support, and problematic behaviors, such as attachment disorders and insecure attachments (Stewart-Tufescu et al., 2022). Through this phenomenological research approach, non-numerical data were collected and analyzed to understand the attitudes, beliefs, and motivations of CSA survivors. The results of this qualitative study can aid in potentially identifying helpful strategies to prevent at-risk and challenging behaviors. The development of this study may enhance self-help books and professional resources related to CSA, offering valuable literature that informs effective interventions and treatment plans for survivors. In this chapter, I introduce the research topic by providing background information and examining current research and gaps in the literature. I also address the research problem, purpose, nature of the study, research question, and the significance of this research.

### **Background**

MacIntosh and Ménard (2021) asserted that abuse survivors are more likely to develop cognitive biases based on their experiences with maltreatment, resulting in low self-worth, mistrust, and fear of abandonment. Moreover, the authors suggest that childhood abuse survivors often adapt to abusive relationships over time due to avoidance. As a result, survivors form insecure attachments, resulting in parenting issues

into adulthood (MacIntosh & Ménard, 2021). The authors conducted systematic literature reviews intended to synthesize and consolidate research conducted twenty years prior (MacIntosh & Menard, 2021). The literature targeted the impact of CSA in the areas of distress in romantic relationships and functioning as parents for adult survivors of sexual abuse. MacIntosh and Menard (2021) reported that Davis and Petretic-Jackson (2000) conducted a review and synthesis of accessible evidence on the impact of CSA and interpersonal relationships. The authors applied evidence from three theoretical models, further explaining the effects of CSA on interpersonal relationships, romantic partnerships, and sexuality, to include traumatic sexualization, betrayal, and stigmas that lead to feelings of mistrust, vulnerability, and aggression in relationships (MacIntosh & Menard, 2021). This results in avoidance and a lack of assertiveness and healthy social skills. Davis and Petretic-Jackson (2000) suggested that minimal research has been grounded to represent a well-composed theory, framework, or model to portray the pathway from CSA and interpersonal issues and the impact on romantic relationships and parenting. It was suggested that future research should focus on providing a deeper understanding of the psychological and emotional setbacks of being an abuse survivor rather than only focusing on their symptoms and problematic behavior.

MacIntosh and Menard (2021) also reported on DiLillo and Damashek's (2003) literature review that focused on the characteristics of CSA survivors as parents and caregivers. Four models were introduced to discern the pathway from CSA to the challenges faced in parenthood. Model 1, *psychopathy and distress*, alludes to influences affecting practical parenting consisting of traumatizing and emotional stressors in

childhood. Model 2, the *social learning model*, potentially attributes childhood family environment and the possible lack of learning and modeling capability. Model 3, *attachment theory*, suggests that insecure, unhealthy bonds and attachments are the reasons for abuse survivors' parental achievement lapses. Model 4, the *developmental psychopathology model*, proposed that diverse effects such as culture, social status, and intergenerational obstacles result in poor parenting skills and parent-child relationships. DiLillo and Damashek (2003) suggested that parents struggle with their roles and fear their children will experience sexual abuse themselves. The authors also conclude that extensive research will delve deeper into understanding more about the process that helps prevent the parenting challenges for survivors and incorporates male survivors who are parents (DiLillo & Damashek, 2003). The objective of future research should expand on the use of productive and protective aspects.

MacIntosh and Ménard (2021) reported on Rumstein-McKean and Hunsley's (2001) literature review. MacIntosh and Ménard (2021) analyzed the empirical support for the fidelity of necessary assumptions regarding the couple and parenting functions in the review. It was assumed that survivors of CSA would face challenges in their romantic relationships. These beliefs suggest that survivors may develop insecure attachments in their adult relationships. As a result, they are less likely to marry, and if they do, they are more likely to divorce. MacIntosh and Menard (2021) found that abuse survivors often experience dissatisfaction and conflict in their romantic relationships. Their findings suggest insecure attachments, increased divorce rates, and sexual dissatisfaction. For future research, utilizing larger sample populations, location diversity, and a more refined

research design is encouraged. The goal of reexamination in future research could produce new trends, theories, and perspectives.

DeVito (2020) applies attachment theory to understand how youth, especially those who have experienced neglect, trauma, or early adverse life experiences, may turn to gangs to fulfill emotional needs for security, belonging, and support. DeVito (2020) further explores how gangs might provide stability and security, similar to what a “secure base” offers in healthy attachment dynamics. Thus, members of these gangs can act as surrogate family members or attachment figures, offering the youth a sense of belonging, purpose, and identity. DeVito (2020) identified a widespread problem nationwide: gang activity. Thirty-seven percent of the youth in the United States committed violent and drug-related crimes linked to gang affiliations. The literature focuses on street gangs’ problematic societal concerns and their effects on the youth population. Gang-affiliated youth in street gangs are at an increased risk of death, incarceration, or injury.

DeVito (2020) reported that the research examines how former gang members’ ACEs shape their decision to join a gang and what factors contribute to former gang members’ decision to disengage from gang membership. DeVito (2020) stated that youth turn to gangs because families and schools fail to form positive attachments and meet their needs. DeVito (2020) alluded to attachment theory to explain why youth turn to gang affiliations. Children’s relationships with their primary caregivers aid in developing future relationships. Secure attachment styles are established when the caregiver consistently provides a source of comfort and safety for their child. Conversely, insecure attachment styles are developed when caregivers are harmful, neglectful, and inconsistent

with care, resulting in challenges of emotional regulations, interpersonal issues, and poor behavior. Those who do not have a secure attachment at home will find alternative methods of filling the void with others. DeVito (2020) used the systematic phenomenological approach to gather information and determine the phenomena of gang activity in youth. The two research questions in this qualitative study addressed how the childhood experiences of former gang members shaped their decision to join a gang and the factors that contributed to former gang members' decision to disengage from gang membership (DeVito, 2020).

DeVito (2020) collected data using a semistructured interview via telephone, which the participants preferred to ensure their anonymity. The research results include four identified themes: (a) Lack of Family Consistency, Brotherhood, Sisterhood, (b) Unity: Gang as Replacement Family, (c) No Other Option, and Death, Jail, or (d) Turnaround: Making the decisions to disengage. DeVito (2020) concluded that each participant's lack of consistency with their primary caregivers resulted in gang affiliation filling the void of the lost family affection. DeVito (2020) found that they had no other option as an adolescent but chose to cease gang affiliation to embrace turning their lives around for a better societal outcome. DeVito (2020) targets the impact of childhood adversities and the adult attachment style of men and women, which relates to the phenomena of interest in this research study because it draws attention to the negative consequences of insecure attachments.

Bowlby (1973), as Grady et al. (2017) reported, determined that the "Internal Working Model defines an individual's self-image and shapes their expectations of care

and stability in future relationships” (p. 434). Because the internal working model shifts with an individual into adulthood, the continuation of attachment patterns also carries over throughout the lifespan, determining adulthood patterns. Frequently, these patterns are exhibited in adult romantic relationships, directly impacting how adults engage with and respond to their romantic partners. The internal working model deduces that children with secure attachment develop into securely attached adults with positive and stable self-concepts and viewpoints of others.

Additionally, adults who identified as anxious and preoccupied often display elevated emotions and increased dependent behaviors. Dismissive-avoidant adults often refuse the need and desire for intimacy and relations to avoid rejection by others. Furthermore, fearful-avoidant adults frequently hesitate to engage in intimate and romantic relationships because vulnerability makes them feel threatened. Fraley and Shaver (2000), as cited in Grady et al. (2017), alluded to childhood attachment patterns relating to adulthood behavior in individuals with insecure attachment styles. This further iterates that insecure attachment patterns formed throughout childhood lead to long-term negative consequences into adulthood. These adverse effects include emotional, behavioral, and cognitive irregularities with intimacy and building sustainable relationships. Insecure attachments can result in various mental deficits and disorders and aggressive displays of adult behaviors. Children with insecure attachments may struggle with authority, while adults often show aggression and a lack of empathy towards others, including, but not limited to, sexual offending.

Grady et al. (2017) detailed that sexual offenders are likely survivors of childhood trauma. In Jennings et al.'s (2014) study, as cited in Grady et al. (2017), 614 male prisoners throughout 12 prisons in the Northeastern United States were determined to have experienced emotional abuse and neglect, which was predicted to play a significant part in their sexual victimization and criminal defendant behaviors. In another study Levenson et al. (2014) cited, as cited in Grady et al. (2017), of the 679 inmate sexual offenders, CSA, physical child abuse, verbal abuse, and childhood emotional neglect were reported. As a result, the inmates perceived early childhood maltreatment contributed to their choice of coping styles or lack thereof. For instance, inmate sexual offenders who experienced violence in childhood attribute their controlling and aggressive behaviors to those early, ingrained experiences.

Moreover, compensating for feeling powerless, vulnerable, or without control in childhood fueled their need to be aggressive, abusive, and controlling in adulthood. Thus, Grady et al. (2017) determined that trauma and attachment in childhood can lead to sexually violent behaviors. This is relevant to the phenomena of interest because it significantly substantiates the relational impact for those survivors who experienced CSA. Despite previous research, there is still a significant gap in this area. Newsom and Myers-Bowman (2017) have suggested the need to gain insight into aftercare for survivors and provide long-term education and coping skills. It has been proposed that counselors could be crucial in supporting survivors, improving their skills, and contributing to more effective interventions and support strategies (Newsom & Myers-Bowman, 2017). While existing research has explored the link between attachment styles

and ACEs, such as CSA, there is still a wealth of knowledge to be gained about how counselors can effectively support survivors in their healing process. Further investigation into this topic will equip counselors with a deeper understanding of how to provide adequate support for individuals who have experienced CSA.

### **Problem Statement**

The problem is that CSA significantly impacts the lives of children in our nation and often leads to the development of unhealthy and insecure relationships in adulthood (Dussault et al., 2022). The effects of childhood trauma and ACEs are the phenomena that were explored using the descriptive phenomenological methodology. The problem Dussault et al. (2022) addressed explains that trauma and ACEs continually plague the lives of children in our nation. Dussault et al. (2022) also detailed that childhood maltreatment frequently results in unhealthy and insecure interpersonal relationships in adulthood. Exploring the underlying reasons for damaging childhood and problematic adulthood behaviors helps to examine the impact of CSA and the interpersonal relationships of men and women survivors in minority communities.

### **Purpose of the Study**

The purpose of this qualitative phenomenological study was to explore how adult survivors of CSA from marginalized populations develop attachments in interpersonal relationships. My goal was to understand the phenomenon of interest—the impact of CSA on survivors’ attachment styles—and its contribution to insecure attachments in adulthood (Dussault et al., 2022). The researcher examined the development of interpersonal attachments in adult survivors of CSA from marginalized populations.

Childhood maltreatment results in harmful and damaging behaviors often evident in young adults. Underlying causes for poor behaviors frequently result in ineffective coping strategies and healthy mannerisms for interpersonal engagement into adulthood. The literature that I selected to support the research included information regarding the impact of childhood traumatic events and insecure attachment styles in adulthood. Ineffective coping mechanisms developed in childhood can lead to insecurity and unhealthy attachments in adulthood, highlighting the need for fostering resilience and adaptive coping strategies early on. ACEs and subsequent attachment insecurities in adulthood can lead to low self-esteem, hopelessness, and the possible risk of suicide. The interpersonal experiences, including physical and psychological maltreatment, neglect, and sexual abuse in childhood, can interfere with intimacy as an adult.

In this study, I conducted a qualitative inductive exploration to gain profound insights into the unique interpretations that participants hold regarding their childhood experiences of sexual abuse. This researcher specifically focused on individuals from marginalized groups, seeking to understand how they identify and experience barriers that impede their ability to form secure attachments in their interpersonal relationships. This methodology primarily involved semistructured interviews that created a conversational atmosphere that felt safe and open, allowing participants to share their experiences in a manner that felt comfortable to them. Using the flexibility of semistructured interviews, I was able to explore thematic patterns that arose during the discussion, allowing for a richer, more layered understanding of each participant's perspective.

To facilitate this process, I developed an interview guide with open-ended questions that promoted dialogue. I encouraged participants to share not only their stories but also their feelings, thoughts, and reflections related to their experiences of abuse and the consequent challenges in building secure attachments. Additionally, I paid careful attention to the context of each participant's background, recognizing the interplay of various factors such as cultural, socio-economic, and psychological influences that shaped their experiences and interpretations.

The rich data I collected were analyzed using thematic analysis. I used this method to identify common themes and patterns while also respecting the individuality of each participant's experience. Through this qualitative exploration, I contribute valuable insights that can inform therapeutic practices and support services tailored to the needs of survivors of CSA from marginalized backgrounds. Ultimately, through this research, I aspired to amplify the voices of those often unheard while advocating for their right to form healthy and supportive relational connections.

### **Research Question**

The research question for this study was:

1. How do adult survivors of CSA from marginalized groups perceive and experience barriers to developing secure attachments in their relationships?

### **Theoretical Foundation**

Bowlby's (1969) expansion of attachment theory grounded this study. This theory further explores human development and the importance of relationships, highlighting critical components of adequate mental stability. Levy and Johnson (2019) expressed that

Bowlby's attachment theory is a foundational framework for understanding how early attachment experiences with caregivers and support profoundly influence emotional, social, and psychological development. Bowlby's theory laid the groundwork for identifying various attachment styles, which are attachment behaviors that typically fall into four categories in response to caregivers' availability and responsiveness. Secure attachment is characterized by comfort with intimacy, trust in relationships, and effective emotional regulation. Anxious (ambivalent) attachment is characterized by a need for constant reassurance, fear of abandonment, and difficulty managing emotions. Avoidant attachment is characterized by emotional distance, discomfort with intimacy, and difficulty trusting others. Disorganized attachment is often the result of unpredictable or frightening caregiver behavior, leading to confusion, difficulty regulating emotions, and contradictory behaviors in relationships. Levy and Johnson (2019) affirmed that these attachment styles form the basis for future relational patterns and emotional responses to stress and conflict throughout an individual's life.

In their 2019 study, Levy and Johnson highlighted Bowlby's concept that early attachment experiences play a critical role in the development of emotional regulation. They emphasized that responsive caregiving is instrumental in teaching children how to effectively manage and communicate their emotions. They noted that securely attached children typically develop healthy coping mechanisms and effective emotional regulation strategies. In contrast, children with insecure attachment may experience challenges related to anxiety, stress, and emotional dysregulation. Bowlby's attachment theory is foundational for understanding early childhood development and provides profound

insight into lifespan emotional and relational functioning. The attachment system extends beyond infancy into adulthood, influencing how individuals form romantic relationships, friendships, and parent-child bonds later in life. The attachment patterns established in childhood often persist into adulthood, shaping adult attachment styles and emotional functioning.

Levy and Johnson (2019) also emphasized that Bowlby's attachment theory provides a theoretical foundation for understanding mental health. Attachment disruptions or insecure attachments are linked to a range of psychological issues, including anxiety disorders, depression, and personality disorders. Understanding early attachment experiences is essential for addressing therapeutic concerns and fostering healthy interpersonal dynamics in clinical practice. Bowlby's attachment theory is presented as a foundational framework that integrates biology, psychology, and social interaction (Levy & Johnson, 2019). The authors comprehensively explain how early caregiver-child interactions shape individuals' emotional, social, and relational development across their lifespans. The theory was foundational to my study because it helped me explain how attachment behaviors, internal working models, and attachment styles shape personality, emotional regulation, and interpersonal relationships. It serves as a lens through which the continuity of emotional and relational patterns across the lifespan can be understood, underscoring the importance of early attachment experiences in shaping an individual's mental health and relational dynamics.

## Conceptual Framework

The concepts that ground this study include Bowlby's concept that sufficient mental health capabilities in adulthood depend on the comfortable, intentional, and healthy relationships formed in childhood that are satisfying and lucrative. Attachment theory, a framework in developmental psychology, is based on concepts from two different theories. It offers principles and constructs for studying and interpreting human attachment behaviors and relationships. The study is supported by the ideas John Bowlby (1969) put forth in his expansion of attachment theory, which further delves into human development and the significance of relationships. Bowlby posits that the ability to maintain adequate mental health in adulthood relies on the comfortable, intentional, and healthy relationships formed in childhood that are satisfying and beneficial. This emphasizes the long-term impact of early experiences on adult mental health (Dansby et al., 2020).

Dansby et al. (2020) examined John Bowlby's (1969) attachment theory, particularly its application as a conceptual framework for understanding relational dynamics in children and adults. Building on Bowlby's foundational ideas, the authors investigated how attachment theory has evolved to encompass a broader view of attachment relationships beyond the infant-caregiver dynamic. Bowlby's original work focused on how early attachment bonds between infants and their primary caregivers influence emotional development and shape future relational patterns. However, Dansby et al. (2020) focused on how attachment theory has expanded to include childhood development and the formation and dynamics of relationships throughout the lifespan.

Specifically, they emphasized the theory's relevance for adult attachment, particularly in romantic relationships, friendships, and other forms of social bonding.

Dansby et al. (2020) also addressed how recent research in attachment theory incorporates new insights from neurobiology, developmental psychology, and social psychology. It examined how attachment-related behaviors, such as attachment security or insecurity, affect adult relational functioning, emotional regulation, and responses to stress and conflict. This expansion highlights how attachment experiences in childhood continue to shape an individual's interactions and emotional experiences in adulthood, influencing how people approach intimacy, trust, caregiving, and emotional support. Dansby et al. (2020) contributed to the ongoing evolution of attachment theory by extending it as a comprehensive framework that accounts for both early attachment experiences and the enduring impact these experiences have on interpersonal relationships throughout an individual's life.

In Godbout et al. (2019), the authors explored the expansion of John Bowlby's attachment theory, particularly in understanding the dynamics of adult relationships and emotional regulation. Bowlby's original attachment theory, developed in the late 1960s, emphasized the importance of early bonds between infants and their primary caregivers, arguing that these early experiences shape emotional development and later relational patterns. Godbout et al. (2019) extended Bowlby's ideas by applying the attachment framework to more complex adult relational dynamics, such as romantic relationships, and incorporating newer insights from affective neuroscience and interpersonal psychology. This expansion addresses how attachment patterns established in childhood

can influence adult functioning, particularly in the context of attachment security, emotional regulation, and vulnerability to stress or conflict in adult relationships.

Moreover, Godbout et al. (2019) discuss how attachment theory has been integrated with contemporary psychological models to understand better how individuals form and maintain intimate relationships throughout life. By doing so, Godbout et al. (2019) contribute to the evolution of attachment theory, applying its concepts beyond childhood to better capture attachment dynamics across the lifespan, including during adulthood and in more complex social settings. The concept is crucial and relevant to my study as it provides fundamental principles and frameworks for analyzing and understanding human attachment behaviors and relationships.

### **Nature of the Study**

To address the research questions in this qualitative study, the specific research design included a descriptive phenomenological research analysis to identify patterns of meaning that reflect the participants' shared experiences through thematic data analysis, following Saldaña's (2021) first-cycle and second-cycle coding methods. Recruitment was undertaken to enlist 20 survivors of CSA via online social media platforms, including Facebook, Instagram, Twitter, and LinkedIn. The study's objectives and the criteria for eligible volunteers were explicitly communicated during the recruitment process. Inclusion criteria for participants were determined through a survey questionnaire consisting of 17 pre-screener questions to determine if prospects met the criteria and were suitable for participation. Potential participant criteria included being at least 18 years of age, having experienced CSA, currently undergoing therapy or having

previously received therapy, and being members of a minority population. Those who did not meet the requirements were excluded from the study population. The data collection method included 5 semistructured interview questions for gathering detailed and in-depth feedback.

For this study, descriptive phenomenology was utilized as the research methodology. Peoples (2021) explained phenomenology and the analysis process as focusing on understanding individuals' lived experiences. *Focus on Subjectivity* centers on the subjective nature of experiences, capturing how individuals perceive and make sense of their world (Peoples, 2021). The *Bracketing* approach is encouraged in Peoples (2021) so researchers can "bracket" their preconceived ideas and biases to better understand participants' viewpoints. For *Data Collection*, Peoples (2021) suggested descriptive phenomenology, which often employs in-depth interviews, encouraging participants to describe their experiences in detail. Lastly, Peoples (2021) explained the *thematic analysis* process, which consists of identifying themes that emerge from participants' narratives, revealing the essence of their experiences.

The data analysis adhered to Saldaña's (2021) descriptive coding process, incorporating first- and second-cycle coding. Saldaña's method ensures a rigorous qualitative analysis through multiple coding cycles. Descriptive coding aided in labeling data segments, while the first- and second-cycle coding further refined these labels into abstract categories and themes. This systematic approach facilitated deriving more profound insights and constructing of a coherent narrative from the data.

## Definitions

This study uses the following terms, which are thoroughly defined below.

*Adverse Childhood Experiences (ACEs):* Potentially traumatic events that occur in childhood, such as experiencing violence, abuse, or neglect. These experiences have been linked to long-term problems in mental and physical health, including an increased risk for chronic diseases, mental illness, and substance abuse (Craig et al., 2020).

*Attachment:* Bonds that are formed through individuals' early experiences with caregivers, particularly during times of distress. These bonds persist into adulthood and are either stabilized or revised based on these interactions (Dansby et al., 2019).

*Attachment Anxiety:* Fear of interpersonal rejection, an excessive need for approval, and distress when significant others are unavailable (Yu et al., 2019).

*Attachment Avoidance:* Fear of interpersonal intimacy, an excessive need for self-reliance, and reluctance to self-disclose (Yu et al., 2019).

*Childhood Maltreatment:* A complex issue that includes various forms, including physical abuse, which involves bodily harm and injuries, as well as neglect, where basic physical needs are not met. Emotional abuse, such as humiliation, hostility, and rejection, is also a form, as well as neglect, which involves unmet emotional needs or emotionally unresponsive caregivers. Additionally, sexual abuse involving attempted or actual sexual contact is also considered a form (Höltge et al., 2023).

*Childhood Sexual Abuse (CSA):* Traumatic sexual violence that often occurs within trusted relationships characterized by power differentials. Perpetrators of such

abuse are typically individuals upon whom the survivor depends for safety (Holliday et al., 2023, pp. 5355–5356).

*Emotion dysregulation:* Impaired emotional processes or overwhelming emotional responses (Espeleta et al., 2017).

*Insecure Attachment:* Emotional bond characterized by feelings of unsafeness, abandonment, neglect, anxiety, and uncertainty that can grow into adulthood. Two main types are Anxious-ambivalent attachment and Avoidant attachment, which can lead to difficulties in later relationships due to early experiences with caregivers (Radu, 2016).

*Interpersonal Relationships:* Connections and interactions among individuals encompassing various types of relationships such as partnerships, family dynamics, and parental roles (MacIntosh & Menard, 2021).

*Marginalized Populations:* Groups and communities that encounter discrimination and exclusion, primarily due to unequal power dynamics across various dimensions such as economic, political, social, and cultural factors. The examples of marginalized groups are diverse and inclusive, encompassing women and girls, individuals with mental illness, children and youth, individuals of differing sexual orientations, individuals of differing religions, individuals with disabilities, incarcerated individuals, elderly individuals, individuals of low socioeconomic status, as well as immigrants, refugees, and migrants (Kaye et al., 2021).

*Post-Traumatic Stress Disorder (PTSD):* A mental health condition that can develop following exposure to a traumatic event. It can be characterized by a range of symptoms, including intrusive thoughts, nightmares, emotional numbing, social

withdrawal, hyperarousal, and physical manifestations such as chest pain and dizziness (Brooks & Greenberg, 2024).

*Secure Attachment:* Associated with positive and higher relationship satisfaction, emotional adjustment, and emotional regulation. People with secure attachment styles tend to feel more comfortable with intimacy and are better able to manage emotional experiences both individually and within the context of a relationship, a critical component that fosters positive regard and a healthy balance of independence and interdependence in relationships, resulting in better communication skills, emotional resilience, and more adaptive coping strategies when facing relationship challenges (Fontanesi et al., 2020).

*Socioeconomic Status:* The combination of various factors, including monthly family income, parental literacy levels, and occupation or sources of income, are the most crucial indicators of academic achievement (Ali et al., 2023).

*Stressors:* Factors that induce strain or create a lack of clarity regarding responsibilities. The conflicting demands stemming from these diverse expectations can result in significant distress and may lead to feelings of isolation and loneliness (Neuer Colburn & Bowman, 2021).

*Survivors:* Individuals who have experienced a significant loss or trauma but continue to cope and adapt despite the challenges they face. The authors emphasize the resilience and strength of these individuals, focusing on their capacity to navigate the aftermath of their experiences (Newsom & Myers-Bowman, 2017).

*Trauma*: Commonly defined as arising from an event, series of events, or set of circumstances that an individual experiences as physically or emotionally harmful or life-threatening, leading to long-term adverse effects on the individual's functioning (Craig et al., 2020).

### **Assumptions**

In this study, certain vital aspects were assumed. The target population included individuals who are at least 18 years of age, have experienced CSA, are currently undergoing therapy or had previously received therapy, and are members of a minority population. Phenomenology is defined as the philosophy of sharing lived experiences. This approach emphasizes the importance of subjective experience and interpersonal understanding (Peoples, 2021). Phenomenology focuses on how individuals perceive and make sense of their experiences. By highlighting "sharing," Peoples (2021) suggested that phenomenology is about individual introspection and the relational aspect of understanding, how individuals communicate and connect with others through lived experiences. For this study, the specific approach invites a deeper exploration of empathy, dialogue, and the co-creation of meaning in our interactions. I assumed I would have access to individuals willing to share their lived experiences with me for this study. Additionally, I assumed that participants who had completed therapy, previously underwent, or were currently participating in therapy would be part of the study. Although the participants would be reporting on past CSA, I also assumed that the data provided would be truthful and accurate.

### **Scope and Delimitations**

The research scope encompassed an examination of how CSA affected the attachment styles and interpersonal relationships of survivors within minority groups. The parameters of this study were restricted to individuals who were 18 years of age or older, had a history of CSA, were presently engaged in therapy, had received therapy in the past, and belonged to a minority population. Participants consisted of 10-15 individuals from various multicultural backgrounds. Exclusion criteria of the research included individuals who had not been subjected to any form of sexual abuse during their formative years, as well as those under the age of 18. Due to the topic's sensitive nature, participants must attend therapy before the study.

### **Limitations**

This study's phenomenological design presents limitations due to its small sample population. The small sample size restricts the generalizability of the findings, and the small sample size may not accurately depict other CSA survivors who chose not to participate in the study (Winterstein et al., 2023). Consequently, applying these results to a broader population proves challenging, as the small sample may not accurately represent the diverse characteristics of the broader group. This can lead to unreliable and potentially misleading conclusions.

Additionally, validity and credibility are potential barriers when conducting qualitative interviews with childhood sexual assault survivors and need to be undertaken with a compassionate and well-prepared approach. Assault victims may experience significant emotional distress when discussing their experiences, which can impact the

accuracy and completeness of their responses. They might avoid specific topics or provide partial information due to fear, shame, or trauma. I established trust and rapport to ensure credible data collection, which allowed the participant to build confidence in the data collection process (Rubin & Rubin, 2012). Participants should feel comfortable during the interview process and not feel pressured to respond in a certain way because of the perception of power imbalance. I made sure to use trauma-informed care and ethical research practices, facilitate a deeper understanding of the distinctive needs of survivors of CSA, and promote establishing a safe and supportive therapeutic environment (Newsom & Myers-Bowman, 2017). This helped deal with challenges and helped victims share their experiences safely and respectfully. I carefully formulated my questions and approach to avoid re-traumatizing the interviewee or causing additional emotional strain. I let the interviewees dictate the pace and direction of the conversation, and I was attentive to any signs of distress, ready to pause or stop if necessary. Additionally, I ensured that the interviewee was informed about national support services and resources so they knew how to access these resources if necessary.

### **Significance**

The significance of this study lies in its exploration of the critical role that marginalization plays in shaping the impact of CSA and ACEs within marginalized populations. The challenges of heightened vulnerability, lack of support systems, stigma and isolation, intergenerational effects, cultural barriers, economic hindrances, and mental health obstacles call for targeted interventions that recognize the specific needs and experiences of marginalized populations. There is a gap in research regarding the

psychological and emotional experiences of adult survivors of CSA (Newsom & Myers-Bowman, 2017). Without this essential information, psychotherapists, counselor educators, counseling supervisors, and other professionals in the helping field may lack the necessary resources to deliver comprehensive counseling skills and training opportunities through professional development. The promotion of resilience and recovery can be facilitated through the provision of accessible resources and community support. The results collected from this qualitative study can be utilized to provide professional development workshops on the impact of CSA and ACEs for members of marginalized populations. In this qualitative phenomenological research study, the primary objective was to delve into the narratives of survivors and explore how counselors can provide practical support in helping survivors comprehend the lasting effects of childhood trauma. This included examining emotional responses, physical symptoms, coping mechanisms, interpersonal effects, and psychological well-being.

### **Significance to Practice**

Research on CSA plays a crucial role in advancing therapeutic practices and shaping policies that support survivors and prevent further abuse. By deepening the understanding of the long-term psychological, emotional, and social consequences of CSA, such research can lead to more effective interventions, better-informed policies, and more comprehensive support systems for survivors. Enhanced comprehension of trauma and its impact to include trauma-informed care and how research on CSA assists counselors, clinicians, and therapists in comprehending the distinct nature of trauma experienced by survivors. Findings from studying the neurobiological, psychological, and

emotional effects of CSA can guide trauma-informed therapeutic methods. These methods prioritize establishing safety, fostering trust, and empowering the survivor while recognizing the profound and enduring influence of trauma on mental well-being. Next, the understanding of the long-term impact on mental health and how this research identifies long-term mental health consequences of CSA, such as PTSD, depression, anxiety, dissociation, substance abuse, and eating disorders. Knowing the full scope of these effects allows therapists to tailor interventions that address both the immediate and long-term needs of survivors, offering more personalized care. Lastly, the policy for prevention and awareness can be a positive social change aspect as this research can help shape public awareness campaigns and preventive policies by revealing the prevalence and hidden nature of CSA. Data-driven advocacy can support the implementation of preventive measures, such as mandatory reporting laws, educational programs for children, and training for adults in recognizing and responding to signs of abuse.

From a school counselor's perspective, training mental health professionals, including therapists, social workers, and healthcare providers, is essential to enhance their capacity to identify and address the psychological impact of CSA. This involves equipping professionals with the skills to recognize indicators of CSA, approach therapy effectively with survivors, and navigate the intricate dynamics of trauma. Moreover, it is essential to consider multicultural factors such as race, gender, sexual orientation, and socioeconomic status, as they have a significant influence on survivors' experiences of abuse, healing processes, and access to resources. Policies and interventions that consider these intersecting identities have the potential to be more effective and inclusive. This

research study on the impact of CSA is pivotal in transforming therapeutic practices and shaping policies that prioritize the well-being of survivors. By advancing understanding of the causes, consequences, and interventions related to CSA, this research can lead to more effective, compassionate, and comprehensive care for survivors while also guiding policies that prevent abuse and support long-term healing.

### **Significance to Theory**

Zhang and Mersky (2022) contributed significantly to attachment theory research by expanding on how attachment patterns evolve and how various socio-environmental factors influence them, particularly in the context of risk and adversity. Zhang and Mersky (2022) highlighted that attachment is not a fixed trait but a dynamic and evolving process. Attachment behaviors and patterns can change, especially in response to significant life events, environmental shifts, or changes in caregiving experiences. This viewpoint is consistent with modern perspectives on attachment, which acknowledge how subsequent relationships, such as romantic partnerships, friendships, parenting roles, and life stressors, can impact early attachment experiences. Their research specifically examined the continuity and evolution of attachment patterns as individuals transition through different life stages, underscoring the link between early and later relationships in shaping attachment experiences. For the context of this study, Zhang and Mersky (2022) highlighted the significance of social, cultural, and environmental contexts in influencing attachment patterns. Their work suggests the need to broaden the theoretical framework of attachment to encompass the impact of external factors such as family

dynamics, socioeconomic status, community resources, and biological influences on attachment behaviors.

Previous studies have underlined the profound impact of childhood experiences on adult behaviors. Individuals with insecure attachment styles and a history of traumatic childhood experiences are more likely to exhibit negative behaviors in adulthood. Zhang and Mersky (2022) further confirmed this, demonstrating a strong link between exposure to ACEs, such as abuse, neglect, and domestic dysfunction, and long-term health and wellness issues. This not only affects the individual's life but also has the potential to influence the well-being of future generations, accentuating the significance of my research. The authors further investigated the lasting psychological effects of different attachment styles and their influence on vulnerability to mental health issues such as anxiety, depression, and trauma-related disorders. Zhang and Mersky (2022) examined how attachment impacts emotion regulation, coping strategies, and overall psychological resilience. Zhang and Mersky (2022) comprehensively understood how attachment styles develop, change, and interact with external factors throughout life. Their work expanded the focus on attachment beyond infancy and childhood, incorporating its role in adolescence and adulthood, particularly in the context of adversity and life stressors.

### **Significance to Social Change**

Social issues such as ACEs and CSA derive from an ever-changing society. Unfortunately, various communities lack adequate harmonized behaviors and societal integration, leading to constant disorganization and rapid changes that result in dysfunctional cultures. Multicultural competence is a critical factor in promoting

substantial change. Remley and Herlihy (2020) defined social justice as the dedication to promoting equality to empower individuals to learn and advocate for inclusion and societal change. Moreover, this entails being conscious of personal biases and values, showing empathy, and embracing cultural differences, including the traumatic struggles of others. Diversity and inclusion are essential because each contributes to multicultural awareness, injustice, and social change (Remley & Herlihy, 2020). As Yob and Brewer (n.d.) outlined, positive social change encompasses long-term interventions designed to effect change at the community, state, region, or national level through the implementation of social movements, social justice initiatives, and collaborative endeavors for systemic reform. I am conducting further research to identify effective strategies to support individuals in preventing and mitigating at-risk and problematic behaviors within multicultural communities.

### **Summary and Transition**

In Chapter 1, I provided a detailed introduction to the impact of CSA on adulthood. Additionally, I provided an extensive background of CSA, marginalized populations, attachment theory, and mental health barriers. In this chapter, I discussed the specific issues that led to my research interest, identified gaps in knowledge, and explained the reasons for conducting this study. I detailed that attachment theory serves as a theoretical foundation and a conceptual framework. Thus, I incorporated Bowlby's (1969) attachment theory as my study's theoretical foundation and conceptual framework. Attachment theory is rooted in developmental psychology and evolutionary biology. Attachment theory offers a theoretical basis for understanding and a conceptual

framework for analyzing how early attachments affect later interpersonal relationships, including romantic relationships, friendships, and parenting styles. Within this chapter, I also discussed incorporating descriptive phenomenological research analysis to identify patterns through thematic data analysis, following the approach of Saldaña (2021). Saldaña's approach ensures a rigorous qualitative analysis process through multiple coding cycles. The purpose of this phenomenological study was to explore how adult survivors of CSA from marginalized groups perceive and experience barriers to developing secure attachments in their relationships.

In Chapter 2, I present a comprehensive list of the databases and search engines utilized for the literature review. Additionally, I provide a summary of recent literature on CSA, marginalized survivors, attachment theory, insecure attachment, mental health barriers, and interpersonal relationship challenges. I thoroughly explore literature focusing on psychological challenges and the long-term effects of CSA as individuals transition into adulthood. Finally, I highlight the noticeable research gap concerning the psychological and emotional experiences of adult survivors of CSA.

## Chapter 2: Literature Review

### **Introduction**

The problem that prompted me to search the literature is childhood sexual abuse (CSA), an adverse experience that I frequently observed in my role as a school counselor. This issue significantly impacts the lives of children in our nation and often leads to the development of unhealthy and insecure relationships in adulthood (Dussault et al., 2022). As Craig et al. (2020) detailed, adverse childhood experiences (ACEs), specifically CSA, can alter cognitive, emotional, neurobiological, and physical development (Felitti et al., 1998; Whitfield, 1998). Eisikovits et al. (2017) provided further insight into the traumatic nature of CSA. They explained that this type of abuse is considered particularly damaging because it undermines the victim's sense of ownership and safety regarding their own body. As a result, the victim's perception of their body as a safe and private space is profoundly disrupted, leading to long-lasting psychological impacts (Eisikovits et al., 2017).

The purpose of this qualitative study was to explore how adult survivors of CSA from marginalized groups develop attachments in interpersonal relationships. Understanding how marginalized populations form attachments can help initiate healing and foster healthier and more fulfilling relationships with others. According to Nikulina et al. (2016), ethnic identity is essential for survivors handling victimization and asking for help. The authors showed that survivors who face adverse reactions when they share their experiences often feel more helpless. Thus, the existing literature demonstrates the significance of ethnicity, community, and culture in shaping the experiences of survivors,

particularly in how they cope and seek support services such as counseling. Survivors from ethnic minority communities face specific challenges in disclosing and accessing support after experiencing CSA (Hurcombe et al., 2022). CSA has been associated with various adverse outcomes, including an increased risk of suicide, psychopathy, early puberty and development of secondary sexual characteristics, adult health issues such as obesity, and criminal behavior (Tasharrofi & Barnes, 2019). Survivors of CSA often display externalizing problems, such as substance abuse, aggression, and difficulties in relationships. As Tasharrofi and Barnes (2019) detailed, this can, in turn, lead to repeated victimization in adulthood.

Research Coughlan et al. (2020) conducted revealed that individuals who are exposed to early adversity, such as child abuse, violence, traumatic deaths, institutional care, living in poverty, parental mental ill-health, and peer victimization, are at a significantly higher risk of developing a range of psychotic-like experiences (PEs). These experiences may include depression, anxiety, psychotic behaviors, and personality disorders, which can significantly impact an individual's quality of life and interpersonal relationships. Early intervention and support for individuals who have experienced early adversity is crucial to reducing the risk of developing potentially debilitating conditions.

In this chapter, I examine the existing literature on CSA, with a particular focus on marginalized survivors. I delve into the principles of attachment theory, exploring the implications of insecure attachment styles on mental health and interpersonal relationships. Additionally, I address potential barriers these survivors faced in terms of mental health resources and their ability to engage in healthy relationships. By

synthesizing recent research findings, I desire to contribute to a deeper understanding of the complex interplay between early trauma, attachment dynamics, and the ongoing challenges marginalized individuals encountered in their recovery processes.

### **Literature Search Strategy**

I thoroughly reviewed CSA, its implications for marginalized groups, and their ability to develop secure attachments. I used the extensive resources available through the Walden University online library. I accessed scholarly articles from various reputable databases, including SAGE Journals, Taylor & Francis, Science Direct, PROQUEST, PsychArticles, PsychINFO, and Academic Search Premier. I conducted this literature search between February and November 2022, applying key search terms such as *childhood sexual abuse, survivors, minority, marginalized groups, attachment theory, insecure attachment, impact, and interpersonal relationships* to ensure I retrieved the most relevant articles for my study.

By carefully selecting and combining these terms, I narrowed the search results to a highly relevant collection of articles that significantly enriched my understanding of the topic and existing literature. In addition to the articles themselves, I also explored the references cited within each article to expand the scope of my investigation further. I limited my search preferences to full-text, peer-reviewed scholarly journals with publication dates ranging between the past 5–8 years to ensure the relevance of the research. This allowed me to access the most up-to-date and rigorously reviewed literature available on the topic.

### **Theoretical Foundation**

Attachment theory is based on Bowlby's seminal work (1969, 1973, 1979, as cited in Langton et al., 2017), which theorizes the adaptive significance of the relationship between caregivers and infants. Langton et al. (2017) stated that attachment theory suggests that interpersonal relationships, personality, and emotional regulation all develop from early attachments. These attachments are formed based on the caregiver's sensitivity and responsiveness to the infant and temperament. This is grounded in an awareness of one's own and others' mental states and a reflective capacity. Hornor (2019) described attachment theory as the emotional bonds between people and the patterns of relating to others. Attachment theory provides a comprehensive framework for understanding the nature of emotional bonds between individuals. It proposes that attachment behaviors are biologically programmed and serve the function of enhancing survival and promoting development. Attachment theory explains how attachment bonds develop from an evolutionary and psychological viewpoint. It connects the bonds we form with our parents in childhood to our long-term growth as adults.

Garofalo and Bogaerts (2019) declared that attachment theory is anchored on four fundamental pillars that delineate the early connections between children and their caregivers. The first pillar is the concept of a secure base, allowing the child to explore the environment and engage in social behavior. The second pillar is the idea of a haven, wherein the child perceives the caregiver as a reliable source of comfort when distressed. The third pillar pertains to the child's efforts to maintain proximity to the caregiver while seeking autonomy. Lastly, the fourth pillar involves the child's reactions to separation

from and reunification with their caregivers (Ainsworth & Bowlby, 1991; Bowlby, 1988, as cited in Garofalo & Bogaerts, 2019). Thus, childhood neglect or abuse can significantly impact a person's mental and physical well-being.

Attachment theories and concepts greatly aid the study of the long-lasting effects of childhood trauma by providing invaluable insights into the complex attachment dynamics between children and their caregivers. These theories shed light on how trauma can impact interpersonal relationships, emotional regulation, and overall well-being. Dansby et al. (2020) detailed that insecure attachment within interpersonal relationships can contribute to financial, physical, and emotional costs. Additionally, less health care is incurred, positive displays of behavior, implementation of coping strategies, and strong self-esteem and self-regulation are more prevalent in individuals with secure attachment. Achieving a deeper comprehension of these concepts enables researchers and practitioners to design more effective interventions to facilitate the healing and thriving of individuals affected by childhood trauma.

### **Conceptual Framework**

Attachment theory is a developmental psychology framework that integrates concepts from both ethology and psychoanalysis. This theory suggests that the quality of early relationships between caregivers and children is critical in shaping emotional, cognitive, and social development throughout the lifespan (Gumley et al., 2013; Pasco Fearon et al., 2016). These authors emphasized the notion that secure attachments contribute to resilience and optimal psychological functioning, while insecure attachments are associated with a range of psychopathological outcomes (Gumley et al.,

2013; Pasco Fearon et al., 2016). It provides constructs and principles for studying and interpreting human attachment behaviors and relationships. This study is grounded in the concepts John Bowlby (1969) advanced in his expansion of attachment theory in the 1950s and 1960s, which further explored human development and the importance of relationships, highlighting critical components of adequate mental stability (Pasco Fearon et al., 2016). Bowlby's concept is that sufficient mental health capabilities in adulthood depend on the comfortable, intentional, and healthy relationships formed in childhood that are satisfying and lucrative (Dansby et al., 2020).

Attachment theory offers conceptual constructs to explain and predict human relationship behavior. Bowlby's work revolutionized our understanding of the bond between infants and their caregivers. The theory emerged from a blend of psychoanalytic principles, ethological concepts, and empirical research, marking a pivotal shift in developmental psychology. His insights into the significance of secure attachments for emotional development and resilience have impacted psychology, child development, and therapeutic approaches worldwide.

Bowlby introduced concepts such as attachment styles (secure, insecure-avoidant, insecure-ambivalent), internal working models, and the importance of sensitive and responsive caregiving. These concepts provide a framework for understanding how early attachment experiences shape individuals' beliefs, expectations, and behaviors in later relationships. For instance, Höltge et al. (2023) conducted a study to investigate the relationship between various forms of childhood maltreatment and attachment-related anxiety and avoidance in adulthood. The researchers examined psychological and social

resources to identify different pathways of impact. Understanding how different types of childhood maltreatment affect adults' insecure attachment styles, such as anxious and avoidant attachment, is crucial for providing better support to individuals who have experienced childhood maltreatment. According to Hölzge et al. (2023), anxious and avoidant attachment styles stem from the lasting impact of childhood experiences, leading to deficits in adult life's social and emotional aspects. Childhood experiences are essential to childhood development because that is the phase where individuals learn to read social cues, expectations of others, and how to regulate emotions in social situations (Mikulincer & Shaver, 2005, as cited in Hölzge et al., 2023). Adults who exhibit anxious attachment are hesitant to bond with others because of the possibility of rejection and abandonment.

### **Early Influences**

Both psychoanalytic theory and ethology, the study of animal behavior, influenced Bowlby's interest in attachment theory. Konrad Lorenz particularly inspired him, who studied imprinting in birds, and Harry Harlow's work on rearing in rhesus monkeys (Pasco Fearon et al., 2016). During the 1950s, Bowlby laid the groundwork for his attachment theory by integrating concepts from ethology, psychoanalysis, and developmental psychology to explore the significance of early relationships between infants and caregivers (Bowlby, 1969, as cited in Pasco Fearon et al., 2016). The authors detailed that his work evolved in the 1960s, leading to the publication of influential works such as "Attachment and Loss" (Bowlby, 1969), which outlined his conceptual framework. Bowlby emphasized the evolutionary underpinnings of attachment and

underscored the pivotal role of early caregiver interactions in shaping a child's social and emotional development.

### **Maternal Deprivation**

Bowlby's initial research focused on the effects of maternal deprivation and separation on child development (Piana et al., 2021). He studied the impact of separation from primary caregivers, particularly mothers, on children's emotional and social development. Maternal deprivation refers to the loss of the mother or primary caregiver, the disruption of the attachment bond, or the failure to form an attachment bond with the primary caregiver (Bowlby, 1982; Piana et al., 2021). The authors further discussed the ill effects of separation, loss, and maternal deprivation during the early years, leading to the development of attachment theory for understanding personality development and psychopathology. Additionally, Suchecki (2018) found that maternal deprivation for 24 hours affects the corticosterone stress response. Specific maternal behaviors can mitigate these effects on the central hypothalamic stress response (Campo et al., 2016; Wittmer, 2024). It was concluded that maternal deprivation influences glutamatergic neuronal development in the amygdala, potentially impacting circuits involved in social learning (Chettiar, 2013).

Bowlby's (1969) "Attachment and Loss" stands as a cornerstone in comprehending the profound implications of maternal deprivation on attachment styles, personality development, and mental health outcomes. By elucidating the intricate dynamics of early caregiver relationships, Bowlby's work continues to shape our

understanding of human attachment and the enduring influence of early experiences on individuals' well-being.

### **Attachment Behavior**

Bowlby proposed that infant attachment behavior is an evolutionary adaptation that enhances the infant's chances of survival. He described attachment as a biological need for protection, security, and proximity to a caregiver. van der Horst et al. (2024) explore the origins of attachment theory, focusing on the "ethnological era" of John Bowlby's work. From 1951 to 1969, this era is highlighted as a significant period where Bowlby's exposure to Freudian concepts and scientific theories of animal behavior influenced attachment theory. The study emphasizes the interdisciplinary nature of attachment theory, showing its foundations in psychological and ethological perspectives (Chettiar, 2013). The attachment process encompasses various needs, such as survival, safety, security, affection, and sexual involvement (Clarkin & Yeomans, 2013). This illustrates the diverse nature of attachment behaviors and the range of needs that influence attachment dynamics in individuals.

Additionally, insecure attachment organizations are associated with a lack of coherence in discussing attachment experiences, indicating a common pathway for different forms of severe psychopathology displayed over an extended period (Allen et al., 1996). This highlights the long-term effects of attachment styles on mental health outcomes and the importance of understanding processes that can either perpetuate or disrupt these patterns. van der Horst et al.'s (2024) research provides valuable insights into the historical development of attachment theory, the complex nature of attachment

processes, and the lasting impact of attachment styles on psychological well-being. These studies contribute to a deeper understanding of the intricate dynamics of human attachment by examining attachment behaviors from various perspectives.

### **Attachment Styles**

Bowlby introduced the concept of attachment styles, which categorize how individuals relate to others based on their early caregiving experiences. He identified secure, insecure-avoidant, and insecure-ambivalent attachment styles. van der Horst et al. (2024) explore the significance of attachment styles in the context of psychological and social adaptation. They emphasize that attachment styles, such as secure attachment, insecure-avoidant attachment, and insecure-anxious or ambivalent attachment, are pivotal in shaping an individual's psychological and social adjustment. The study highlighted the influence of parental responses to a child's needs during childhood in developing these attachment styles, underlining their importance in various aspects of an individual's life, such as relationships and overall well-being (Vahid, 2024).

Additionally, van der Horst et al. (2024), in their research, revealed a correlation between attachment styles and various personality traits. Specifically, the preoccupied (anxious/ambivalent) attachment style was found to be significantly positively correlated with harm avoidance and novelty seeking but negatively correlated with self-directedness (Chotai et al., 2005). This demonstrates the intricate relationship between attachment styles and personality traits, indicating how attachment patterns can impact an individual's behavioral tendencies and emotional responses. Furthermore, the van der Horst et al. (2024) study contributes to understanding the long-term effects of attachment

styles on mental health outcomes. Insecure attachment organizations are associated with a lack of coherence in discussing attachment experiences, suggesting a common pathway for various forms of severe psychopathology exhibited over an extended period (Allen et al., 1996). This highlights the enduring influence of attachment styles on mental health and stresses the importance of addressing attachment-related issues in therapeutic interventions.

van der Horst et al. (2024), in their research, provide valuable insights into the complex nature of attachment styles, their influence on personality traits and mental health outcomes, and their role in shaping individuals' psychological and social adaptation. By examining attachment styles from various perspectives, these studies improve our understanding of the intricate dynamics involved in human attachment and its implications for overall well-being.

### **Key Collaborators and Contributors**

In the mid-20th century, John Bowlby, a prominent figure in psychology, engaged in extensive collaboration with a team of researchers to meticulously construct and rigorously substantiate attachment theory. Their collaborative endeavors encompassed the thorough execution of empirical studies, iterative refinement of theoretical constructs, and the dissemination of seminal literature, thereby establishing the cornerstone of contemporary attachment theory. This concerted scholarly effort has profoundly influenced the foundational tenets of attachment theory and has significantly informed subsequent theoretical and empirical research in this domain.

### ***Mary Ainsworth***

During the 1950s through the 1970s, Mary Ainsworth collaborated closely with John Bowlby and conducted pivotal research that advanced our understanding of attachment theory and developmental psychology (van der Horst et al., 2024). Mary Ainsworth's collaboration with John Bowlby was marked by their shared interest in studying the nature and impact of early caregiver-infant relationships. In the 1960s, Ainsworth conducted the groundbreaking "Strange Situation" experiment. This observational study assessed and classified infant attachment styles based on their responses to brief separations and reunions with their caregivers in a controlled laboratory setting (Charest et al., 2018).

The "Strange Situation" experiment involved observing how infants responded when briefly separated from their primary caregivers and then reunited with them (Ainsworth et al., 1978, as cited in Langton et al., 2017). Through this research, Ainsworth identified three main attachment styles: (a) *Secure Attachment*: Infants with secure attachment styles showed distress upon separation but were easily soothed upon reunion with their caregivers. They displayed confidence in exploring their environment when their caregiver was present; (b) *Insecure-Avoidant Attachment* details that Infants with insecure-avoidant attachment styles appeared indifferent to separation from and reunion with their caregivers. They showed minimal distress and avoided interaction with their caregiver upon reunion; and (c) *Insecure-Ambivalent/Resistant Attachment*, which details that Infants with insecure-ambivalent attachment styles exhibited intense distress upon separation and mixed reactions upon reunion. They often displayed clinginess and

difficulty in being soothed by their caregiver. Langton et al. (2017) expressed that Ainsworth's findings from the "Strange Situation" experiment provided empirical evidence that supported Bowlby's attachment theory. They showed that the quality of early caregiver-infant relationships significantly impacts the development of attachment patterns and emotional regulation in children (Langton et al., 2017).

Mary Ainsworth collaborated with John Bowlby from the 1950s to the 1970s, significantly advancing attachment theory through the "Strange Situation" experiment. According to van der Horst et al. (2024), this experiment provided important insights into infant attachment patterns. Ainsworth's work laid a solid foundation for further research on attachment that extended across the lifespan, making significant contributions to our understanding of human attachment and emotional development.

### ***James Robertson***

During the 1950s and 1960s, James Robertson and John Bowlby collaborated closely on pioneering research that profoundly influenced our understanding of child development, particularly regarding the psychological effects of maternal separation and hospitalization (van der Horst et al., 2024). James Robertson, a psychologist and researcher, worked alongside John Bowlby to investigate the consequences of caregiver separation on children's emotional well-being. According to Harris (2022), Robertson played a significant role in documenting the impact of separation on children. Their collaboration involved meticulous observational studies that highlighted the profound impact of disrupted attachment bonds due to maternal separation or prolonged hospital stays. Robertson introduced the concept of internal working models (IWM) of self and

others, suggesting that early attachment experiences shape cognitive schemas that influence later relationships (Lopez, 2003).

Through their research, Robertson and Bowlby demonstrated that separation from primary caregivers can lead to significant emotional distress and behavioral changes in children. They observed behaviors such as protest, despair, and emotional withdrawal in response to separation, which they interpreted as signs of distress caused by the loss of a secure attachment figure. According to van der Horst et al. (2024), their findings underscored the critical importance of consistent and nurturing caregiving in fostering healthy emotional development in children. Robertson and Bowlby's work emphasized the need for policies and practices that support the maintenance of attachment bonds during periods of separation, such as ensuring regular contact with caregivers and providing emotional support to mitigate the psychological impact of separation (van der Horst et al., 2024). Bowlby's theory posits that children develop attachment styles early in life, with secure attachment crucial for healthy emotional development (Yang, 2011). He argued that attachment styles established in infancy can have lasting effects on individuals, shaping their behaviors and relationships throughout life (Yang, 2011).

Robertson and Bowlby's collaborative research during the 1950s and 1960s contributed significantly to our understanding of attachment theory and the developmental consequences of disrupted caregiver relationships. Their findings continue to inform practices in childcare, psychology, and social work to promote secure attachments and support children's emotional well-being. The collaboration between Bowlby and Robertson shed light on the emotional distress that children separated from

their primary caregivers experienced, emphasizing the significance of early attachment relationships in psychological development (Blake & Norton, 2014). Their work underscored the importance of secure attachments in providing a foundation for emotional well-being and healthy relationships (Blake & Norton, 2014).

***Margaret S. Mahler***

As Georganda (2019) detailed, Mahler was a prominent psychoanalyst known for her research on infant development and object relations theory. Her studies focused on understanding how infants progress through stages of psychological development, particularly in forming a sense of self and relationships with others. Margaret Mahler's and John Bowlby's collaboration in the 1950s had a profound impact on the field of developmental psychology. However, it is essential to note that their collaboration was more indirect or conceptual than through direct joint research (van der Horst et al., 2024).

While Mahler and Bowlby may not have collaborated directly in joint research projects, their ideas intersected in several key areas. Mahler's emphasis on the phases of separation-individuation in infancy and Bowlby's focus on attachment behaviors highlighted the critical role of early experiences and relationships in child development (Georganda, 2019). Their respective theories and research contributed to a deeper understanding of how early childhood experiences influence later psychological functioning and interpersonal relationships. According to van der Horst et al. (2024), Mahler's stages of psychological development provided a framework for understanding the progression toward autonomy and identity formation, while Bowlby's attachment theory explained the mechanisms through which secure attachments promote emotional

security and resilience. Their contributions laid foundational groundwork for subsequent research and theoretical advancements in developmental psychology.

### ***René Spitz***

René Spitz, a psychologist, conducted research in the 1950s that aligned with John Bowlby's theories on attachment. Spitz's investigations primarily centered on the profound effects of institutionalization and maternal deprivation on children's development.

According to van der Horst et al. (2024), Spitz concluded that infants require emotional interactions with a mother (or mother substitute) for healthy physical and behavioral development. The absence of these interactions may lead to severe consequences for the child's personality development. His studies, particularly those involving infants raised in orphanages or institutional settings without consistent maternal care, provided empirical evidence that underscored Bowlby's assertions about the critical role of caregivers in shaping children's emotional and social well-being.

As per van der Horst et al.'s (2024) research, Spitz's study emphasized the negative effects of extended separation from primary caregivers on infants. These effects include developmental delays, emotional disturbances, and failure to thrive. These outcomes resonated with Bowlby's hypothesis that secure attachment bonds are fundamental for healthy psychological development and resilience. Spitz's research thus significantly bolstered Bowlby's attachment theory by demonstrating the adverse consequences of disrupted attachment relationships during early childhood.

Their collaboration indirectly contributed to formulating and validating attachment theory, integrating insights from developmental psychology, ethology, and psychoanalysis. Bowlby and Spitz's work laid the groundwork for understanding how early experiences with caregivers profoundly shape individuals' lifelong patterns of attachment and interpersonal relationships (van der Horst et al., 2024).

### **Impact and Legacy**

In their 2024 research, van der Horst et al. underscored the lasting importance of early attachment experiences in shaping individuals' psychological development, relationships, and overall well-being. By examining attachment styles and their impact on mental health outcomes, their study enhances our understanding of the intricate dynamics of human attachment and its enduring effects on individuals' lives. According to van der Horst et al. (2024), Bowlby's attachment theory has profoundly influenced developmental psychology, child psychiatry, clinical psychology, parenting, relationships, trauma, and emotional development research. John Bowlby developed his attachment theory through an interdisciplinary approach, integrating psychoanalytic insights with biological and ethological perspectives to comprehend the core dynamics of human attachment and their implications for development.

### **Literature Review: Key Concepts and Measurable Constructs**

The following literature review delves into the profound impact of CSA on the psychological and emotional well-being of survivors from marginalized communities. The myriad challenges, such as increased vulnerability, lack of support networks, social stigma, isolation, intergenerational effects, cultural barriers, economic constraints, and

mental health hurdles, emphasize the importance of tailored interventions that recognize the specific needs and experiences of marginalized populations. Sharma (2022) utilized an interpretive phenomenological analysis (IPA) approach to examine the significance of the social and cultural life experiences of CSA survivors to identify potential outcomes. Sharma (2022) utilized this systematic phenomenological approach to explore the pervasive issue of CSA, emphasizing its serious and widespread impact on survivors, particularly females who experienced abuse at a higher rate than males. The study also revealed a seventeen percent increase in the prevalence of CSA among boys globally. The long-term effects on male survivors include an increased risk of suicide attempts, substance abuse, and harmful sexual behaviors, significantly impacting their overall well-being (Sharma, 2022).

Roisman et al. (2017) detailed that maltreated infants developed a disorganized attachment with caregivers, resulting in an increased risk of insecurity in adolescence and adulthood. Attachment security is directly related to an individual's ability to give and receive social support, cope with stress, and maintain mental health in good standing (Roisman et al., 2017). Moreover, Childhood abuse and neglect lead to insecure attachment in adulthood. Knapp and Logan (2023) delve into the mental health challenges, particularly the varying suicide rates across different ethnic and racial groups in the United States. In 2021, Native Americans/Alaskan Natives had the highest suicide rate, followed by White, Native Hawaiian/Pacific Islander, Black, Hispanic, and Asian Americans. Native American/Alaskan Natives have a suicide rate four times higher than

Asian Americans, and White Americans have a suicide rate twice as high as Black and Hispanic Americans (Knapp & Logan, 2023).

Additionally, Roisman et al. (2017) explain that members of the LGBTQ+ community have higher rates of suicide than their heterosexual counterparts. As Knapp and Logan (2023) highlighted, while white adults generally report higher rates of suicidal thoughts, attempts, and suicides than most other racial and ethnic groups, it is crucial to note that some racial and ethnic minority subgroups also exhibit relatively higher rates of suicidal behavior. The broader categories of Black, Hispanic, White, Native American/Alaskan Native, and Asian American encompass numerous smaller distinct cultural subgroups. These disparities emphasize the urgent need for further research and targeted intervention to address the complex factors contributing to suicidal behavior.

### **Cultivating Internal Barriers: Traumatic and Psychological Stressors**

Newsom and Myers-Bowman's (2017) study focused on the long-term impact of child sexual abuse, particularly examining the links between sexually compulsive behaviors, attachment styles, and emotions in affected individuals. The effects of child sexual abuse (CSA) can have long-lasting impacts, suggesting that it may disrupt normal development. During early life, one essential task is learning how to form relationships through the attachment process (Newsom & Myers-Bowman, 2017). Many survivors of sexual abuse continue to report mental health complications in their adult lives.

Understanding the mechanisms contributing to distress could provide insight into sexually compulsive behaviors that manifest after experiencing sexual abuse. CSA can create fear in interpersonal interactions, which can hinder the formation of healthy

relationships, leading to the development of insecure attachment patterns in adulthood, such as emotion regulation.

Newsom and Myers-Bowman (2017) explained that crucial processes related to relationship formation, such as emotion regulation, may also be disrupted. Secure attachment plays a vital role in developing mature emotional regulation by acting as a defense against internal stressors, such as difficult memories. Without the healthy emotional regulation of secure attachment, individuals may turn to ineffective strategies for managing their emotions (D. Meyer et al., 2017). CSA can lead to the *disruption of developmental processes*, disrupting the typical developmental tasks that individuals face early in life. One critical task is learning how to form relationships through the attachment process. When children experience sexual abuse, especially by caregivers or trusted individuals, it can lead to confusion, mistrust, and fear in interpersonal interactions. This fear can inhibit the natural process of forming secure attachments, which is crucial for healthy relationship development throughout life.

Survivors of CSA are more likely to develop *insecure attachment patterns*, such as anxious or avoidant attachments, and reflect difficulties in trusting others, seeking support, and feeling secure in relationships (D. Meyer et al., 2017). Insecure attachments can persist into adulthood and impact how individuals perceive and interact with others, potentially leading to difficulties in forming and maintaining intimate relationships. *Emotional regulation* is another essential developmental task associated with relationship formation. CSA survivors often experience disruptions in their ability to regulate emotions effectively. The trauma and stress associated with CSA can lead to heightened

emotional arousal, difficulty in managing intense emotions, and a tendency to experience emotional dysregulation in various situations. *Secure attachment* serves as a protective factor against the adverse effects of trauma and stress. It provides safety and comfort, allowing individuals to regulate emotions more effectively. Securely attached individuals tend to have better coping mechanisms and resilience in the face of adversity, including the difficult memories and feelings associated with CSA. Without secure attachment and healthy emotional regulation skills, individuals may resort to *maladaptive strategies to cope with distressing emotions*. These strategies can include substance abuse, self-harm, dissociation, or engaging in risky behaviors as ways to numb emotional pain or avoid triggering memories of abuse.

### ***Mattering and Feeling Valued***

The findings from Boroujerdi et al. (2019) emphasize the crucial role of “mattering” and feeling valued in mental health outcomes. Mattering refers to the sense that one’s existence and contributions are meaningful and recognized by others. This concept is closely tied to self-esteem and overall well-being. Individuals who experience early attachment insecurities may struggle with low self-esteem because they do not feel valued or important. The perception that they matter can significantly impact their self-worth and how they view their place in the world. A lack of feeling valued can contribute to a sense of hopelessness. When individuals do not believe their presence or efforts are meaningful, they may struggle to find purpose or motivation, leading to a pessimistic outlook on life. Enhancing individuals’ sense of belonging and helping them feel valued can be a critical component of therapeutic interventions. By fostering environments

where individuals feel recognized and appreciated, it is possible to counteract some of the negative impacts of early attachment insecurities. Boroujerdi et al. (2019) suggested that addressing the need to feel valued and vital can play a crucial role in improving mental health outcomes and reducing the risk of severe issues such as suicide. This emphasizes the importance of incorporating strategies that build a sense of mattering into therapeutic practices.

### ***Obstacles of Gender, Sexuality, and Sexual Identity***

Boroujerdi et al. (2019) investigated attachment style theory in the context of gender, sexuality, and sexual identity. They explored how different attachment styles—secure, anxious, and avoidant—can influence interpersonal relationships and how these dynamics might vary across different gender identities and sexual orientations. The study shed light on how the prevailing societal norms and expectations concerning gender and sexuality can influence individuals' attachment experiences. These influences, in turn, have the potential to significantly impact the dynamics of their relationships and their overall emotional well-being. These significant findings underscore the practical importance for professionals working across diverse disciplines to recognize and integrate considerations of gender and sexuality when addressing attachment in varied populations. The research emphasized that societal norms and expectations related to gender and sexuality can shape people's attachment experiences, which can, in turn, impact their relationship dynamics and emotional health. These conclusions are essential for professionals in a wide range of fields, highlighting the importance of taking gender

and sexuality into account when addressing attachment in different communities and populations.

### ***Suicidal Ideation***

According to a Boroujerdi et al.'s (2019) study, adverse early attachment experiences and subsequent attachment insecurities in adulthood can significantly contribute to low self-esteem, feelings of hopelessness, and an increased risk of suicide. Furthermore, the research conducted by Boroujerdi et al. underscores the long-term impact that early disruptions in attachment can have on mental health. Individuals with insecure attachment styles, often stemming from negative early attachment experiences, may struggle with feelings of inadequacy and low self-worth. Boroujerdi et al. (2019) also pinpointed that attachment insecurities can lead to a pervasive sense of hopelessness, where individuals may feel that their situation or prospects are bleak and unchangeable. The combination of low self-esteem and hopelessness can elevate the risk of suicidal thoughts and behaviors, as these individuals might perceive suicide as a way to escape their emotional pain (Boroujerdi et al., 2019). The findings from Boroujerdi et al. (2019) highlight the importance of addressing early attachment issues in therapeutic settings to mitigate these severe outcomes. By understanding the connection between early attachment experiences and later psychological distress, interventions can be tailored to help individuals build healthier self-perceptions, foster hope, and reduce the risk of self-harm.

### **Weaving Diverse Connections: Exploring Interpersonal Relationships**

Love and Robinson Kurpius (2022) reported that CSA is a traumatic experience that can have far-reaching, deleterious effects on a person's life. The effects can be psychological, physical, and social. Survivors of CSA may experience ineffective coping mechanisms, have difficulty managing their emotions, and may develop post-traumatic stress disorder (PTSD). In addition to psychological effects, survivors may experience physical symptoms such as fatigue, chronic pain, and sexual dysfunction. Socially, survivors may have difficulties with interpersonal relationships and may struggle with forming healthy intimate relationships. They may also experience academic difficulties and face challenges in parenting their own children. Female survivors of CSA, in particular, may face unique challenges (Love & Robinson Kurpius, 2022). Many report difficulties forming healthy intimate relationships, a crucial developmental task during young adulthood. They may struggle with trust issues and develop a fear of intimacy. These challenges can significantly affect their mental and emotional well-being and may require professional support to overcome.

In their quantitative research, Love and Robinson Kurpius (2022) proposed that positive family relationships, specifically parental attachment, can protect against the harmful effects of CSA. Love and Robinson Kurpius (2022) conducted a quantitative study to investigate whether the coping strategies of young adults from ethnically diverse, low-income backgrounds were influenced by their history of CSA, as well as their attachment to their parents and friends, and their sense of mattering.

Drawing on Bowlby's attachment theory, the researchers also examined whether the level of family and friend attachment and mattering moderated the strength of the relationship between CSA and coping. This study provides insights into the complex interplay between interpersonal relationships and coping mechanisms in the aftermath of CSA, particularly among vulnerable populations. Bowlby's attachment theory states that secure attachment fosters adaptive identity development and positive self-worth and provides a strong foundation for individuals to explore and engage in healthy interpersonal and intrapersonal developmental tasks. Young people experience greater independence during adolescence, transferring their attachment needs to friends. Even though attachment and dependency on parents are changing, the parental relationship still plays an important role and predicts psychological outcomes such as prosocial behaviors, higher self-esteem, and effective coping strategies. Indeed, college women who experienced CSA and had a stronger attachment to parental, adult, and peer relationships had fewer abuse-related symptoms. Attachment may also modify the impact of CSA on the coping behaviors of adult survivors.

Love and Robinson Kurpius (2022) conducted quantitative research to define coping as the allocation of behavioral and cognitive efforts in response to specific internal and external demands that are perceived to strain or exceed an individual's resources. Coping strategies were classified into emotion-focused coping (EFC) or problem-focused coping (PFC). EFC included ineffective strategies such as self-blame, avoidance, and controlling feelings. PFC also included proactive behaviors such as seeking social support, confronting an issue, and developing a proactive response plan. It

is worth noting that survivors of CSA may express their ineffective coping strategies through either externalizing or internalizing behaviors. Men who have experienced CSA may tend to externalize their feelings and engage in aggressive or harmful behaviors, such as truancy or substance use. On the other hand, women who have experienced CSA may tend to internalize their feelings and use coping strategies like avoidance, withdrawal, and shame.

Love and Robinson Kurpius (2022) analyzed the relationship between a history of CSA, gender, attachment, mattering, and coping strategies in young adults who are ethnically diverse and low-income. The researchers also examined the characteristics of the abuse and their impact on survivors. The findings of this study suggested that individuals who have survived CSA are likely to report feeling less attached to and valued by their parents compared to those who have not experienced CSA. Moreover, the degree of attachment and value individuals feel towards their parents is significantly related to their engagement in EFC (emotion-focused coping) and PFC (problem-focused coping) behaviors. It was also observed that the gender of individuals did not play a significant role in this relationship, as both male and female survivors of CSA reported feeling less valued by their parents than those without a history of CSA.

Moreover, despite no significant differences between the two groups regarding attachment patterns, the individual analysis revealed that individuals who have experienced CSA were less emotionally attached to their fathers when compared to those who did not experience CSA. The two groups had no significant difference regarding attachment to the mothers. Love and Robinson Kurpius proposed that male family

members commit most cases of CSA; hence, there is a likelihood that survivors of CSA may have had fathers who either perpetrated the abuse or failed to protect them from another family member who did.

The study only included lower-income, ethnically diverse young adults striving to earn their GED or vocational skills. The assessments failed to capture crucial information about the participants' current home and daily lives. The assessments conducted in the study were solely paper-pencil-based, and there is no record available on the validity of these measures for samples similar to the one under consideration. This study explored how CSA, gender, attachment, and mattering affect the coping behaviors of young adults from various socio-economic, racial, and ethnic backgrounds. Previous research has mainly focused on high school and college students, with little attention given to diversity regarding ethnicity, race, socioeconomic status, or education. Despite some limitations, this study contributes to the gap in research regarding the psychological and emotional experiences of adult survivors of CSA as it provides a better understanding of the effects of CSA, gender, attachment, and matter on the lives of young adults from low-income backgrounds.

### ***Impoverished Survivors***

Love and Robinson Kurpius (2022) examine the interpersonal relationships of survivors of CSA, especially those who are impoverished. They identified several key themes. Firstly, they addressed the impact of CSA on survivors' ability to form and maintain healthy interpersonal relationships. This may include issues such as trust, attachment, emotional regulation, and intimacy, all of which can be deeply affected by

the trauma experienced during childhood. Next, impoverished context, meaning that when survivors of CSA are also living in poverty, there are additional layers of difficulty that could be explored. Impoverished individuals often face more barriers to accessing mental health care, social services, and community support, which can exacerbate the emotional and psychological consequences of abuse. Financial insecurity might also lead to strained relationships and reduced opportunities for social mobility, creating a cyclical impact on survivors' lives.

Furthermore, interpersonal relationships determine how survivors interact with family, romantic partners, and peers. Issues that can arise include new trust issues, where survivors may struggle to trust others, making relationships difficult. Insecure attachment issues can develop and impact romantic relationships, friendships, and family dynamics. Victim-blaming within impoverished communities, there might be cultural or social attitudes that blame victims of abuse, which can complicate healing and relationship-building. Next, Love and Robinson Kurpius (2022) explored coping mechanisms. The researchers examined how impoverished survivors cope with the trauma of abuse in their everyday lives. Coping strategies ranged from substance use to dissociation to avoiding intimate relationships or even overcompensating by trying to be overly "strong" or independent. Then, Love and Robinson Kurpius (2022) examined the role of support networks and the crucial role of access to social support for healing. The study underscored the vital importance of familial, community, or institutional support (or lack thereof) in influencing survivors' ability to cope with abuse and build meaningful relationships. Understanding the significance of social support can foster empathy and a

deeper understanding of survivors' experiences. Lastly, Love and Robinson Kurpius (2022) explored the long-term psychological, emotional, and social consequences of CSA, especially for those in poverty. The study highlighted how trauma from abuse can manifest across the lifespan, affecting relationships in adulthood, including in parenting roles, friendships, and romantic engagements.

### ***Adult Survivors Facing Disadvantages***

Love and Robinson Kurpius (2022) also examined how their history of CSA shaped the coping strategies of young adults from ethnically diverse, low-income backgrounds. The study also explored how facing these disadvantages and employing specific strategies were influenced by the individuals' attachment to their parents and friends and their sense of mattering, essentially, the feeling that they are valued and essential to others. Love and Robinson Kurpius (2022) wanted to understand the complex interplay between trauma and social relationships, particularly in how individuals from marginalized backgrounds cope with the aftermath of CSA. The authors suggested that the attachment styles formed with parents and peers were crucial in supporting or hindering their coping mechanisms. A secure attachment, a key protective factor, was found to be instrumental in helping individuals manage stress and trauma more effectively. Conversely, insecure attachment, often resulting from past abuse or neglect, was linked to maladaptive coping strategies, such as avoidance or emotional dysregulation.

In their 2022 study, Love and Robinson detailed that "mattering" was a crucial psychological concept. Additionally, Love and Robinson Kurpius (2022) discovered that

young adults who felt valued by others, whether through their relationships with parents, friends, or community, were better able to employ healthier coping strategies and experienced more positive mental health outcomes. These findings emphasized the significance of social connections and a sense of belonging in mitigating the adverse effects of CSA, particularly for individuals from ethnically diverse and low-income backgrounds. The work of Love and Robinson Kurpius (2022) contributed to the understanding of how trauma interacts with attachment and social support, highlighting the importance of fostering a sense of mattering and belonging as part of therapeutic interventions for young adults recovering from CSA.

Murase et al. (2021) conducted a comprehensive investigation into the strategies adult survivors of CSA employ to manage interpersonal relationships, especially in the presence of socioeconomic challenges and other obstacles. The authors shed light on the intricate nature of establishing and sustaining relationships, delving into trust, closeness, and how past trauma influences social interactions. Murase et al. (2021) also discussed the barriers these individuals encounter in building supportive networks and the importance of understanding their unique experiences. In a recent study, Murase et al. (2021) shed light on the significance of conducting further research in this field. They introduced the attachment theory, which delves into an individual's overall perception of themselves and others. Throughout one's life, attachments develop and are used to evaluate self-value and interpersonal connections. The researchers also linked the fear of rejection and abandonment to an anxious-ambivalent attachment style, which stems from feelings of unworthiness. Moreover, they emphasized that childhood maltreatment can

have a pervasive impact on various aspects of life, including attention deficits, difficulties in forming meaningful relationships, and challenges in regulating emotional responses.

In a study Cook et al. (2019) conducted, the researchers delved into the complex dynamics of interpersonal relationships among adult survivors of CSA, specifically focusing on individuals who encountered various socioeconomic challenges. The research honed in on the profound impact of these experiences on relationship dynamics, shedding light on how trust issues, attachment styles, and the capacity to establish healthy connections were influenced. Notable findings from the study highlighted the extensive impact of trauma on social support networks, the enduring struggle with intimacy, and the pivotal role of resilience in navigating relational hurdles. Additionally, Cook et al. (2019) stressed the crucial need for tailored support systems that comprehensively address both the trauma and the contextual disadvantages these survivors faced.

### ***Underserved and Non-Dominant***

Winterstein et al. (2023) underscored the critical importance of recognizing the lifelong trauma underserved and non-dominant populations experienced, specifically older women from minority groups who have been victims of CSA within the family. The study highlighted that these women often faced compounded challenges due to both the abuse and their marginalized social identities. This research highlights the necessity for a comprehensive exploration of the interplay between cultural, systemic, and familial factors in shaping the healing trajectories of adult survivors of CSA (Winterstein et al., 2023). It addresses a critical gap in the existing literature concerning these survivors' psychological and emotional life experiences (Newsom & Myers-Bowman, 2017). By

examining these multifaceted influences, the study aims to provide a nuanced understanding of the complex healing processes that individuals may undergo in response to their traumatic experiences. Winterstein et al. (2023) aimed to inform mental health professionals about this population's unique needs and perspectives. They emphasized equipping clinicians with the appropriate tools, frameworks, and culturally sensitive approaches to support these women's recovery. By highlighting the long-term nature of their healing process, the authors encouraged professionals to consider the intersectionality of race, gender, socioeconomic status, and family dynamics when providing care. Through this approach, therapeutic outcomes can be improved by fostering an environment of empathy and understanding tailored to the specific needs of these women throughout their lives.

Newsom and Myers-Bowman (2017) focused on exploring the coping mechanisms and strengths of women from underserved and nondominant populations, such as the female populations, who survived CSA. Their research delved into the profound effects that this trauma has on women's relationships and their sexuality. By examining how these women navigate the aftermath of such abuse, the study highlighted the resilience and agency they demonstrate in coping with the lasting emotional and psychological impacts. The researchers specifically sought to understand how CSA shapes their intimate relationships, sense of self, and sexual health, recognizing the complex intersectionality of factors such as race, socioeconomic status, and cultural background. The authors noted that while many women in this population struggle with

trust, intimacy, and sexual well-being, they also develop unique, admirable strategies and sources of strength to navigate these challenges.

Newsom and Myers-Bowman (2017) emphasized recognizing these coping mechanisms as forms of resilience and strength rather than solely focusing on victimization. Their work calls for mental health professionals to understand these complexities and to approach therapy and support in ways that empower women to reclaim their agency in relationships and sexuality. It is crucial to acknowledge the enduring impact of childhood trauma while also celebrating their strength and capacity for healing, fostering a sense of empathy and support for these women.

Cook et al. (2019) explored the interpersonal relationships of adult survivors of CSA, specifically focusing on those from underserved and non-dominant populations. The authors examined how systemic factors, such as socioeconomic status, cultural background, and access to resources, impact these survivors' ability to form and maintain relationships. Key themes include trust, vulnerability, social support, cultural context, resilience, and coping mechanisms.

As detailed in Cook et al.'s (2019) research, the theme of trust and vulnerability suggests that survivors may struggle with trust due to past trauma, affecting their ability to engage in close relationships. The theme of social support indicated that the availability and quality of social support networks can significantly influence recovery and relationship building. The theme of cultural context emphasized how the cultural environment can substantially influence survivors' perception and communication of their trauma, affecting their interactions with others. The theme of resilience and coping

mechanisms highlights these individuals' strength in navigating their relationships despite their challenges. Cook et al. (2019) emphasize the importance of understanding the challenges of the underserved and dominant populations to develop more effective support and intervention strategies.

### **Forging Bonds: Understanding Attachment Patterns**

According to Newsom and Myers-Bowman (2017), attachment theory offers a valuable framework for understanding the developmental consequences of sexual abuse and the resulting difficulties in managing emotions. When children experience sexual abuse, this foundational process of forming secure attachments can be profoundly disrupted. As D. Meyer et al. (2017) stated, the trauma associated with sexual abuse can impact how children perceive themselves and others, often leading to difficulties in forming and maintaining healthy emotional connections. These disruptions can manifest as problems with emotional regulation, trust issues, and challenges in building secure relationships later in life. By understanding these effects through the lens of attachment theory, we gain insight into how early trauma can shape emotional development and relational patterns. This perspective is instrumental in guiding therapeutic approaches to addressing and healing the emotional wounds sexual abuse caused.

As Brenner et al. (2021) detailed, CSA is a prevalent and significant public health issue globally. Survivors of such abuse often experience difficulties in their interpersonal, romantic, and intimate relationships, as well as engaging in sexual risk-taking behavior and facing an increased risk of revictimization. Brenner et al. (2021) alluded to the problem of frequent insecure attachment in CSA survivors, which has affected

interpersonal and romantic relationships, including sexual revictimization (SR). Survivors of CSA often struggle with interpersonal and romantic relationships (Brenner et al., 2021). They may experience difficulties in forming and maintaining healthy relationships due to issues stemming from their trauma, such as trust issues, emotional dysregulation, or negative self-perceptions.

Moreover, Brenner et al. (2021) expressed that there is a noted increase in sexual risk-taking behaviors among CSA survivors. This can manifest in various ways, including engaging in risky sexual practices or having multiple sexual partners, which may be linked to attempts to cope with or make sense of their trauma. The authors also alluded that survivors of CSA are at a higher risk of revictimization, where they may experience further abuse or violence later in life. This can be influenced by factors like low self-esteem, difficulties setting boundaries, or patterns of maladaptive relationships. A common theme in the experiences of CSA survivors is insecure attachment. The trauma of CSA often disrupts the development of secure attachment patterns, leading to issues such as attachment anxiety or avoidance.

These insecure attachment styles can exacerbate difficulties in relationships and increase susceptibility to further trauma. In this study, Brenner and colleagues examined the correlation between CSA, attachment orientations, sense of relational entitlement (SRE), and repeated sexual assault. I utilized attachment theory to support the study, which details how interpersonal relationship issues can lead to insecure attachment styles. The study results showed that CSA survivors reported more significant attachment anxiety and attachment avoidance, a more restricted sense of entitlement in relationships,

and higher revictimization rates than women without a history of CSA. The findings of this study informed the dissertation research by elucidating the influence of attachment theory and behavior on emotional distress, affect dysregulation, and interpersonal difficulties among individuals with histories of childhood sexual trauma. Overall, Brenner et al. (2021) underscored the multifaceted impact of CSA, emphasizing the need for targeted interventions that address the complex interplay of trauma, attachment issues, and relationship difficulties to support survivors effectively. The findings of this study have the potential to inform therapeutic interventions and support services tailored for survivors of this specific type of trauma, a need that is not adequately addressed in the current scholarly literature.

#### *Attachment Anxiety and Attachment Avoidance*

Brenner et al. (2021) incorporated attachment theory and corresponding attachment behaviors into their theoretical framework. These behaviors continue throughout one's lifespan, even into adulthood and adult relationships. The authors determined that attachment is based on two dimensions: anxiety and attachment-related avoidance. Attachment anxiety refers to the degree to which a person worries about the relationship and fears rejection or abandonment. Attachment-related avoidance relates to feelings of emotional distance. The *Attachment Anxiety* dimension involves how much individuals are preoccupied with their relationships. Individuals with high attachment anxiety often worry about their partner's ability to provide adequate support and may have fears about rejection or abandonment. This anxiety can lead to heightened sensitivity to perceived threats in the relationship and a strong desire for closeness and

reassurance. The *Attachment-Related Avoidance* dimension reflects how much individuals prefer to maintain emotional distance from others. Those high in attachment-related avoidance may prioritize self-reliance and independence over intimacy. They often find it difficult to rely on others or to open up about their emotions, and they may downplay the importance of relationships or struggle with vulnerability. These two dimensions are instrumental in elucidating the variations in individual experiences and managing their interpersonal relationships. For example, an individual exhibiting high levels of both anxiety and avoidance may grapple with significant inner conflict. They may desire close relationships while concurrently feeling overwhelmed by the intimacy required.

### ***Sense of Entitlement Impacting Healthy Relationships in Adulthood***

According to Brenner et al. (2021), survivors of CSA may develop a heightened sense of entitlement in their relationships. This sense of entitlement can manifest in various ways, such as expecting excessive attention, validation, or special treatment from partners or others. This feeling can be a coping mechanism or a way to compensate for the lack of control and personal agency experienced during the abuse. As Brenner et al. (2021) detailed, the sense of entitlement can influence how survivors interact with others and their relationship expectations. It can lead to difficulties forming and maintaining healthy, balanced relationships, as survivors may struggle with reciprocity, fairness, and mutual respect.

Additionally, Brenner et al. (2021) found that the sense of entitlement might be connected to the trauma of CSA, where survivors may feel that they deserve special

treatment or compensation due to their past experiences. It can also be a reflection of unmet needs or attempts to reclaim a sense of control and worth that the abuse undermined. Mental health considerations may involve addressing the sense of entitlement. Counselors may help survivors recognize and understand these patterns and develop healthier ways of relating to others. Brenner et al. (2021) emphasized the need for comprehensive approaches that consider how trauma affects relationship dynamics, including how entitlement issues can play a role in the relational difficulties experienced by survivors of child sexual abuse.

### **Navigating Beyond Trauma: Journey to Counseling and Personal Wellness**

Boroujerdi et al. (2019) studied attachment style theory and its impact on long-term personal wellness. They explored how different attachment styles—secure, anxious, and avoidant—affect individuals’ emotional health, relationships, and coping strategies over time. The study highlighted the significant effects of insecure attachment styles on individuals’ ability to form and maintain healthy relationships. They stressed the importance of understanding attachment patterns to promote personal wellness and suggested that interventions focused on nurturing secure attachment could lead to improved mental health outcomes. By addressing attachment-related issues, individuals can strengthen their emotional resilience and develop meaningful interpersonal connections, ultimately leading to a more fulfilling life.

### ***Long-Term Impact and Therapeutic Practices***

Rapsey et al. (2020) used IPA to demonstrate that survivors often undergo various psychological effects, including anxiety, depression, and difficulties in relationships,

which can persist into adulthood due to the long-term impacts of CSA. The study emphasized the importance of trauma-informed care and individualized therapeutic approaches to address the unique experiences of each survivor. It discussed various therapeutic modalities, such as cognitive-behavioral therapy, Eye Movement Desensitization and Reprocessing (EMDR), and support groups, as effective ways to help survivors process their trauma and build resilience. Rapsey et al. (2020) underscored the need for ongoing support and understanding from mental health professionals, recognizing that recovery is a complex, nonlinear process. They advocate for greater awareness and tailored interventions to meet the specific needs of CSA survivors, ultimately promoting healing and improving quality of life.

Through IPA, Patterson et al. (2023) explored the long-term impacts of CSA. They detailed how CSA can lead to a range of enduring psychological effects, such as post-traumatic stress disorder (PTSD), anxiety, depression, and difficulties in forming healthy relationships. The authors emphasized the necessity of trauma-informed therapeutic approaches that acknowledge the complex and multifaceted nature of survivors' experiences. They discussed the importance of creating safe therapeutic environments and tailoring interventions to address individual needs. Various modalities, including trauma-focused therapy, group therapy, and mindfulness practices, were noted as effective in promoting healing. Patterson et al. (2023) also called for increased awareness and training among mental health professionals to support CSA survivors better. Their findings advocate for holistic, individualized treatment plans that foster resilience and empower survivors on their healing journeys.

In their 2017 phenomenological study, Newsom and Myers-Bowman examined the lasting effects of CSA and the specific therapeutic requirements of survivors. Their findings revealed that individuals who have experienced CSA frequently struggle with various psychological issues such as anxiety, depression, post-traumatic stress disorder (PTSD), and challenges in forming and maintaining interpersonal connections. In their study, Newsom and Myers-Bowman (2017) underlined the critical significance of trauma-informed care, which entails gaining insight into the unique requirements of survivors of CSA and establishing a secure and supportive therapeutic setting. They also brought attention to various therapeutic methods, including cognitive-behavioral therapy, expressive arts therapy, and support groups, which were valuable in promoting healing and building resilience. The research underscored the dire need for ongoing support and access to resources for survivors, underlining the importance of mental health professionals having a profound understanding of the multifaceted nature of recovery from CSA. The authors advocated for personalized interventions considering each survivor's unique experiences and needs, fostering meaningful recovery and sustained well-being.

### ***Coping Through Resiliency and Empowerment***

Newsom and Myers-Bowman (2017) highlighted the importance of promoting empowerment for survivors, stating that it plays a vital role in assisting them to regain control and autonomy. The authors noted that resilience is not only an inherent trait but can also be developed through encouraging environments and therapeutic support. Additionally, Newsom and Myers-Bowman (2017) delved into various tactics to promote

empowerment, including bolstering self-esteem, honing coping mechanisms, and creating safe spaces for survivors to share their experiences. Newsom and Myers-Bowman (2017) highlighted the importance of community support, peer networks, and trauma-informed therapy in helping survivors build resilience. The authors offered a framework for practitioners to assist in the healing and recovery process, ultimately leading to enhanced mental health and quality of life for survivors.

Winterstein et al. (2023) specifically focused on empowerment and resilience among older survivors of CSA. Their study highlighted the unique challenges that older survivors often face, such as long-standing trauma effects, societal stigma, and the need for validation. Winterstein et al. (2023) underlined the critical need to empower survivors to reclaim their personal narratives and establish control over their lives. Their exploration of resilience-boosting strategies encompassed the fostering of supportive relationships, participation in peer support groups, and utilizing tailored therapeutic interventions designed specifically for older adults. Winterstein et al. (2023) also highlighted the importance of addressing age-related factors, such as health concerns and life transitions, which can significantly influence the healing journey. Their advocacy for a trauma-informed care approach underscored the necessity of recognizing the unique experiences of older survivors, thereby promoting a comprehensive and holistic approach to support and recovery.

Patterson et al. (2023) found that empowerment is essential for survivors to regain a sense of agency and control over their lives through Interpretive Phenomenological Analysis. The authors identified critical strategies for fostering resilience, including

developing strong support networks, access to trauma-informed therapy, and opportunities for self-expression. They highlighted the crucial role of community resources and peer support in helping survivors navigate their healing journeys, making the audience feel supported and involved. Additionally, Patterson et al. discussed the significance of recognizing the unique experiences of each survivor and tailoring interventions to meet their individual needs. The authors advocated for a holistic approach that addresses emotional and physical well-being, promoting long-term recovery and quality of life for CSA survivors.

### ***State of Mind Influences on Sexuality***

Newsom and Myers-Bowman (2017) examined the intricate connection between trauma and sexual identity through phenomenological research, highlighting that CSA can profoundly influence survivors' perceptions of their own sexuality and intimate relationships. The authors emphasized that individuals who have survived traumatic experiences such as CSA may encounter a variety of emotions about their sexuality, such as confusion, shame, or challenges with intimacy. They highlighted that a survivor's mental state, greatly influenced by their trauma, can affect their sexual experiences and relationships, impacting their ability to form and sustain healthy connections. The authors underscored the significance of trauma-informed therapeutic methods to address these issues. Such approaches allow survivors to process their experiences and develop a healthier relationship with their sexuality. By creating a safe and nurturing environment, compassionate helping professionals play an essential role in supporting survivors as they explore and come to terms with their sexual identities and work to rebuild their self-

esteem. This underscores the profound impact of their work in facilitating the healing process.

In the IPA study Rapsey et al. (2020) conducted, the focus was on exploring the significant impact of trauma on the sexual identity, desires, and relationships of survivors. The researchers delved into how a survivor's mental state, influenced by their experiences of CSA, can mold their sexuality. It was found that survivors frequently grapple with intricate emotions concerning their sexuality, encompassing confusion, anxiety, and challenges in establishing intimacy. The authors underscored the significant impact of a survivor's mental state, as influenced by their experiences of abuse, on their sexual functioning and overall well-being. They highlighted that survivors may encounter challenges related to trust and vulnerability, both of which are essential for fostering healthy sexual relationships. Rapsey et al. (2020) strongly advocated for using trauma-informed therapeutic approaches. These approaches, which provide a safe space for survivors to explore their sexuality and process their experiences, are crucial in addressing the psychological impacts of CSA. By doing so, practitioners can play a vital role in helping survivors rebuild their self-esteem and foster healthier sexual relationships.

### **Summary and Conclusions**

Chapter 2 detailed an extensive summary of recent literature on CSA, marginalized survivors, attachment theory, insecure attachment, mental health barriers, and interpersonal relationship challenges. The literature highlighted focuses on themes including psychological challenges and the long-term effects of CSA on individuals as

they transition into adulthood. A noticeable gap exists in research regarding the psychological and emotional experiences of adult survivors of CSA. The extensive research literature indicates that there remains a lack of studies addressing how counselors can effectively aid adult survivors of CSA in cultivating secure attachment styles.

Chapter 3 discusses the research design, rationale, role of the researcher, and the methodology I plan to utilize. I include extensive details on my intended method for exploring how adult minority survivors of Childhood Sexual Abuse develop attachments in interpersonal relationships. Moreover, I provide insight into this approach and how I compiled information that further develops research into the life experiences of child abuse survivors. Next, I share a comprehensive overview of the selection method, instruments, recruitment approach, and data collection processes, encompassing all methodologies used to ensure trustworthiness and ethical practices.

## Chapter 3: Research Method

### **Introduction**

The purpose of this descriptive phenomenological study was to explore how adult survivors of childhood sexual abuse (CSA) from marginalized populations develop attachments in interpersonal relationships. In this chapter, I outline the research design and rationale for using descriptive phenomenology to investigate my topic of interest. I also address my role as the researcher and choice of methodology, including my logic for selecting participants and the instrument used to collect data. In this chapter, I further detail the methods for analyzing the data, recruitment processes, potential issues of trustworthiness, and any ethical considerations.

### **Research Design and Rationale**

The research question for this qualitative study was: How do adult survivors of CSA from marginalized groups perceive and experience barriers to developing secure attachments in their relationships? The effects of CSA on survivors' attachment styles and its contribution to insecure attachments in adulthood, the phenomena of interest in this research study, were explored to identify how minority adult survivors of CSA portray attachment behaviors with relational connections. Stable and reliable adults are more likely dependable, genuine individuals with adequate mental health sustainability. The lack of communication, evasion, and intentional defensiveness result in abnormal, unhealthy, and problematic behaviors that spill over into adulthood. Through descriptive phenomenology, I explored the experience of CSA survivors and the behavioral connections drawn based on Bowlby's 1969 attachment theory.

The descriptive phenomenology research methodology is designed to facilitate the understanding and articulation of the lived experiences of minorities (Peoples, 2021). This approach is grounded in philosophical traditions emphasizing the importance of capturing the essence of experiences without preconceived notions or interpretations. By employing rigorous methods such as the Colaizzi strategy, which involves a series of steps to analyze qualitative data systematically, including reading and re-reading, identifying significant statements, formulating meanings, clustering themes, and describing the phenomenon, researchers can reveal the core meanings of phenomena the participants experienced (Shosha & Kalaldehy, 2017). Researchers can uncover the fundamental meanings of phenomena the participants experienced (Giorgi, 2014). By incorporating this phenomenological method, the research focuses on familiarization, extracting significant statements, formulating meanings, organizing meanings into themes, returning to participants, and integrating findings into a comprehensive description of identifying themes and patterns in the data.

One of the primary strengths of descriptive phenomenology is its ability to provide rich, detailed descriptions of human experiences. This methodology allows researchers to delve deeply into the subjective realities of individuals, capturing the complexities of their lived experiences. For instance, studies have demonstrated how descriptive phenomenology can effectively explore sensitive topics, such as the challenges parents of children with different disorders faced (Shosha & Kalaldehy, 2017) and the experiences of nurses retaining employment in hospital settings (Wardhani & Hariyati, 2023). By focusing on the participants' perspectives, descriptive

phenomenology fosters a deeper understanding of the emotional and psychological dimensions of their experiences. Additionally, the methodological consistency associated with descriptive phenomenology enhances its credibility and reliability. Using techniques such as bracketing, member checking, and triangulation ensures that the participants' experiences support the findings, not the researchers' biases (Flynn & Korcuska, 2018). This commitment to methodological integrity is crucial for producing trustworthy qualitative research, particularly in fields that require a complex understanding of human behavior and experiences. Descriptive phenomenology is an effective research methodology because it focuses on capturing the essence of lived experiences, its applicability in various fields, and its rigorous methodological framework. Descriptive phenomenology contributes significantly to understanding complex human phenomena by prioritizing participants' voices and employing systematic analysis, which is why this chosen design is most effective for this research study.

### **Role of the Researcher**

The role of the researcher is to interact with participants in the study, collect data, and interpret the data provided (Karagiozis, 2018). As the researcher, I displayed sensitivity and respect toward participants and their rights, which entailed remaining non-judgmental. As the researcher, I adopted the role of a participant observer. I engaged with the interviewee by posing questions and actively listening to their responses while meticulously observing their reactions throughout the interview process. The researcher is responsible for ensuring that their data is evident and reliable. I ensured honesty, transparency, and confidentiality with the information the participants disclosed to impact

trustworthiness. In addition, the qualitative researcher must build a rapport and trusting relationship with each participant, which allows the participant to build confidence in the relationship (Rubin & Rubin, 2012). This strategy resulted in a more open, direct, and efficient dialogue between me and the participants. Structured reflexivity is focused engagement throughout writing (Ravitch & Carl, 2021). Thus, I incorporated memos and note-taking, the central tools used in qualitative research, to capture and process the findings thoroughly. To credit reflexivity, I maintained copious case notes and participant files for reflection. Collins and Stockton (2022) stated that the researcher's objective is to gather information that is easy to reveal, spontaneous, and not controlled.

Collins and Stockton (2022) expressed that the role of the researcher in qualitative studies regarding reflexivity is ensuring the pursuit of a deeper conceptualization of self and how much should be revealed in the interview. Through investigative measures, I examined each participant's perspectives and representations. Collins and Stockton (2022) further explained that the reflexive role of the researcher is intended to enhance knowledge, purpose, and the ability to connect to the research participants. Karagiozis (2018) stated that the essential role of the researcher is to communicate their participants' needs, feelings, desires, and thoughts with empathy and consideration. Ultimately, the researcher acts as the study's foundation, determining the data's significance, priority, and structure. For this study, the outcome of the research and the interpretation of research findings depended on my research, data collection, and data analyzing skills.

Jeong and Cha (2019) reported that to the World Health Organization (WHO, 1999), CSA refers to sexual activity involving a child who does not fully understand,

cannot offer informed consent, and is not mature enough to consent, or is counter to legal and societal boundaries of acceptable behavior. As a result, psychological, emotional, physical, and spiritual wounding CSA caused and how one dimension of the trauma impacts another is extremely complex (Gildea, 2021). As both a researcher and a parent, I needed to identify and articulate any underlying assumptions and biases that may have affected the preliminary stages of this investigation. Recognizing these factors was essential to upholding the integrity and objectivity of the research process. This awareness and note-taking facilitated a more rigorous methodological approach and enhanced the overall validity of the findings, which was critical in addressing such a profound issue. Jeong and Cha (2019) reported that children who are sexually abused often struggle to speak out about their experiences while they are young. As they are members of a minority in society, it is important for school nurses and counselors to conduct routine assessments for CSA and pay attention to the voices of children (Jeong & Cha, 2019). The authors further detail that this approach can help identify symptoms of CSA, empower children, and raise awareness about violence in schools, ultimately aiding in the disclosure of sexual violence against children. My experiences as a school counselor significantly contributed to my understanding, knowledge, and sensitivity regarding the lived experiences articulated in this study. This background facilitated the establishment of a positive rapport while engaging with participants who were survivors of said childhood abuse.

## **Methodology**

In a publication titled “How to Write a Phenomenological Dissertation: A Step-by-Step Guide,” Peoples (2021) emphasized the significance of descriptive phenomenology as a rigorous methodology within qualitative research. Descriptive phenomenology allows researchers to capture the essence of lived experiences without preconceived notions or interpretations, and engage with phenomena in their most authentic form. This methodological framework proves particularly effective in clarifying the subjective experiences of individuals, as it underscores the importance of participants’ perspectives and the meanings they attribute to their experiences (Dodgson, 2023; L. Smith, 2023).

Peoples (2021) highlights that descriptive phenomenology is based on the philosophical practice of “bracketing,” where researchers set aside their biases to understand participants’ lived experiences. This approach enables the exploration of human experiences, yielding rich descriptions that reveal the complexities of the studied phenomena. Descriptive phenomenology features methodological severity with systematic data collection and analysis. Peoples (2021) emphasizes the value of in-depth interviews that enable participants to share their experiences in their own words, providing a deep and comprehensive understanding of the phenomena.

In addition to outlining its methodological strengths, Peoples (2021) advocates for the accessibility of descriptive phenomenology as a viable research approach. She suggests that novice researchers can effectively engage with this methodology by articulating the principles and practices of phenomenological research clearly and

systematically (L. Smith, 2023). Furthermore, by underscoring the significance of understanding lived experiences through participants' perspectives, employing rigorous data collection methods, and enhancing the accessibility of the methodology for emerging researchers, Peoples (2021) establishes descriptive phenomenology as an essential framework for investigating the complexities of human experience.

### **Participant Selection Logic**

In conducting descriptive phenomenological research on how adult survivors of CSA from marginalized groups perceive and experience barriers to developing secure attachments in their relationships, semistructured interviews can serve as a critical methodology tool. Adverse early attachment experiences and subsequent attachment insecurities in adulthood can lead to low self-esteem, hopelessness, and the possible risk of suicide. The phenomena of choice are the effects of childhood trauma and adverse childhood experiences (ACEs) on interpersonal relationships. The researcher incorporated the descriptive phenomenology approach to better understand attachment behaviors in interpersonal relationships. The researcher used short answers, open-ended questionnaires, and semi-structured, one-on-one interviews for descriptive and interpretive data collection and analysis.

The researcher utilized criterion sampling within the minority population to comprehensively represent CSA within minority communities. Participants in the study included 20 individuals from diverse, multicultural backgrounds who volunteered to self-report their lived experiences. The exclusion criteria included that individuals who had not experienced any form of CSA during their formative years, as well as those under the

age of 18, would not be eligible to participate. Given the topic's sensitive nature, all participants were required to have undergone therapy before joining this study.

Quintana et al. (2023) affirmed that secure attachment developed during childhood is crucial for fostering resilience and a positive self-concept in adulthood. For survivors from marginalized backgrounds, the lack of supportive environments during formative years can severely impact their self-esteem and resilience, further complicating their ability to form secure attachments (Quintana et al., 2023). This relationship emphasizes the importance of addressing psychological and contextual factors contributing to attachment security. Participants' perceptions were analyzed to determine the meaning of their engagements, social actions, and experiences. This approach and data retrieval method within diverse populations explored new themes, patterns, and problematic behaviors to better understand childhood maltreatment and its interference with interpersonal relationships in adulthood. Childhood maltreatment results in harmful and damaging behaviors often apparent in young adults. Underlying causes for poor behaviors frequently result in ineffective coping strategies and unhealthy mannerisms for interpersonal engagement into adulthood. Because of the lack of skills, insecure feelings and unhealthy attachments are formed as individuals develop into adults.

The qualitative experiences of survivors also reveal the complexities of navigating relationships post-trauma. Mathewson (2021) employed a phenomenological approach to capture the essence of participants' experiences. This qualitative method is particularly suited for exploring subjective experiences and understanding how individuals make sense of their realities. The study involved in-depth interviews with a diverse sample of

CSA survivors who had recently given birth. Thematic analysis was used to identify key themes that emerged from the data. Mathewson's (2021) phenomenological study on childbirth experiences among CSA survivors illustrates how past trauma can resurface in intimate situations, complicating their ability to connect with partners and caregivers. This highlights the need for trauma-informed approaches in therapeutic settings, where survivors can explore their attachment issues in a safe and supportive environment. As Mathewson (2021) further discussed, semistructured interviews are a flexible qualitative research method that balances structure and openness. This approach allows researchers to prepare a set of guided questions while also providing the freedom to explore topics that arise during the interview sessions. Mathewson (2021) pinpoints the advantages of this method, such as its ability to generate rich, in-depth data and its adaptability to the interviewee's responses. The author also emphasizes the importance of creating a comfortable environment for participants to encourage candid and meaningful dialogue, ultimately enhancing the quality of the data collected.

### **Instrumentation**

For this study, the data were collected using semistructured interviews with researcher-produced, open-ended questions. The basis for developing semistructured interview questions in research was to create open-ended questions guided by the objectives and essential themes. Childhood abuse experience, therapeutic experience, relationship experience, and general demographics, including race, ethnicity, gender identity, sexual orientation, socioeconomic status, disability, and religious affiliations, composed the basis for developing the demographic qualifications and interview

questions. The demographic questions were answered via a Google Forms pre-screener questionnaire before the start of the interview. These questions were unharmed, simple, and easy for the participants to discuss. The pre-screener questions, numbers 1-16, were asked before the main content session to provide the researcher with the diverse demographic information necessary for compiling and comparing the sexual abuse background, minority classification, prior therapy participation, and interpersonal relationship experiences. The post-screener question number 17 via Google Forms addressed CSA experiences and likely brought settled-in or unresolved discomfort to the forefront. However, the question allowed the participants to include or divulge anything about their demographic of childhood abuse experience that was not previously addressed.

The main dialogue questions, numbered 18–32, were administered via an Interview Guide (see Appendix) to address relational connections and provide rich and meaningful data relevant to exploring, developing, and describing social processes based on the interviewee's experiences with social challenges. The post-dialogue question, number 30, allowed the participant to close the interview session with any pertinent information they wanted to express or include. It also let the interviewee feel in control by ensuring they finalized the interview experience. A mix of pre-determined questions and follow-up probes can elicit comprehensive and detailed responses from participants. Christensen (2017) supports this approach, who emphasizes the importance of a disciplined and reflective method in exploring lived experiences through phenomenological frameworks.

The methodological rigor in phenomenological research is essential for ensuring the credibility and trustworthiness of the findings. Errasti-Ibarrondo et al. (2018) emphasize the importance of organizing research activities and using appropriate methods that align with the studied phenomena. This perspective aligns with the principles Adams and van Manen (2017) outlined, who argue that phenomenological research should be sensitive to the consistency of participants' experiences rather than merely following a procedural approach. Central to the phenomenological approach is the emphasis on the participants' voices and the authenticity of their experiences. Hays and Wood (2011) advocated for integrating qualitative traditions into counseling research designs, reinforcing this focus. To ensure content validity and credibility during the study, the researcher maintained reflexivity throughout the research process by journaling memos for the duration. Reflexivity journaling included thoughts, perceptions, and beliefs based on participant interactions and influences. The qualitative coding software provides sections for memo notes and comments for each line of the transcripts, simplifying the collection of reflection notes and perceptions of verbal and nonverbal cues. Quality, trustworthiness, and credibility are essential to qualitative research (Salmon, 2013; Shenton, 2004). A qualitative research study uses a systematic approach incorporating data collection, interpretation, and communication of results based on a research design geared toward an appropriate research question. Rubin and Rubin (2012) detail that the quality and validity depend on the effectiveness and alignment of the research design the researcher utilizes. As Shenton (2004) determined, quality in qualitative research is measured based on the literature review, the research question, the

presence of a relative phenomenon, and an adequate methodology. I strive for this research study to be simple and thorough.

Reliability must be established for research to be considered trustworthy. Moreover, reliability is determined by the researcher's confidence in the outcome of their research. Shenton (2004) details critical components for establishing reliability, including using well-established research methods, developing familiarity with the participants before engaging in discussions, and utilizing criterion sampling and triangulation. Triangulation is a strategy that allows the opportunity to collaborate with various methods. This can include methods such as observation, focus groups, field notes, and phone interviews. As Salmon (2013) expressed, reliability and credibility are the framework, while trustworthiness in qualitative methodology focuses on using participants, triangulation of data, researcher questioning, and the perception of the data (Ravitch & Carl, 2021).

### **Procedures for Recruitment, Participation, and Data Collection**

Probability sampling represented the best strategy for selecting research participants for this study. Additionally, the criterion sampling among the minority population provided an in-depth representation of minority communities. Potential research participants were chosen purposively through social media platforms. The online recruitment method aided in obtaining a significant number of volunteers representing marginalized populations, including African American women, LGBTQ+ persons, Hispanic individuals, and members of various religious groups. The detailed flyer was posted on Facebook, Instagram, LinkedIn, and Twitter, along with an introduction to the

research study and the purpose of the research study. The flyer provided a link to the consent form, a demographic questionnaire for pre-screening, and details about the necessity of completing a 30- to 45-minute phone interview on a date to be determined.

With the desired probability of completed questionnaires and the willingness to complete phone interviews, I wanted to have no less than 10 and no more than 20 participants. Peoples (2021) affirms that a phenomenological study's typical range of participants is between 5 and 25. According to Peoples, this range is meant to allow for in-depth exploration of individual experiences while also capturing various perspectives related to the phenomenon under study. The exact number can depend on the research focus, but the key is to have enough participants to reach a point of "data saturation," where no new themes or insights are emerging from additional data collection.

The phone interview format gave the research participants time to exhaust their answers and offer in-depth details of trustworthiness in qualitative methodology focused on using participants, triangulation of data, researcher questioning, and the perception of the data (see Ravitch & Carl, 2021). Semistructured interviews are beneficial because they have predetermined questions, but there are also follow-up or leading questions that are not planned or structured but add depth to the research. Guest et al. (2006) determined that data saturation occurs once researchers have reached the point where no new information or patterns are observed in the data. When this qualitative research presents new themes or insights, I was attentive to the data and made informed decisions about when to stop data collection. This ensured that the analysis was thorough and reflected

the participants' experiences. This approach enabled me, as the interviewer, to guide the conversation while maintaining a structured framework to gather relevant information.

In Cook et al.'s (2019) study, semistructured interviews are incorporated as a qualitative research method to gain in-depth insights into their study's focus. This approach enabled the exploration of participants' perspectives while allowing flexibility in questioning. Semistructured interviews facilitated the coverage of specific topics and the emergence of new themes during conversations, enriching the understanding of participants' experiences. In their study, Cook et al. (2019) created a supportive environment for participants to share their thoughts and experiences freely. This aligns with qualitative inductive descriptive design, which focuses on understanding participants' unique meanings. The semistructured interview format fostered a conversational atmosphere, encouraging detailed responses and enriching the data, which I planned to implement for this study.

Additionally, this flexible approach allowed for the adaption of questions in real time based on each participant's narrative (Jackson et al., 2019). This method provided a structured data collection approach, ensuring participants felt comfortable sharing their insights. As Jackson et al. (2019) discussed, the concept of flexibility refers to researchers' ability to adjust their questions based on participants' responses. This adaptability enables a deeper exploration of important issues. The authors also incorporated semistructured entries in their study, further enhancing this flexibility.

The follow-up plan, if recruitment results are too few, is extended recruitment. However, insufficient recruitment in research can delay the overall research process,

mainly if the recruitment rate is lower than expected. Extended recruitment periods can postpone the data collection phase, affecting when the data can be analyzed. If the study overlaps with other projects or experiences delays, the analysis may also be deferred, resulting in pushed-back timelines for publication and reporting of results.

Positive relational experiences foster attachment security, indicating that survivors may need tailored support to navigate their relational challenges (Mikulincer & Shaver, 2019). Before the interviews started, I explained the study to the participants and restated the consent form sent via email. I also made sure to answer any questions that the participants may have had. I established trust and rapport during the interviews to ensure credible data collection. Olufowote et al. (2019) affirm that individuals with a history of insecure attachment can earn secure attachment through positive relational experiences, suggesting that the interview process itself may serve as a therapeutic tool for participants. Therefore, participants should feel comfortable during the interview process and not be pressured to respond in a certain way because of the perception of power imbalance. I made sure to use trauma-informed care and ethical research practices. This helped deal with challenges and helped survivors share their experiences safely and respectfully. I carefully formulated my questions and approach to avoid re-traumatizing the interviewee or causing additional emotional strain. I let the interviewees dictate the pace and direction of the conversation. Moreover, I was attentive to any signs of distress and was ready to pause or stop if necessary. Additionally, I provided information about support services and resources and ensured the interviewee knew how to access these resources if needed, such as 988, the Suicide and Prevention Lifeline (988 lifeline, n.d.).

Another resource I offered was RAINN, which could be accessed by calling 800-656-HOPE (4673) or online at [online.rainn.org](http://online.rainn.org). RAINN is a 24-hour, 7-day-a-week support service for survivors of sexual violence. Once the interviews were completed, I also answered any questions the participants may have had. Lastly, I conducted a debriefing after each interview, where I reiterated confidentiality and verified contact information and expected communication timelines. I also informed the participants that they were not required to return for follow-up interviews.

### **Data Analysis**

The question that this research answered was, “How do adult survivors of CSA from marginalized groups perceive and experience barriers to developing secure attachments in their relationships?” The relationship to the theoretical and conceptual framework of attachment theory supported the research question. This qualitative research study explored how adult minority survivors of CSA develop attachments in interpersonal relationships. Phenomenological studies utilize semistructured interview questions in an open-ended format, giving research participants time to exhaust their answers by providing rich, in-depth responses. This approach helped me identify connections with attachment theory as it explored human development and the significance of relational bonds. Attachment theory focuses on the general outlook of an individual or group and their interaction with others in society (Murase et al., 2021). Bonds and attachments continuously form throughout the lifespan; thus, it is utilized to determine and assess connections with other individuals and self-worth.

To address the research questions in this qualitative study, the specific research design included a descriptive phenomenological research analysis to identify patterns through thematic data analysis, following Saldaña's (2021) systematic coding process consisting of first- and second-cycle coding and categories and themes. The descriptive coding process involves labeling and categorizing data to simplify and organize it into manageable chunks of information. Essential strategies include breaking down the data into various components, defining the actions of each component, comparing data, identifying gaps in the data, and following leads in the data that help establish emerging theoretical categories. The line-by-line is a careful coding strategy that allows the researcher to avoid coming to their motives, fears, and personal biases with participant responses and the collected data. Moreover, it provided the failsafe of merely coding based on the responses but enabled me to review the statements, actions, verbal interactions, and nonverbal communication.

Saldaña's (2021) *First-cycle coding* is the initial coding phase, where researchers break down the data into smaller, more specific pieces. This process includes *open coding*, the initial code generated by closely examining data and identifying significant phrases or terms. Next, *Descriptive Coding* consists of labeling data segments with straightforward codes that describe and summarize the content. Lastly, *In Vivo Coding* entails using the exact language or phrases from the participants themselves as codes, which helps retain the participants' perspective (pp. 137–138). Saldaña's (2021) *Second-cycle coding* involves reviewing the codes created during the first cycle and refining them to achieve higher abstraction and synthesis. This phase in the process includes *Focused*

*Coding*, which entails consolidating and refining the initial codes into more abstract or conceptual codes. This process aided me in identifying patterns and significant themes. Next, *Axial Coding* involves connecting codes and categories to uncover relationships and hierarchies among them. This helped me explain how different codes relate to one another and contribute to broader themes. Lastly, *Thematic Coding* involves developing themes by grouping codes into more significant categories representing underlying processes or concepts. After refining and consolidating the codes, the next step in this research was categorization. This process involves organizing the codes into meaningful groups that highlight broader aspects of the data. These categories are then utilized to develop themes. *Themes* are more comprehensive constructs that emerge from the categories and represent key processes or concepts found within the data. Essentially, *categories* consist of groupings of similar codes that capture significant elements of the data, while themes provide an overarching understanding. This systematic approach allowed me to gain deeper insights and construct a coherent narrative from their qualitative data.

Overall, Saldaña's (2021) approach is a systematic approach to qualitative data analysis that is detailed, particularly in coding textual data. This method involves assigning codes to each line of text, which helps capture nuanced meanings and allows for a thorough examination of the data. Saldaña (2021) emphasizes the importance of being thorough and reflective during this process, as it enables researchers to identify patterns, themes, and connections within the data. The approach promotes a deeper understanding of the material and facilitates a more rigorous analysis of the hand-coding.

Ravitch and Carl (2021) state that qualitative data, such as hand-coding, must be rigorous and systematic. To examine data successfully, it must be generated with fidelity and accuracy. Therefore, it is necessary to incorporate data collection methods. The appropriate collection method can determine the reliability and validity of the study. When incorporating the hand-coding method, I relied on observational field notes and memos from the interviewee and interviewer, which can be essential. These field notes were based on verbal and nonverbal behavioral observations and my perceptions of the interactions. Ravitch and Carl (2021) state that observations without field notes are memories, not data. Along with transcripts, field notes are a data triangulation method that allows for careful and purposeful documentation in detail utilizing multiple sources (Sutton & Austin, 2015). The authors also detailed that the strength of observational notes is that researcher observation is used to validate the information from interviewers and questionnaires such as the one used for the pre-screener. Although the notes were based on interpretive observations, Sutton and Austin (2015) emphasized the essential aspect of field notes as the researcher can maintain documentation that aids in streamlining and manual development of codes, patterns, and themes that align with the researcher's issue to examine.

Interview transcripts are also beneficial data collection methods for video or phone interviews. Along with open-ended questioning, interview transcripts are composed during real-time recording, strengthening structure and accountability for the data as it is a reliable reference to the immediate and instantaneous data. Ravitch and Carl (2021) explain that the ability to turn spoken word into written word provides quality data

for research. When relying on transcripts, it is necessary to note the auto-correct errors that may occur. Also, when the speakers use homophones that sound the same but are spelled differently, challenges can arise later when reviewing transcript data. A challenge is that often, words need to be adequately transcribed by technology. If each speaker is not enunciating, words can be transcribed incorrectly. Therefore, the data output must make sense when I manually compose codes, so this analysis process is accurate, dependable, reliable, and credible.

D. Z. Meyer and Avery (2009) used Microsoft Excel as a qualitative data tool, referred to in the study as the Excel Worksheet. Excel provides various features to aid with coding, including organizing the imported data and auditing the transcripts. D. Z. Meyer and Avery (2009) detail the flexibility of Excel and its capabilities to include tab-delimited files that organize the data by each row. Excel also permits maintaining and manipulating all the data in one “workbook” containing various “worksheets,” called parallel tabs. These various tabs simplify analysis by producing a carefully constructed visual aid. For this study, I composed a memo column for notes on the Microsoft Excel spreadsheet, which was adequate for notations and comments on reflexivity and triangulation intentions, promoting organization and accuracy of the data.

As Saldaña (2021) detailed, code in qualitative analysis is often words or short phrases that symbolically assign summative attributes to a portion of language-based or observational data. Strategies for interpreting and analyzing participant experiences via the coding spreadsheet are exported to Microsoft Excel to provide a deeper understanding of the textual data. Also detailed in Saldaña’s (2021) *The Coding Manual for Qualitative*

*Researchers*, the first strategy of qualitative coding entails organizing the information provided by the participants. This includes organizing data for reviewing and exploration purposes. The next stage consists of creating the initial codes and pinpointing themes. Afterward, the themes were restructured and categorized into groups and subgroups. Lastly, a central theme was constructed and summarized based on the textual data retrieved. My chosen approach for analyzing interviews was an inductive analysis, which consisted of collecting and analyzing data without predetermined patterns and themes (Saldaña, 2021). This approach allowed flexibility in my data process as it informed the research by uncovering the various themes and patterns.

ATLAS.ti, a qualitative data analysis software, was used in this study to facilitate the systematic examination and interpretation of our qualitative data. This software provides various tools that simplify the coding process, enabling me to efficiently identify themes, patterns, and insights within the data. By incorporating ATLAS.ti, I enhanced the consistency and depth of the analysis process, ultimately leading to more robust findings and conclusions. Costa and da Silva Itelvino (2018), in their article, incorporated the use of ATLAS.ti to explore how the innovative entrepreneurship strategy of social entrepreneurship qualifies the offer of educational and health products and services. The authors used the software to search for the meaning of the data and discover a new property that defined and gave meaning to the investigated phenomenon (da Costa & da Silva Itelvino, 2018). Also, the software performed theoretical connections of newly conceptual categories based on the phenomenon of interest. Lastly,

incident connections were performed to better understand the similarities and differences between the recently discovered categories and codes.

This process is essential in indicating the theoretical saturation after the coding cycles. As in Tener's (2018) study, ATLAS.ti software was utilized in this research study to generate quotes and themes from two participant interviews. Tener (2018) incorporated a descriptive phenomenological analysis approach in conjunction with qualitative data analysis software, which produced various themes based on how women survivors of intrafamilial CSA perceive family members as a party to secret-keeping tactics during their abuse. Twenty interviews were conducted, and transcripts were analyzed to produce participants' emerging secret-keeping tactics (Tener, 2018).

### **Issues of Trustworthiness**

To impact trustworthiness, the researcher must be honest, transparent, and confidential with any information gained from the participants. In addition, the qualitative researcher must build a rapport and trusting relationship with each participant, strengthening the relationship between the researcher and participants because of the level of confidence shown (Rubin & Rubin, 2012). Issues of trustworthiness for social media recruitment can include sampling bias, challenges with identity verification, obtaining informed consent, and ensuring the privacy and confidentiality of participants. Therefore, during this research, careful decimation of research information, recruitment process, consent, and data collection steps were detailed for potential participants and diligently documented. Engagement was with potential participants via online social

media sites, including Facebook, Instagram, Twitter, and LinkedIn, which detailed the purpose of the study and the necessity for eligible volunteers.

### **Credibility**

The researcher's confidence in the outcome of their research determine credibility and validity. As Ravitch and Carl (2021) determined, credibility involves the trustworthiness of the researcher and the integrity of the research design and data collection process. The authors suggested that credibility is often assessed through many techniques, including member checking and triangulation of data sources. Ravitch and Carl (2021) determine that establishing credibility includes reflexive processes with continual assessment of positionality and the researcher's biases.

Moreover, Duhaney (2021) stressed that reflectivity is vital because it encourages researchers to pinpoint their background and experiences as they may impact interpretations and interactions with the participants. Ravitch and Carl (2021) encouraged a more flexible approach to data analysis that increases depth by promoting ongoing reflection based on the research findings. Griggs and Crain-Dorough (2021) emphasize that the relationships between researchers and participants significantly influence credibility. Establishing rapport and trust can lead to more decadent data collection, as participants may feel more comfortable sharing their experiences and perspectives. For this study, participants were encouraged to review the pre-screener questionnaire responses for accuracy before the main dialogue and provide any clarification during the interview, increasing the reliability of facts.

**Transferability**

Transferability details that research findings can be applied to another source, resulting in the same outcome. The use of “thick description” can benefit extensively, detailing observations and interpretations incorporating contextual detail, primarily if the audio-video feature had been utilized. Ravitch and Carl (2021) determined that “thick” descriptions provide detailed accounts of the research context, participant experiences, and the researcher’s interpretation, allowing the audience to make informed connections based on the findings and their own experiences. Duhaney (2023) emphasized that transferability hinges on meticulous attention to detail and that reflexivity can significantly enhance the credibility of applying research findings across diverse settings. For this study, the “thick description” strategy facilitated the development of the Zoom interview analysis process for this dissertation.

**Dependability**

Dependability refers to the process of documenting research findings, which can then be audited for the accuracy of the conclusions and proven to be genuine. Ravitch and Carl (2021) stated that dependability refers to data stability over time and conditions, ensuring consistent and reliable research results. This concept is often validated through various techniques, including audit trails, peer debriefing, and member checks, which help confirm the integrity of the data collection and analysis processes. The authors also stress the importance of meticulously documenting the research process, as transparency enables others to follow the researcher’s reasoning and decisions, further enhancing the study’s dependability (Ravitch & Carl, 2021). Participating in a reflexive process is

essential for researchers to critically assess their biases and assumptions, as these factors directly impact research outcomes. This self-awareness significantly enhances the understanding of the data and strengthens the overall rigor of the study (Duhaney, 2021). For this study, an extensive audit trail was conducted to thoroughly track the research process from beginning to end.

### **Confirmability**

Whether data are based on a valid interpretation of the participant's perspective or are fictitious and speculative is referred to as confirmability. Ravitch and Carl (2021) detailed that by keeping thorough records of the research process, including methodologies, coding decisions, and analytical frameworks, researchers can provide a transparent account of how conclusions were reached. This transparency allows others to follow the research trail and independently assess the validity of the findings.

Confirmability, as Ravitch and Carl (2021) articulated, significantly enhances the credibility and reliability of research findings. To achieve confirmability, researchers may implement methodological strategies such as comprehensive documentation. This practice ensures that the conclusions derived from the data are rigorously substantiated and credible, thus fostering trustworthiness in the research outcomes. A strategy used for this research study is color coding, which helps identify and organize specific codes and patterns. The color-coding and labeling techniques helped me streamline the qualitative data and simplify the data's various themes, patterns, and relationships.

### **Ethical Procedures**

The Institutional Review Board (IRB) ensures that all Walden University research complies with the university's ethical standards and U.S. federal regulations (Academic guides: Research ethics: Research ethics review process by IRB, n.d.). Before data collection, an Institutional Review Board (IRB) application was submitted for review and approval. Following the completion of the oral defense, a thorough IRB review was mandated, and a formal notification of approval was subsequently received from the Office of Research and Doctoral Services. The approval included an assigned IRB approval number, which specified an expiration date for the approval.

Upon approval from the IRB, potential participants were recruited by a flyer via social media inquiry. Then, volunteers were contacted via email with an invitation that Walden University pre-composed. Ethical concerns regarding recruitment through social media can include sampling bias and challenges with identity verification. However, utilizing multiple social media platforms helped reach a broader range of potential participants within the target group. After this, the participants were emailed an informed consent that the Walden IRB also constructed. The interview sessions were conducted via Zoom audio call, which was beneficial because it also transcribed the interview session with a precise depiction of the speaker. Signing in to Zoom allowed each transcribed line to be identified by the named individual speaking, so the transcripts were clear. A strength of interview transcription is the structure and accountability of the data, as it is a reliable reference to the immediate and instantaneous data provided. Ravitch and Carl (2021) explain that the ability to turn spoken word into written word provides quality data

for research. There can be a lack of personability with phone interviews, but they are versatile for data collection and allow unobstructed opportunities for note-taking. Additionally, telephone interviews are cost-effective and provide the ability to reach many individuals geographically. Incorporating phone interviews for traumatic topics can help participants feel more comfortable and less judged. The one-on-one interview sessions collected data and were recorded via Zoom. Each audio recording lasted no longer than 60 minutes. Each interview resulted in audio files and transcripts that were reviewed to analyze the research study. During each session, there was a debriefing where participants were assured of the confidentiality of their identities. The informed consent was reiterated to emphasize the continued confidentiality of the private information provided in the study results. Additionally, participants were reminded that upon completion of the study, they would be contacted to share the findings and results.

Clinical mental health professionals are bound by ethical and legal standards for conducting research. In addition, counseling professionals must abide by the codes of the American Counseling Association (ACA; ACA, 2014). The responsibility of the researcher is detailed in Section G. 1. (f), which states that the ultimate responsibility for ethical research practices lies with the principal researcher, and all others involved in the research activities share ethical obligations and responsibility for their own actions. Thus, clinical mental health professionals are expected to follow ethical procedures, and ethical issues arise, such as the lack of confidentiality and informed consent. Informed consent is an essential part of the research. For my research study, the informed consent I obtained addressed confidentiality, potential risk, and voluntary participation. As a counseling

professional, I was ethically responsible for presenting participants with informed consent.

According to Remley and Herlihy (2020), informed consent was created to ensure clients know their rights and service expectations. Before starting the research study, participants were made aware of what to expect during this research process. Moreover, participants were informed of their right to terminate or withdraw from the study at any time. The ACA states that informed consent is the participant's freedom to choose. Informed consent in research is detailed in Section G. 2. (a), which states that individuals have the right to decline requests to become research participants. In seeking consent, I used clear and concise language (ACA, 2014). Thus, potential research participants could choose to enter the study by reviewing all pertinent information before the study.

The ACA (2014) also highlights the necessity of maintaining confidentiality in research. I educated research participants on confidentiality, which is a necessity for the research process (Bradburn et al., 2004). Confidentiality of information is detailed in Section G. 2. (d), which states that information obtained about research participants during the research process is confidential (ACA, 2014). Thus, procedures were implemented to protect the confidentiality of the participants. Confidentiality gave the research participants the confidence of anonymity, making them more comfortable offering unbiased and valuable information. This form of security allowed the participants to open up and delve deeper into their responses.

Lastly, counselor-researchers must also broach the topic of limitations, including issues of rigor, methodological diversity, and researcher bias. Addressing these

limitations through careful methodological design and reflexivity can enhance the quality and applicability of counseling research findings. Research can be constrained by the researchers' interpretations and the contexts in which the data are collected. E. T. Smith and Luke (2021) highlight the importance of radical reflexivity in qualitative research. This method was incorporated to address potential biases that might affect findings, thereby enhancing the study's credibility. Reflexivity is essential, as it helps researchers remain aware of their positionality and its influence on the research process (E. T. Smith & Luke, 2021). I continued self-reflection throughout the research process by maintaining field notes documenting my thoughts, feelings, and observations. This practice allowed me to track how my perspectives evolve and how these changes may influence my work.

### **Summary**

In Chapter 3, I offered an in-depth exploration of the chosen research design, delving into the responsibilities of the researcher, the methodology employed, and the key considerations necessary for ensuring the integrity and trustworthiness of the research findings. It also addressed ethical procedures that should be followed throughout the study. The primary goal of this investigation was to apply a descriptive phenomenological approach to gain insights into the experiences of adult survivors of CSA from marginalized communities, specifically examining how they form attachments in their interpersonal relationships. By focusing on this subject, the research sought to deepen the understanding of these survivors' unique challenges and inform counselors on effectively supporting them in cultivating secure attachment styles. This purpose of this

study was to enhance practitioners' understanding of effective strategies for promoting healing and resilience in individuals impacted by traumatic childhood experiences.

In Chapter 4, I report on data collected through one-on-one interviews with the selected participants. As the sole researcher, I took on multiple roles, serving as the interviewer, data coder, and analyst, ensuring a cohesive approach to the research. This chapter offers an in-depth examination of the findings derived from the interviews, providing a thorough analysis of the data. The results are presented in detail, directly addressing the research question posed in Chapter 1, highlighting key insights and themes that emerged throughout the data collection process.

## Chapter 4: Results

### **Introduction**

The purpose of this descriptive phenomenological study was to explore how adult survivors of childhood sexual abuse (CSA) from underrepresented populations develop attachments in interpersonal relationships. The primary focus of this study was to understand the lived experiences of these individuals as they navigate emotional intimacy, trust, and connection in their adult relationships, and to identify the sociocultural, psychological, and relational factors that influence their attachment patterns. By centering the voices of survivors from underrepresented populations, the goal of this study was to provide deeper insight into the unique challenges and resilience factors that shape their interpersonal dynamics. The following research question guided this study:

RQ: How do adult survivors of CSA from marginalized groups perceive and experience barriers to developing secure attachments in their relationships?

In this chapter, I present a detailed overview of the participants involved in the study, including their demographic profiles and relevant characteristics. I also describe the procedures used for data collection and outline the steps taken during the data analysis process. Finally, I report the key findings that emerged from the data.

### **Research Setting**

Before conducting the interviews, I obtained informed consent and demographic data through Google Forms. Once the demographic questionnaire was completed via Google Form, I emailed each potential participant regarding the next steps, which

included a phone interview conducted via Zoom with audio only. Additionally, this email indicated my intention to protect their privacy using pseudonyms to identify them, which ensured confidentiality during the interview and the publishing of the study. I explained that my pseudonyms of choice will be colors. I then assigned each participant a pseudonym to use when registering for their interview. The interview sessions were arranged using a software program called Calendly, which allowed volunteers to view my available interview dates and times and select the options that worked best for them. It was also explained that once they select a date and a suitable time, an email confirmation will be sent with the Zoom link information.

Before the main part of the interview, I received the responses to the demographic questionnaire to verify their accuracy. Through these questions, I gathered diverse demographic information necessary for compiling and comparing background information, minority classification, and experiences with interpersonal relationships. At this time, participants could adjust any of the information they had previously provided. The interviews were projected to last 45-60 minutes but actually took no longer than 30 minutes for each session. The core interview questions were incorporated to provide me with meaningful data relevant to exploring, developing, and describing social processes based on the interviewee's personal experiences with social challenges. Upon completion of each interview, I reassured each participant that their identity would be kept confidential in the presentation of the study results. Additionally, I provided resources for potential causes of discomfort or distress due to revisiting past trauma. To aid in reflection, I maintained a research journal that served as a crucial tool for recording not

only methodological details and data but also my personal experiences and reflections. I journaled to capture immediate thoughts on my interactions with participants and insights related to the topic.

### **Demographics**

The research sample consisted of individuals who were at least 18 years old and had experienced childhood sexual abuse between the ages of 0 and 17. The demographics and characteristics of participants that are pertinent to the study encompass individuals from minority populations. This included, but was not limited to, individuals representing diverse sexual orientations, gender identities, racial and ethnic backgrounds, socio-economic statuses, and religious affiliations. Additionally, they had either previously received therapy or were currently undergoing therapy at the time of the research.

### **Participants' Demographic Data**

- Participant 1: Coral was a 39-year-old African American female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Christian. Coral stated that her relationship or marital status was married. She stated that her highest level of education attained was a Bachelor's Degree. Additionally, she reported having access to healthcare services and indicated that her annual household income falls within the range of \$70,000 to \$110,000. Perceptions of Participant: During the interview, Participant Coral appeared sad when identifying herself as a people-pleaser, as well as when discussing her current relationship with her mother. She mentioned that she became a mother at the age of 16 and that she only

depends on love from her children. Despite being a musician in the church, she admitted to keeping a distance from all of her family and her church community. She appeared to have a somewhat lonely tone when she mentioned noticing a void in her life. Before the start of the interview, she agreed to the audio recording and confirmed her understanding of the informed consent that had been previously provided. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 2: Blue was a 32-year-old Hispanic/Latino female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Christian. Blue stated that her relationship or marital status was married. She stated that her highest level of education attained was a master's degree. Furthermore, she reported having access to healthcare services and indicated that her annual household income exceeds \$110,000. Perceptions of Participant: During the interview, Participant Blue seemed very straightforward when discussing her lived experiences. She stated that the Hispanic community does not believe in discussing sexual trauma, so she had to pretend that her childhood abuse never happened. She equates that lack of support with being a stay-at-home mom who works remotely. She appears to be comfortable being a military wife, focusing solely on her immediate family and the needs of those in her home. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed

consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 3: Lavender was a 23-year-old African American female. She identified her sexual orientation as bisexual and her religious affiliation as non-denominational. Lavender stated that her marital status is married, but she is separated. She stated that her highest level of education attained was a high school diploma or GED. Moreover, she reported having access to healthcare services and indicated that her annual household income is less than \$40,000. Perceptions of Participant: During the interview, Participant Lavender seemed to be an upbeat, spirited individual, even when discussing her past trauma. She was extremely forthcoming about her negligent parents, adoption, her adoptive parents, who are her aunt and uncle, as well as her lived experience as a CSA survivor. She even seemed cheerful when discussing the separation and divorce that is coming. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.
- Participant 4: Brown was a 51-year-old African American female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Christian. Brown stated that her relationship or marital status was single. She stated that her highest level of education attained was a Doctoral Degree. She reported having access to healthcare services and indicated that

her annual household income exceeds \$110,000. Perceptions of Participant: During the interview, Participant Brown appeared somewhat uncertain in her responses. She noted that the interview process itself contributed to her decision to return to therapy. Brown reported a current need for distance from most individuals in her life and discussed difficulties with verbal expressions of affection, specifically saying “I love you.” Despite these challenges, she expressed a desire for the people in her life to feel cared for. She identified an overall struggle with expressing love and emotional closeness. She expressed that she is not affectionate, and she feels bad because she is not able to show her child affection, which is a challenge. She discussed the emotional distance she feels toward her child, expressing a deep sense of melancholy when reflecting on this lack of affection. She acknowledged that her emotional detachment is contributing to a growing division in their relationship, and she appeared to carry a sense of guilt and regret about the situation. Although she did not elaborate extensively on the root causes of her emotional disengagement, her tone suggested internal conflict and awareness of the long-term impact on the parent-child bond. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 5: Burgundy was a 30-year-old multiracial female. She identified her sexual orientation as bisexual and her religious affiliation as not religious.

Burgundy stated that her relationship or marital status was married, but separated. She stated that her highest level of education attained was a master's degree. Additionally, she reported having access to healthcare services and indicated that her annual household income is \$70,000 to \$110,000. Perceptions of Participant: During the interview, Participant Burgundy appeared melancholy when discussing her cultural background. She shared that the African American side of her family was dysfunctional. In contrast, the Native American side exhibited racism, resulting in racial identity issues for her throughout her teenage and young adult years. She mentioned that she had a child at the age of 16 and that her mother's dysfunctional parenting skills negatively impacted her parenting as a teenager. She expressed that social interactions are "draining" and described herself as more of an introverted personality type. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 6: Teal was a 42-year-old multiracial female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Catholic. Teal stated that her relationship or marital status was married. She noted that her highest level of education attained was a Doctoral Degree. She stated that she had access to healthcare services and her household income exceeded \$110,000 per year. Perceptions of the Participant: During the

interview, Participant Teal presented as soft-spoken yet exuded quiet confidence, particularly when sharing insights into her parenting approach. She articulated her thoughts with a calm clarity, emphasizing the values of empathy and open communication in her interactions with her children. Teal described her parenting style as nurturing, highlighting the importance of creating a supportive environment where her kids feel comfortable expressing themselves. She stated that her mother's drug addiction and her father's imprisonment were the reasons she ensured she became a different type of parent. When discussing her overprotectiveness of her children during their younger years, she seemed to reveal a more emotional side to her personality. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 7: Gray was a 44-year-old African American female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as non-denominational Christian. Gray stated that her relationship or marital status was single. She stated that her highest level of education attained was a Doctoral Degree. She reported having access to healthcare services and indicated that her annual household income exceeded \$110,000. Perceptions of Participant: During the interview, Participant Gray seemed extremely animated and upbeat. Though the interview questions were

sensitive in nature, she was a pleasure to talk to. She stated that she is comfortable speaking out because she is a “Justice Rider,” which reflects her outspoken and leadership-oriented personality that needs control. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 8: Cream was a 29-year-old African American female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Christian. Cream stated that her relationship or marital status was single. She stated that her highest level of education attained was a bachelor’s degree. She reported having access to healthcare services and indicated that her annual household income was less than \$40,000. Perceptions of the Participant: Participant Cream presented herself as confident and self-aware throughout the interview. She demonstrated a clear understanding of her personal boundaries and was articulate about her emotional triggers. Her responses were prompt, coherent, and delivered with a tone that suggested a high level of preparedness and emotional regulation. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 9: Bronze was a 43-year-old Multiracial female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Christian. Bronze stated that her relationship or marital status was divorced. She stated that her highest level of education attained was a master's degree. She reported having access to healthcare services and indicated that her annual household income is \$70,000 to \$110,000. Perceptions of the Participant: During the interview, Participant Bronze seemed abrasive in her tone while discussing past trauma, current relationships with her adult children, and how friendly people are her trigger. She even stated that she did not trust her adult son because his manly voice is too alarming. She appeared extremely monotone, as if she lacked any emotional expression. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.
- Participant 10: Green was a 31-year-old African American female. She identified her sexual orientation as queer or questioning and her religious affiliation as Christian. Green stated that her relationship or marital status was single. She stated that her highest level of education attained was a bachelor's degree. She reported having access to healthcare services and indicated that her annual household income is \$40,000–\$70,000. Perceptions of the Participant: During the interview, Participant Green presented as articulate

and confident in her verbal expression, maintaining a composed and self-assured tone throughout much of the interview. However, when discussing personal relationships and her understanding of love, she exhibited noticeable emotional hesitation and vulnerability. Her responses suggested a deep sense of insecurity and fear, particularly in relation to trust and emotional intimacy. She appeared unsure of whom to let into her inner world, reflecting a guarded and self-protective stance in her relational dynamics. This contrast between her outward confidence and internal uncertainty suggests a complex emotional landscape marked by cautiousness and possibly past relational challenges. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 11: Magenta was a 48-year-old African American female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Christian. Magenta stated that her relationship or marital status was single. She stated that her highest level of education attained was a doctoral degree. She reported having access to healthcare services and indicated that her annual household income falls within the range of \$70,000 to \$110,000. Perceptions of the Participant: During the interview, Participant Magenta reported a highly positive experience with therapy, describing it as instrumental in reshaping her thought patterns and improving her adaptability.

She conveyed a generally optimistic outlook on life following her trauma, although she acknowledged that trust remains an area of difficulty.

Throughout the interview, Magenta demonstrated self-awareness and expressed a strong sense of accountability for her actions during her healing process. She indicated that, while she has not been married, she is now open to the idea due to the personal growth she has achieved through therapy. She was upbeat and a pleasure to talk to. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 12: Olive was a 41-year-old African American female. She identified her sexual orientation as unknown and her religious affiliation as none or no affiliation. Olive stated that her relationship or marital status was single. She stated that her highest level of education attained was a bachelor's degree. She reported having access to healthcare services and indicated that her annual household income is less than \$40,000. Perceptions of the Participant: During the interview, Participant Olive appeared to be struggling with her mental health journey. She has experienced several mental health breakdowns several years after her trauma, each of which has caused her to withdraw further from society. She admits that she is overwhelmed with anxiety to the point that she can no longer function in social situations. Her parents drive her everywhere; she has never had a romantic relationship, and

aside from working a part-time job for a few hours a day, she never leaves home. Even though she mentioned attending therapy and expressed a lack of trust in her parents due to their perceived lack of parenting skills, she still relies heavily on them for travel and shelter. During the session, it was evident that she was struggling to make positive changes in her life, but she seemed complacent and lacked accountability for her lack of motivation and effort to make a change. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 13: Navy was a 35-year-old White/Caucasian female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Independent Fundamental Baptist. Navy stated that her relationship or marital status was single. She stated that her highest level of education attained was a master's degree. She reported having access to healthcare services and indicated that her annual household income falls within the range of \$40,000 to \$70,000. Perceptions of the Participant: During the interview, Participant Navy appeared to be extremely disconnected from the topic of discussion. Her responses were very abrupt and to the point. She mentioned that she used to equate sex with love, and now, sex with her boyfriend feels more like an obligation than an enjoyment. She seemed nonchalant when stating that she does not have friends and that the only

family member she is close to is her 94-year-old grandparent. She casually mentioned that she “doesn’t think she is attractive,” which I thought was misplaced for the discussion. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 14: Black was a 23-year-old African American female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Christian. Black stated that her relationship or marital status is single. She stated that her highest level of education attained was a high school diploma or GED. Moreover, she reported having access to healthcare services and indicated that her annual household income is less than \$40,000. Perceptions of the Participant: During the interview, Participant Black seemed disconnected from the trauma she addressed and how it impacts her relationships. She was not very forthcoming with details. She often responded with “everything,” “none of them,” or “all of them” when the response fit the question being asked, even when asked to elaborate. She could never specifically pinpoint any family members to whom she could relate her responses. She kept saying “all of them” even when specifically asked about specifics. It almost seemed as if she did not want to discuss her family and her relationship with them, as if she displayed a detached or minimized communication style. However, when asked about her friendships and

romantic relationships, she was very detail-oriented. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 15: Red was a 52-year-old multiracial female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Former Catholic. Red stated that her relationship or marital status was married. She noted that her highest level of education attained was a bachelor's degree. She stated that she has access to healthcare services and that her household income exceeds \$110,000 per year. Perceptions of Participant: During the interview, Participant Red appeared sad while discussing her life experiences. She expressed disappointment when talking about the Asian culture in which she was raised, particularly regarding the taboo surrounding the acknowledgment and discussion of sexual abuse, primarily when it occurs within the family. She mentioned that she had a child while in high school, and that her father distanced himself from her because he never wanted society to think he was being inappropriate with her during her teenage years. She sounded heartbroken as she spoke about the ongoing strain in her relationship with her father, even at this late point in her life. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the

interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 16: Rust was a 39-year-old African American male. He identified his sexual orientation as heterosexual or straight, and his religious affiliation as Christian. Rust stated that his relationship or marital status was married, but separated. He stated that his highest level of education was “some” college. Rust indicated that he has access to healthcare services through his current employment. However, due to a recent transfer to another state, he will be without physical access to these services for three months. He indicated that his household income fell from \$40,000 to \$70,000. Perceptions of the Participant: During the interview, Participant Rust appeared to be very emotional, unsure of his thoughts, yet forthcoming about his lived experiences. He cried throughout much of the interview and apologized for the emotions he was displaying. I reassured him that he was free to feel whatever he was feeling and to express any emotions he was feeling. He expressed that he is clingy and insecure in his marriage because he is unsure of himself. He seems highly disappointed that his marriage is in a state of separation and, unfortunately, does not feel that reconciliation is possible. He thinks that he has allowed his trauma and harboring of resentment to fester for too long. He stated that he has been alcohol and drug-free for the last 18 months, which is when he started seeing his therapist for weekly sessions. However, he mentioned that he is on his third therapist, because the other two

were made, and he felt too embarrassed to delve into his CSA with men. Now that he is in the process of mental health recovery, he can see how he has significantly contributed to the decline of his relationship. This interview was an emotional rollercoaster for the participant. He repeatedly stated that he did not know if his therapy was helping. On the other hand, he mentioned being proud of himself for working so hard in therapy. Before the interview began, he consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 17: Peach is a 45-year-old African American female. She identified her sexual orientation as unknown and her religious affiliation as Christian. Peach stated that her relationship or marital status was single. She stated that her highest level of education attained was a high school diploma or GED. She reported having access to healthcare services and indicated that her annual household income is less than \$40,000. Perceptions of the Participant: During the interview, Participant Peach appeared blunt and emotionally guarded in her speech patterns and tone, particularly when discussing how she raises her children with a tough-love approach. She affirmed that she was not a “warm and fuzzy” parent. Additionally, she explained that she does not have friends because she does not desire to have any. She explained that she keeps co-workers at arm’s length because that is

where they belong. She further detailed that she did not have any romantic partners because she did not want any. She stated that her barrier is trust issues and that she will never trust anyone. She expressed that she has been in therapy since she was 16 years old, and she has attempted suicide 17 times. It seems like she has a deep sense of isolation and longstanding emotional pain. The mention of extensive therapy and repeated suicide attempts indicates a serious mental health battle that has persisted for many years. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 18: Yellow was a 30-year-old African American male. He identified his sexual orientation as heterosexual or straight, and his religious affiliation as Non-denominational. Yellow stated that his relationship or marital status was single. He stated that his highest level of education was “some” college. Yellow indicates that he has access to healthcare services and that his annual household income falls below \$40,000. Perceptions of the Participant: During the interview, Participant Yellow seemed pleasant to talk to, but was not very forthcoming. He related all relationship questions to a sexual experience or a sexual nature. He demonstrated a pattern of vague and generalized responses. When asked questions that required personal reflection or specificity, particularly regarding relationships with family members, he

frequently responded with broad terms such as “everything” or “all of them.” Even when explicitly prompted to elaborate or identify specific individuals, he maintained these generalized responses without providing clarification or additional detail. He seemed to be avoiding emotionally challenging content, potentially as a coping mechanism. Before the interview began, he consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 19: Tan was a 44-year-old African American female. She identified her sexual orientation as heterosexual or straight, and her religious affiliation as Non-denominational. Tan stated that her relationship or marital status was married. She stated that her highest level of education attained was a post-graduate degree. She indicated that she has access to healthcare services and that her annual household income exceeds \$110,000. Perceptions of the Participant: During the interview, Participant Tan presented with notable uncertainty regarding the impact of her past experiences. Throughout the interview, she frequently stated that her experiences “didn’t have an impact on her relationships,” yet her narrative suggested otherwise. She described ongoing strain in her relationship with her parents, which may reflect unresolved interpersonal dynamics rooted in earlier life experiences. Additionally, Tan discussed challenges in expressing vulnerability and sharing her emotions with her husband of 22 years. While she acknowledged this

difficulty, she expressed uncertainty about whether it stemmed from trauma, stating she was unsure if it constituted a trauma-related effect. Her responses reflected a degree of emotional disconnect or minimized recognition of the impact of unacknowledged emotional patterns and their influence on her current relationships. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

- Participant 20: Silver was a 35-year-old Hispanic/Latino female. She identified her sexual orientation as heterosexual or straight and her religious affiliation as Christian. Silver stated that her relationship or marital status was married. She stated that her highest level of education attained was a master's degree. Furthermore, she reported having access to healthcare services and indicated that her annual household income is between \$70,000 and \$110,000. Perceptions of the Participant: During the interview, Participant Silver articulated a clear understanding of the psychological impact of her past, particularly in relation to trust, family dynamics, and emotional vulnerability. Silver was notably vocal about her struggles with trust and described ongoing challenges in her relationships with both her parents and her daughter. Silver reported feeling like she is in a constant state of "fight or flight," which she attributed to an underlying fear of being mistreated or misunderstood by others. This heightened vigilance appears to significantly affect her ability to

establish and maintain healthy, stable connections. Her openness about strained family dynamics and trust issues also indicates that she actively reflects on how these factors affect her ability to form and maintain connections with others. Before the interview began, she consented to the audio recording and acknowledged the previously provided informed consent. At the end of the interview, resources were provided for any discomfort or distress experienced from revisiting past trauma.

### **Data Collection**

Criterion sampling among the minority population provided an in-depth representation of minority communities. For this study, potential research participants were chosen purposively through social media platforms. Individuals interested in participating completed demographic questions via a *Pre-Screener Questionnaire* before scheduling each interview (see Appendix A). The demographic information was necessary for compiling and comparing background information and formed the basis for developing the demographic qualifications and interview questions. This study collected data through semi-structured interviews with open-ended questions, outlined in an *Interview Guide* (see Appendix B). Semi-structured interviews were beneficial because, while they involve predetermined questions, they also allow for follow-up or probing questions that are not pre-planned. This flexibility enhanced the depth of the research by allowing for a more in-depth exploration of participants' responses.

I maintained a research journal that served as a vital tool throughout the study. This journal was used to record my personal experiences, thoughts, and evolving

interpretations. By journaling regularly both before and after each interview, I was able to capture immediate reactions, emotional responses, and unexpected observations. These reflections helped me remain critically aware of my positionality as a researcher, supporting ongoing reflexivity and allowing me to recognize potential biases, shifts in perspective, and emerging patterns in the data. The journal ultimately contributed to the depth and transparency of the research process, serving as both a methodological tool and a space for personal and intellectual engagement with the study.

In Chapter 3, I initially projected that the participant pool would consist of between 10 and 20 participants. However, upon reaching the threshold of 20 participants, I realized that I had only secured one male volunteer. To increase the representation of male participants, I kept the Google Form open for an extended period, anticipating that more male volunteers would participate. While I succeeded in acquiring six additional volunteers beyond my initial expectations, it is noteworthy that only one of these was male. I collected demographic data from a total of 26 participants. However, one volunteer did not qualify because they had not attended therapy, and another volunteer never scheduled an interview despite receiving three email reminders. Ultimately, 24 participants successfully scheduled an interview with me. Yet, of those volunteers, two participants were recorded as no-shows for their scheduled interviews, one participant canceled ten minutes before her interview was set to begin, and two participants had major surgery and could no longer participate due to one being heavily medicated frequently and the other experiencing immense pain.

The researcher collected data for this study from 20 participants. To protect the participants' privacy, they were assigned pseudonyms to use as their identities, ensuring confidentiality during the interview and throughout the study's publication. The pseudonyms chosen for each participant were colors, and they were notified by email before scheduling their interview. Instead of using their first names when scheduling, the participants were instructed to use the pre-identified color in the first name section. The only identifying contact information I had for each participant was their email address. The ages of the participant population ranged from 23 to 52.

Eighteen participants identified their sex or gender identity as female, and two identified as male. There were 13 Black/African Americans, one White/Caucasian, four Multiracial/Biracial, and two Hispanic/Latino. Sixteen participants identified their sexual orientation as heterosexual or straight. Two participants identified their sexual orientation as bisexual. One participant identified their sexual orientation as queer or questioning. One participant identified their sexual orientation as unknown. One participant identified as Catholic. Eleven participants identified as Christian, one participant identified as a former Catholic, one participant identified as an Independent Fundamental Baptist, one participant identified as a non-denominational Christian, and three participants identified as non-denominational. There was one participant who identified as having no religious affiliation. One participant identified as not religious.

Nine participants reported their marital or relationship status as married. One participant reported their marital or relationship status as divorced. Ten participants reported their marital or relationship status as single. Four participants indicated that their

highest degree earned was a Doctoral Degree. Five participants indicated that their highest level of education completed was a master's degree. Five participants indicated that their highest level of education completed was a bachelor's degree. One participant indicated that the highest level of education they completed was a postgraduate degree. Two participants indicated that their highest level of education completed was some college. Three participants indicated that their highest level of education completed was a high school diploma or GED.

All 20 participants reported having access to healthcare. Six participants indicated that their annual household income exceeded \$110,000, five participants reported their yearly household income was between \$70,000 and \$110,000, three participants reported their annual household income was between \$40,000 and \$70,000, and six participants reported that their annual household income was less than \$40,000.

### **Data Analysis**

To address the research questions in this qualitative study, the researcher implemented a descriptive phenomenological research design to explore and interpret participants' lived experiences. The researcher analyzed data using thematic analysis, following the systematic coding process Saldaña (2021) outlined. After each interview, I downloaded the transcript and then uploaded it to the ATLAS.ti software. I then used ATLAS.ti to ensure a more consistent and in-depth analysis, resulting in stronger, more credible findings. This process began with two key steps. First, I incorporated first-cycle coding, which involved initial techniques such as descriptive coding and summarizing data segments in a word or short phrase. Second, I applied in vivo coding, utilizing the

exact words or phrases from participants to generate codes. The researcher applied first-cycle codes to the raw data to help identify significant patterns.

Following this, the researcher transitioned to second-cycle coding, where the researcher further refined and grouped initial codes using methods such as pattern coding to identify more abstract constructs or themes. During this stage, the researcher *categorized* codes based on similarities and relationships, resulting in the development of categories that captured broader patterns across the dataset. The researcher combined categories into main themes that captured the essence of the participants' experiences, focusing on how they find meaning in them.

Friese (2019) aligned with Saldaña's (2021) distinction between first-cycle and second-cycle coding, emphasizing the craft of coding as a pivotal step in transforming raw textual data into meaningful insights. Furthermore, Friese (2019) highlighted the iterative nature of coding, suggesting that researchers may go through multiple coding cycles to refine and develop their categories and themes. This cyclical process allows for a more nuanced and comprehensive data analysis. This step-by-step coding process, facilitated by Atlas.ti software, provided a structured yet flexible means of data reduction and interpretation, allowing me to systematically clarify large volumes of qualitative data into insightful thematic findings.

### **Specific Codes, Categories, and Themes**

A total of 1,938 codes were generated from participants' narratives. These codes were systematically categorized into 10 themes and 49 subthemes. The data analysis process helped to identify the following themes: (a) Attachment Formation, (b) Coping

Mechanisms, (c) Trust Dynamics, (d) Relationship Satisfaction, (e) Internal and External Influencing Factors, (f) Emotional and Psychological Responses, (g) Trauma and Abuse Impact, (h) Interaction and Behavioral Patterns, (i) Social and Family Dynamics, and (j) Self and Personal Growth. Table 1 provides a detailed summary of the themes and associated subthemes.

**Table 1**

*Themes and Subthemes*

Theme	Subthemes
1. Attachment Formation	Family Foundations and Early Influences; Emotional Dynamics and Defense Mechanisms; Interpersonal Communication and Connection; Navigating Intimacy and Vulnerability; Challenges and Growth in Relationships
2. Coping Mechanisms	Emotional Regulation and Comfort; Social and External Support; Boundaries and Distance Control; Cognitive and Behavioral Strategies; Defensive and Protective Responses
3. Trust Dynamics	Barriers to Trust; Emotional Safety and Vulnerability; Trust Evaluation and Perception; Relationship Development and Upkeep; Personal and Interpersonal Obstacles
4. Relationship Satisfaction	Emotional Fulfillment and Well-being; Dynamics and Changes Over Time; Relationship Quality and Engagement; Conflict and Tension Management; Social and External Perception
5. Internal and External Influencing Factors	Relationship Dynamics and Social Influences; Emotional and Psychological Mindset; Family Structure and Developmental History; Coping and Survival Methods; Beliefs, Identity, and Self-Perception

Theme	Subthemes
6. Emotional and Psychological Responses	Emotional Defense Mechanisms; Vulnerability and Emotional Expression; Impact of Trauma on Emotional Regulation; Cognitive-Emotional Conflict; Pathways to Healing and Growth
7. Trauma and Abuse Impact	Relationship Dynamics and Patterns; Emotional and Psychological Challenges; Coping and Healing; Toxic or Traumatized Attachment
8. Interaction and Behavioral Patterns	Communication Styles and Preferences; Social Dynamics and Group Behavior; Interpersonal Strategies and Challenges; Situational and Contextual Influences; Behavior Differences
9. Social and Family Dynamics	Parenting and Caregiving; Sibling and Birth Dynamics; Family Stability and Structure; Perceptions and Emotional Responses; Support Systems
10. Self and Personal Growth	Self-Improvement and Development; Self-Esteem and Identity; Self-Protection and Boundaries; Healing and Recovery; Advocacy and Empowerment

### **Discrepant Cases**

All participant data were coded and analyzed using descriptive coding, aligned with a descriptive phenomenological analysis approach. This method was chosen to remain grounded in participants' lived experiences while systematically identifying patterns and shared meanings. The analysis process involved multiple readings of the transcripts to gain a deep understanding of the data, followed by the assignment of descriptive codes to significant statements. These codes were then grouped into themes through thematic analysis, capturing commonalities across participant narratives. The goal was to allow themes to emerge from the data while maintaining fidelity to the

participants' perspectives. Throughout the analysis, careful attention was paid to ensure consistency and accuracy, and no discrepant or contradictory cases were identified.

### **Evidence of Trustworthiness**

To enhance trustworthiness in social media-based recruitment, it is crucial to address potential issues, including sampling bias, challenges with identity verification, informed consent, and the protection of participant privacy and confidentiality. In this study, particular attention was given to these concerns. The dissemination of research information, recruitment procedures, consent processes, and data collection steps was carefully explained to potential participants and thoroughly documented. Recruitment efforts were conducted via social media platforms, including Facebook, Instagram, and LinkedIn, to reach a diverse pool of participants while maintaining ethical standards.

### **Credibility**

Ravitch and Carl (2021) emphasize that credibility and validity are grounded in the researcher's confidence in their findings, which in turn depends on the integrity of the research design and data collection process. Establishing rapport and trust with participants is essential, as it encourages more detailed and authentic responses. In this study, participants were invited to review their pre-screener questionnaire responses for accuracy before the interview and were encouraged to provide clarifications during the dialogue. Additionally, before beginning the core interview questions, I reviewed each participant's demographic questionnaire responses with them to confirm their accuracy, thereby further enhancing the reliability of the data.

**Transferability**

Ravitch and Carl (2021) emphasized that “thick” descriptions enable detailed accounts of the research context, participant experiences, and the researcher’s interpretation, allowing readers to make informed connections between the findings and their own experiences. For this study, I employed the concept of “thick description” to provide rich, contextualized observations and interpretations, which were further enhanced through the use of audio recordings and transcription features. Transferability was addressed through meticulous attention to detail, with reflexivity playing a key role in maintaining the credibility of applying research findings across diverse settings. The strategy of “thick description” was crucial in enhancing the analysis of data collected from Zoom interviews.

**Dependability**

According to Ravitch and Carl (2021), dependability refers to the thorough documentation of research findings, allowing others to audit and verify the authenticity and accuracy of the conclusions. It also involves the stability of data over time and under varying conditions, ensuring consistent and reliable results. To uphold dependability in this study, I implemented extensive audit trails to confirm the integrity of the data collection and analysis processes. Throughout the research, I meticulously documented my reasoning and decision-making to promote transparency. This transparency enabled others to trace the researcher’s logic, further enhancing the study’s dependability. Engaging in a reflexive process was also essential for identifying and documenting any personal biases or assumptions that could influence the research outcomes. This practice

of self-awareness deepened my understanding of the data as I analyzed and compared it. The audit trail thus provided a comprehensive account of the research process from start to finish.

### **Confirmability**

According to Ravitch and Carl (2021), confirmability can be established through detailed records of the research process, including methodological choices, coding decisions, and analytical frameworks. Such transparency enables others to trace the reasoning behind the conclusions and independently assess the validity of the findings. Confirmability significantly enhances the credibility and trustworthiness of qualitative research. To support confirmability in this study, I implemented comprehensive documentation strategies, including a color-coding system, to ensure accurate record-keeping. This technique was used to organize and identify emerging codes, quotes, themes, and patterns within the data. By visually distinguishing different elements, the color-coding process streamlined the analysis and provided a clear, systematic approach to interpreting the data. This approach ensured the findings reflected participants' genuine perspectives without being shaped by speculative interpretation.

### **Study Results: Themes Identified**

One research question and five interview questions guided this study. Demographic questions were distributed before the interview to gain insight into marginalization among the participants. Those questions focused on age range, sex/gender identity, race/ethnicity, sexual orientation, religious affiliation,

relationship/marital status, highest level of education completed, annual household income, and participants' access to healthcare. The interview questions were:

1. How have your childhood experiences impacted your ability to develop relationships as an adult?
2. What types of relationships have been impacted?
3. Describe your current relationships with: (a) Family; (b) Friends; (c) Partner(s); and (d) Other Professionals/colleagues.
4. What barriers/challenges to developing relationships have you experienced as an adult?
5. What is something you would like to add that I did not ask about?

The interview questions were created to address how adult survivors of CSA from marginalized groups perceive and experience barriers to developing secure attachments in their relationships. The analysis generated 10 themes and 49 associated subthemes, derived from the lived experiences of the 20 research participants. To illustrate the specific codes within each theme, representative quotations from participants were meticulously selected to exemplify the key insights identified in the qualitative data.

### **Interview Question 1: Childhood Experiences and Relationship Development**

The purpose of this interview question was to explore how childhood experiences have shaped survivors' ability to form and maintain relationships as adults, highlighting any lasting emotional or social impacts. All 20 of the participants addressed the impact that their childhood trauma had on building deeper connections in their familial, romantic, social, and professional relationships.

***Theme 1: Attachment Formation***

Based on the study's results, *attachment formation* refers to the process by which individuals create and develop relationships, the dynamics involved, and how these connections evolve. Five subthemes emerged to further refine the data from direct participant quotes.

**Family Foundations and Early Influences.** This subtheme focused on how attachment begins and is shaped in the earliest relationships, such as those with immediate family, overprotective parenting styles, trauma integration, cautious approaches to problem-solving, and instinctive reactions to situations. *Coral* stated,

I do not. ... I guess, I don't trust men. I just have a hard time trusting women as well. And I say that because it was my mom ... I wouldn't say she allowed it to, but she just didn't do anything about it.

**Emotional Dynamics and Defense Mechanisms.** This subtheme focused on how attachment begins and is shaped in the earliest relationships, including emotional guarding, emotional shutdown, dissociation, avoidant styles, and emotional confusion.

*Black* stated, "It's kind of hard ... to get attached to people or like ... be emotionally involved in a relationship like when growing up." *Bronze* stated, "Developing relationships are very hard for me, because I really don't trust anyone ... so it's like going against my instinct to combat it ... because my first instinct is to trust nobody."

*Burgundy* stated,

I definitely feel like my ability to trust men in particular is impacted. ... I can be really, really avoidant and noncommittal, I guess. ... but I think I, think that's it.

Just a little avoidant. Definitely difficult to trust ... I don't know, I would say ... even now, I mean, I have obviously years of experience since then, and I'm a clinician, too, and I mean, sometimes it's hard for me not to be very anti-men.

**Interpersonal Communication and Connection.** This subtheme addressed how people express themselves and relate to others, including but not limited to communication style, digital communication, personal sharing, gestures, and emotional interaction. Teal stated,

New people in my life ... relationships in my life ... I'm always questioning people's motives and their intentions ... it was very hard for me to open up like open up myself to people because I was abused by people close to me ... so family and so with that ... just always, you know, second-guessing people's motives, intentions, and then also second-guessing myself and trying to make sure that I'm not setting somebody off, or I'm not making someone upset ... so always watching their, you know, physical cues, verbal cues to make sure that, like, I'm not impacting someone else ... so it made me very hyper, vigilant.

Brown stated,

Ironically, I am very loyal to the people that I'm loyal to. But I do have issues with commitment to the point where, even though I have friends that I've had forever, and they should be labeled as best friends, I can't bring myself to honestly call them that most of the time. And recently, one of them was like, We're best friends. We've been friends for 30-something years, like, who else are you gonna call when something goes wrong ... you need to get over it. And so I

can have normal relationships. ... I just really have a hard time committing to those relationships, even though I'm committed to those relationships. If that makes sense.

**Navigating Intimacy and Vulnerability.** This subtheme focused on closeness, trust, and emotional exposure in relationships, including areas such as emotional vulnerability, physical intimacy, closeness issues, safe spaces, and secure relationships. Silver stated, "I face difficulties with intimate relationships ... with communication ... trust ... and, willingness to engage in intercourse that felt comfortable to me." Navy stated,

In my adulthood ... in my late teens, and into my adulthood, I jumped into a lot of relationships and very much equated sex with love ... so I would say that most of my relationships became physical very quickly, probably in comparison to my peers ... so I would say that has definitely impacted.

Green stated,

I would say it's negatively impacted ... it just because I still struggle, even at 31, to find a comfort with physical intimacy just because of my trauma, and that comes from, you know, I date both genders and experience trauma as a child from both genders ... so even in those relationships I still struggle finding that comfort zone and allowing physical intimacy to be a part of the relationship ... just because it can be a trigger for me depending on the situation.

Olive stated, “I think it’s impacted the way I feel towards the opposite sex ... I’ve developed a fear of men, so as far as becoming intimate with them ... I’ve never been in a relationship with anyone, or intimate.”

**Challenges and Growth in Relationships.** This subtheme examined how attachment evolves in the face of adversity and develops through patterns such as trauma bonding, navigating challenges, fostering relationship growth, promoting self-improvement, and cultivating healthy friendships. Gray stated,

It is hard for me to make healthy attachments ... and to really like be able to know that a person is there for the right reasons ... I think at first ... I mean before therapy, I’ll say you know, it was ... it was more about just kind of me being standoffish and not wanting to cultivate relationships or cultivate relationships only where I was useful, and ... not necessarily where my feelings were considered, and so I would say overall ... I have ... you know ... it made me to ... to curate unhealthy relationship patterns.

***Theme 5: Internal and External Influencing Factors***

Based on the results of the study, *internal and external influencing factors* refer to how internal and external influences shape attachment styles, relationship dynamics, and coping strategies. Five subthemes emerged to further refine the data, which are presented in the section below through direct quotes from participants.

**Relationship Dynamics and Social Influences.** This subtheme addressed how interactions with others and social environments influence behavior and emotions through various patterns, including current relationships, peer and authority influence,

supportive figures, family reactions, social media, interaction dynamics, marriage, and adult relationships. Peach stated, “I don’t trust anyone.” Lavender stated,

It’s definitely harder for me to be able to express myself ... relationships, for example ... I have attachment issues. You know. I have, you know, dependency on other people. I find it hard to trust other people ... so it’s definitely been difficult, but not impossible. Because if I’m dealing with somebody that’s very understanding ... you know that’s patient with me, I’m definitely able to ... able to maneuver in a relationship better with somebody who’s more understanding and who understands what I’ve been through and issues that I have.

**Emotional and Psychological Mindset.** This subtheme encompassed internal emotional experiences, self-perceptions, and mental health aspects, identifying patterns such as emotional states, emotional scars, emotional uncertainty, negative beliefs, self-diminishment, confidence, emotional associations, emotional check-ins, and idealism. Rust stated, “Whenever I was intimate with women, it was ... I feel like it made me more clingy ... like it made me want to hold on to them more than ... even if it wasn’t ... even I shouldn’t have.”

**Family Structure and Developmental History.** This subtheme focused on early upbringing and parental influences as foundational external factors while identifying thematic patterns that include parenting quality, parental absence, upbringing, parenting role, custody, equipping, and family avoidance. Coral stated, “I don’t trust anybody around my kid ... my children ... I literally have to pray before I let them go anywhere.” Cream stated,

So I definitely parent a lot differently than how I was raised. I'm more in tune with my kids. I communicate with them. Granted they're young, they're all under under 10, but I still communicate. You know what's safety. No safe adult tells you to keep secrets ... I don't sugarcoat with them. I make sure to get them out in the public. So they have, like the social skills, some type of survival instincts with my kids. I'm very affectionate, like. I'm always saying I love you, always giving them a hug. I didn't grow up in an affectionate household which is crazy, because from an adult I don't like to hug. I don't like to touch. But for my kids ... I'm all for it. I can do it naturally. You know ... I love you, see you later. And I let my kids be kids, because growing up, we was always told to be in our room. Be quiet, which I think is what stopped me from saying something about it, like at first, but then it's like, when I did say something, I got told I was lying and stuff. So when my kids, when they tell me something, whether they're lying or not, I look into it. And then we have that conversation like, Hey, it's not what you just did is basically considered lying. That's not how we do it or not even lying. I tell them everybody has a perspective of things, and we communicate about perspectives, and how people perceive different things

**Coping and Survival Methods.** This subtheme emphasized how individuals cope with stress, trauma, or instability, focusing on thematic patterns such as survival instincts, addiction, safe spaces, personal crises, help-seeking, rudeness, self-advocacy, and preoccupation. Cream stated,

It definitely is challenging a lot of times. I feel the need to come off as ... like strong, or always have a wall up so that way ... I don't feel like anyone can easily take advantage of me, especially when I'm conscious and aware.

**Beliefs, Identity, and Self-Perception.** This subtheme focused on internal frameworks that guide behavior, including personal values and identity, while highlighting patterns such as beliefs, perfectionism, high standards, self-disclosure, confidence, relatability, strengths, and overlooking issues. Blue stated,

I have a hard problem relinquishing control. According to my therapist, I didn't have control in that moment, and so I seek control in most aspects of my life to include relationships, which has resulted in me becoming predominantly a Type-A personality.

## **Interview Question 2: Specific Types of Relationships Impacted by Early Life Experiences**

This interview question sought to identify which specific relationships in the participants' lives have been affected by their childhood abuse experiences. Each participant addressed the specific types of relationships that were impacted due to their childhood trauma.

### ***Theme 1: Attachment Formation***

Attachment formation involves how individuals develop relationships and the dynamics at play. One subtheme is aligned under this specific theme.

**Family Foundations and Early Influences.** As mentioned in the previous section, this subtheme explains how attachment develops in early relationships,

particularly within the family. It looks at how overprotective parenting, past trauma, a careful way of solving problems, and instinctive reactions to situations shape this attachment. Silver stated,

Relationships with my parents were impacted ... I felt like they didn't do their job to protect me as a child. Also, relationship with my daughter is impacted because I sometimes ... I project my ... I guess, that fear onto her like ... what would happen to me ... What would happen to her ... I think so sometimes, like I might ... like, just metaphorically like, hold her a little tighter, you know, just because I'm afraid of things happening to her.

Rust stated,

My family ... It's affecting me with my family, because for ... for the longest time, nobody believed that it happened ... Oh, and then once it came to light that I was telling the truth, it was like ... for me ... It was almost like I don't care that you believe it, because you didn't believe it when I said it ... so it's affected my family tremendously.

Magenta stated,

Relationships with my parents ... relationships with the guys that I've that I've dated ... just because of what I've experienced growing up ... not ... I would say, not being able to have a positive relationship with guys. I've never been married before, so I think what I went through as a child and as a teenager. I think it had a profound negative impact on my relationships with guys.

***Theme 4: Relationship Satisfaction***

Based on the study's results, *relationship satisfaction* refers to how individuals perceive their connections and the level of happiness they derive from them. It reflects their feelings of intimacy and support within the relationship. Five subthemes emerged to further refine the data, which are presented below through direct quotes from participants.

**Emotional Fulfillment and Well-Being.** This subtheme focused on the level of investment and active participation in the relationship, including thematic patterns such as relationship fulfillment, relationship engagement, thoughtfulness, relationship aspirations, and relationship growth. Green stated,

Mostly long-term relationships, and even some form of friendships as well. Specifically, with long-term relationships that physical intimacy, and then within friendships. It can be that ... being comfortable to trust people, that they have my best interests at heart, because I've experienced what it feels like to have friends, quote unquote, in my past, take advantage of our friendship to do harmful things to me. And so trying to navigate. Is this a safe person? Am I safe in this friendship? Is this gonna be something that could trigger me down the line? Will I be taken advantage of in this scenario because of ... you know my traumas? will I ... am I safe enough to disclose my traumas so that they can't be used against me, or that they ... I won't be triggered in these friendships and relationships, and just trying to navigate that which can be very difficult, because not, you know, explaining childhood, trauma, childhood, sexual trauma at that to somebody can be a pretty difficult and then, trying to, you know ... explain to them how we need

to navigate, to have a healthy friendship or relationship can be very difficult, because not all people want to deal with that, and they don't have to. But yeah.

Teal stated,

Sex became something that I associated with love ... So if we were not intimate, I didn't feel like you loved me. And so in my younger years, it definitely produced a level of promiscuity and feeling like, you know ... if we're not intimate physically, that that's not love, because I disassociated ... you know, emotional connection and things of that sort, and felt like there should be something physical happening if you love me ... And so it impacted my ... my relationships, my ... my loving relationships.

Blue stated,

It's definitely a, it's definitely impacted friendship relationships as well as romantic relationships. I have difficulty making friends. Because I definitely feel like there are certain times of friendship where I have absolutely no control. And I end up having a big fear attached to it. So I avoid those types of relationships. With work. It has impacted my professional relationships. Especially with supervisor-type positions. That is definitely a work in progress for me, but it, it certainly was mostly seen as almost being attacked. When ... when I came into periods where I had no control in the workplace.

**Dynamics and Changes Over Time.** This subtheme addresses the role of conflict and efforts to manage it, highlighting key patterns including relationship anxiety, tension, conflict reduction, and decreased satisfaction. Bronze stated, "My marriage, my dating ...

how I interact with my children. I feel very disconnected from people.” Coral stated, “Um ... my marriage ... Okay ... Um ... there was a time that I couldn’t be touched at a certain point or a certain place.”

**Relationship Quality and Engagement.** This subtheme addresses the level of investment and active participation in relationships, highlighting patterns that include, but are not limited to, relationship fulfillment, relationship engagement, thoughtfulness, relationship aspirations, and relationship growth. Cream stated,

My friendships, for sure ... and in intimate relationships I’ve been in, it makes it hard, like communicating or just understanding why I make certain gestures when something is like happening around me. For instance, my ex, his love language was physical touch ... me ... I ... for some reason, it’s not that I don’t like it. My body just reacts ... it like ... shuts down, or just instantly like trying to move away ... and a lot of times I don’t even notice when I’m doing it ... doing that ... which makes it hard or challenging in that aspect of our relationship

**Conflict and Tension Management.** This subtheme focused on the role of conflict and efforts to manage it, including relationship anxiety, tension, conflict reduction, and decreased satisfaction. Silver stated,

Relationships with boyfriends over the years were impacted, due to being triggered prior to receiving therapy ... making like being intimate, very difficult. I felt like my marriage was impacted in the beginning due to like having difficulties like ... I guess, with trust and, and like feeling safe ... because ... because sometimes you know ... certain things would trigger it. And it’s not that my

husband meant to trigger me. It's, you know, just things remind you of the experiences.

Navy stated,

Definitely, all of my romantic relationships have been impacted ... probably starting in. You know college. So when I was, you know, my late teens, early 20s up until I would say, up until the present, the relationship I'm currently in, I think it's impacted that in that sex feels like an obligation ... not very enjoyable, but I would say it feels like an obligation.

**Social and External Perception.** This subtheme covered how relationships are perceived and presented externally, including external appearance and relationship presentation. Gray stated,

Some of my friends were ... were not there for the right reason ... and ... and so, and I ... and I didn't know that it kind of threw me off. People are nice. And so I'm like, Okay ... so I think in terms of friendships ... it made me have no boundaries. You know I was constantly ... you know, being manipulated. I will say well ... not maybe constantly, but it oftentimes. And ... and I really only would keep like one person really close to me at a time ... like I would have a lot of different people that I would talk to, but you know, close relationships were kept at a minimum. I think romantic relationships ... you know. It made me very fearful and afraid. So I didn't have romantic relationships. I didn't let people ... or let people get that close. And I think one of the coping mechanisms that I had as a kid was to eat. And so ... you know, I became plus size, and you know my self-

esteem suffered. And so I really didn't ... I wasn't trying to date or ... or anything like that. So, that's romantically.

Yellow stated,

Like ... just anything to where it could be platonic or, or sexual, to where, like, I just feel like everything is connected. So, no matter how I see it or not, like everything ... you know what I'm saying, like, goes hand in hand.

### ***Theme 9: Social and Family Dynamics***

The study illustrates how social and family dynamics intersect and influence one another. It highlights that different parts of these relationships play a significant role in shaping their results. These factors include how people communicate, their emotional connections, and their cultural backgrounds, demonstrating that each relationship is shaped by a combination of influences that affect its development and success. Five subthemes emerged to further refine the data, which are presented below via direct quotes from research participants.

**Parenting and Caregiving.** The subtheme examines how parenting and caregiving roles influence children, addressing the intentions behind these roles and their relational consequences. This includes parental motivation, parenting support, parental acknowledgment, parental responses, and caregiver perception. Bronze stated,

Okay, my kids, I struggle to have long conversations with them, which is a very odd thing to say. As a mother at the younger they were, the closer we were, and as they got older, and especially when my son started to look more like a man, his

tone of voice bothers me, and I try not to let it bother me. But there's just something about their deep man voice that I can't get out of my head.

Cream stated,

Now that I have a family of my own, I try to keep them away from certain people, certain family members that likes to like sweep things under the rug ... Or, if I notice my child doesn't want to be in a certain place, I'm quick to like, remove us from that area.

Coral stated,

I always wanted my mom to be proud of me. So then, you know, I would find, I think, actually, like, friends who reminded me of her and ... then tried to please them in the same way ... Okay ... Um, and I actually started having homosexual relations, I think, because of the abuse.

**Sibling and Birth Dynamics.** This subtheme examined how sibling roles and family placements influence identity and interpersonal dynamics within the family, with a focus on thematic patterns related to sibling relationships and upbringing. Peach stated, "All my relationships ... with my children ... siblings ... everyone." Lavender stated, "Yes, so I ... I am adopted by my auntie and my uncle, so I call ... I call my mom, my mommie ... and my dad, my Duncle."

**Family Stability and Structure.** This subtheme highlighted that a family's structural integrity and consistency have a significant influence on emotional security, behavioral patterns, and relational trust. Key factors in this context include familial

instability, parental absence, family history, marital status, relationship stability, and family transitions. Olive stated,

No, I ... I have to say ... also relationships with my parents has been affected ... you know, I ... I think most people, I think what you see, and you grow up watching on TV ... your parents are supposed to be, you know ... your protectors and people you can come to in confidence, but mine proved to not be that sort. They ... they put me in harm's way, and so having that kind of trust in them just isn't there And it's ... it's affected the way that I see them as grandparents to my nephew. I ... I don't trust them to be advocates for him, and my sister has left her son in their care during her working hours. I don't feel like. If my nephew has a need, it will be met.

**Perceptions and Emotional Responses.** This subtheme focused on how individuals interpret social and familial interactions, highlighting the impact of these interpretations on their emotions, behaviors, and relationships. It includes their interpretations, reactions, and tendencies to avoid certain situations. Burgundy stated,

And family members. I ... it was a ... it was an uncle. So, I don't know ... my perception of men ... the men in my family are not great. So I've never really felt comfortable, or like my kids have never really been around the men in my family unsupervised, or anything like that.

**Support Systems.** This subtheme discussed how various factors, both within and outside the family, play a crucial role in resilience and emotional well-being while identifying thematic patterns in family and parenting support. Teal stated,

Definitely, I would say, first and foremost, my relationship with my parents and feeling like ... you know, as a kid growing up, your parents are supposed to protect you, but my mother was addicted to drugs. My father was in prison, and so I lived with family, and I felt like, because I lived with family ... it exposed me to this abuse by older cousins because my mother and father were not a unit. We didn't live in the same household. They didn't have custody of me at the time, and so I, you know, developed some level of animosity against my parents for not protecting me, and in my romantic relationships over the years.

Lavender stated,

I've been very dependent on my parents as far as when it comes to certain things as far as decision making. Like, okay, I want to make this big purchase that I'm not sure about, you know ... you know, to some people, that may seem like ... I have, you know, know more things to do, but to me ... you know, I feel like sometimes I'm not able to always make decisions on my own because of ... because of what's happened. And, well, you know ... I'm scared about this, or you know this has happened. I feel like I've become a lot more cautious when it ... like ... when it comes to my family relationships, like I said, I'm more cautious with that. Of course.

***Interview Question 3: An Analysis of Current Relationships with Family, Friends, Partners, and Colleagues***

The purpose of this research question was to explore an individual's relationships across various life dimensions. It examined the nature and quality of familial bonds,

assessing their influence on emotional well-being and personal growth. Additionally, this question allowed examination of the depth of social interactions, the importance of friendships and community connections, and how these relationships influence social identity. The question also involved delving into romantic connections, exploring their role in personal fulfillment, as well as professional associations and their impact on career development. Overall, it provided insight into how these relationships intertwine to shape an individual's experiences and sense of self. All 20 participants discussed their current relationships with family, friends, partners, and colleagues.

***Theme 5: Internal and External Influencing Factors***

As previously discussed, the research has identified *both internal and external factors* that influence attachment styles, relationship dynamics, and coping mechanisms. Two of the five subthemes were represented in this section by direct participant quotes.

**Relationship Dynamics and Social Influence.** As previously discussed, this subtheme focuses on how social interactions and environments shape behaviors and emotions through various patterns. This interview question encompasses aspects such as ongoing relationships, the dynamics of interactions, and the nature of marriage and adult relationships. Yellow stated,

I wouldn't say like at the moment I got too many friends, 'cause I recently moved out of state, and I only been in San Antonio, Texas, for like a year, so like I got people, my classmates, but I wouldn't really consider them friends to be honest. And the only other friend I talked to on a daily basis back home. You know what

I'm saying, he in North Carolina. But like that's like a 20 year relationship. So I'm good with quality over quantity.

Rust stated,

So it's rough, very, very difficult. We actually. We actually went through a period where it was a topic of discussion. And she really encouraged me for years to go get help and to talk about it, because I think I, I know I was hypersexual at a point in our relationship. It was over sexual and, and everything that we did like it.

Didn't it mattered to me it was, you know, it was a it's a good relationship, but at the end of the day, if it, if we weren't being intimate, it could be a day or two, or a week, or rarely, rarely actually went longer than a day or two. It just, I, I guess I didn't realize that it was. I carry that much emotion attached to sexual activity.

And it kinda think, it kind of hurt us. We are—I am married, but we are we.

We've been separated for the last 18 months. So it's 1 of those things where I wish I would have got help a little sooner. But it's been rough. It. It started out, I guess, like every other relationship, was fine. And when it became a problem, I thought for the longest, I thought, you know. Maybe there's she's involved with somebody else. I had a lot of insecurity. Maybe it was for a performance issue, or had a lot of insecurity behind it. Actually, anytime we wouldn't anytime. She would tell me. No, I would overthink it. It could never in my mind. It could never just be because she was tired or well, because she just didn't want to, wasn't in the mood. It was never. It never really crossed my mind because we were so active in the 1st few years of our relationship. So, yeah.

Olive stated,

At a distance ... I, I don't try to meet up with people outside of work. I don't try to chat with my private life with anyone at work. I try to just stay civil and professional with everyone, and just keep my distance.

Magenta stated,

I would say my, my relationship with them, because it's work. It is what it is. I just come here to do a job, get my job done and keep a smile on my face, even though I know that the company that I currently work for we're about to go through we're about to go through layoffs. And since I'm just going to be transparent, it's because of the administration that I did not vote for. So I would just say, the relationship here with my colleagues is, is good, because I mean, I need my job in order to, you know, have a living, or to, you know, be able to afford my mortgage and other expenses that I have so just put a smile on my face, say a couple of affirmations to read my Bible, and just try to make the relationships at work much better than the other relationships that I have with other people. I would say.

Green stated,

It's all any relationship I have with colleagues and coworkers. For the most part, I just keep it professional and keep it at work. I don't feel comfortable letting people that I work with into my personal life. With the exception of the friends that I do have majority of them I met through a job when I, you know, moved from North Carolina to Ohio, and I was kind of isolated out there. So I built my

tribe of friends that I would consider to be more like family now from the job that I had. But even at that job, it was a select few of people that I allowed to come into my life outside of the workplace, because I prefer to keep those separate. That way, that, you know, if we have an issue, it never has to spill into a place where we do business.

Burgundy stated,

I can be quite the overachiever. So I feel like I try to relate to my colleagues and try to like, give input and be supportive. So I've always really had, you know, strong, decent relationships with my coworkers. But I will say that just in general.

Lavender stated,

I would say, it's a you know. It's a business relationship. You know, obviously, how people you know how they are. We speak. We talk. It's not really me people that I do at work. But you know, if, if it's a slow day, you know, if we just happen to be, you know, standing around, you know, we'll talk. We'll make conversation, you know. Ask all ask. Everybody is doing like, I say, sometimes it gets you know, it gets me long days. I work security. So a lot of times we're working close together. So it's a, some most of the time. We're probably either having, having a conversation, or, you know, walk around with each other, you know, stuff like that. So it's I. I think it's pretty good.

Red stated, "I don't have close relationships with male friends. I have some clothes, female friends, but it takes a long time to develop that kind of friendship for me." Navy stated,

I've always had a very, very, very tiny circle of friends. I've never been the girl that had a bunch of girlfriends, you know that had like a posse, or whatever. I've never been that girl, so I would say, I have a, I have a few childhood friends. I have one friend that I've been friends with for, well, over 20 years. I have just very, very small groups of friends. I, I don't. Don't run with a big pack of friends.

Bronze stated,

I like friends who know boundaries and who don't like seeing me a lot, who don't call me a lot, who don't text me a lot, so I like people who know their place. I do have like a few good friends, but I don't see them very often. I'm more likely to talk to them on the phone. I kind of avoid people a lot.

Cream stated,

My current relationship with friends. We are very open, very close, connected. I've actually developed well, we basically developed like a family within our own little ones. And we've been friends since we were like 5, 6, and only have two. Yes, two female friends.

Teal stated,

I have friends that I can count on my hands, so very few friends that are very few people that I consider friends. Let me say that. And so those are like my sisters, like most of them have been my friends since we were children. Probably between the ages of 4 and 12. And so that's my 3 besties. When I met in high school. So we're very close. We don't talk all the time. I'm not the type that needs to talk to

somebody every day. But when we do talk we pick up from where we left off at.

We rely on each other. We celebrate each other we pour into each other.

Blue stated,

With friends. I keep my circle close. I have two close friends. Most other friends are more acquaintances. My close friends, that I genuinely consider as close friends, are aware of what's happened. They are understanding. I feel like I can certainly go to them if I'm in a crisis moment.

**Family Structure and Developmental History.** As mentioned in other sections, this subtheme highlighted the significance of early upbringing and parenting. For this interview question, key external factors included recognizing thematic patterns such as parenting quality, parental absence, upbringing, parenting roles, and family avoidance.

Tan stated,

As far as my mother. We've had a bit of a rocky relationship. I think there's been some resentment early on over the years. As to her availability. Growing up with a, in a single-parent household, and how that was able to even happen. So I would definitely say that the mother-daughter relationship has been impacted at times and over the years in that regard as far as relationship with my father. He was absentee. But later on, in my adult years, you know, around college, undergrad. We started to kind of come back to each other and kind of build a bit of a rapport relationship. So that's where that is. Still. Now.

Olive stated,

I, you know. So I, I rely on them for having you know my needs met and being able to get to and from places, because I'm no longer able to drive myself certain areas, and they rely on me in moments when they can't do so. It, I guess it's we, we lean on each other for whatever strengths we have, whatever you know the other person is capable of doing. Then, you know, we, we try to, I guess, be there much more supportive than we've ever been in my lifetime. But, you know, the, the issue with the trauma in my childhood. It's left some secrets just not told.

Rust stated,

All in all, I mean, it's, it's, it's from or family. So when I think about like the relation the impact this had on my children. I think I may have been like really overprotective of them, and ... try to let them. I, I told them my children, because I needed them to understand. I am while I am being overprotective. It was for a reason. And something I just didn't. I didn't ever want them to go through so.

Lavender stated,

My current relationship, my family members. I'm gonna give. I guess my people I live with, because that's kind of who I interact with the most my mom, or who I call my Monty ... me. Our relationship is, is very good as far as it goes. You know, when it comes to communicating when it comes to. You know, things that need to get done around the house. Of course, she's never really been emotionally. I'm sorry, ma'am. Oh, I'm sorry. But yeah, she's, she's never been, you know, emotionally available, you know. My uncle isn't really my uncle or my

dad. They aren't very emotionally available. So it's very tough to, you know, navigate, you know, with. There are issues, you know, going on as far as like, oh, I'm feeling the type of way, or maybe sad. You know, I, maybe I can't always go to them with that, you know, so I feel like with my childhood, you know, with what I went through. It made me very emotional, very sensitive. So I feel like they're kind of like, you know, the tough love. You know the extra service. You know. They're the type that show their love in other ways, which is okay. But I feel like I have definitely. It's definitely lacked in a few places that I've needed, definitely.

Coral stated,

I can be very distant because for years I've just, I guess because I was expected to just be there for people. I was expected to, like, if my mom called on me, because, you know, I wanted her to be proud of me, I just did it. I did whatever she wanted. Now, I find myself, because after growing and thinking and framing and noticing stuff, then now I'm a little bit distant. That's with my mom. With my father, he's never really, we had a relationship, but that was only, I think, once I got pregnant at 16. We, you know, sort of had to build a relationship, but then, you know, not really. He's not a real good father, but he's a good person. I don't know if that makes sense.

### ***Theme 7: Trauma and Abuse Impact***

Based on the results of the study, *trauma and abuse impact* are addressed as an individual's ability to form healthy relationships, develop secure attachments, and use

effective coping strategies. In this section, three of the four subthemes were identified to facilitate a more in-depth analysis of the data, based on direct quotes from participants.

**Relationship Dynamics and Patterns.** The subtheme explores the impact of trauma and abuse on interpersonal relationships, including aspects such as relationship formation, patterns, evolution, long-term friendships, civil relationships, connections with coworkers, shared goals, and the development of deeper connections. Red stated, “No, I have a few close relationships with colleagues. But not ... I don’t divulge a lot about me personally.”

Black stated,

I have a good relationship with, like coworkers and people like that. I just don’t take it outside of work. I just keep it professional like at work. So I don’t let it overflow to my personal life, I guess. Yeah.

Navy stated,

Current relationship with coworkers. I tend to keep people at a, at an arm’s length. I’ve, I’ve definitely learned boundaries. I would say. You know, in my early part of my career, I was a paramedic EMT for well over a decade, when you’re working that closely with somebody day in and day out. Boundaries tend to get blurred lines tend to get blurred. Everybody’s sleeping with everybody. So I definitely had a lot of toxicity, like sexual toxicity, in my relationships. With coworkers very early on and then, when I switched years from being a first responder to I’m a therapist now to being a therapist. Now definitely put up some boundaries. There was a lot of toxicity with my coworkers. So right now there’s,

there's a lot of boundaries. So, you know, we're friendly in the workplace. I'll bake cookies for the Christmas party, but I don't hang out with my coworkers outside of work.

Cream stated,

Yeah, that was with my, my, my ex. But that was like a few years ago. Now my current partner, he's more understanding of why I do things in certain, not even why, he's just more so understanding and aware of certain gestures that I make certain things that may trigger me. He's very much alert, very much aware, and patient. And willing to communicate versus like shutting down, becoming violent, aggressive ... My coworkers. I just keep it work-related. I don't hang out with them outside of work. I keep to myself. Anything we talk about is always work-related. I don't invite them into like my personal life, and they don't even know, like I have kids and stuff like that.

Blue stated,

It's definitely mostly just a work relationship. I work from home. So I'm not necessarily around my colleagues on a day-to-day basis, but I can communicate with them just at any point. And I do keep them mostly just at a colleague level ... Absolutely, if it presented itself where I had to go back, I would probably seek another form of employment where I could stay working from home.

Coral stated,

With my husband, we have, of course, you know, I'm not, I'm not very distant with him, but I don't let him in a lot. I don't let him know what I need or if I need

anything. Yeah. With my children, because of my parents, I am closer to my children. Okay. So, they are probably my number one that I can, you know, depend on love from. So, everybody else is kind of distant except for my children and my husband and somebody in my house ... Coworkers ... Oh, sorry ... I have a good relationship with, I give, let me see, how would I say it? I'm very giving. And, you know, if I feel like someone's in need.

Magenta stated,

I don't really have a lot of friends, and I think that's because I don't trust a lot of people. So even my closest friend, which is a cousin of mine, to be honest and very transparent. It's an okay relationship. Again, I'm not. I don't trust people very easily, and I think it has a lot to do with what I've gone through in my childhood and adolescent years. So with my closest cousin slash best friend, I will say the relationship is okay. It could be better.

**Emotional and Psychological Challenges.** This subtheme explores the impact of trauma on emotional perception, behavior, and mental processing in relationships, incorporating aspects such as trauma therapy, understanding trauma, perceived capability, intimacy requirements, positive demeanor, and the influence of upbringing. Silver stated,

Yeah, I think it was a little challenging in the beginning, but as the years went by, we learned. I guess, a little bit more about how to be more accommodating, accommodating to each other like and, and our traumas. And so we just have, like a loving, positive relationship, which is great.

Magenta stated,

I have a pretty decent relationship with my, my parents right now, because I've, I've gotten older in the past. I've participated in therapy, and even as of this day, I'm actually going back to therapy. So I would say, with my, with my parents, my immediate family. I think it's, it's, it's gotten somewhat better, because I'm understanding what I faced and understanding how important it is to actually go in, get some help for the way I think about things, and basically, so I won't continue to, to blame certain people for certain things.

Brown stated,

We actually have a pretty good relationship, most my family has learned to allow me space. They know I need that, and so they have allowed that for it is. It's it probably bothers my mom the most. But she, she accepts that I need it.

Red stated, "I have a close relationship with my dad, and with my children, and my husband. But not with any other males in my family. Well, and my grandsons." Black stated,

Oh, on my end, the relationship, I mean, the relationship is good. But when I, I have, since I have been abused and I have been sexually abused and stuff like that. It's kind of hard for me to open up one sexually, two emotionally, like just emotionally being there, emotionally trusting them, and just, just being, I guess, being myself, or letting my guard down in a way.

Gray stated,

I just. I'm trying to date and have fun, you know, and figure out what that's like, because I really wasn't kind of taught to do that. And so I'm really, you know, trying to be intentional about that. However, I have been talking to someone for like 4 years. And I just don't feel like I'm trying not to like. Give all my time and attention to one person. I think we have a really good relationship. We talk, we talk all the time. You know, we're very honest. That's 1 thing. I'm a very honest and open communicator, and so are they. But I think that they don't want me to have boundaries, and so I boundaried up at this point, and it's for good reason, not even because of my past, but also because of you. Know what I want my future to be like, and I will say that this person has been very open, like, you know. I've told them about my past of being abused and stuff like that, and has just been very open and very willing to like. You know. Take care, and just be very calm and considerate with me. And so that has been good. But it's not. I don't. I don't know where I want a relationship to move towards. So I was like, Well, let me just go out and date some more. And just kind of see what that also feels like.

Olive stated,

Unfortunately. Not, not well. I feel like my past and my present are tangled with each other. I'm trying to resolve past issues, but they completely bled into my today. I've met my friends years ago, the ones that I keep in contact with. I'm I met them back in 2,009 ... 2,008. So we're going into like 16 years of friendship.

**Coping and Healing.** The subtheme highlights how participants cope with trauma and seek to establish or restore healthy relational strategies through affection efforts, connection strategies, relationship approaches, complexity understanding, and role fulfillment. Silver stated, “Relationship with husband is positive. Where we listen, there’s no arguments. There’s, we maintain boundaries and respect each other. So that’s good.” Cream stated,

So my current relationship with family I stick to immediate, only being my parents, one of my aunts, my children, and siblings. So I try to keep it very close, very intimate. I don’t really associate myself with extended family or anybody beyond, not even my grandparents or uncles. I try to keep my distance from them. My cousins, I just stick to the immediate family only, but that’s like my safe space.

Gray stated,

So at this point, my family, I choose the members of my family that I want to affiliate with. I don’t affiliate with my abuser, and I was primarily raised with my mother’s side of the family, and I would occasionally visit my dad’s side. But now, currently I spend more time with my dad’s side of the family. That’s not the side. My, my abuser was on my mom’s side, so I spend more time on my Dad’s side of the family. I just feel a deeper connection there, and I have better boundaries. I would say I have. I got boundaries now? And so that’s 1 part. I think the other part is that I don’t really talk to my sister or my niece.

Navy stated,

So my partner and I are going to be together going on 4 years next month. We moved in together, I would say rather quickly, he was living in a state about a 6 hour drive from where I was living. So there was a lot. So you know, we moved in rather quickly to avoid that, that drive every other weekend our relationship has been okay. You know, we've, we've been through some ups and downs, is his sister has some severe mental health issues, that's definitely impacted our relationship. So last, this past December, we ended up deciding just to kind of take a separation, a little bit of a break. We're still together. We're still dating, but we're we've gone back to the living, separate piece of our relationship. That was kind of missing, I guess, from the beginning part of our relationship. So we are living separately. But we do frequently each other and engage with one another, so.

Magenta stated,

Now, that's a very interesting question with the guy that I currently I would say, date even though we're not married? I would say, it's okay. Could it be better? Yes, and that's the reason I'm going to therapy is because someday my prayer and my hopes are to get married, but I know that going to therapy is going to help me to gain the trust, gain the trust that I need to have in the relationship that I'm currently in. So the relationship is okay. I would just say, it can be better. So for me, going through therapy is actually helping me to be a better partner, to be able to be understanding, to be able to listen. Because before, I don't think I was a

person that wanted to actually listen to others, just because it could have been some unforgiveness, some anger. some fear there. So going through therapy is, is actually helping at this point in time of my life, of making my relationship little bit better than what it previously has been in the past.

Bronze stated,

And then I have a boyfriend. We've been dating for about 8 months. I think I like him, but I've been talking to my therapist because I don't really know how I feel about him. Yeah, he thinks I'm amazing. So it sounds like bad. But I just my trauma trigger is kind people. So kindness really triggers my trauma. And when he's kind to me, it feels very uncomfortable. And the kinder someone is to me, the more danger they register in my head. And I think that's the worst part of the trauma.

Brown stated,

So I, I love my friends like family, and if they're close friends, like a few from high school, mainly from college, I will do almost anything I can for them. So like if, if I've had a, a friend who was speaking in Atlanta, and I did a surprise day visit just so I could see her. I flew there just to see her, and then I flew back home afterwards. So I mean, you know, I love my friends and I openly can tell them I love them. I just can't, really it, it's, it's an odd dynamic. But they, they understand my space limitations.

**Toxic or Traumatized Attachment.** This subtheme is highlighted through the data as a survival response to experiences of betrayal and emotional pain, often stemming

from violations and emotional turmoil during formative years. Such patterns can lead to complex interpersonal relationships marked by trauma bonding, which may include clingy or dependent behavior, extreme jealousy and control, sabotaging healthy relationships, a lack of boundaries, and narrative engagement. Black stated,

I mean, I have. I don't really have a lot of friends, but I have a good relationship with the ones that I have. But I've noticed the relationships that I have with friends are people that probably went through the same thing or same kind of stuff that I went through. Like abuse, sexual abuse, or just like being through things that I can relate to, or they can relate to my story.

Green stated,

With friends. I'm very blessed and fortunate. I have a good group of friends who come from similar backgrounds. And we've been able to kind of lean on each other to work through the trauma that we faced, especially considering that a majority of my friends have children now, just as just like I do. And we, you know, don't want any of our kids to experience half of what we've ever been through. So we've all created. We call ourselves a tribe where we can be open and honest and vulnerable, and it can be messy. It can be ugly, but it also can be beautiful because we allow space and grace for each other. So I would say that I mean they're the most consistent and healthy relationships that I have are the ones with my friends. I'm not currently dating anyone, but my past relationships with partners have all given maybe one or 2 relationships been pretty toxic, where, you know, we ended on bad terms. We were in long-term relationship, like 3 to 4

years each, 2 to 3 years somewhere around that time frame. And we just you know, we weren't a good fit. I was dealing with unhealed trauma. They were dealing with things going on in their life, and could never find a place where it could be healthy. And that's kind of why I've chosen just to stay single right now, as a parent, I'm like, I've still got things to work on that I don't feel comfortable bringing someone else into my mess right now. So I've kept it single since my son's been born, and he just turned 3. So for the last 3 years, I've maintained being single, just so that I can keep working through what I need to work on to be a better person and parent before I try to be somebody's other half. I guess.

Burgundy stated,

I am currently separated connected with my partner, who is also kind of a traumatized individual. And we just didn't necessarily grow at the same rate. So I mean, other than that. I mean, I would say that I was the one kind of expending a lot of energy to make sure that things were good, and that the relationship kind of lasted and was successful. No malice or anything like that. But I do think that just dysfunction as a whole draw, drew me towards a person who was also really, really broken, and unfortunately, like, even though we kind of created a stable home and didn't have a lot of the chaos that. Like the families we came from, unfortunately, we just weren't growing at the same pace or in the same direction.

Gray stated,

Probably about 2 years ago, 2 years ago ... so I had a best friend that I had for 16 years. Like we were college roommates. We had gone to high school together. We

weren't necessarily friends, became college roommates, and we carried a relationship for about 16 years. And I ended that relationship. Probably about 2 or 3 years ago, because it was a very harmful relationship, and coming out of the friendship, I learned so much. I learned that other people felt like this person was manipulative, and that, you know, she, that, that she actually liked me romantically. But I didn't really get that necessarily, but I can understand how they could see that, because she didn't want me to talk to other people, like she would like block if I talked to a guy. Now she had a boyfriend the whole time. Talk to a guy, so got out of that relationship that friendship and which was very, which was a challenge. I think Covid kind of helped it along, though honestly, because we have been kind of going back and forth for years over different things. But she was trying to control. And so I was able to kind of like develop the relationships that I wanted to like. I've always had other friends. But, but now I think it's kind of like. Everything is on my terms, so I don't have that person hovering over me. And so I mean my relationships now are those who I kind of my chosen friends, and that includes, you know, some of my sorority sisters. It includes a couple of my friends that I, that I have, you know, met in the last 10 years. But then, like when I moved to my current where I currently live, which is back to my old college town. Excuse me, I reconnected with a friend that I had in high school, and I just like, and there's no expectations. Necessarily. It's not a pressure to be anything that I don't want to be or do anything that I don't want to do. She's not. They're not expecting things from me. I also am able to have male

friends, you know, people who are not, you know, expecting any kind of sexual anything, but just are like, cool with me. So yeah, I feel like I have more. I feel like I got more support in the friendship category.

***Theme 8: Interaction and Behavioral Patterns***

Based on the study results, *interaction and behavioral patterns* refer to specific behaviors that emerge in response to various relational or emotional situations. To conduct a more comprehensive analysis of the data, four of the five subthemes were identified, drawing on direct quotations from participants, which allowed for a deeper understanding of the participants' perspectives and experiences.

**Social Dynamics and Group Behavior.** Based on the study results, *interaction and behavioral patterns* refer to specific behaviors that emerge in response to various relational or emotional situations. One subtheme was derived from the data and direct quotes from participants. Teal stated,

And so we spend a lot of time, you know, talking through strategy, and they bring their problems to practice. To me. We have very trusting relationships amongst the four of us. We learn from each other. You know we have the most difficult region in our country, and so we spend a lot of time together. And we actually, I tell everybody. I tell everybody, but I always think about the fact that, like we kind of like trauma, bond it because we came together when our company was going through a reorg, and we were tasked with getting together and vetting the new applications, like everybody had to reapply for their jobs. And I knew from that moment that I had to like, solidify a strong relationship with these 3 women,

because they had gone through what I went through with having to reapply for their job. And now put into leadership. And we're in this vague space. So I really prioritize, like addressing their emotions and their feelings and making sure they knew that they were protected.

Burgundy stated,

I am still very like I don't. I don't surround myself with like a large group of friends. But I do have, you know, close friends, and you know my friendships with my close friends kind of resemble, I guess ideally what like sisters would be like. You know, they're present in my kids' lives. They're present in my life. We kind of rely on, on each other. We have, like, you know, healthy boundaries and things like that. I don't have. I don't really have any male, any male, close friends, or anything like that. I can be very. I'm an introvert by nature, so social interactions can really drain me sometimes. So most of my friends know, like. If I'm not around or not answering my phone, it's not necessarily personal. Sometimes I just need a little bit of space. So I don't know. I don't know if I would say that they've been like negatively impacted. I've been able to make good friendships. But I mean attachment is something that I still kind of struggle with.

Tan stated,

Okay, describe your current relationship with friends. It's a pretty small circle of friends for the most part, really those that I've had since college and maybe even high school, but for the most part, you know, it's like a small circle. For the most

part it's not like I'm going out making new friends. But I mean. If it happens naturally, it does. I don't have any issues. There.

Rust stated,

I, I'm comfortable to a point. I, again, I really like, I have to tell people I have to tell them all the time, just to pat on the back, just to, I don't even handshake anymore. I'll give you a fist bump. I don't really like me in touch, and, and I probably been like that my whole life, and not really realized it. I know I've been like that my whole life. I just didn't really. I used to always say it was gay, and you know you growing up, you know, you, you hug somebody like a, too long. Now, Bro, like that's gay. Stay away from me. But it really is a. It's a thing, for I, I've tried to try to talk about in therapy and look at different ways, and I just don't like people. I don't like men putting their hands on me. It's very uncomfortable, and I don't. Not, not that I've explained it to anybody I work with. I just, I tell them generally like, you know, that's not really ... so. Thinking about it, honestly, I think, going through therapy and, and I'm still going through therapy. I haven't completed anything. I still talk about this once, once a week. Well, not necessarily this, but me.

Gray stated,

But my co-work, my, my staff members love me absolutely, love me. I am a very autonomous supervisor, meaning, like I let them do what they need to do. Hold on one second ... so my, my, the people that report to me. They really, I'm honest, transparent. I'm that type of leader. So I really don't have issues with, with them

at all. I think the people that are in my network at work colleagues, coworkers, you know, they most of for the most part really care about me. Well, I ain't gonna say care about me. They we I have good relationships with them. Some of my other like lateral colleagues that work in different spaces, but do the same work that I do they? You know that I have a strong personality. I'm not afraid of confrontation, you know. Healthy confrontation on things, and, and you know, sometimes they don't necessarily like, like me, or appreciate some of the things about me.

Brown stated,

Kind of sort of like my friendships with my friends, we, the ones who I am close with. We laugh, we do things together, but again, they, they also understand. I try to keep it professionally. I'm not trying to go out to different places with them unless it's like lunch or dinner after work, but not really too much more than that.

Lavender stated,

I don't really have a whole lot of friends. The friends I do have, me and one of them recently had a falling out. So me and that person are not really friends anymore. But we were friends. We, we had a good relationship, you know. We would call each other and check on, you know, each other almost every day, like that's the kind of person you and I talked to every day, but you know them. They're there. If she needed me, if I needed her. You know we're both there for each other. It was more of a you know. We, we felt more like sisters, you know, as, as opposed to friends, like I said, me and her. You know we were always there

for each other. So that relationship was, it was—it was closer. You know. I feel like I come to her and her mom, you know, and talk to her about things, you know. I couldn't talk to my parents about. You know.

***Theme 9: Social and Family Dynamics***

As previously discussed, the interplay between *social and family dynamics* was detailed in this subtheme. Three of the five subthemes emerged to refine further the data, which are presented below via direct quotes from research participants.

**Sibling and Birth Dynamics.** As referenced in the second interview question, this subtheme highlighted how sibling roles and family dynamics influence identity and interpersonal relationships within the family, concentrating on recurring themes related to sibling connections and their upbringing. Green stated,

With my family, it's rebuilding just because there has been so much trauma and so much shame involved with my family, and lots of isolation and othering. It's been in the process of rebuilding. I will say I'm the youngest of six children, and I really only maintain a consistent relationship with two of my siblings, because we were all for the most part split into two different households. So I gravitate towards the two siblings who had some of the similar traumas that I've had. And have the similar raising that I had because we grew up in the same household so, and then with my parents. It's hit or miss, just because I have one parent who's very understanding, very gracious when it comes to acknowledging my trauma and giving me space to work through it, and then I have another parent who is oblivious to anything outside of their own world. So it makes it hard to discuss

and work through healing and discussing trauma because they don't acknowledge that the trauma has occurred. So with my family, with my siblings, it's really rebuilding. We're working towards having really good relationships with each other, especially now that we're all adults. And then, outside of our pod of my parents and my siblings. I don't really have a relationship with family, because the generational trauma that just keeps getting passed around has caused everyone to break up, and, you know, deal with their issues in their own way. So we don't have a relationship, and I'm not sure how we would navigate getting to have one, just because with me, being the youngest of all my siblings. I'm also the youngest of all the Grandkids, and almost a majority of them are kind of stuck in the way of. We're too old to hash it out, so we just pretend it doesn't exist. So then I just leave them kind of where they're at.

Tan stated, "I have a close relationship with my siblings. I'm one of three." Olive stated, My! Me and my younger sister share the same trauma, but my older sister is unaware of what we've been through. So her relationship with the person who caused, caused the trauma is much different. Then the way I interact with this person and the way my sister interacts, my younger sister interacts with them. So there are times when conversations are had, and she speaks highly of this person. You know it's, it's difficult to be, to be around her when she's when she's talking about them. Because I part of me wants to let her know, like, Hey, this happened to me. And you know, I don't really want to talk about this program. Part of me doesn't want to influence her relationship with this person. But then I think about

if it was me. But, and my sister was like Hey, so and so, you know, did this to me. I, you know I, I wouldn't want anything to do with that person and be glad that they let me know finally, so I could not deal with them. But I know me and my older sister are, are different people, and she's a people pleaser and wants to, you know. For some reason, she's desperate for that side of the family where that's just riddled with issues. She wants them to love her. She wants them to love her so badly. She'll, she's, she's bent over backwards for them.

Blue stated,

My relationship with my parents and my same line sibling, so full-blood sibling is definitely very distant. It may. It's very hard to connect with them. In the Hispanic community. Sexual assault is often ignored. And or, or it's, it's basically your fault. And so I grew up with that constant reminder. Is that it? It just, it didn't happen. It was all in your head. It was, It was always pushed down, and my sibling was actually in the room for most of the times that I was assaulted, and they didn't tell the truth. When I finally was brave enough to speak up about it. And so, because of those past experiences growing up, it is taken a very long time for me to come to a point where I'm like, okay, I can. I can have a relationship with these individuals. Because I felt like I was not believed. I was not protected at any point. It is improving, but it is still at a distance.

**Family Stability and Structure.** As referenced in the second interview question, this subtheme emphasized that the stability and consistency of a family significantly impact emotional security, behavioral habits, and trust within relationships. Important

elements that affected this included family instability, the absence of parents, and the family's history. Silver stated, "Distant. Yeah, I have positive friendships. I just tend to keep it minimal." Rust stated,

Distant like we're I came home. I moved back because my dad's sick. She ... It's different. I'm present physically and mentally, not necessarily emotionally. There are certain people that I, I don't mind being around my parents being around them. It's not necessarily it's not really a problem, some of my other family members. It's just, it doesn't feel like family. Some of the people that I felt like should have been there to protect me. Maybe been there to at least looked into what I was saying when I was saying it, you know, and they didn't, my parents kinda did, but I guess they for a long time I held resentment towards my parents, but they're a little older. I'm trying to. I've been through therapy. I've, I've, I've, I've ... I found a better way to process my feelings, and, and how, who I hold responsible for what happened. So. It's, it's, it's hard, it's rough still it it. I have my days where I don't talk to anybody. I cut myself off, or couple of weeks at a time, actually.

Black stated, "So I have a good relationship with my family. But the impact is, I don't discuss a lot of things with them, like I don't open up, or I don't tell them certain things that I probably should tell them." Navy stated,

I do not have a relationship with any of my family. I have been no contact with my mother and my sister going on 18 years now. I have been no contact with my father. Going on 7 or 8 years now, so there's no relationship.

Bronze stated,

My family all lives in a different country, and I'm completely okay with that, I talk to my sister on the phone every day. I talk to my mother maybe twice a week, because I feel obligated to—I speak to my dad about twice a year, maybe on Christmas, maybe on his birthday. And then I text my one sister, and I never speak to my brother, and none of that bothers me.

Teal stated, “My relationship with my spouse is very close. He’s my best friend. I met him when I was going through, like a very rough time in my life.” Blue stated,

With my spouse, I have a great relationship. I have been with them for 13 years now. And right before this appointment, I went to my spouse, and I, I expressed my concerns and anxiety about the, the interview. And he said, Nope, I completely understand. You know we’ll, we appreciate you helping others. But you know we will certainly be here when you’re done. And I, I truly appreciate that I have someone who’s able to be there for everything that I need.

**Perceptions and Emotional Responses.** For this interview question, this subtheme emphasized how people perceive social and familial interactions, showcasing how these perceptions influence their feelings, actions, and their current relationships. It encompassed their interpretations, responses, and tendencies to avoid particular situations. Olive stated,

Well, back in 2016, I came home from having a mental breakdown overseas, and I started my mental health journey. I try to balance a full-time job with, you know, a, a personal life with my mobile health care journey, and everything around me

crumbled. So now I'm working part-time, and my main focus is my mental health care. My, you know, therapy appointments, group therapy. you know, just trauma therapy. I've multiple therapies. I'm, I'm doing, it's, I. I had a, another breakdown at some point where I just stopped being able to drive myself. And I developed agoraphobia. So traveling and driving myself places just became a thing of the past, and the furthest I can go from my home is. These preplanned routes, maybe equal about two miles from the house. I have three places I can go. I could drive myself. I could drive myself to Walmart. I could drive myself to Harris Teeter, or I could drive myself to work, but outside of that, I need somebody else's assistant, and I haven't—I haven't found anyone I can trust to drive me out of the city, so I haven't left. I haven't left town. My anxiety has gotten the best of me to where, even when my friends have offered to come into town spending time with them, I feel like I no longer can relate to what they have going on in their lives. You know, their mental health isn't something they're focusing on. They're they've got other aspirations. So you know, it's, it's, it's hard to find common ground anymore.

Silver stated,

Strained. To clarify. I regard my parents definitely. We have a strained relationship. I guess that feeling like they didn't protect me. That kind of lingered, followed us through our journey. And they almost blame me for what I experienced, and so like they kind of flipped it on me. And so, so I think that kind of strained our relationship, relationship with daughter can be rocky sometimes,

because when I put, like. You know, just typical parenting, you know, like no, you can't spend the night there. You can't do that, you know. I need to know their parents. I need to know their house like I, you know. So you know, and being a teenager, they will, you know, often be like upset. So yeah.

Peach stated,

I don't trust people to have people around me. I don't have any friends, not zero. I used to trust them too much, and now I don't. I don't have a partner. I don't. Yeah. I was looking for the wrong thing in me. And so now it went left. So I don't have. I don't trust them at all anymore. Keep them at arms. Leave, just go to work. Work, and that's it. Don't talk about nothing personal. If it ain't about a job, then. Hey? How you doing? Get the job done, and that's it. Don't call me when we're not at work. Don't go do nothing after work, nothing.

Rust stated,

Honestly, I don't. I don't. I don't really. I don't have too many people that I consider friends at the moment. I will say that I tried to start it when I started therapy because I like I never was the type to spend the night at anybody's house. I, I really couldn't do. I really was uncomfortable in other people's houses with their family with I don't know. I don't really have a lot of friends, so I can't really can't, really I don't. I don't really attribute that to what happened to me as a, as a child. But, the older I got, I might say the older I got after going through therapy and really working out some of my problems, I realized so a lot of people that were around weren't for me. They were just. I was. I was their outlet. I was their

shoulder to, to cry on, or however you want to put it. But I was. I was there. I was their resource. I wasn't, really, they. They haven't really been supportive of me, and some of the things that I've been through lately so.

Bronze stated,

There's some I get along with that are more open-minded. I can get along with most people. Anyone who's very rude, abrupt. I'm thinking of a coworker in particular. I can fake a relationship with them because I kind of feel more comfortable with people being rude and abrupt than I do with kind people, which is really odd, because I kind of know what I'm dealing with. But I can get along with people, I can fake until I make it. It doesn't seem honest or genuine to me like. I always wonder what the trick is like. What are you trying to convince me to do, even though they might be the nicest person on earth like I'll try to logically think it through. But ultimately that's my instinct. Something is wrong. This is not safe. They're gonna expect something from me.

Burgundy stated,

It's relatively strained. I've, I've been no contact with the majority of my family for a long period of time. I just recently kind of reconnected with my older sister after my dad passed, but most of the time, I can just be really, really avoidant. So, like I don't know when most people kind of struggle with like, no contact. Do I answer phone calls or not? It's really, really easy for me to be like, yeah, no, I'm not. I'm not doing it. I'm not talking to you. It is not. It's not a typical occurrence for me to walk past like a cousin or whatever, and just go about my business like I

don't know them. So my! I tell people all the time, like especially when people are just like, oh, you know, blood is thicker than water. I really don't believe that I have really really good friends, and I have not had that experience with family. So it's definitely impacted my view on family relationships.

Brown stated,

So I am currently not in a relationship. Because I, I did a few years ago realize my triggers and realized that I needed space to really be authentic with who I am and what I bring, because most of the time, you know, when people say it's not you, it's me it really was me. So I just I have a hard time letting people get too close. So, so they're, they're, they're more friend type things than they are. Really, I can't really say. Even when I want to love them and say, I do, I just really have not. Yeah, I didn't, not in a real way. I don't think.

#### **Interview Question 4: Barriers to Developing Relationships in Adulthood**

This interview question was designed to explore the specific challenges and obstacles individuals may encounter when forming and maintaining relationships in adulthood. It sought to uncover how past experiences, such as childhood upbringing or previous relationships, may influence current interpersonal dynamics. Additionally, the question focused on personal difficulties that may stem from issues such as trust, communication barriers, or emotional availability, allowing for a deeper understanding of how these factors impacted the ability to connect with others. By exploring these themes, the interview can provide valuable insights into the complexities of adult relationships and how past experiences shape current behaviors and expectations. All 20 participants

presented data that investigates the profundity of human emotions, the processes by which individuals manage these emotions, and the influence of interpersonal relationships on mental and emotional well-being.

### ***Theme 3: Trust Dynamics***

Based on the study's results, *trust dynamics* involves the role of trust in relationships and how it is developed, challenged, and maintained. To enable a more detailed analysis of the data, the researcher identified five subthemes based on direct quotes from participants.

**Barriers to Trust.** This subtheme highlighted the obstacles to forming or maintaining trust in relationships, which often stem from fear, secrecy, emotional neglect, dismissal, ignored feelings, fear of exploitation, relationship barriers, and avoidance of confrontation. Rust stated,

I don't know. I ... I just felt like there should have been something after my father said something. I felt like somebody should have watched closer. Somebody should have paid more attention to it, even though I was denying it. I was 6, like, I said.

Peach stated,

Yeah, all of them are going to be. All of them are going to be the same one. It's trust. Because both my children are, one biological one, and one adopted. Both my children are male, and because they're male, they're gonna end. I mean, I felt that they're gonna end up doing the same thing as they're gonna boys turn into men. All four of them fall into the same category of trust. Don't trust anybody.

**Emotional Safety and Vulnerability.** The focus of this subtheme was on the internal and interpersonal aspects of feeling safe enough to be open, emotionally present, and supported while addressing vulnerability challenges, emotional stability, emotional shutdown, support deficiency, relationship safety, and the comfort zone. Rust stated,

And my parents didn't believe it. Actually, that's crazy, because actually, my father did. And my mother did not. And the crazy thing is that I hadn't said anything to anybody. My dad actually ... was the one who tried to expose it when he realized what was going on, or what he thought was going on, and I denied it because he was in front of so many people. I was embarrassed, you know, for years, I know he ... I think he resented me, for oh ... now he's at a point where he has dementia and a lot of the things that he just doesn't remember a lot. Before he developed the dementia, it came out that, you know, I was ... I went back ... I went back on my word when I was a kid, and first I said it wasn't true. Then ... I ... I ... I said it was, and when I said it was, nobody believed it. It was like, he didn't want any parts of the conversation, and my sibling at the time was just in denial of it all. You know I tried. I was 6, 7, maybe ... I didn't know any better to, you know. Tell the truth, upfront and ... and ... and ... I didn't. And so when I tried to tell the truth, a few years, a few years later. Just nobody believed it.

Green stated, "Trying to allow people into your life. And then once I feel like I've been betrayed because of that trauma. It's ... there's no going back. There's no moving forward. So then it's just a complete cut off." Lavender stated, "She's there, you know

that ... I feel like. If ... if I could say there's one person in this world I could trust, it would be my mom tea."

**Trust Evaluation and Perception.** This subtheme explored how individuals judge or perceive trust through factors such as skepticism, the need for evidence, past fears, and their overall assessment of trustworthiness, which can result in low trust and fear projection. Silver stated,

Yeah, definitely like an overall theme of trust ... and you know ... trying to make sure that I'm safe, like, you know, there's cause that experience just left me feeling very well. It was multiple experiences left me feeling very unsafe and just kind of almost in that constant fight or flight. You know, state to where I'm constantly trying to examine every situation and ... and try to figure out like, I'm ... is this okay ... Am I gonna be safe like, can I trust these people, like, you know, is what they're saying true? Yeah, are they gonna hurt me at some point? I think a lot of that ... it happens throughout the day.

Blue stated, "On the internal part, it's probably a fear of rejection. A fear of others, not understanding, definitely. Fear is probably the, the main driving force of not wanting to put yourself out there and see what could come back."

**Relationship Development and Upkeep.** This subtheme emphasized how trust develops through shared experiences, effective communication, and a perceived sense of mutual understanding and benefit, forming the foundation of a relationship based on shared history and comprehension. Olive stated,

And my family. I think time is doing what it needs to do. My parents have been through some things that's caused them to change their perspective on life, change how they interact with me, and slowly but surely they're think, they're growing as people, and, and I just I ... I don't know. Maybe if I, if I learn how to have conversations with them, and maybe if they just see me and how I interact with my nephew. They'll develop a different way of interacting with him. I, my mother, when she had children, she just I ... the way I see things. She, she had kids fast and a lot. So where I don't think she had to interact that much with us, and we just played with each other. Whereas my nephew is all by himself, and he's a child who needs constant involvement, and she's under the belief that children, the best kind of children just play by themselves, and to foster that in children.

Green stated,

I think it's me ... me still learning how to deal with my triggers. Me, still learning how to move past my sexual trauma, specifically with my family, like I mentioned before. There's a lot of shame and isolation that comes in my family when you tell your truth, and when you speak honesty and when you're vulnerable, just because they're not a family. We're not a family that's like that, or we weren't like that. And so a lot of you know my siblings that were raised in the same household as me. We endured a lot of abuse that we still struggle with in adulthood because we were told for so long that you know what happens in our house stays in our house, and you can't talk about it to somebody else, but even in

talking about it in the house it was ignored or completely pushed to the side, so we just learned how to shut down and mask so that we could get through it. And that's part of the reason why I still struggle developing those relationships with my family, because when it gets to those points where we need to be vulnerable and transparent, so that we can have a good foundation to build a relationship on one side or the other always shuts down, and we can't go no further.

**Personal and Interpersonal Obstacles.** The subtheme encompasses the interplay of personal limitations and interpersonal challenges that negatively affect the establishment and sustenance of trust, highlighting issues such as hindrance, unprotected vulnerabilities, inadequate articulation, and reliability concerns. Bronze stated,

I would say it made me very overprotective of my kids. It made me a helicopter Mother. So, not letting them out of my sight very easily. If my daughter was going to a sleepover birthday party, I'd have to know everybody who was in the house, and if there was a boyfriend, or if there was a brother, then she wasn't allowed going. And my other daughter. We're just getting to that stage, and I was driving me crazy because she went for a walk just down the street. And the whole time I'm panicking, thinking something God awful is going to happen to her. So eventually I just told her to come home. So sometimes my anxiety gets the best of me with the kids, just because I'm very protective. So it's made me a more aware parent.

Green stated,

I'm probably gonna get emotion on this one. I feel like it's made me hyper vigilant. Makes me very nervous. And super cautious with letting my son be who he is, because he's very much a social butterfly, and I am very much not. And so, being cautious about them ... you know, being away from me, or being out of my sight, almost fills me with anxiety and panic. Because I'm like ... I've been in your shoes where I was vulnerable, and people took advantage of that, and I don't know ... I know how to recognize the signs, because I've done the work to recognize the signs, but I also, I pray to. You know that you never have to feel that way. So it makes me hypervigilant to the point where I'm like ... I don't want to suffocate him, but I want to keep him safe.

Brown stated,

I don't even really like a lot of affection, which I feel bad, because I have a child, who, like, is very cuddly, and I'm not so, I ... I shy away from that. But we've had me. Me and my daughter have had those conversations ... and you know, yeah, it's ... it's weird.

### ***Theme 6: Emotional and Psychological Responses***

Based on the study results, *emotional and psychological responses* refer to the internal experiences individuals have in relationships, shaped by their emotional connections and psychological patterns. To enable a more detailed analysis of the data, five subthemes were identified based on direct quotes from participants.

**Emotional Defense Mechanisms.** This subtheme examines how individuals protect themselves from emotional pain or perceived threats through strategies such as emotional guarding, emotional masking, emotional shutdown, denial, and fear projection, especially in parenting styles. Rust stated, “Forgiveness. I guess can’t ... so just to be transparent. One of my siblings is who abused me.” Red stated, “I think it’s still being vulnerable, still letting my guard down and still feeling like I’m saying too much.” Blue stated,

So external barriers. My spouse was retired military. So I’ve had the problems of creating relationships that are long-lasting, just because in the military life, you are here in one place, and then you move, and then you move again, and you never really know where you’re gonna go. So on the external side, I would say that’s probably the, the worst part.

**Vulnerability and Emotional Expression.** This subtheme highlights the challenges of sharing emotions in relationships, revealing how factors such as anger expression, emotional distress, emotional disconnection, and self-doubt can influence an individual’s ability to connect with others and themselves. Red stated, “The trust. Vulnerability. I feel like I have had to be a strong person early, and I can even remember when I had to be that person, and the walls that had to come up because of that.” Lavender stated,

I just feel like I am, I guess not as open as I used to be, you know, like, when I was younger, you know. I’ve always been very happy. I’ve been very bubbly, very, you know, for everybody, but I feel like trust has come into play a lot with

people, and I feel like I have become more guarded. You know, I've been ... I've ... I've become more, not necessarily by myself, you know, out by myself, usually all alone. No, it's more of like I just prefer to be separated, for ... you know, just because it's been a lot of people that have let me down, you know ... that have, you know, lied and have, you know, broke trust and stuff like that. So I feel like a barrier would really be. You know, how ... how certain people act, but also how, how I give myself to people. I feel like, sometimes I can be an over giver, over lover. So I feel like sometimes I have to take a step back. To really like, you know. Look at everything and see you know what I'm doing, and versus kind of what I'm getting back.

Bronze stated,

Well, I didn't realize that I was doing it until I was in my like late 30s. I would say I was very disconnected from my husbands. It was more like we weren't close at all. I married these men because I thought love solves everything. But we never interacted a lot, never went out a lot together. They lived their own life. I lived my own life ... and then, when I went to therapy in my thirties, I think, like late thirties. The therapist pointed out to me that I was never emotionally connected to them, which is why I didn't mind divorcing them.

**Impact of Trauma on Emotional Regulation.** This subtheme pinpointed how the impact of past trauma on emotional well-being emphasizes the development of enduring psychological and behavioral patterns, including trauma awareness, emotional

responses, unresolved trauma, depression, and emotional instability. Red stated, “I don’t like to—spending too much time around people who drink.” Gray stated,

I actually thought I had ... I thought I, well, I thought I had like something like a learning disability, perhaps autism or something like that. So I went and did like all of this testing. And I ... guess what it turns out is ... that I had like PTSD. And ... and I think some of those qualities and characteristics like, you know, not being able to focus all the time ... so sometimes people don’t think that I’m all the time present. And then in some relationships, you know, perhaps I’m too clinky or have a false sense of what a relationship could be like. For example, I was, I was recently told I was like, Well, I just want to cuddle. And he ... and the guy was like, Well, actually cuddling, we’re gonna have sex. And I was like, Wait, wait, is that always? And he’s like, yes, but in my mind, I just want to feel safe and protected right now, after I disclose to this person, oddly enough, that I had abuse ... a past of abuse ... they were like. Now I understand. And actually, I would cuddle you because I already know coming into the situation. No, but I didn’t know that. Because how do people learn these things.

**Cognitive-Emotional Conflict.** This subtheme highlighted the impact of mental conflict and stress on emotional responses, clarifying their roles in fostering anxiety, indecision, and emotional fatigue through mechanisms such as fear of disappointment, negative associations, overthinking, stress management, and cognitive dissonance. Teal stated,

No, definitely, and I think it goes back to my childhood ... just remember, like certain things like asking my mom like, Why don't I have any friends right? and I was always a nice kid ... Wanting to, you know ... give all my stuff to people and so they can come play with me, and you know it for me ... I made that synonymous with weakness, and also not speaking out about the things that were happening to me when I was a kid out of fear that it would make people mad at my cousin or my family would fall apart. And I got to a space where I was like, I'm gonna defend myself like I'll never be in a space where I don't defend myself anymore. And I felt like people didn't hear me defending myself if I was like, hey, you hurt me when you did XYZ, but if it was like ... listen motherfucker, you did such, like you gonna hear me right?

Burgundy stated,

I guess, like knowing what, what healthy, safe relationships feel like. Was a very anxious child, so, knowing, like knowing something different was very difficult, like dealing with something different was very difficult. I don't know, finding stability or like being comfortable by myself, even though I was comfortable by myself, like not having people in my space. But like truly kind of being okay. Wasn't something that I was like geared towards when I was in my younger twenties. It was like, I don't know, I guess. Very early I had with my with my situation. I was molested by an uncle in my grandma's home, where I was living. My grandma really kind of kept us most of the time. and I really didn't remember a lot of it. I would have like memories, and I remember like masturbating early,

and I would have memories, and I really thought that something was wrong with me. I thought that maybe I had seen something or someone had showed me a movie or something. And when I went to college, and I started going to therapy like the therapist was like, slowly, like, you know, people don't normally have, like, you know, intrusive memories. And like, you know, like it wasn't, I was young, so I was probably like 4, so I don't necessarily at 4 or 5, so I don't remember everything, but I do remember, like the way the ceiling looked, and like certain smells and things like that. So she was just like, that's not typical of someone who has, like something that's not really a memory. So I feel like in my early twenties. I was really coming around to the idea that this was my experience, but hadn't quite pieced it together that it was impacting my ability to trust people. You know my desire to kind of be by myself. So, just not really knowing that I don't want to say that something was wrong, but just not really understanding how it fully impacted me. I guess it had been like, I don't know. I know people don't like that word, but I guess repressed for a long time.

**Pathways to Healing and Growth.** This subtheme emphasizes methods and practices for regaining emotional balance, building resilience, and fostering personal development through self-improvement, trauma therapy, emotional reassurance, and emotional regulation. Teal stated,

I'm in a very, I don't know. I'm gonna say ... precarious space with my mother, but I'm starting to understand that my mother did the best that she could with what she was working with, and she was also a victim of abuse. And so, now that

I'm at the age that I'm at now. And imagining this 17-year-old mother with a child not really being equipped with what she needed to be equipped with ... she didn't make the wrong decisions because she wanted to. She made the wrong decisions because she ain't know better. And so I've been in this space of like forgiveness with her and trying to get a closer relationship with her. I was saying like the last, probably last 10 years, okay, yeah.

***Theme 7: Trauma and Abuse Impact***

As previously addressed, the research has identified that both *trauma and abuse impact* an individual's ability to form healthy relationships, develop secure attachments, and use effective coping strategies. In this section, three of the four subthemes were identified to facilitate a more in-depth analysis of the data, based on direct quotes from participants.

**Relationship Dynamics and Patterns.** The subtheme explores the impact of trauma and abuse on interpersonal relationships, including aspects such as relationship formation, patterns, evolution, long-term friendships, civil relationships, connections with coworkers, shared goals, and the development of deeper connections. Olive stated,

As far as my coworkers, I'm as close as I ever care to be to any of them. I, I don't want to invest in a job, because there ... there is. I can't imagine a job that I want to be at center in my, I think a job is for making money and leaving, I know that. You know, some people spend so much time there. They feel they need to, you know, have those relationships to make it worthwhile. I ... I don't want them. I ... I just want to, everyone to be civil, to be able to work with everyone. If there's

issues, you know. Go the route we're supposed to go to come to an understanding and go home. I want to carry nothing with me home.

Peach stated,

So if I don't trust you, then there's not gonna be the relationship. Gonna be the same, even my sisters, even though they're females. Still, they at arm length. I trust them a little bit more than the average person, but not too much more because they're still human. So there's all of them. All my relationship is based on trust.

Rust stated,

Every time I, every time my sibling would get near me I would, we would fight literally, physically and ... but then I think I fought a lot ... a lot my whole life. I think because of it, I just had a lot of anger built up.

Navy stated,

For coworkers definitely a lot of hurt feelings, a lot of challenges. As I said earlier, I, I equated sex with feeling included with feeling loved with being part of. You know my peer group with, you know, all of those things. I don't typically consider myself to be very attractive. So when I was dealing with a lot of my coworkers sleeping with them, or being, you know, I don't know how you would say it ... being in a physical relationship in some way, shape, or form, was very much a priority, because that's kind of how I felt to be accepted. As I've grown to my, my working relationship, definitely putting up some more boundaries as I've grown to realize that the toxicity of that, and that, you know, worked it out. My

own therapy, you know, sex doesn't equal love. Sex does not equal you know, inclusion or being part of the group. You don't have to do that in order to be considered part of the group, and ... and working that out of my own therapy. But that definitely took, that definitely took a good 10 to 15 years. So that definitely impacted my relationships. And even looking back now, you know at some of these people that are so, you know, friendly or acquaintancy in my life ... kind of tainted a little bit of a relationship that I wanted to have as an adult or as a more seasoned adult, if you will. So that's definitely impacted that.

Gray stated,

I think that I at some point I was too trusting of people. I didn't ask enough questions, and ... and ... and as a result, like I just connected with some people that just were not were not all the way awesome. I'm, you know. I used to be hyper, weary like hyper, like, what does this person want? And then there were times when I was too trusting. You know. I feel like it took a time for me to get a balance to, just, you know. It took time, but it also took therapy honestly to work through some of it, work through a lot of it honestly to figure that piece out. Even at work. I struggle to find a balance, you know, between being authoritarian, and you know, and just letting a whole bunch of stuff go. So typically, I tend to try to work through that type of stuff.

**Emotional and Psychological Challenges.** This subtheme explores the impact of trauma on emotional perception, behavior, and mental processing in relationships,

incorporating aspects such as trauma therapy, understanding trauma, perceived capability, intimacy requirements, positive demeanor, and the influence of upbringing. Rust stated,

I couldn't understand for the life of me why he, you know, would tell everybody the way you did, or try to tell everybody the way you did, and the older I got, the more I understood. He was just trying to protect me.

Cream stated,

I know my biggest thing is mentally trying to separate my childhood trauma from the present, like, just because somebody you know, comes up for a hug doesn't mean that they're taking advantage. Every little thing my child does. My children does like as they're developing doesn't mean somebody, like tried to sexually assault them, or they were put in any harm, harm's way. And I'm very quick to respond like if my child say, you know, hey ... Such and such touched my butt ... I have to learn to ask questions, because a lot of times they probably got popped by my mom or something, but when I hear it, I instantly like draw back to my experience, and when I tried to tell somebody they just brushed it off. So that's like a huge challenge for me that I need to work through. Be a lot slower to respond.

Brown stated,

Yeah, it, it. It can be difficult to be intimate with people and to allow them to be in that space. But I have been way more open about my past, and things that have happened to me, which allow me to feel a little more ease with them coming into my space as well.

**Coping and Healing.** This subtheme highlights how participants cope with trauma and seek to establish or restore healthy relational strategies through affection efforts, connection strategies, relationship approaches, complexity understanding, and role fulfillment. Rust stated,

I was taught ... I was made to forgive my brother and to love my brother. He's my brother, and he made a mistake, and I just, I can never see it that way as much as I've tried ... as much as I've ... I prayed about it. I just, like ... he's married. He has kids. I love his kids to death. I love his wife to death. I love him as a person, but I just ... I'm uncomfortable around him. I don't let him around my kids under ... unsupervised. I just, I don't know ... it ... It's been ... It's been an experience.

Black stated, "Yeah, I feel like it's probably me not wanting to get close to people or wanting to like open up, not like scared to trust or scared to, you know ... let new people in."

### ***Theme 8: Interaction and Behavioral Patterns***

Based on the study results, the theme *interaction and behavioral patterns* refers to specific behaviors that emerge in response to various relational or emotional situations. To conduct a more comprehensive analysis of the data, five subthemes were identified, drawing on direct quotations from participants, which allowed for a deeper understanding of the participants' perspectives and experiences.

**Communication Styles and Preferences.** This subtheme refers to self-expression and information preferences participants expressed, including verbal versus non-verbal

communication, direct versus indirect communication, preferred formats such as written, visual, or spoken, as well as tone, pacing, body language, and cultural or personality-driven communication habits. Teal stated,

So I think, you know, I talked about that lack of trust and always thinking, like, you know ... that she was gonna drop or something that's gonna go wrong. Or you know that adage of like, yeah, people hurt people, like somebody gonna disappoint me. So not really opening myself up fully. I think the other piece is that when I get upset, I get upset, and if I'm upset, I can't communicate myself. You know I can't communicate my feelings clearly, and that may be a turn off, so like early in our, in my relationship with my husband. Not being able to communicate in a calm manner, and I shared with him before that, like I wasn't heard when I was a child. So, and it wasn't like an excuse, or anything or like a scapegoat, but it was like I promised myself that I will be heard as an adult that nobody's gonna minimize what I'm saying. Nobody's gonna tell me. Oh, you made that up ... that didn't happen. But I'm gonna be heard. And so I found that if I was loud, if I as strong, I will be heard, and it impacted our relationship because he's like, when you're loud and obnoxious, I can't hear you at all. I don't hear nothing you saying, right. So, I was like, damn like, I gotta be soft, like I have to communicate in a calm manner, and I don't know how to do that, because if I'm not mad, I won't say nothing, like my courage is not there. If I'm mad, I'm strong, like I'm courageous enough to say this stuff out loud, but if I'm calm, I'm overthinking about how you're going to feel about it, how you're going to receive

it, and so I won't say anything, and it ends up building up. And then when I'm at an explosive space, I'm gonna just drive all of it at one time. So I think that really impacted those relationships ... with my family.

Brown stated,

We just talk more. She, my daughter, understands, because I've always been very open with her about the experience that I had, and she knows I love her, and I will, will hug her, but she knows that it also can be a little uncomfortable for me, and she just kind of like will tell me like she lost her brother last year, and she told me, listen. I need you to pull it in, and so I just pulled it in, and it was because you have to do what you have to do. I just had to mentally pull it in for her. In those moments.

Coral stated,

People pleasing is not really good. It's not healthy, but that's where the distance came from with my mom because of people pleasing. So, then sitting down and thinking about, like, she's not going to do the same thing for me. So, that's where the distance came from: people pleasing. Just trying to make everybody happy. And it's just not healthy. Because then, in making everybody else happy, there's a void for me. So I'm not doing what's healthy for me.

**Social Dynamics and Group Behavior.** This subtheme focused on patterns and processes that shape interpersonal and group interactions, including the evolution of relationships, the spread of social influence, and changes in power structures over time. It focuses on individual behaviors in group contexts, emphasizing how people act

differently in collective settings compared to when they are alone. The analysis identifies key social systems and roles such as leader and follower, decision-making processes, and phenomena like peer pressure, conformity, and groupthink. It also explores the dynamics of in-group versus out-group behavior and the underlying power hierarchies, providing insight into the complexities of social behavior within groups. Olive stated,

With my friends, I think, continuing to work on myself would better assist, you know, the development of my friendships. These ladies have been good to me. They've been wonderful, and they've been very understanding that I'm on this journey, and they've been very supportive. I just, you know. Think if I overcome my own issues ... I, the ... the relationship could be like it once was, where we're contacting each other daily, and well, not daily, weekly. But it's talking more. Yeah, we may be able to find time to see each other more often. And maybe I could find friends within the area who have more things similar to mine. And we can develop relationships like that.

Coral stated, "Literally trying to please everybody. Like, just trying to do what everybody wants me to do, do what everybody needs me to do. Just trying to be here and being a people pleaser."

**Interpersonal Strategies and Challenges.** This subtheme examines how individuals manage relationships by exploring conflict resolution approaches, active listening and empathy, trust-building and rapport, boundary-setting, and the challenges posed by miscommunication, jealousy, or social anxiety. Bronze stated,

As an adult, I avoid people, I avoid closeness. So I don't like having deep conversations or like a friend. If I had a friend at work, and they expected to meet me every day for lunch, that would bother me. I just, I like a lot of personal space, even though people would describe me as friendly and sociable. I just, I don't like any commitment. I don't like any pressure on me. I don't like any expectation of friendship, so I kind of like to keep a cool distance, like, if you left my life, I'd be fine.

**Situational and Contextual Influences.** This subtheme examines how various environmental and situational factors, including formal versus informal settings, cultural or institutional norms, time constraints, stress, and external pressures, impact behavior and interpersonal interactions. Bronze stated, "And I'm getting better at getting attached to people, but it's still very hard for me ... and that's also why I could leave my family behind when I was 19, like it just wasn't attached."

**Behavior Differences.** This subtheme highlights the variability in participant behavior, which is often influenced by factors such as personality traits, cultural background, developmental stages, as well as gender, age, and socioeconomic status. Red stated,

I'll I don't know if you know a lot about the Asian culture. It is a very tight-lipped culture ... and you just don't talk about some things, and so even confiding in my mother that I had been abused was difficult because there were things you just don't talk about in the family, and even after sharing that. We didn't talk about it

anymore until I became an adult. And I think I just became used to being shut off from people ... secretive, always holding back ... being careful what I said.

Magenta stated,

Barriers to the relationships that I have outside of work ... some of the challenges is the people that I deal with. They don't like to be accountable for their actions. They ... they just don't. They don't believe in counseling. They don't want to talk about things that they don't want to talk about trauma. They don't want to talk about the things that have been issues, they would rather look over them. And I'm the kind of person to where I have to talk about things for me. I have to talk about things. If there's a problem, let's sit down. Let's talk about them. So we won't repeat the issues and the problems. So the issues that I have with in a relationship and in relationships with the guy that I date my parents is accountability. They don't want to sit down. They don't want to talk about problems, they would just rather dismiss them. And then I feel like, Hey, guys, I'm not trying to do any trauma bonding with you guys like, let's talk about it, so we can get over this and move on. But that's just a challenge, and I don't know if it's just with African Americans or what, but that's a barrier. That's a challenge, because they don't like to talk about things. They just want to brush things over and act like it didn't happen or act like, they didn't say what they said, and I'm just like, Nope. I need some people to be accountable because I'm going to hold myself accountable as well, but dealing with certain people that maybe not have the same beliefs as you could be conflicting because they believe one set of things, and I believe

something different, I believe. Like, if we have a problem, let's talk about it, and we don't have the fuss or argue. But let's come up with some solutions that will work for the both of us.

Bronze stated, "I felt morally wrong divorcing them because I was a Christian, or am a Christian, but in terms of attachment, I wasn't attached to them. There's nothing I can say I miss about them."

### **Interview Question 5: Additional Insights for Increased Contributions**

This interview question encouraged participants to delve deeper into their personal narratives, inviting them to share significant aspects or transformative experiences related to their journey that previous questions may not have addressed. It was designed to promote introspection and allowed for a fuller expression of their stories, ensuring that any key moments, challenges, or insights that shaped their path could be highlighted and explored in greater depth. Each participant contributed additional details to their stories that we had not previously addressed.

### ***Theme 2: Coping Mechanisms***

Based on the study's results, the theme *coping mechanisms* refers to the various strategies that individuals use to manage different life situations, stress, and challenges. Five subthemes were identified based on direct quotes from participants, providing a more in-depth insight into their perspectives and experiences.

**Emotional Regulation and Comfort.** This subtheme explores how individuals process, soothe, and manage their emotions through methods such as emotional

reassurance, addressing feelings, emotional check-ins, emotional management, hope, rationalization, and affirmations. Black stated,

Like an example, like being, like being in a relationship. If my boyfriend wants to like touch or cuddle with me and stuff like that, it's like, I kind of ain't gonna say I'm scared, but it kind of ... I'm kind of like ... don't want it because I feel uncomfortable. But it's not ... it's not him. It's like what I've been through. So that's kind of ... that's what I kind of have a hard time with still to this day.

Cream stated,

I would say my experience definitely has made my profession a little more challenging from when I'm speaking with certain students or even certain adults, and they tell me about certain things, I try not to let like certain words trigger me and to dial back into my own personal experience. I try not to jump into every situation that I'm told about. That's something that I've actually went through, and I know how it, I can ... understand how they feel, I try not to take it personal. I try to keep work in my personal life separated, and when I start to dial into things, I try to keep my personal feelings and emotions intact, so that way, I can be a better service for the students that are around me as well.

**Social and External Support.** This subtheme emphasizes the importance of coping through interpersonal connections and seeking support, including seeking advice, external assistance, gathering insights, fostering supportive environments, and engaging in friendships and socializing, as well as utilizing resources like podcast listening. Navy stated,

Just having worked this out of my own therapy is the, the impact that words, along with sexual abuse as a child, had on me. So it wasn't just an act. There was words that went along with it. And so those words continued to repeat in my head as an adult, and I think that that is why when I strive to connect with somebody, the first thing I try to do is, is ... you know, try to have a physical relationship with that person. Or at least appear physically attractive as best I can. Because, you know, it wasn't just an act. It was words that went along with it. So that is something that I would add, I know we think about like typical grooming behavior. And it's, it's, it's, it's, it's a lot more than just the physical act of being sexually abused with a child.

**Boundaries and Distance Control.** This subtheme consisted of the creation of emotional, physical, or communicative space through methods such as boundary management, mental separation, limiting communication, concealment, proximity, facade, and masking. Gray stated,

I think the other thing that that really has been impactful in terms of this journey has been the fact that I lost both of my parents very young, like in my 20s. I lost my mom, and then my dad 3 years apart, and I think having them ... and ... and I loved my parents, having them alive, kept that abuse still kind of bottled up, because I just felt like it was a disappointment to them. So I didn't really, not the abuse part, but I had only been seen as the one that was responsible, and all that, and so not having them, actually forced me to not only face, but decide what I was gonna do with this, you know, with these emotions, these feelings, how was I

going to navigate them. Because there was no one else to impress. And also I wasn't done with school, but I was pretty much done, and what no more grades to get. So now it was just about me having to live a life. And now what do I want the rest of my life to be? You know, at that age. I think that's all.

Teal stated,

The last thing I would add to that I didn't address is that I have significant gaps in my memory ... From my childhood and my teenage years that I attribute to traumatic experiences, and that I don't remember a lot of things from when I was a kid, and my friends will like, remind me of like, remember that time. And I'm like, Yeah, no. Okay. I don't know if it's because I just like blocked out parts of my life. But yeah, I suffer from that. I don't have a lot of memory of my younger years.

**Cognitive and Behavioral Strategies.** This subtheme emphasized the various coping strategies participants utilized, highlighting their reliance on logical thinking, job-focused behaviors, pursuit of excellence, effective communication strategies, calm dialogue, constructive problem discussions, a non-blaming attitude, and proactive mitigation efforts. Bronze stated,

I wish more parents would ask their kids if anything ever happened to them.

Because when you're a kid, you don't know what happened to you is bad. You just know what made you uncomfortable, and like I've asked my kids and had open conversations with them about that, and, like my mother only found out when I was in my late 30s, and her reaction was, Why didn't you tell me? And I

was like shocked because I was like ... How would I know to tell you? ... I was so damn young, so I just wish more parents would have open conversations with their children.

**Defensive and Protective Responses.** This subtheme focused on protection from perceived harm through bias management, including protective strategies, security-seeking behaviors, demeanor, self-defense, maladaptive behaviors, internal conflict, and navigating needs. Brown stated,

But I still struggle with sometimes the, the impact for real for a variety of reasons. And so if I can go off on a tangent just a little bit ... like the things that happened to ... at a young age happened to me, and then my family moved to a whole 'nother state, and so those things had never been really discussed, and they had never really ... my parents had never really understood like why I was acting out in the way I was, and I was grown before I could even tell my parents because I was protecting my parents more than I was protecting myself because I didn't think they could handle it. And so that caused some, caused some undue stress, because I felt like I had to protect them, and they were like, no, it's our job to protect you. But I, for some reason, I felt like I needed to protect them, so that ... so when we moved, we then moved back to the state that we had originally lived in. It just brought up a lot of those things. And, and I had to start really dealing with them in a real way.

***Theme 5: Internal and External Influencing Factors***

The research has revealed *various internal and external factors* that impact attachment styles, relationship dynamics, and coping strategies, as mentioned in interview questions one and three. Three of the five subthemes are represented in this section using direct participant quotes.

**Emotional and Psychological Mindset.** As previously addressed in a different section, this subtheme explores how individuals defend and preserve their well-being and personal space through self-defense, self-advocacy, and self-diminishment behaviors, which often manifest as internalized silencing, shame, or minimizing one's needs or worth in response to trauma. Peach stated,

Once the trust, my trust was broken several times ... It wasn't just one incident it was ... it started with molestation as, as a toddler, and then it went to, from three until nine from my uncle, and then was raped from a very close family friend at teenage years, and then raped again at elder teenage years. And it was all very, very ... either a family member or a very close, trusting family friend, and that trust was broken and was never ... I was never able to rebuild that trust. So even with having children, because I had a male child, he didn't get the benefit of trust, just because every male that was meant ... I should have been able to trust with no barrier ... violating me in, in, in the, in the worst way. My children, my male children needed, we get the opportunity to, so I think I believe I know that once the trust of a child is broken. it ... it takes a lifetime to get it back, and ... and

sometimes a lot of times, they don't get it back. I've been in therapy since I was 16.

**Family Structure and Developmental History.** As previously addressed in a prior section, this subtheme highlighted the significance of early upbringing and parental influences as key external factors, recognizing thematic patterns including parenting quality, parental absence, upbringing, parenting roles, custody arrangements, preparation for parenting, and family avoidance. Teal stated,

I would say, I am a very attentive parent ... When they were younger, I would definitely consider myself a helicopter parent. So I was on top of everything.

They weren't going nowhere. They weren't being with nobody that I didn't know they weren't. I didn't leave them with anybody. I was very protective of my children. Now I would describe myself as more of a guide. They're 22, 19 and 16.

Lavender stated,

Oh, so I was sexually abused by my grandmother. She had accused me of doing something to my brother. So she, I guess, in her mind, thought that in some way doing something to me would kind of rectify that. So I felt like, not only with the sexual abuse, but the abuse in general, that kind of definitely took a toll on me, as far as it goes, with trust, because, you know, the first person you would think to trust would be the person that's taking care of you. So I felt, you know, that kind of really, you know, affected me, you know, in a way, whereas obviously, you know, things happen. You know, life goes on. You know, I'm obviously not stuck in the past, you know. I'm obviously, you know, trying to heal to the things that I

went through, you know, healing, trying every ... every single day, you know, and I'm definitely progressing. But you know, I definitely don't want to leave out the fact, because, you know, I feel like everybody ... you know, a lot of people, it's a stigma ... like, oh well, they should just get over it.

Blue stated,

I am very overprotective. I do not allow sleepovers. I will not subject my children to the possibility of them being exposed to certain things like that. I am all about keeping their innocence alive as long as possible. It is a different world than what happened than the world that it happened to me in and when the, when the time comes, I will explain to them what happened. I don't want it to be a secret from them. But they are not at the age where I'm comfortable, that they know.

**Beliefs, Identity, and Self-Perception.** As previously discussed, this subtheme emphasized the importance of early upbringing and parental influences as crucial external factors, identifying patterns such as the quality of parenting, parental absence, various aspects of upbringing, parenting roles, custody arrangements, preparation for parenting, and family avoidance. Silver stated,

Not getting justice, I think that ... that left like some vulnerabilities, and like, openness, and not getting to like, close the door on that I think that was something that I look back, and I wish that I had grownups advocating for me. You know, to speak out and ... and seek justice. I think that ... that would have been helpful.

Burgundy stated,

I was a really good student. I was a very hard worker. I took on lots of tasks, and I did things very early. I went to advanced standing graduate program. I was a very young clinician. I had a kid when I was 16, didn't really slow me down at all, still went to college on time. So I definitely think, like. I don't want to say that it's definitely not positive, but I do think that would, I probably be in a different place, or, you know, would I have different challenges, maybe.

***Theme 10: Self-Perception and Growth***

Based on the study's results, the theme of self-perception and growth is emphasized, highlighting personal development, self-awareness, and how individuals perceive themselves in relation to others. Five subthemes were derived from direct quotes, which offered a deeper understanding of their viewpoints and experiences.

**Self-Improvement and Development.** This subtheme emphasizes the development of essential skills, habits, and qualities that contribute to personal growth, including self-improvement, personal development, effective management, and heightened self-awareness. Olive stated,

I think my, my experience has been I think, a unique one, because the person who abused me was another child, and I ... I, growing up, I knew something was wrong, but every time I saw it on TV it was some, some older person who was the, the predators, the, you know. So I, I'd never heard of. You know ... children, that you know. Actually, you know, being, being predators themselves. So it was, I ... I couldn't. I couldn't find validation in my, but as I grew up, I learned that

you know. Well, I took on this idea that I can take it, you know, whatever it is, I can take it outside. But then I ... I started to think I was like, well, what if this happened to somebody else that you loved? And then it changed inside of the that. Wow! This is really wrong. This is really. And I shouldn't have put up with this crap for so long, I should have, you know, found somebody, and screamed it from a mountaintop like I should have found somebody to advocate for me. As time gone by, and I've seen the humanity in my parents, and how they never they never got closure from their own childhood and the experiences they had. So they didn't know how to really advocate for themselves, so they couldn't advocate for me. And learning the, as I've grown, I, as I've gotten older, as I've learned to trust, trust in me and trust that I, someone, some higher power, something will lead me to. I guess the, the goal I want for my life, which is to be the best version of myself. I'll get there, and you know, just the journey.

Green stated,

I guess I would like to say, you know what I experienced as a child. Really, it really messed with me, especially when I became a teenager and became aware that the things that were happening to me as a child were not okay. And for a long time it, it damaged my mental health and made me unstable with my emotions, and who I was as a person, and I think it's really important, especially as a parent now. You know, just to pay attention and to believe your children. Because, though they are young, they are honest without a fault. and that there's no shame in telling the truth, and there shouldn't be shame in telling the truth. Nor should

there be any shame or stigma in getting help to work through anything that has caused issues. It wasn't until I had my son that I realized how bad off I was. My mental health was affected by all that I experienced.

**Self-Esteem and Identity.** This subtheme emphasizes the importance of understanding, valuing, and affirmatively expressing one's identity, which encompasses various aspects, including self-esteem, self-declaration, self-disclosure, and personal responsibility. Green stated,

And like I said, I didn't want my son to have a parent that didn't care or didn't see the impact that every small thing could have on him and after I had him, I had a really bad struggle with postpartum depression which, compounded with all of the other mental health struggles that I had previous to having him. And so just acknowledging that it's okay not to be okay. But it's not okay to stay there, especially for the people. If you can't do it for yourself, then do it for the people around you who, you know, want to see you be better, and who are really rooting for you to ... to, you know. Get to that other side and be, you know, working through your healing. So if I can say anything, you know, other than what we've already talked about, it would be that if you can't do it for yourself, do it for the people who love you and love all the parts of you, not just the parts that you show them, but the parts that you hide as well. And we could, you know, just as much as you deserve it, they deserve to know what you know a full you looks like, and what a full you is. You know that a full you is capable of being loved and cared for.

Brown stated,

I have worked through it, but I still like after listening to your questions, I still realize that there is a lot left that I still need to work on. And yeah, I just yeah. Listening to you ask those questions lets me know that I still have a lot of, a lot more work to do, and I just have to now get to the point of accepting that that's sometimes very difficult for me. So, thanks for asking the questions. But now you have me like. Thank you. Me, thinking I might need to sign up for therapy again. But, so I appreciate that I, I'm also I also realize that I don't again. I don't really hold grudges, so I'm not really mad at the, the things that have happened to me. But I ... and I am able to use those things professionally to help other people when they're going through, and just to listen to them.

Burgundy stated,

I don't know. I definitely. I don't know. That's something that I struggle with. I definitely feel like, obviously ... like the simulation of my experiences. Both sexual trauma and dysfunction as a whole addiction in my family, and stuff like that, has all like obviously, like I don't know, made me a little bit more resilient, or whether or not I was already kind of a little resilient, I don't know. But so it's ... it's been interesting raising kids in a completely different environment and trying to encourage resilience and stuff in kids that don't, are not traumatized because it is like, I mean, you become really, really good at like compartmentalizing, putting your head down and doing what you have to do.

Coral stated,

I think we didn't talk about church. Okay, Um, so, I guess, it not just being the one person, that abuse. Because we came out of this church, me and my abuser, in the same church. And everybody in the church knowing, but not saying anything, okay. Um, because I expect, especially for the church members being my actual family, like some of them, right. So, um, and he being a leader in the then, you know, just as older men from a lot of churches just trying to get at me. It's just that, now I, I know that, know that God did not call you. But the question was, why is the church so full of perverts? Like, um, and so that, so, I mean, I'm still in, although that all my, you know, all the things happened to me in church, or with, you know, somebody from church, because I know that it was not God.

**Self-Protection and Boundaries.** This subtheme critically examines the dynamics of defending and preserving individual well-being and personal space, highlighting the importance of self-defense, self-advocacy, and the detrimental effects of self-diminishment behaviors, which often involve people-pleasing, internalized silencing, shame, or minimizing one's needs or worth as a response to trauma. These elements collectively underscore the necessity of maintaining personal integrity and emotional safety in interpersonal interactions. Teal stated,

I'm gonna share. I guess the word of like what comes to mind is chameleon. So I believe that, and this is only me, and I can't speak for anybody else. But being a survivor of, you know, abuse. You learn to be hyper, vigilant of other people's emotions, their thoughts, their feelings, and it puts you in a place of overthinking,

and people pleasing and trying to make sure that you're not in a way, trying to make sure you don't ruffle any feathers, trying to make sure that you essentially shrink yourself to fit other people's needs. And when you don't healthily seek the support and therapy. And working through those things, you can essentially become a monster. And because you're trying to protect yourself, and you're in this space of surviving, opposed to thriving. But when you start to work through it with a therapist on healthy ways to cope with conflict, healthy ways to cope with. You know. Descent. You start to learn strategies that enable you to protect yourself. But in a way that's still honoring other people's humanity. And that's the journey that I've been on for like the past 5 years is like, how can I convey my level of discomfort? How can I speak up for myself in a way that's not going to strip somebody else of their humanity? And it's been like a learning process.

Blue stated,

I would say my particular assault happened when I was probably a young adolescent. It was about the age of 9, or 10, and it ... it is controlling my adult life in the fact that I am, you know, still actively in therapy. However, it really impacted my teenage years more so than my adult years. In my teenage years, I experienced promiscuity. I sought unhealthy relationships. Because I was chasing comfort that I wasn't receiving at home or understanding, I mean, my father even looked at me in told me, you know. I ... I bet that never even happened, and I bet you just lied and made it all up, and I will never forget that. That was when I was 15, and right around that time is when I just started rebelling. I was never given

the care that I needed. The mental, mental health care that I needed after this occurred to properly understand that it wasn't my fault that it happened. Once I did get through those teenage years, my early adulthood kind of got a little bit easier. But it, I did certainly drive that need for control is, it was just. I understood what happened. I understood that I had absolutely no control in that moment, but it really took a lot for me to get there. And now that I know that that's the problem that is the hardest part to turn off is the, the need for control. It is certainly contributing to my anxiety on a daily basis. It has contributed to other health problems because my therapist has told me that the body keeps the score. And so even if you ... if even if you're ... even if you are trying to get through it, and you are trying to work through everything, your body is keeping the score. And so when you're holding on to that stress and that tension and that anxiety, it will deposit it in random places throughout your body, and it will manifest as pain, or sickness, or inflammation, or something that you may not necessarily think of, and it can throw doctors for a loop, because they're like, I don't know why this is happening. But it, it took a long time for me to understand that it's my response. My body's response to that anxiety.

Tan stated,

Was around the notion of, and I kind of thinking through like when to be like, really vulnerable, or when it's okay to really, really be vulnerable. With those that are, you know, in your close circle or whatnot. I know. For myself, I think I was doing like some research at 1 point or another about apologizing and things

around. All of that. I know that's been a big thing, as far as like in my husband and our relationship, where I may or may not bring up a topic, or I may omit some information as not to create any friction. It's kind of like you want everything to be good. So you just try to keep things calm collected. But maybe if there's something that I probably really should reveal or should share, I may find myself not really going there or making myself vulnerable enough to just be open to that. I'm not sure how much of that plays a part in my trauma or not, or being open enough to share. Hey? This is what's going on with me. You know. I don't always see myself doing that with, with my friends. I think I'm kind of considered like that stronger person, or was. Everything was good on the outside, or you know. But then I think it's like a total surprise when it, when I do share. Like all that's been going on with me. And so I think that's something I kind of still have to work through or deal with like really being forthcoming, with what is going on with me as a whole. And I don't know how much of that plays a part with growing up and not telling sooner rather than later what happened to me, or being open enough with anyone to feel like. Okay, I can tell somebody what happened. And you know, get it off my chest and be done with it, so I don't know how much of that is. Still something that I ... I guess, deal with. I have to work through.

**Healing and Recovery.** This subtheme accented the importance of emotional and psychological restoration following experiences of trauma, loss, and crisis. It encompasses various aspects of personal healing and navigating individual crises, emphasizing the importance of resilience in the recovery process. Rust stated,

Just the therapy part of it. It's been that that's been a roller coaster for me the relationship with me and my therapist multiple has been. I don't think that I'll therapy. That relationship is hard to develop. And it's even harder to really speak about it to people that can grow from it. I don't know if that helps you at all, but it's definitely been my biggest obstacle and all of it. When it was just the when it was just. You know me, and a handful of people that I know, knew. It was one thing, but to be able to disclose it with people that I didn't know. And then, two of my therapists actually walked away from me, and the third man, we still talk. He's not my therapist anymore, but we still talk, calls me and checks on me. And he actually suggested that I speak to a woman about it. And, I went through 2 women before. Well, I went through one other, one woman, and the last one I have now. She's, she's excellent, but it's hard to talk about with, with my therapist. So it's, it's, it's, I'm, I'm, I'm working on it. It's, it's a process that I don't know. I hope that at the end of it, I come out a completely healed person, but it's really. . . it's really hard to forgive and forget. It's really hard for me to overcome it.

Black stated,

I feel like it don't matter how long, like the abuse, or whatever happened to someone you know, like how long it doesn't matter how long it was that it happened to you. I feel like you constantly deal with that like every day, and you work every day to try to move past it or put it behind you, and come up with things to make you not think about it. So you don't put it into your life like your

future, because I've noticed, like how I lived my life for so long. It was due to like things that happened to me, and in order for me to get past that, in order for me to get to where I want to be. I feel like I have to let, let that go and just move on with my life. But sometimes it's hard, like I don't know how to like. Deal with certain things that I've been through. So I just kind of suck it up and just like brush it off. But throughout, like throughout my life, or throughout the years along the line, I'm still dealing with that. So I just feel like a lot of survivors. We act like everything's okay, or we act like we're good, or we're over. It didn't bother us, but like little stuff can trigger it.

Bronze stated, "If you want to preserve their childhood, and you want them to have a good childhood, that you—it's important that you ask important questions." Gray stated,

There have been some, I would say positive byproducts of not, not that abuse in any form would be good, you know, but I think what I've taken of that, and I will say, there the role of my relationship with God has been very much integral in coming over events of how my relationship should go, and, and that has been very, very. That's a growth for me.

**Advocacy and Empowerment.** This subtheme focused on taking control and ownership of one's life path, including milestones such as setting boundaries, reclaiming voice and choice, and engaging with peers and the community. Red stated,

I think it's easy where people victims of abuse to continue to be victimized, to get into, then mode of always accepting whatever comes at them, and that was the case for me until I turn 17, and I was working at a restaurant as a hostess and one

of the managers there used to slap the girls on the butt, and I thought that was just not a way that someone should be treating someone else, and I saw out of the corner of my eye that he had pulled his hand back. And he was going to do that to me. And I told him, if you do that, that will be the last thing we'll do at this place of business. And then he didn't, and it set off others, other hostesses saying the same thing to him, because the hostesses were usually younger than the waitresses, because we couldn't serve drinks. And I felt empowered by that. And I felt like I had finally stood up for myself, because, previous to that. Not only was I abused by my aunt's husband. I was also raped by a boyfriend, and I just felt like I didn't want to live my life as a victim, and I didn't want people to feel like they could walk all over me. And I knew I wanted to have children, and I said, I don't want that for my daughter. And if I continue in that thought. I'm gonna pass that on to my child in. I know cycles of abuse and behavior has to stop somewhere, or it's gonna continue to claim people. And ... and I knew that had to be me because my mom was raped when she was younger. And I'm not saying she taught me how to be a victim, because I don't see my mom as a victim, either, but I definitely didn't want to do that to my daughter.

Magenta stated,

I don't think I will want to add anything other than saying that I'm glad to be a part of this research study, because I do feel that we need more people to do studies on African American women and the things that African American women may have went through because of the fact that we've always been the

have experienced, the strong black woman schema syndrome to where we told a lot of things on our backs. And ... and we feel like we. We have to carry everything on our backs, and we have to, you know, show the world, show family, show friends that we're strong and we don't break in anything like that. But I feel like it's important to have conversations like this. I mean, because by me even sharing with you how I feel. I feel like it's a relief like I'm letting certain things out that that are have been trapped other than me talking to my counselor, so I feel like conversations like this, research studies as these, they need to be continued to be studied and researched and discussed on podcasts, because mental illness and trauma and sexual abuses. It's something that's very serious, and it can take a toll on the lives of millions of people. And, I think that I was excited to actually have the conversation, to share my experiences about trauma, and just to capture more research data on how to improve the people or help to improve the lives of people that experience the trauma. And I think the only way we do this is by having conversations and having research studies done and finding out what solutions could we possibly help these women and other people out with.

Burgundy stated,

I don't know. I had a weird interaction with him. My uncle in a few years ago. At, well, not at the direction of mine. I don't know. I was having a difficult time, so I was a little impulsive, and this idea just came in my head to reach out and like I had no idea what I was going to say to this guy. but what I told him was like, you know, I know that you remember me, and you didn't break me, and you know I'm

not keeping your secret anymore. And like this isn't about you, like despite what you did and stuff. So I think that's kind of really, the thing is like being able to like reclaim your life. Even so, like, I'm 36 now. Recently kind of explored like, maybe I'm bisexual. So things have been like a little slower to unfold for sure. But being, you know, strong enough to kind of explore it when I want to. I definitely don't necessarily have a whole bunch of complaints about where I am in life now I am an anxious person, and I don't think, I don't know that his, I don't know that I mean that experience probably had some effect, but I was around a lot of dysfunction so kind of knowing and reading the room and being hyper, vigilant was something that I just had to do. And that's always kind of going to be a part of me, that bit of anxiety. But I mean, it has caused me to like plan and really set goals and kind of hold myself to a higher standard. So I don't know. I think I've had a weird experience of the positive and the negatives of it. Sometimes I wish that I was not an anxious person. But at the same time, looking back, especially in my younger years, I think that anxiety really drove me in particular, drove me to be really, really different, like I knew like when I had my son really, really young, like this, is it? You can't make any more mistakes unless you want to be like these people. You got to get it together, and I don't think, you know, without being anxious person, without knowing that I wanted something different. I probably wouldn't pushed myself so hard because it was hard to go to college and do all of that without anybody guiding me being a 1st generation.

Coral stated,

I go to church to only play. I don't want to build relationships. Now, of course, you know, over years of playing, like some will try, you know, but I still stay distant. Um, because I just feel like some, a lot of church people are fake, so to speak. And I just don't want to deal with fakeness. If you go, if you're going, if you're going to like this, you know, let's, let's talk about it. Don't do it in secret, you know, just be upfront. And so like my abuser hid behind titles a whole lot. Never got caught for me. Um, so the churches, the church was to me just a little, just fake in that, like, or what's a better word. They did not protect me. Um, and, and now that, now that I'm an adult, you know, I go to church. I have my own relationship with God. I go to church to um, I mean, unless, you know, the Lord touched me and I can build some relationship with, I have with one church. Um, I started like opening up, uh, a little bit more, but yeah, the relationship with, with church is almost a lonely but because I don't want ... don't want a relationship. You're just, you're just saying that you just want to go there to do your music and do what they hired me to do. I've been done. It didn't, it didn't really work, but that was my plan.

### **Summary**

In this chapter, I reviewed the research setting, demographic information, data collection and analysis processes, evidence of trustworthiness, and the study results. My research focused on increasing the understanding of the lived experiences of adult survivors of CSA from underrepresented populations, with particular attention to how

they develop attachments in interpersonal relationships. Guided by attachment theory, I sought to understand how these individuals navigate emotional intimacy, trust, and connection in adulthood, which are areas often affected by childhood trauma. By centering voices from underrepresented populations, this study explored the internal psychological processes of survivors, as well as broader sociocultural and relational factors, including cultural expectations and systemic barriers, that shape how survivors form, maintain, or struggle with interpersonal connections in their adult lives.

When exploring how do adult survivors of CSA from marginalized groups perceive and experience barriers to developing secure attachments in their relationships, the themes that emerged from the data analysis were identified as (a) Attachment Formation, (b) Coping Mechanisms, (c) Trust Dynamics, (d) Relationship Satisfaction, (e) Internal and External Influencing Factors, (f) Emotional and Psychological Responses, (g) Trauma and Abuse Impact, (h) Interaction and Behavioral Patterns, (i) Social and Family Dynamics, and (j) Self and Personal Growth. These 10 interconnected themes illustrate the intricate ways in which survivors navigate their relationships and attachments. They provided insight into the personal and social factors that can contribute to relationship difficulties. Collectively, these themes offer a broader understanding of how CSA and intersecting marginalizations can complicate the development of secure attachments. Additionally, they highlight the necessity of trauma-informed and culturally sensitive approaches when supporting survivors.

In Chapter 5, I present an interpretation of the study's findings in relation to the existing literature. This chapter examines how the results confirm, challenge, or expand

current knowledge about adult survivors of CSA, particularly in their navigation of emotional intimacy, trust, and connection within interpersonal relationships.

Additionally, I examine and discuss the important sociocultural, psychological, and relational factors that shape attachment patterns. This exploration enhances the understanding of the experiences of CSA survivors and identifies opportunities for further research and practical implementation.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this qualitative phenomenological study was to explore how adult survivors of childhood sexual abuse (CSA) from marginalized populations develop attachments in interpersonal relationships. My goal was to understand impact of CSA on survivors' attachment styles and its potential contribution to insecure attachments in adulthood as a phenomenon. To capture how individuals perceive and make sense of their world, descriptive phenomenology was employed as the research methodology to analyze and identify patterns of meaning that reflect the shared experiences of participants through thematic data analysis. In this chapter, I present a comprehensive discussion of the results, encompassing an interpretation of the findings derived from the study. I also address the limitations ingrained in the research, offer recommendations for future investigations, and examine the broader implications of the study's outcomes. Finally, I conclude with a summary of the research conducted.

I interviewed each of the 20 participants through Zoom audio calls lasting approximately 30–45 minutes. I scheduled these interviews using the Calendly application, which enabled participants to select a date and time that best accommodated their individual schedules from a specified list of available options. I analyzed the data using thematic analysis, following the coding process Saldaña (2021) outlined. After each interview, I downloaded the transcript and used ATLAS.ti software for a detailed analysis, resulting in stronger findings. Participants in this study described their experiences in relationships and the impact CSA had on those interpersonal connections.

In my analysis, I identified 10 descriptive themes: (a) Attachment Formation, (b) Coping Mechanisms, (c) Trust Dynamics, (d) Relationship Satisfaction, (e) Internal and External Influencing Factors, (f) Emotional and Psychological Responses, (g) Trauma and Abuse Impact, (h) Interaction and Behavioral Patterns, (i) Social and Family Dynamics, and (j) Self and Personal Growth.

### **Interpretation of the Findings**

Participants in this study reflected on how their childhood experiences, particularly trauma, neglect, or a lack of emotional support, impacted their ability to form and maintain relationships in adulthood. They described various relationships that were affected, including those with parents, siblings, romantic partners, friends, and even their own children. Many explained that their current relationships were strained, distant, or selectively maintained, shaped by mistrust, emotional avoidance, or guardedness. The barriers they faced in developing relationships included fear of vulnerability, difficulty trusting others, struggles with mental health, and a tendency to isolate. In their additional reflections, several participants emphasized the significance of therapy, the value of chosen family, and the ongoing process of healing, showing that despite past difficulties, they had been working toward greater self-awareness and healthier connections.

In this section, I synthesize the findings outlined in Chapter 4 with the pertinent literature reviewed in Chapter 2. This integration provides a comprehensive analysis, highlighting key themes and connections between my empirical results and existing theoretical frameworks. By drawing parallels and contrasting insights from both chapters,

I underscored the significance of my findings within the broader academic discourse and enhance the understanding of the topic at hand.

### **Theme 1: Attachment Formation**

In their comprehensive study, Boroujerdi et al. (2019) explored the intricate relationship between early attachment experiences and their long-term psychological implications. The researchers posited that adverse attachment experiences in childhood could lead to the *formation of attachment* insecurities during adulthood. This foundational disturbance in relational dynamics was associated with various detrimental psychological outcomes (Boroujerdi et al., 2019).

In my study, 13 participants articulated how their childhood experiences influenced their capacity to form attachments in adulthood, identifying the specific types of relationships impacted. Most of these participants further expressed details that indicated attachment formation began in their earliest years of life, shaped by the emotional environment and caregiving patterns within their immediate family, specifically participants Silver, Rust, Magenta, and Coral. Based on their lived experiences, it was perceived that parents and caregivers played a critical role, with their lack of responsiveness and unavailability laying the groundwork for the child's sense of security.

Also, all 13 of the participants who are parents noted that their overprotective parenting, while often well-intentioned, can hinder the development of autonomy and lead to anxious attachment styles. The evidence in this study affirms that when early relationships are disrupted by trauma, individuals may internalize instability, influencing

their capacity for trust and emotional regulation. Moreover, these experiences give rise to cautious approaches in relationships and instinctive reactions to emotional patterns that often continue into adulthood.

Boroujerdi et al. (2019) confirmed that avoidant and ambivalent attachment styles were more prevalent among participants who experienced maltreatment during childhood. Their findings emphasized the significant role of parenting and upbringing in the formation of attachment styles. The participants' attachment styles, formed in their younger years, significantly influenced their emotional management and self-protection in relationships. Specifically, participants Black, Bronze, and Burgundy expressed difficulty in getting close to others. In their comprehensive study, Brenner et al. (2021) confirmed that individuals with avoidant attachment display a significant fear of dependence and interpersonal intimacy. This is marked by an overwhelming need for self-reliance and a hesitance to engage in self-disclosure. They proposed that such individuals often feel uncomfortable when a romantic partner attempts to forge a close emotional connection, which coincides with findings from my study. In my research, it was evident that emotional guarding evolved into a common defense mechanism, especially for those who had experienced inconsistent or unsafe emotional environments. Some participants described emotional shutdown as a way to avoid vulnerability, while others indicated dissociating entirely from their feelings to manage distress. Thus, avoidant attachment styles developed as participants learned to rely on themselves rather than others, while emotional confusion can emerge from environments where feelings were invalidated or misunderstood. Brenner et al. (2021) affirmed that attachment-related

avoidance encompasses the degree to which an individual harbors skepticism towards interpersonal relationships and questions the goodwill of their partners. This perspective often leads to a deliberate effort to maintain emotional distance and foster a sense of independence. Individuals exhibiting high levels of attachment avoidance may consciously or unconsciously push others away, fearing intimacy or vulnerability. This behavior can manifest as reluctance to rely on others or share personal feelings, ultimately hindering the development of close, trusting connections (Brenner et al., 2021).

Communication is another core area, as evidenced in this study, where attachment styles manifest. How individuals express themselves, whether openly or with hesitation, often reflects the security or insecurity of their early bonds. Attachment patterns shape a person's communication style, including their comfort with sharing thoughts and emotions, as Participants Teal and Brown indicated, who discussed how they express themselves with others due to commitment and trust issues. Newsom and Myers-Bowman (2017) examined the barriers women who have experienced sexual abuse faced in their pursuit of healthy interpersonal relationships. The findings indicated that these individuals may struggle with trust issues, both in terms of self-trust and in their relationships with members of the offending gender, which coincided with the findings of my research. This lack of trust can significantly impede an individual's ability to form and sustain fulfilling relationships (Newsom & Myers-Bowman, 2017).

Navigating intimacy and vulnerability was a key area, as detailed in the study results, that indicated a central challenge for many adults with insecure attachment. It was

evident in the data that emotional vulnerability, while essential for deep connection, appeared to feel threatening to those with unresolved attachment wounds. Newsom and Myers-Bowman (2017) elucidated that attaining healthy romantic intimacy presented significant challenges for survivors of CSA. This struggle arises from the tendency to associate intimacy with feelings of shame and fear, rather than warmth and affection. Furthermore, survivors may experience intimacy within a framework of dominance and submission, as opposed to the principles of mutuality that characterize healthy relationships (Newsom & Myers-Bowman, 2017). As detailed in my study, physical intimacy brought up discomfort or mistrust, especially when boundaries were previously violated or neglected. As participants Silver, Navy, Olive, and Green evidenced, their discussion of challenges related to sexual intimacy and misunderstanding sex for love. Moreover, these struggles with closeness and the fear of rejection often led to the creation of emotional distance. In their research, Newsom and Myers-Bowman (2017) illuminated the complex dynamics that can occur for survivors of sexual abuse within intimate couple relationships. They highlighted that these individuals may experience re-traumatization characterized by flashbacks and various psychological symptoms when sexual elements of a relationship are initiated. This phenomenon can lead to significant aversions to sexual activity and an array of associated challenges. Notably, the literature indicates that women who have experienced sexual abuse are at a heightened risk for sexual difficulties, which may manifest as a spectrum of behaviors ranging from avoidance of sexual engagement to compulsive sexual behavior (Newsom & Myers-Bowman, 2017).

These findings emphasized the profound impact of prior trauma on current relational and sexual functioning.

Achieving closure emerges as a central theme in Winterstein et al.'s (2023) study. This theme highlights the process by which participants navigate the complexities of reconciling with their childhood experiences. It underscores the importance of making peace with the past as a crucial component of their healing journey. The findings suggest that attaining closure is integral to participants' psychological well-being and overall recovery. Based on the findings in my study, intentional self-work and building healthy relationships toward secure attachments were the essential goals of all the participants. As Participant Gray indicated, therapy has helped cultivate healthy relationships and relationship patterns. Challenges in relationships, while difficult, often provide opportunities for growth and healing.

Overall, the formation of attachment is a complex and dynamic process rooted in early familial relationships and is shaped by a variety of emotional, cognitive, and interpersonal experiences. The findings indicate that these attachment patterns directly impact how individuals communicate and connect with others, encompassing everything from verbal expression to digital interactions and the subtle gestures that promote emotional resonance. Moreover, the ability to engage in intimacy and vulnerability is essential for developing secure attachments, necessitating safe relational environments that foster trust and openness. Finally, the ongoing nature of attachment development is evident in how individuals navigate relational challenges, integrate past experiences, and seek growth through healthier connections and enhanced self-awareness. The findings

demonstrated that both early experiences continuously influence attachment and present relational contexts.

## **Theme 2: Coping Mechanisms**

Coping is defined as the strategic allocation of behavioral and cognitive efforts in response to specific internal and/or external demands that are perceived to strain or exceed an individual's resources (Love & Robinson Kurpius, 2022). As the findings of this study detail, *coping mechanisms* are the conscious and unconscious strategies participants used to manage stress, emotional discomfort, and challenging life situations. These mechanisms vary widely, ranging from emotional regulation techniques to behavioral responses and external support systems. Based on the findings, some coping methods promoted growth and healing, while others were protective or defensive in nature, helping participants survive moments of acute distress.

In my study, seven of the participants articulated how recovery from CSA was a multifaceted and deeply individualized process, often marked by emotional complexity and evolving coping mechanisms. One of the key fundamental forms of coping resulted in *emotional regulation and comfort*. These mechanisms allowed participants to process and soothe emotional responses in healthy and constructive ways. D. Meyer et al. (2017) observed that CSA frequently correlated with insecure attachment styles, independent of the identity of the abuser. Such experiences of sexual abuse can lead to challenges in emotion regulation and significantly disrupt attachment bonds and behaviors, which may subsequently influence adult romantic relationships. Murase et al. (2021) highlighted that children raised in adverse home environments often have their emotional needs neglected

or are exposed to ongoing verbal conflicts between their parents. Consequently, these children may resort to maladaptive strategies for emotional regulation, such as substance use, instead of developing more effective techniques. For example, Participant Teal described her coping mechanism as emotional and psychological avoidance, specifically blocking out or repressing painful memories from her childhood and teenage years. This memory loss she addressed appeared to be her mind's way of protecting her from the trauma she had experienced. However, her mother's drug addiction likely undermined her ability to develop healthy coping strategies. Instead of learning adaptive ways to process pain or seek emotional support, Participant Teal seemed to have internalized avoidance and dissociation as survival tools, leaving her with significant memory gaps and difficulty fully processing her past experiences. The enduring consequences of CSA can impair an individual's capacity to achieve a healthy equilibrium between intimacy and autonomy. In my study, techniques such as emotional reassurance and addressing feelings directly helped individuals validate their internal experiences, rather than suppress them, as Participant Cream indicated. Self-direction was a method implemented to structure ways to monitor mental well-being and prevent emotional escalation. Participant Black also indicated that emotional management fostered a sense of inner control when being intimate with her significant other.

A key coping aspect participants indicated was *social and external support systems*, which enabled individuals to cope through connection, communication, and collective understanding. Hurcombe et al. (2022) underscored the significance of informal support systems, such as those families and communities provide, which are

frequently relied upon more than formal support services within ethnic minority populations. Nonetheless, some survivors might encounter adverse reactions from their families, and informal support networks may inadvertently hinder individuals from seeking additional assistance due to concerns about inducing familial shame. For instance, the majority of the participants did not seek therapy until they were adults. Various participants noted that seeking advice and help from professionals as adults provided clarity and emotional relief. They fostered informed decision-making, as seen in the experiences of participants Navy, Magenta, and Burgundy. Participants detailed that supportive environments, such as therapeutic support groups, created a sense of psychological safety, while the lack of a supportive environment as a child aided in the development of insecurities. The findings indicate that emotional strength is often enhanced through support, where shared experiences and empathy foster meaningful bonds. For some participants, having a social life provided a sense of emotional relief, as seen in participants Green, Red, Teal, Brown, Black, Burgundy, and Cream, who each described their small circle of friends as tight-knit and supportive.

In contrast, some coping strategies rely on *boundaries and distance control*, as Participant Gray addressed, who discussed mental separation, and Teal, who addressed managing boundaries and expectations with friends. They both addressed managing exposure to stressors by creating emotional, physical, or communicative space. Based on these findings, boundary management enabled participants to establish what is acceptable or tolerable in their interactions and relationships. van der Horst et al. (2024) highlighted the nuanced and often delicate nature of boundary-setting for participants within

interpersonal relationships. Participants reported that their initial approach to establishing boundaries was intentionally passive, driven by a desire to preserve the relationship and avoid causing discomfort or conflict. This tendency reflects broader social norms that often discourage direct confrontation, particularly in close or emotionally significant relationships. Participants also emphasized that boundaries were frequently set not only around physical or emotional availability but also concerning their willingness to engage in specific topics of conversation (van der Horst et al., 2024). As in my study, participant Teal noted that she would subtly redirect discussions or refrain from responding fully when a subject arose that they found emotionally taxing or intrusive. These findings suggest that boundary-setting is not a one-time act but rather a dynamic and ongoing process. This can be influenced by contextual factors such as relational closeness, perceived power dynamics, and individual communication styles (van der Horst et al., 2024). Overall, the study underscores the importance of understanding boundary-setting as both a communicative strategy and a form of self-preservation within interpersonal interactions, which coincides with the findings of my research.

In another instance, mental separation was a key aspect that involved compartmentalizing stressful thoughts to prevent them from becoming overwhelming, such as with participant Gray. Limiting communication proved to be a protective step during times of conflict or emotional vulnerability. The management of physical or emotional proximity, such as with family members, parents, siblings, or other close relatives, was an essential strategy for participants to regulate their environment and access to support. The tendency among participants to adopt a facade or present a

composed exterior, despite underlying internal struggles, often facilitated their navigation of demanding environments with diminished vulnerability. According to Brenner et al. (2021), early relationships and interpersonal experiences, particularly those involving traumatic relational encounters such as CSA, are significantly associated with increased vulnerability to interpersonal and romantic challenges.

Additionally, some participants employed cognitive and behavioral strategies that rely on structured thinking, as seen in participant Bronze, who adopted intentional and open communication as a parenting style. The logical thinking strategy allowed participants to assess their situations with clarity and reason, rather than emotional overwhelm. In comparison, D. Meyer et al. (2017) highlighted that secure attachment greatly improves individuals' behavioral and cognitive flexibility. On the other hand, the absence of healthy emotional regulation, which is often linked to secure attachment, can lead individuals to adopt ineffective emotional strategies. This implies that secure attachment is essential for promoting adaptive behavioral responses, which are vital for psychological well-being.

Finally, *defensive and protective responses* emerged when participants attempted to shield themselves from emotional or psychological harm. Protective strategies might include withdrawing from unsafe situations, establishing rigid emotional boundaries, or preparing oneself for complex interactions or internal conflicts. For instance, Participant Brown articulated her decision to disclose her abuse to her parents, highlighting a desire to prioritize their emotional well-being over her own. She expressed concerns regarding their capacity to cope with the traumatic revelation. As a result, Participant Brown

indicated that her internal conflict and experience of CSA led her to exhibit acting-out behaviors that her parents could not understand. These findings demonstrate the complexities of familial dynamics in relation to trauma disclosure and the implications for understanding defensive and protective responses. The findings suggest that internal conflict is a prevalent phenomenon when individuals experience a discord between competing needs or values, particularly when coping responses are in direct contradiction. Effectively navigating these conflicting demands requires challenging emotional decision-making regarding the balance between self-protection and the willingness to engage more fully with the external environment. In their 2022 study, Love and Robinson Kurpius found that female survivors of CSA frequently rely on internalizing coping strategies such as avoidance, withdrawal, and shame, which may serve as protective mechanisms in the short term but can hinder emotional processing and long-term healing. These coping styles often reflect early disruptions in attachment and trust, as indicated in the findings of my study, making it difficult for survivors to form safe and supportive relationships later in life. As a result, many participants indicated that they struggle with emotional regulation, intimacy, and self-worth, reinforcing a cycle of isolation and internalized distress.

Overall, coping mechanisms are multifaceted and not universally effective; they exist on a spectrum that spans from healthy emotional regulation to protective distancing and defensive behaviors. The success of these strategies depends on the context, an individual's background, and the specific stressor faced. The findings articulate that effective coping often requires a flexible and adaptive approach, employing a variety of

strategies to address emotional, social, and cognitive needs in diverse situations.

Additionally, the research findings indicate that recognizing and appreciating the full spectrum of coping responses can foster greater empathy for ourselves and others as we navigate the complexities of psychological resilience and personal development.

### **Theme 3: Trust Dynamics**

According to Garofalo and Bogaerts (2019), adverse experiences encountered during early attachment relationships can significantly hinder an individual's ability to develop *trust* in both significant others and the broader world. In their study, it was detailed that these negative experiences may stem from inconsistent caregiving, lack of emotional support, or trauma, leading to an internalized fear of vulnerability. As a result, individuals may struggle to form secure attachments later in life. They specifically identified *trust dynamics* as a foundational element of interpersonal relationships; however, their formation, maintenance, and disruption can be deeply complex, especially for individuals with histories of emotional trauma, neglect, or relational instability. In my research, it was determined that one of the primary obstacles to developing trust lies in the presence of early relational trauma, where individuals experience dismissal, emotional invalidation, or secrecy within significant relationships. It was proven that these experiences often lead to a fear of being emotionally used or misunderstood. This fear can make them more sensitive to rejection, leading them to avoid confrontation and being vulnerable.

My study revealed that nine participants reported how their experiences of CSA significantly impacted their perceptions of trust in interpersonal relationships. For

example, Participants Rust and Peach discussed the *barriers to trust*, focusing on their expectations of emotional neglect or betrayal. This led them to either preemptively distance themselves from others or suppress their emotional needs in order to maintain a sense of control. Georganda (2019) articulated that the factors that promote personal growth are intricately linked to an individual's sense of worthiness, their capacity to trust others, and their ability to form intimate relationships. Conversely, the factors that inhibit growth are associated with feelings of low self-esteem, a lack of trust, and challenges in interpersonal relationships. The interplay between these growth-enhancing and growth-inhibiting dynamics is significantly influenced by early life experiences (Georganda, 2019). For instance, participant Peach addressed distancing herself from her adult sons because they are males, and by nature, she does not trust them. Over time, such patterns have resulted in a pervasive difficulty in forming or sustaining authentic, emotionally intimate connections. Participant Rust expressed that he wished an adult had paid more attention to him and his sibling so that he could have been protected and supported. He described this lack of attention as neglect, which contributed to his difficulties in trusting others and led to mental health issues in his adulthood.

Closely tied to these barriers is *emotional safety and vulnerability*, which encompasses the internal emotional states and interpersonal conditions required for trust to flourish. As Participants Rust, Green, and Lavender described, emotional safety refers to the perception that one's thoughts, feelings, and disclosures will be received without judgment or harm, while vulnerability involves the willingness to expose oneself emotionally in the context of a relationship. Participant Rust articulated that his father

acknowledged and believed his disclosures regarding trauma, whereas his mother did not, which posed significant challenges for him. Participant Green asserted that once she experiences feelings of betrayal, the possibility of reconciliation becomes unattainable. Participant Lavender elaborated that the only individual in her life who has consistently demonstrated trustworthiness is her adoptive mother. These findings indicated that individuals who have experienced support deficiencies or relationship instability may struggle to maintain emotional openness, instead defaulting to emotional shutdown or withdrawal as protective mechanisms. These responses, although adaptive in earlier unsafe environments, often become maladaptive in adult relationships, inhibiting the development of closeness and mutual understanding. Georganda (2019) elucidated the significant influence of early attachment experiences on relational perceptions. Specifically, the attachment to a primary caregiver, most commonly the mother, plays a crucial role in shaping an individual's worldview regarding interpersonal relationships. This attachment can lead to the development of trust and perceptions of safety in relationships, or conversely, may foster beliefs that relationships are inherently unsafe, unpredictable, and unsupportive (Garofalo & Bogaerts, 2019). Such foundational experiences underscore the importance of early relational dynamics in the broader context of social and emotional development. The findings suggest that the lack of a safe "comfort zone" for self-expression can hinder the natural development of trust, even in relationships with high security potential.

In addition, *trust evaluation and perception* are key processes that help people understand and build trust in their relationships. Garofalo and Bogaerts (2019) asserted

that insecure attachment can contribute to difficulties in establishing feelings of trust and a sense of personal safety. These factors are recognized as integral components of the deficits in intimacy and social skills that are often associated with experiences of child sexual abuse. In my research, various participants expressed that trust must be earned, demonstrated through consistency, reliability, and proof of good intentions. In such cases, even minor relational inconsistencies were interpreted through a lens of skepticism, with past experiences of betrayal being projected onto new or existing relationships. The findings have proven that this often results in hyper-vigilance, fear projection, or a persistent sense that others are untrustworthy unless proven otherwise. For example, participant Silver addressed the feeling of uncertainty and always being in “fight or flight” mode. Participant Blue articulated her internal apprehension regarding social engagement, attributing her reluctance to the relatively low expectations she holds of others. Such cognitive and emotional filtering not only impacts current relational dynamics but also reinforces existing schemas about relational danger and emotional risk.

However, through *relationship development and upkeep*, trust can be gradually rebuilt or strengthened through shared experiences, open dialogue, mutual understanding, and demonstrated reliability. The findings have indicated that despite these challenges, trust is not a static trait but an evolving process that can be nurtured over time through meaningful connections. Höltge et al. (2023) found that child maltreatment often happens at the hands of people whom children trust. This abuse can have immediate effects on how children connect with important figures in their lives, as well as long-term effects on their relationships as adults. Specifically, experiencing child maltreatment can increase

the risk of attachment-related anxiety and avoidance later on (Höltge et al., 2023). The authors also examined the concept of trust, highlighting its crucial role in relationships and organizations. They explained that trust is not just a personal feeling; it is a complex idea that social, cultural, and contextual factors influence (Höltge et al., 2023).

Participants Olive and Green shared their valuable perspectives on the intricate ways trust can be fostered through shared experiences and a deep mutual understanding. They emphasized the significance of meaningful interactions, highlighting specific instances where collaborative efforts and open communication helped bridge gaps between individuals. By recounting personal anecdotes, they illustrated how moments of vulnerability and shared challenges served as catalysts for building trust, ultimately leading to stronger relationships. Their insights underscored the idea that trust is not only built over time but is also reinforced through ongoing dialogue and collective experiences that resonate on a personal level.

Participant Olive reflected on how she believed the essence of time was helping to rebuild her relationship with her parents. Participant Green noted that learning to manage her triggers and truly understanding the feelings of shame has helped her stop isolating from her family. Relationships that offer mutual benefits tend to foster greater emotional investment and a sense of safety. This safety allows people to confront their feelings of distrust. Over time, these experiences help build a stronger foundation for relationships.

They demonstrate that trust can be developed and maintained, even for individuals who have previously struggled with it.

Nevertheless, *personal and interpersonal obstacles* often remain salient in this process. On a personal level, unresolved psychological issues such as anxiety, low self-worth, or attachment insecurity can interfere with one's ability to engage in trust-based relationships. On an interpersonal level, difficulties with emotional articulation, inconsistent behavior, or perceived unreliability in others may exacerbate the individual's sense of relational vulnerability. Participants Bronze and Green articulated how their experiences of abuse have contributed to their development as overly protective parents. This protection stems from heightened levels of anxiety and a profound fear of permitting their children to be in environments where they might face similar harm. Participant Brown explained that her traumatic experiences make it impossible for her to be affectionate with her loved ones, especially her daughter, which has proven to be problematic in their relationship. In relation to my current study, D. Meyer et al. (2017) examined the effects of CSA and its lasting impact throughout a person's life. They indicated that this type of trauma can disrupt crucial developmental processes. The authors further elaborated that fear arising from interpersonal interactions due to sexual abuse may hinder the formation of healthy relationships, potentially leading to the development of insecure attachment styles. Furthermore, other crucial tasks associated with relationship building may also be compromised. These obstacles underscore that trust is not merely a matter of individual will but also of relational context and emotional capacity. In many cases, individuals may genuinely desire connection and security yet

feel fundamentally unprotected or unable to express themselves due to deep-seated fears of abandonment or betrayal.

In sum, trust dynamics involve various psychological, emotional, and relational factors that change over time and in different situations. You can build trust through intentional efforts in your relationships. However, the findings suggest that it frequently necessitates the relinquishment of ingrained protective behaviors that individuals have maintained over extended periods. The findings emphasized the need for emotional safety, as it is a complex process that involves building trust, which can be particularly challenging for individuals who have experienced trauma, neglect, or insecurity in their relationships.

#### **Theme 4: Relationship Satisfaction**

Relationship satisfaction refers to the overall contentment and fulfillment individuals feel in their romantic and interpersonal connections. Various factors, including communication, emotional intimacy, and mutual support, influence it. This study shows that childhood experiences, such as attachment styles, parenting quality, and early trauma, can significantly shape how adults form and maintain relationships. These early influences impact various types of adult relationships, including romantic partnerships, friendships, and even professional or familial bonds, often setting the foundation for how individuals trust, connect, and respond to others emotionally. Healthy intimate relationship functioning among female survivors of CSA is a central theme in the resilience process. Newsom and Myers-Bowman (2017) emphasized that for many survivors, building healthy relational and sexual functioning is not a passive result of

healing but an active, ongoing process. Rather than simply returning to a pre-trauma state, survivors often engage in deliberate efforts to reconstruct their sense of self and redefine what intimacy and trust look like in their adult lives. In my study, 10 participants indicated how, for specific relationships, childhood sexual trauma experiences impacted their relationship satisfaction.

Participant Green, who identifies as a Queer, specifically pinpointed long-term friendships that suffered. Craig et al. (2020) found that LGBTQ+ people often experienced higher rates of family problems, emotional neglect, and abuse. Traumas from childhood can profoundly affect individuals both immediately and in the long run. Families in crisis may struggle to provide the emotional support and secure relationships needed for good mental health and healthy connections during adolescence and later in life (Craig et al., 2020). Participant Teal indicated sexual relationships as an issue with her well-being, as she equated sex with love. Participant Blue detailed how friendships and romantic partnerships were impacted due to the fear of having to surrender control to another person. Most of these participants further articulated how *emotional fulfillment* within a relationship can be complex and deeply layered for survivors of childhood sexual trauma. The research findings provided data indicating that achieving *emotional security and well-being* may take time and require patience and understanding. Additionally, it was evident that unfulfilled needs or emotional limitations stemming from trauma can affect intimacy, trust, and vulnerability. It has also been proven that when these emotional needs are left unmet, satisfaction in relationships may suffer;

however, with empathy and safe communication, healing and a more profound connection are possible.

Moreover, relationship satisfaction for trauma survivors often shifts with *change over time and healing*, as Participants Bronze and Coral detailed. Some periods in life may feel more secure and fulfilling, while others may bring emotional setbacks or resurfacing trauma. For instance, a couple's relationship history and the way they have dealt with past challenges can significantly impact their current connection. Participant Coral shared her experience of a time when she could not be touched, not even by her husband, without feeling uneasy and uncomfortable, and also highlighted the lack of emotional satisfaction and well-being. Brenner et al. (2021) highlighted a recently observed association between diminished satisfaction in romantic relationships and avoidant attachment styles among adult survivors of CSA. Participant Bronze further affirmed these findings by articulating her feelings of disconnection in her marriage, with her children, and even when she was dating.

Furthermore, these findings highlight how trauma can impact *relationship quality* and survivors' *engagement* within it. Survivors may struggle with trust, physical closeness, or emotional expression, which can affect the overall quality of the relationship. For instance, participant Cream elaborated that physical touch among romantic partners and within friendships triggers a physiological response that leads to a shutdown of her bodily sensations. This reaction creates an emotional and physical distance between herself and the individuals involved. In the study Newsom and Myers-Bowman (2017) conducted, participants discussed their challenges with physical touch as

they worked through the pain associated with abuse. One participant expressed that she viewed sex as painful, which made it difficult for her to engage with touch, but she is choosing to reframe her mindset. Another participant shared that she had to stop perceiving herself as an object and a sexual victim. The authors reported that she addressed shifting her perspective to embrace her identity as a sexual being, focusing not on the aspects of herself that had been taken from her (Newsom & Myers-Bowman, 2017).

Tension and conflict can be especially triggering for individuals with a history of sexual trauma, based on the results of the study. More so, it was identified that emotional flashbacks or heightened anxiety may emerge during disagreements, making conflict feel unsafe, just as participants Silver and Navy relayed. Both participants addressed how sex as adults causes tension and conflict in their relationships. Participant Silver affirmed that sex with her husband is triggering. He wants to please her, yet she relives her traumatic experience during sex. Brenner et al. (2021) clarified that experiences of CSA can lead to significant adverse effects on survivors' social functioning and interpersonal relationships. This encompasses challenges in various domains such as interpersonal dynamics, romantic engagements, and intimate relationships, as well as difficulties in marital functioning and increased propensity for sexual risk-taking behaviors. To further verify the findings, participant Navy articulated that all of her sexual relationships since college have been impacted because sex feels like an obligation to her, and it is not enjoyable. Early relational experiences and interpersonal interactions, particularly those characterized by trauma, such as CSA, have been shown to correlate with increased

vulnerability to challenges in interpersonal and romantic relationships. Attachment orientations may serve as a significant explanatory factor for the variability in interpersonal vulnerability observed among survivors of CSA (Brenner et al., 2021).

Survivors navigate the *external* presentation of their intimate relationships, particularly in social contexts. There is often a perceived pressure to maintain the appearance of a “normal” or healthy relationship, despite ongoing *internal* emotional struggles. The outward portrayal with friends and family may not accurately reflect the private dynamics of the relationship. This discrepancy between public image and private experience can be emotionally taxing, as individuals work to reconcile external expectations with internal realities. Brenner et al. (2021) focused on internal relational dynamics, such as insecure attachment, among adult survivors of CSA. Their findings support a broader argument: that internal emotional barriers, particularly attachment insecurity, may influence how survivors manage the social image of their relationships, potentially reinforcing feelings of isolation and emotional disconnection (Brenner et al., 2021). For instance, participant Gray reflected on how her early interpersonal experiences shaped her perception of others and their relational boundaries. Participant Gray described difficulty discerning others’ intentions, stating that some friendships were not genuine, which led to confusion and mistrust. Based on the findings, this lack of clarity contributed to a pattern of blurred or absent boundaries, leaving her vulnerable to manipulation in social interactions. As a result, she adopted a self-protective approach by limiting close relationships, maintaining emotional distance even while engaging socially with many individuals. In romantic contexts, participant Gray reports heightened fear and

avoidance, indicating that past experiences contributed to a deep reluctance to form intimate partnerships. This fear, combined with low self-esteem, exacerbated by body image issues stemming from childhood coping mechanisms like emotional eating, led her to avoid dating altogether. To clarify, these life experiences underscore the long-term impact of early relational trauma on self-perception, boundary-setting, and emotional safety in both platonic and romantic relationships. Moreover, in Patterson et al. (2023), setting boundaries emerges as a significant challenge but also a crucial step toward building healthier relationships for male survivors of CSA. The study highlights that survivors often struggle with establishing clear emotional and relational boundaries due to confusion about intimacy and past trauma. This lack of clarity can lead to difficulties in knowing what feels safe or appropriate in relationships. For instance, participant Yellow suggested that he perceives all types of relationships, whether platonic or sexual, as interconnected. The findings imply a blurred distinction between different relational boundaries or roles, indicating that social and intimate connections are deeply linked and cannot easily be separated.

Overall, complex emotional needs, evolving dynamics, and the ability to build trust and security shape relationship satisfaction in individuals impacted by childhood sexual trauma. Survivors may experience emotional limitations and unfulfilled needs that affect intimacy and connection, while relationship satisfaction can fluctuate over time as healing progresses. The findings suggest that levels of engagement and quality of interactions may differ significantly among individuals, with conflicts serving as particularly triggering events that can heighten anxiety and tension. Furthermore, the

results highlight the necessity of employing trauma-informed communication strategies, as these approaches can mitigate distress and promote stability and emotional trust within interpersonal relationships.

### **Theme 5: Internal and External Influencing Factors**

The impact of CSA was described to have extended beyond the initial trauma, shaping the lives of participants through both *internal and external influencing factors*. As detailed in the findings of this study, these factors are intertwined in affecting how survivors built, maintained, or struggled within their relationships. CSA has lasting consequences for survivors, especially in adulthood when navigating interpersonal relationships. Internal factors, such as attachment insecurity and difficulties with self-concept, often emerge from early disruptions in developmental processes, which can impair the capacity to build and maintain healthy relational bonds (Allen et al., 1996). External factors also play a critical role, as family dynamics and broader social environments shape how survivors process their trauma and engage with others (Felitti et al., 1998). Additionally, the presence or absence of supportive systems influences whether survivors develop resilience or remain vulnerable to relational difficulties (Newsom & Myers-Bowman, 2017). Together, these internal and external influences underscore the multifaceted impact of CSA on adult survivors' interpersonal functioning.

In my study, 17 of the participants shared how their childhood experiences have affected their ability to form relationships in adulthood. Each participant provided insights into the nature of their current relationships and elaborated on both internal and external factors that influenced their *relationship dynamics and social interactions*. The

finding proved that CSA often altered how survivors engaged with others, shaping their current relationships, friendships, and even marriages. In adulthood, relational patterns, particularly in marriage or close partnerships, are often influenced by these earlier experiences. CSA disrupted attachment, making intimacy and trust difficult in adult relationships (Allen et al., 1996). Early relational experiences shaped emotional regulation, with many survivors developing anxious or avoidant attachment patterns (Ainsworth & Bowlby, 1991). These attachment patterns influenced adult relationship quality and coping strategies (Boroujerdi et al., 2019). When considering the internal and external factors that impact current relationship experiences and the capacity to maintain relationships as adults, it is important to focus on the dynamics of these relationships and the influence of social factors. To further illustrate, participant Yellow described valuing a long-term friendship over having many friends. His emphasis on “quality over quantity” suggested that past trauma had shaped a cautious approach to forming new connections. Moreover, relational trust was rooted in stability and longevity rather than expanding social circles. Additionally, participant Rust reflected on how intimacy struggles in marriage were tied to unresolved trauma. The over-reliance on sexual activity for emotional closeness showed how trauma had influenced relationship dynamics, creating insecurity and misunderstanding. The separation highlighted how unmet needs and lack of early intervention had strained his relationship.

Participant Olive kept work relationships distant and professional, choosing not to share personal life with colleagues. This distance suggested self-protection, possibly rooted in trauma, where keeping others at arm’s length had felt safer than risking

vulnerability. Participant Magenta focused on professionalism and positivity in the workplace, utilizing faith and affirmations as coping mechanisms. Relationships at work were functional rather than personal for her, which indicated a survival strategy of maintaining stability through civility while limiting deeper emotional involvement. Participant Green described being selective with relationships, allowing only a few coworkers into her personal life. While she stated that she did form meaningful friendships, she mentioned that she preferred to keep professional and personal spheres separate. This boundary-setting reflected a desire to control intimacy and prevent conflict, possibly linked to trauma. Participant Burgundy emphasized being supportive and relatable with colleagues, which suggested a tendency to overcompensate by being helpful. This drive to maintain “strong, decent relationships” can reflect an adaptive coping style shaped by past experiences of needing approval and connection. Participant Lavender detailed that her relationships were work-based, often situational, and limited to casual conversations. Her emphasis on professional civility suggested comfort with surface-level interactions while avoiding deeper bonds. This approach hinted at cautious engagement shaped by past relational difficulties.

Participant Red stated that she did not have close relationships with male friends and took longer to build trust with female friends. This reflected boundaries shaped by past trauma, where gender dynamics and vulnerability had influenced how and with whom they formed bonds. Participant Navy described having a very small circle of lifelong friends and never engaging in large social groups. She stated her comfort with long-term, intimate friendships over broad networks suggested a preference for security

and predictability in relationships, likely as a protective response to trauma. Participant Bronze valued friendships with people who respected space and boundaries. Her preference for limited contact and avoidance of frequent interaction suggested withdrawal as a way to manage vulnerability. Trauma may have contributed to this desire for emotional distance. Moreover, participant Cream described deeply connected, long-term friendships that felt like family. These strong ties indicated that, despite trauma, she had built a reliable support system where trust and closeness could flourish within a very small circle.

Additionally, participant Teal also highlighted the lifelong friendships built on mutual support and understanding. Though she did not require daily interaction, the relationships were strong and consistent. This reflected how trauma survivors had relied on a few deeply rooted bonds for security and belonging. Participant Blue stated that she maintained a small circle of close friends who knew about her trauma and provided support during crises. This openness suggested a selective but trusting dynamic, where a few chosen relationships had been safe enough for disclosure and reliance. Based on the findings, the current relationships of participants were often shaped by caution, selectivity, and a preference for smaller circles of trust. Many maintained professional and distanced work connections, while investing more deeply in long-term friendships that had proven reliable over time. Trauma had influenced patterns of closeness and distance, with some survivors withdrawing to protect themselves and others leaning on a few trusted individuals for support. Hope and the presence of secure attachment figures could buffer negative effects, improving relational satisfaction and confidence (Blake &

Norton, 2014). CSA survivors often experienced persistent relational vulnerability and difficulties with intimacy (Mikulincer & Shaver, 2005). Access to supportive networks, validation, and feelings of mattering enhanced resilience and promoted healthier adult relationships (Love & Robinson Kurpius, 2022).

In another instance, when addressing internal and external factors regarding how childhood experiences have impacted the ability to develop relationships as adults, particularly in relation to relationship dynamics and social influences, participants Peach and Lavender expressed challenges. Participant Peach stated that she did not trust anyone. This response showed how childhood experiences had deeply undermined her sense of safety in relationships. The inability to place trust in others reflected how trauma had carried into adulthood, limiting her capacity to form close or meaningful connections. Additionally, participant Lavender noted that she had found it more challenging to express herself in relationships. She shared that she had attachment issues, dependency on others, and difficulty trusting people. These struggles reflected the lasting effects of trauma, yet Participant Lavender also acknowledged that supportive and patient partners made it easier to navigate relationships. This showed that while trauma had created barriers, understanding social influences allowed some room for healing and growth. Negative social responses or lack of support often intensified relational difficulties (Eisikovits et al., 2017). In their study, it was found that social and cultural contexts,

including ethnicity and socioeconomic status, further shaped relational outcomes and the ability to trust others (Patterson et al., 2023).

Based on the findings, internal struggles such as emotional scars, uncertainty, and negative beliefs affected survivors' confidence and capacity for intimacy. Many participants addressed that they carried *emotional and mental associations* tied to trauma that resurfaced in adult relationships. Early attachment experiences deeply influence emotional and psychological development. Children with secure attachments tend to develop adaptive emotion regulation strategies and resilient coping skills, while insecure attachments are associated with heightened anxiety, avoidance, and difficulties managing stress (Ainsworth & Bowlby, 1991) When reflecting on how childhood experiences shape adult relationships, especially in terms of emotional and psychological factors, participant Rust noted that he often felt clingy when it came to intimacy. Childhood experiences had shaped his emotional mindset, fostering an intense need for closeness, even when it was not healthy or appropriate. This suggested that trauma had left him with emotional insecurity, leading to a fear of losing connection and an overwhelming desire to hold on tightly to partners. The research showed that participant Rust's experience showed how childhood trauma had shaped his emotional and psychological mindset in adulthood. Intimacy triggered heightened attachment needs, leaving him vulnerable to clinginess and insecurity. This pattern reflected how unresolved trauma had intensified fears of abandonment and complicated his ability to develop balanced, healthy relationships. CSA and other early traumas can disrupt these processes, predisposing survivors to psychopathology such as depression, anxiety, or suicidal ideation (Boroujerdi et al.,

2019). Additionally, trauma can also impair self-concept and emotional regulation, leaving survivors vulnerable to negative psychological patterns throughout adulthood (Allen et al., 1996).

Moreover, in consideration of the emotional and psychological landscape influenced by both internal and external factors, Participant Peach provided a personal account to further elucidate the nuances of this experience. Participant Peach shared how childhood violations of trust impacted her adult relationships. She expressed that she bears emotional scars that hinder her ability to rebuild trust, believing that even close individuals are unsafe due to past abuse from family and friends. This history has created lasting barriers in her adult relationships and affected her bond with her own children. Consequently, as an internal influencing factor, betrayal and trauma shaped Participant Peach's emotional and psychological mindset, leading to fear, mistrust, and hypervigilance. This inability to rebuild trust damaged her sense of safety and self-perception, affecting her relationships well into adulthood. Accordingly, Participant Peach's experiences of abuse by family and friends fostered feelings of betrayal and isolation, as those who should have protected her became sources of harm. This shaped her views on male relationships, including with her own sons. Despite seeking therapy from age 16, the impact of trusted figures' betrayal created lasting barriers that therapy alone could not easily resolve. Participant Peach's account illustrated how childhood trauma shaped her emotional and psychological mindset in adult relationships. It fostered patterns of mistrust and guardedness, reinforced by betrayal from caregivers. These factors hindered her ability to trust and significantly influenced her approach to intimacy,

family dynamics, and parenting. Höltge et al. (2023) found that childhood maltreatment can shape adult emotional mindsets by promoting hypervigilance, distrust, and low self-worth. Conversely, interventions that foster secure attachment, affirmation, and emotional processing can help survivors gradually develop healthier self-perceptions and coping strategies (Dansby Olufowote et al., 2020).

The quality of parenting, the presence or absence of caregivers, and family avoidance of difficult conversations all shaped how survivors developed their relational frameworks. *Family structure and developmental history* influenced how survivors later approached their own parenting roles. Families that failed to equip children with tools for safety and trust deepened vulnerabilities, while supportive and attentive family members served as protective buffers. Family structure played a critical role in shaping attachment patterns and developmental outcomes. Allen et al. (1996) found that early disruptions in family dynamics were linked to long-term psychopathology, showing how parental availability and caregiving styles influenced the ability to form secure attachments. Research also suggested that adverse family environments, such as abuse or dysfunction, heightened risks for later health and relational problems. Felitti et al. (1998) demonstrated through the ACE study that childhood abuse and household dysfunction significantly predicted adult difficulties, showing the strong impact of family structure on long-term well-being. Bowlby (1988) explained that the family system functioned as a “secure base,” meaning that emotionally available parents enabled exploration and resilience,

while emotionally absent or abusive caregivers disrupted identity and relationship development.

In examining the influence of childhood experiences on the capacity to form relationships in adulthood, particularly within the context of family structure and developmental history, participants articulated their perspectives. Participant Coral reflected on how early experiences of threat or lack of safety led to hypervigilance in her parenting. Her distrust of others around her children suggested that her developmental history included exposure to unsafe or neglectful environments, shaping beliefs that the world was inherently risky. This wariness demonstrated how disrupted family structures or adverse childhood experiences (ACEs) led to overprotectiveness and challenges in trusting others, which directly affected how she navigated relationships as an adult. Participant Cream illustrated a conscious effort to parent differently from her own childhood, highlighting how formative family experiences shaped relational styles. Growing up in an environment lacking affection and communication influenced her early social and emotional development, initially constraining her ability to express love or trust. However, her active efforts to communicate, show affection, and teach safety indicated that awareness of past deficits allowed adults to intentionally foster healthier relationships. Participant Cream's approach demonstrated that understanding one's developmental history could guide adaptive parenting and relational strategies, promoting secure attachments in the next generation.

In exploring additional details regarding the impact of Childhood Sexual Abuse (CSA) on the ability to establish healthy relationships, especially within the framework of

family dynamics and developmental background, participants shared their insights. Participant Teal described how early protective instincts shaped her parenting style, reflecting how CSA experiences heightened her vigilance and need for control over her children's environments. Her evolution from a "helicopter" parent to a guiding role suggested that while CSA could instill hypervigilance and mistrust, developmental growth and experience allowed survivors to gradually establish more balanced relational approaches within their families. When abuse occurred within the family, even very early, children's attachment representations were altered: sexually abused preschoolers exhibited attachment deviations that forecasted later relational mistrust and difficulty forming secure bonds (Charest et al., 2018). Participant Lavender pinpointed the profound effect of CSA on trust and relational foundations. Being abused by a primary caregiver, her grandmother, disrupted her ability to rely on those who were meant to provide safety, creating long-term relational and emotional challenges. She emphasized ongoing healing and resilience, showing that while CSA could undermine trust and self-perception, active reflection and effort could support the development of healthier adult relationships. Participant Blue reflected the enduring protective behaviors stemming from her own experiences of CSA, focusing on shielding her children from potential harm. Her insistence on delaying exposure to certain experiences demonstrated how childhood trauma could affect parental decision-making and relational boundaries. This overprotectiveness illustrates the tension between preserving children's innocence and fostering autonomy, a dynamic influenced by developmental history and family structure. Parental characteristics and rearing behaviors, such as parental self-esteem, warmth, and

discipline practices, directly influenced adolescent attachment and later adult relationship expectations, showing that parental functioning is a potent external influence on identity formation (Yang, 2011).

When examining what each individual understands about their current relationship, it is important to take into account their family structure and developmental history. Participant Tan shared that she has a complicated relationship with her mother. Early feelings of resentment and the difficulties of growing up in a single-parent household influenced this relationship. Her mother's unavailability affected how she viewed family support, and her father's absence initially made their connection difficult. However, as she became an adult, she found opportunities to reconnect and forgive, showing how her past experiences and family situation shaped her ability to mend relationships. Participant Olive described how she and her family depend on each other for both practical help and emotional support. Childhood trauma left unspoken issues that quietly affected her relationships. Despite this, she found mutual support that strengthened their bonds. This shows how outside factors, like mobility needs and caregiving roles, combined with her personal coping strategies, shaped her family relationships. Participant Rust emphasized the impact of his own childhood experiences on his parenting, particularly through overprotectiveness. He framed his cautious approach as a protective mechanism, reflecting how developmental history and early family experiences influenced his relationships and caregiving behaviors within the family structure. Participant Lavender reported generally functional household relationships but noted limited emotional availability from her adoptive mother and other

family members. Her heightened emotional sensitivity, rooted in her childhood experiences, created challenges in navigating emotional needs. This highlighted how early developmental trauma influenced both internal emotional regulation and external interactions within the family system. Participant Coral explained that her distance in current relationships stemmed from early expectations to prioritize others' needs over her own, particularly from her mother. Her father's limited involvement further shaped her relational patterns. This illustrated how internalized beliefs about duty, respect, and self-worth, shaped by family structure and developmental history, continued to influence her adult family relationships.

In examining the influence of childhood experiences on adult relationships, particularly regarding emotional and psychological dimensions, participants provided valuable insights into their current relational dynamics. They expressed how various internal and external factors have significantly shaped their *coping mechanisms and survival strategies* throughout their lives. This qualitative exploration emphasizes the complex relationship between formative experiences and adult relational patterns, highlighting the importance of context and individual experiences in shaping emotional resilience and interpersonal engagement. Social context also shapes coping. Supportive networks, including family, peers, and therapeutic relationships, buffer stress and encourage adaptive coping, while negative responses to disclosure can exacerbate PTSD, depression, or maladaptive strategies (Nikulina et al., 2016). Participants in my current

study often relied on coping mechanisms that profoundly influenced their approach to intimacy, communication, and trust within relationships.

For instance, Participant Cream explained that building relationships in adulthood had been challenging because of the need to appear strong and guarded. Childhood experiences had taught her that vulnerability could lead to harm, so she relied on protective behaviors as a survival strategy. Internal coping factors for her consisted of keeping a wall up and presenting herself as strong. This mindset functioned as emotional armor, reducing the risk of being taken advantage of. However, it also limited her ability to fully open up and build deeper connections. External coping factors entail a heightened awareness of others' intentions, which influenced her interactions. Participant Cream appraised social environments cautiously, and relationships were filtered through a lens of self-protection. This survival skill helped her avoid further harm but often created emotional distance in her adult relationships. Furthermore, this showed how childhood trauma had shaped her coping and survival skills in ways that directly affected adult relationships. The need to appear strong and guarded provided safety but also restricted closeness, reflecting the long-term impact of trauma on relational trust and openness.

Mindfulness and reflective awareness can act as protective coping tools, enabling survivors to regulate emotions, process trauma, and reduce vulnerability to revictimization (Dussault et al., 2022). CSA survivors often employ agency-driven coping to regain control over their lives. This can include setting boundaries, seeking therapy, engaging in advocacy, or reconstructing personal narratives to reframe the trauma experience (Newsom & Myers-Bowman, 2017). Long-term survival strategies

may include building secure attachment patterns in adult relationships, cultivating self-worth, and integrating supportive interventions to offset early maladaptive coping habits (Dansby Olufowote et al., 2020). Furthermore, these strategies can be strengthened through a range of methods, including targeted workshops, interactive training sessions, and ongoing mentorship, as outlined in the comprehensive research Love and Robinson Kurpius (2022) conducted. Their study highlighted the importance of adaptive learning techniques and collaborative exercises, which serve to deepen the understanding and application of these strategies in practical settings. By employing a combination of these approaches, organizations can ensure that the strategies not only take root but also evolve in response to emerging challenges and opportunities.

The findings illustrate that CSA significantly influences the *belief systems and identity formation of survivors*, as well as the standards they establish for themselves. The psychological repercussions of such trauma can lead to profound alterations in self-perception, shaping the survivors' worldview and affecting their personal and social expectations. Participants articulated how childhood experiences have influenced their capacity to form interpersonal relationships in adulthood. This examination encompasses the domains of beliefs, identity, and self-perception while taking into account both internal and external influencing factors. Survivors often found it hard to share their feelings and had low confidence. However, they also discovered strengths in themselves and found common ground with others, which helped them form closer relationships. Their beliefs and identity acted as guides, influencing whether they saw relationships as safe or dangerous. Boroujerdi et al. (2019) showed that a history of childhood abuse was

tied to attachment insecurity and heightened suicide risk, reflecting how external harm altered internal self-worth and coping. Likewise, Craig et al. (2020) demonstrated that LGBTQ+ youth exposed to ACEs developed patterns of self-perception that were often marked by stigma and relational distrust, showing the powerful interaction between external adversity and internal identity development.

Participant Blue explained that childhood experiences had impacted her ability to develop relationships by creating a strong need for control. The lack of control she experienced during trauma shaped how she interacted with others, often influencing the dynamics of her adult relationships. Self-perception and identity had been shaped by her past trauma, which was internalized as internal factors. She explained that she developed Type-A personality traits and a tendency to control situations as a way to regain a sense of safety. This mindset made it difficult to trust others fully or relinquish power in relationships. Externally, her interactions were influenced by the need to manage and predict outcomes to feel secure. The desire for control affected how she navigated intimacy and partnership, creating structured or rigid relational patterns as a protective mechanism. Participant Blue demonstrated how childhood trauma shaped beliefs, identity, and self-perception, which in turn influenced her adult relationships. Her need for control reflected both a coping strategy and a barrier to vulnerability, showing how internal frameworks shaped by past experiences affected relational dynamics.

Furthermore, each participant expressed their views on the question: “What supplementary insights would you like to contribute that have not been specifically addressed?” Moreover, the discussion examined how childhood experiences have shaped

individuals' abilities to cultivate relationships in adulthood, particularly in relation to beliefs, identity development, and self-perception. Participant Silver stated that not receiving justice for childhood experiences left vulnerabilities and affected openness in relationships. Internally, this created feelings of unresolved hurt and a lack of closure, which influenced how she trusted and engaged with others. Externally, the absence of advocacy from adults reinforced the sense that her needs and rights were not protected, shaping her beliefs about fairness, safety, and relational trust. Participant Burgundy reflected on her experiences as a high-achieving student and early-career professional, noting that she assumed significant responsibilities at a young age, including parenting at 16. Internally, this shaped her identity as resilient, capable, and driven, but also introduced pressures and challenges that may have affected her emotional availability. Externally, early responsibilities and achievements influenced how others perceived her and the roles she adopted in relationships, potentially creating expectations that she had to manage. Participants Silver and Burgundy illustrated how childhood experiences shaped beliefs, identity, and self-perception in nuanced ways. For participant Silver, trauma and lack of justice reinforced vulnerabilities and caution in relationships, while for participant Burgundy, early responsibilities fostered resilience but also introduced relational challenges.

Together, these examples highlighted the interplay of internal and external factors in shaping adult relational patterns after childhood trauma. Newsom and Myers-Bowman (2017) described how survivors reframed their identities from "victim" to "survivor," illustrating how beliefs about the self can shift positively through resilience and meaning-

making. Overall, the literature suggested that internal attachment processes interact with external environmental factors, such as abuse, stigma, or support, to shape beliefs, identity, and self-perception across development.

### **Theme 6: Emotional and Psychological Responses**

Barriers such as past trauma, fear of vulnerability, emotional disconnection, and cognitive-emotional conflict can significantly hinder the ability to form secure and lasting connections, presenting numerous *emotional and psychological* challenges. Patterson et al. (2023) found that male survivors of CSA often experienced profound emotional and psychological impacts, particularly feelings of shame, self-blame, and confusion about responsibility. Consistent with the findings of my study, Patterson et al. (2023) also reported that a significant number of participants employed avoidance as a coping mechanism. These individuals exhibited challenges in articulating their experiences of abuse and processing associated emotions. Such tendencies toward emotional suppression frequently resulted in social isolation and hindered access to supportive resources. The internalization of emotions, as highlighted in the findings of my study, has exhibited a prolonged persistence over the years, significantly influencing the participants' self-concept and overall emotional well-being. These challenges often evoked a range of conscious and unconscious psychological responses that influenced how they each expressed emotions, coped with relational stress, and perceived themselves and others.

In my study, eight of the participants addressed barriers to developing relationships in adulthood. They each further detailed how adult relationship challenges often elicit a range of *emotional defense mechanisms* that serve to protect them from

anticipated emotional pain or rejection. Participants Rust and Red articulated how they build protective walls to avoid vulnerability, which leads to emotional masking, where authentic feelings are concealed beneath socially acceptable or neutral expressions. Brenner et al. (2021) explored how adult survivors of CSA experience emotional and psychological challenges, focusing on attachment styles and relational entitlement. In their study, survivors of CSA reported significantly higher levels of attachment anxiety and attachment avoidance than individuals without CSA histories (Brenner et al., 2021). These insecure attachment patterns reflect heightened fears of abandonment or discomfort with emotional intimacy, both of which are core psychological responses that early trauma shaped (Brenner et al., 2021). In my study, the finding identifies emotional shutdown as a prevalent mechanism, characterized by emotional numbing and withdrawal from interpersonal engagement. For instance, participant Red explained that she feels too vulnerable to lower her guard and share her feelings with others. Participant Rust expressed that issues of forgiveness and trust arise from his experience of abuse at the hands of his sibling, making him uncomfortable with the idea of building a relationship with him. These protective strategies have proven to hinder emotional intimacy and relational growth.

Patterson et al. (2023) found that trust was a significant relational difficulty in adulthood for male survivors of CSA. Survivors reported a lasting sense of wariness toward others, particularly mistrust of men, which often led to social withdrawal and isolation (Patterson et al., 2023). The study also highlighted that survivors frequently struggled to accept expressions of care, instead of feeling safer pushing people away.

These narratives demonstrate that early trauma disrupted their ability to trust, leaving many emotionally guarded or disconnected in later relationships. Participant Blue has articulated that her primary barrier to developing lasting relationships stems from her experiences as part of a military family, where frequent relocations significantly hinder the formation of enduring connections. She further explained that she only works from home to minimize her interactions with others, which impedes the establishment of authentic emotional engagement.

The participants' ability to open up emotionally in adult relationships can be very complicated. This is especially proven true for people who have learned from past experiences to link vulnerability with being hurt. The findings revealed a significant pattern of emotional vulnerability among participants. Participant Red articulated her experience of having to adopt the role of the "strong person" from an early age, indicating a deep-seated need to manage emotional expectations. Additionally, participant Lavender emphasized her constant portrayal of being "bubbly and fun-loving" in her interactions with friends and loved ones, highlighting the social pressures and expectations that shaped her emotional expression. These expressions detail how fears of rejection or emotional invalidation frequently stifles the willingness to be seen and emotionally honest. Tasharofi and Barnes (2019) found that CSA negatively impacts impulse control in adulthood. The authors further suggested that CSA leads to emotional dysregulation, making survivors more vulnerable to intense emotional reactions and difficulties managing their emotions. Emotional distress, when internalized, may result in emotional disconnection, wherein individuals distance themselves not only from others

but from their own feelings. This distancing creates barriers to emotional authenticity and contributes to cycles of misunderstanding. For example, Participant Bronze admits she was not emotionally connected to her husbands and only became aware of this through therapy in her late 30s. Her description of their relationships—“we weren’t close at all,” and “they lived their own life, I lived my own life”—highlighted a lack of emotional intimacy or shared experience.

The *impact of trauma* is not only emotional but behavioral, influencing how individuals engage in and withdraw from relationships. Garofalo and Bogaerts (2019) noted that early traumatic or inadequate attachment experiences contributed to a persistent sense of mistrust, leading individuals to view the world as hostile and unsafe. This mistrust can influence the development of attachment-related personality disorders and interfere with *emotional connection and regulation*. Participants’ articulation of their past trauma provides insight into its profound and enduring influence on emotional regulation and interpersonal functioning. The participants indicated unresolved trauma that often has strong emotional reactions because their emotions stay alert and sensitive. Unresolved trauma often fosters mistrust, fear of abandonment, and difficulty in establishing or maintaining secure attachments. Participant Red said that she cannot be around people who drink alcohol because it triggers her. Participant Gray described how trauma led to a PTSD diagnosis after initially suspecting a learning disability or autism. She highlighted difficulties with focus, feeling emotionally absent, and struggles in relationships, such as being perceived as clingy or misreading intimacy cues. She stated that her need for safety and emotional connection was often misunderstood, reflecting the

lasting impact of trauma on trust, communication, and relational understanding. Garofalo and Bogaerts (2019) argued that inadequate or traumatic early-life experiences, such as neglect, abuse, or disrupted attachment, can lead to the development of a generalized sense of mistrust. This deep-seated mistrust causes individuals to perceive the external world as inherently untrustworthy and threatening, regardless of actual circumstances (Garofalo & Bogaerts, 2019). Mistrust is not only a reflection of past trauma but also becomes embedded in an individual's internal working models, shaping how they interpret relationships and social cues (Garofalo & Bogaerts, 2019). As a result, these individuals may struggle with emotional vulnerability, avoid genuine emotional expression, and adopt maladaptive coping mechanisms that further distance them from others.

The findings also demonstrated that a significant psychological barrier to relationship development is the internal conflict between *cognition and emotion*. Fear of disappointment, whether in oneself or others, frequently underlay avoidance behaviors, and inhibited emotional risk-taking was also presented. Additionally, the findings indicated cognitive dissonance, where one's beliefs or desires conflicted with emotional reality, creating emotional confusion and paralyzing decision-making. Murase et al. (2021) indicated that childhood maltreatment leaves long-lasting impacts on individuals' physical, emotional, cognitive, and behavioral functioning. Specifically, their study found that early adverse experiences, such as physical abuse, sexual abuse, and emotional neglect, contribute to the development of attachment insecurity and maladaptive interpersonal styles. These outcomes reflect broader disruptions in emotional regulation,

cognitive processing, behavior, and even physical health (Murase et al., 2021). Based on my research findings, negative associations formed from previous relational harm are often unconsciously transferred to current relationships, distorting perception and response. Participant Teal described a cognitive-emotional conflict rooted in her childhood, where her natural kindness and desire for connection were misunderstood and internalized as weakness. She recalled suppressing her voice to protect her family from conflict, especially when abuse was involved. As a result, she developed a belief that being quiet or gentle meant being powerless. In adulthood, this led to a shift where she felt the need to express herself aggressively in order to be heard, revealing a deep internal struggle between her emotional need for safety and connection and the cognitive belief that only forceful expression ensured protection and validation.

Participant Burgundy described an experience that illustrated a cognitive-emotional conflict centered on her struggle to understand the impact of her childhood trauma. Although she had experienced anxiety, social discomfort, and a preference for isolation, she did not initially connect these emotional responses to the sexual abuse she endured as a child. Cognitively, she had doubted the validity of her fragmented memories, believing something was wrong with her or that she had imagined the experiences. Emotionally, however, her body retained vivid sensory memories, and she felt the lingering effects of mistrust and emotional instability. This disconnect between what she intellectually understood and what she emotionally felt created confusion and delayed her ability to process the trauma fully. The findings also suggested that overthinking became a coping strategy to control uncertainty, but it often led to increased

anxiety and emotional exhaustion. This internal tension undermined both self-trust and relational trust, perpetuating cycles of disconnection.

Despite the challenges emotional defense mechanisms, trauma, and cognitive conflict posed, there are tangible *pathways to emotional healing and relational growth*, as Participant Teal detailed. The findings articulate that engaging in self-improvement practices fosters greater self-awareness, resilience, and emotional competence. It was affirmed that trauma therapy provides a structured means of processing and integrating traumatic experiences. For example, participant Teal reflected on her healing journey by recognizing her mother's limitations and the intergenerational nature of trauma. She acknowledged that her mother, a young survivor of abuse herself, made harmful decisions out of ignorance rather than malice. This realization led Teal toward forgiveness, empathy, and a desire to rebuild their relationship, marking a significant step in their personal growth and emotional healing. Emotional reassurance played a critical role in rebuilding emotional security. Dansby Olufowote et al. (2019) described healing and growth as a dynamic process of earning secure attachment, especially for individuals with insecure attachment histories. The authors concluded that healing continues through intrapsychic changes, where individuals begin to redefine their self-worth, challenge internalized negative beliefs, and move away from a victim identity toward a sense of agency. As with Participant Teal, individuals who internalized new relational patterns

also experienced interpersonal changes, such as taking emotional risks, forming healthier connections, and resolving past relational wounds (Dansby Olufowote et al., 2019).

Comprehensively, the emotional and psychological responses to relational barriers are deeply rooted in personal experiences, defense mechanisms, and internal conflicts. The findings suggest that emotional shutdown, fear projection, self-doubt, and unresolved trauma significantly influence individuals' interpersonal relationships and their comprehension and regulation of their internal emotional landscape. Consequently, these responses significantly influence interpersonal engagement and are pivotal in the formation of individuals' self-perception and strategies for emotional regulation. Furthermore, the findings demonstrated that these responses do not allow for healthier emotional expression, deeper connections, and increased resilience in navigating adult relationships.

### **Theme 7: Trauma and Abuse Impact**

Research indicates that the impact of CSA extends far beyond the initial trauma, often influencing how participants describe their interactions with others, form relationships, and perceive themselves. As these survivors addressed the navigation of adulthood, they expressed that they encountered various challenges related to emotional regulation, intimacy, trust, and attachment. These experiences often manifested in complex behavior patterns, coping mechanisms, and relational dynamics. Patterson et al. (2023) highlighted that many survivors developed hypervigilance and guardedness in their relationships as a protective response. This behavior resulted in emotional withdrawal or a reluctance to fully engage, driven by fears of being hurt or re-

traumatized. In their study, it was indicated that survivors described cycles of powerlessness and attempts to regain control within relationships. The process of rebuilding trust, setting healthy boundaries, and developing safer relational patterns, as Patterson et al. (2023) highlighted, demonstrates how the impact of CSA influences survivors' relational dynamics, with trauma shaping their trust, control, and emotional engagement in the journey toward healing and connection.

In my study, 16 of the participants addressed their current relationships and barriers to developing relationships in adulthood regarding the impact of trauma and abuse. They explained how childhood trauma shaped the way they engaged in and sustained interpersonal relationships over time. Many survivors faced challenges with *relationship dynamics*, particularly in trusting or feeling safe around new people. However, as relationships evolved, *patterns* often emerged; some clung to dysfunctional bonds, while others maintained civil relationships out of obligation. The findings proved that long-term friendships persisted only when deep trust was built gradually. Oftentimes, coworker relationships were approached cautiously, but often bonded over shared goals, particularly in environments that felt safe. The desire for deeper connections was present but often remained unfulfilled due to internalized fears of abandonment or betrayal. Abuse often created lasting feelings of helplessness, which some survivors tried to counteract by exerting control in their adult relationships, sometimes causing conflict or distance (Patterson et al., 2023). A recurring theme was the struggle with emotional expression and connection. Many survivors found it challenging to communicate feelings or rely on others, which created misunderstandings and perpetuated relational difficulties

(Patterson et al., 2023). The authors emphasized that healing involved survivors reclaiming agency and control over their relationships and lives.

For instance, a few of the participants addressed how trauma and abuse had affected their interpersonal relationships, particularly with family, coworkers, partners, and friendships. Participant Red mentioned that she has a few close work relationships but keeps personal matters private. She avoids opening up due to past experiences, suggesting emotional guardedness rooted in trauma. Participant Black stated that she maintained friendly, professional relationships with coworkers but did not let work connections spill into her personal life. This clear boundary reflected a protective mechanism against emotional harm. Participant Navy described having experienced blurred and toxic boundaries in past work relationships, especially in a high-stress, close-contact job as a paramedic. Now working as a therapist, she strictly maintains boundaries and avoids socializing outside of work to protect herself from repeating past patterns. Participant Cream separated work and personal life, keeping coworkers at a distance. In romantic relationships, past abuse led to guardedness, but her current partner was understanding and patient with her triggers, which helped foster a healthier connection. Participant Blue worked remotely and kept relationships with coworkers. She preferred this distance and even suggested that if she had to return to in-person work, she would seek other options, indicating a strong need to control interpersonal boundaries, likely influenced by past trauma. Participant Coral allowed emotional closeness mainly with her children and, to a limited extent, with her husband, but generally kept others at a distance. She was giving toward her coworkers but did not let them in emotionally, showing

selective intimacy possibly shaped by childhood or relational trauma. Participant Magenta struggled with trust, even in her closest relationship with a cousin. Childhood and adolescent trauma made it hard for her to form deep connections, leading to few friendships and emotionally guarded relationships. She struggled with trust, even in her closest relationship with a cousin. Childhood and adolescent trauma made it hard for her to form deep connections, leading to few friendships and emotionally guarded relationships.

Participants were asked for more details about the barriers and challenges in developing relationships, as well as the impact of trauma and abuse on their interpersonal connections. Participant Olive states that she kept a clear emotional distance from coworkers, seeing work purely as a place to earn a paycheck, not to form connections. This avoidance likely stemmed from past experiences or trauma that made emotional investment feel risky or unnecessary. Her main goal was to maintain civility without carrying emotional baggage home. Participant Peach identified trust as the central barrier in her relationships—even with her own sisters. Her inability to fully trust people indicated a deep-seated fear or expectation of betrayal, likely shaped by trauma. This led her to keep all relationships at a distance, limiting emotional intimacy. Participant Rust linked his interpersonal challenges to unresolved anger and violence, particularly in childhood relationships with siblings. Frequent physical fights and deep-seated rage appeared to be expressions of trauma, which likely hindered his ability to form peaceful or emotionally safe connections with others. Participant Navy reflected on years of using sex as a tool for acceptance in workplace relationships, which was rooted in low self-

worth and past trauma. This belief—equating sex with love or belonging—led to toxic patterns. Over time, and with therapy, participant Navy learned to set boundaries and detach emotional validation from physical intimacy, though the impact on past relationships lingered. Participant Gray described a struggle between being too trusting and overly suspicious, often falling into connections with the wrong people. Trauma seems to have distorted her ability to assess others' intentions, affecting both personal and work relationships. Therapy has helped her find better balance, but the impact still shows up in her workplace interactions, especially in leadership roles.

Based on the results of my study, it was articulated that trauma deeply affects *emotional regulation and psychological processing* in relationships. Survivors reported struggling with trauma understanding and needing therapy to identify how past abuse influences current behaviors. The participants expressed doubts about their ability to maintain healthy relationships or meet the intimacy expectations in close bonds. Some participants discussed the development of a positive demeanor as a coping strategy, masking their internal pain to fit into social expectations. D. Meyer et al. (2017) discussed how survivors of CSA often experience persistent emotional regulation difficulties that complicate their ability to form and maintain healthy relationships. These challenges stem from intense feelings such as shame, guilt, and anxiety, which survivors frequently struggle to manage. A key factor contributing to these difficulties is attachment disruption. The authors explained that CSA can lead to insecure or disorganized attachment styles, which undermine survivors' emotional stability and impair their ability to trust others in intimate relationships (D. Meyer et al., 2017). The

authors also highlighted the presence of sexually compulsive behaviors among some survivors. These behaviors were described as maladaptive strategies that survivors used to regulate overwhelming emotions and compensate for disrupted attachments, although they often create additional relational difficulties (D. Meyer et al., 2017). They also emphasized that many survivors struggled with emotional awareness and expression, which can cause conflict and isolation within relationships. Difficulties identifying and communicating emotions contributed to misunderstandings and increased psychological distress (D. Meyer et al., 2017).

Participant Rust provided an example as he reflected on his past confusion and later understanding of a protective figure's actions. He initially struggled to understand why his father was openly warning others or speaking out. As he matured, he realized that those actions were meant to protect him. This revealed a barrier in his understanding of the intentions behind protective behavior and highlighted how past trauma could delay his emotional insight and trust-building, even toward those trying to help. According to their study, it was determined that male survivors of CSA often experience deep emotional barriers when forming relationships, particularly due to mistrust and fear of betrayal (Rapsey et al., 2017). The authors detailed that these feelings resulted from the abuse that often occurred in relationships that were supposed to be safe, which disrupts the survivor's ability to trust others later in life (Rapsey et al., 2017). Also, Participant Cream shared how childhood sexual trauma had deeply shaped her perception of safety and parenting. She found it difficult to separate past abuse from current experiences, especially when interacting with her own children. For example, innocent actions

triggered intense fear responses rooted in her trauma. She acknowledged that her reactions were sometimes disproportionate, and she worked on slowing down and asking questions before reacting. This demonstrated the ongoing emotional and psychological challenge of managing trauma-induced hypervigilance and how it affected both her relationships with others and her parenting. Researchers determined that trust is a central emotional challenge, and survivors struggle to trust others due to past violations (Rapsey et al., 2017). Participant Brown talked about how trauma had made it difficult for her to be intimate and emotionally open. Letting people into her personal space was challenging for her. However, by being more open about her past and sharing her experiences, she found it easier to connect with others. This showed that healing through vulnerability was a key step in overcoming the emotional barriers trauma caused, even though the process remained difficult.

Moreover, the participants further articulated their thoughts regarding current relationships and the impact of trauma on their emotional and psychological challenges. Participant Siver described her past relationship as loving and positive, though it started as challenging. She highlighted growth over time, particularly in learning to be more accommodating of each other's trauma, which strengthened the bond. Participant Magenta shared that her relationship with her parents and immediate family had improved, largely due to therapy and self-awareness. She was working on understanding her trauma and taking accountability rather than placing blame, which helped heal family dynamics. Participant Brown described that she had a good relationship with most of her family, emphasizing that her family respected her need for personal space. While this was

difficult for her mother, she still accepted it. Trauma was not explicitly discussed, but the need for space suggested ongoing emotional boundaries. Participant Red reported a close relationship with her dad, children, and husband, but remained emotionally distant from other male family members, except for her grandsons. This likely reflected unresolved trauma or mistrust connected to male figures beyond her immediate safe circle.

Participant Black stated that her relationships were good on the surface, but trauma from sexual abuse had made it difficult for her to be emotionally and sexually open. She struggled with trust and vulnerability, often keeping her guard up, which affected deeper connections in her relationships. Participant Gray navigated the complexities of dating with a focus on intentionality. She engaged in honest communication with her partner while firmly upholding boundaries shaped by past intense experiences and a clear vision of her future. Although her partner was supportive and understanding, participant Gray remained uncertain about a long-term commitment and preferred to keep her options open. Participant Olive explained how she felt overwhelmed by how her past trauma had spilled into the present, affecting her ability to move forward. Although she had long-standing friendships, she felt emotionally stuck or tangled in unresolved issues, which affected her current relationships.

In my study, many participants detailed their experiences with *coping and healing*. They described how they adapted and healed from trauma through their relationships. Some learned to give and receive love, even if it felt awkward at first. Others focused on building connections, like setting boundaries or finding safe people to talk to. These individuals became more aware of the complexities in relationships,

working to understand their own triggers and those of others. Many found meaning and purpose in their roles, such as being a caring parent or a supportive friend, which helped with their healing. Love and Robinson Kurpius (2022) highlighted that relationships, particularly with parents and peers, play a central role in how individuals cope with and heal from CSA. The quality of these relationships influences the coping strategies survivors can access and rely upon.

Strong attachment to friends was associated with greater use of problem-focused coping, meaning survivors were more likely to face challenges directly when they felt securely connected to their peers (Love & Robinson Kurpius, 2022). In this way, friendships can help survivors engage more actively in their own healing process. Similarly, feeling that one matters to friends also supported better coping. Survivors who felt significant in their peer relationships used more adaptive coping strategies, especially problem-focused coping (Love & Robinson Kurpius, 2022). These findings suggest that feeling valued in relationships encourages survivors to take constructive steps toward healing. In contrast, survivors who thought they did not matter to their parents were less likely to engage in active coping (Love & Robinson Kurpius, 2022). This underlines the emotional cost of early relational trauma and how it can limit survivors' ability to seek support or form trusting bonds. The authors also pointed out that developing new, healthy relationships can be protective, even when early attachment figures were unsafe or abusive. Peer connections can partially compensate for disrupted family relationships and foster emotional resilience (Love & Robinson Kurpius, 2022). Overall, the study emphasized that secure relationships and a sense of mattering, especially with peers, are

critical to coping with CSA and rebuilding trust in new relationships (Love & Robinson Kurpius, 2022). Survivors' capacity to heal is closely tied to their ability to form safe, affirming connections in adulthood. To validate the findings of that study, participants in my current study provided details that aligned with the previous study's results.

Participant Silver highlighted her stable and respectful relationship with her husband, emphasizing the importance of communication and boundaries. This suggests she has strong coping skills and emotional maturity, implying she may be in a more healed and balanced emotional state. Participant Cream addressed limiting her relationships to immediate family, avoiding extended relatives to create a "safe space." This isolation suggests trauma influenced her need for strict emotional boundaries. Participant Gray explained that she chose which family members to engage with and avoided her abuser from her mother's side. She spent more time with her father's side, where she felt safer and more connected. She highlighted the development of boundaries as a key part of her healing, using avoidance as a coping strategy rooted in self-protection and growth. Participant Navy was in a long-term relationship that faced challenges, including a separation due to a family member's mental health issues. Although she and her partner lived separately, they maintained a connection and restructured their relationship to find a healthier dynamic. Participant Magenta was in an "okay" but not ideal romantic relationship. She focused on self-improvement through therapy to become more trusting, open, and emotionally available, recognizing that past anger and fear hindered her relationships. Therapy was key to her healing and emotional growth. Participant Bronze dated someone but felt conflicted due to her trauma. Kindness

triggered her feelings of unsafety around emotionally generous people, highlighting how trauma can distort emotional perception. She was in therapy to understand these reactions, but they still posed a significant barrier to intimacy. Participant Brown had deep, loving friendships treated like family, but she required personal space, which her friends respected. Her coping included emotional expression while maintaining boundaries to balance connection with her need for distance due to past trauma.

Two participants expressed details about their challenges in forming relationships in adulthood and how trauma has influenced their coping and healing. Participant Rust described a deeply conflicted relationship with his brother, whom he stated was his abuser. Despite being pressured to forgive and love him, Participant Rust admitted he could not fully reconcile what happened. Although he maintained some connection, loving his brother's wife and children, he felt deep discomfort around him and refused to allow unsupervised contact with his own kids. The trauma created a barrier to trust and emotional closeness, even within the family, and participant Rust's coping involved setting strict emotional and physical boundaries. His struggle demonstrated how forced forgiveness without healing can prolong emotional conflict and hinder deeper relational growth. Participant Black acknowledged that her biggest challenge in adult relationships was a fear of getting close to people. This fear stemmed from worries about trust and vulnerability, stemming from childhood trauma and abuse. Participant Black articulated her struggle to let others in, which meant she often withdrew emotionally to protect herself. While this kept her safe from potential harm, it also limited her ability to connect

emotionally and be intimate. This created a barrier to forming meaningful adult relationships.

The result of my current study indicates that dysfunctional attachments are a common result of unresolved trauma. Participants addressed *trauma bonding* as the involvement of remaining emotionally attached to abusive or neglectful individuals, which was often mistaken for love. Survivors discussed clingy or dependent behaviors, fueled by fears of abandonment. Others exhibited extreme jealousy or control, or sabotaged healthy relationships due to an inability to trust. A lack of boundaries was another common issue, where survivors expressed not knowing how to protect their emotional space. Eisikovits et al. (2017) outlined the dynamics of *trauma bonding* in relationships between adult women survivors of intrafamilial child sexual abuse and their abusers. In their study, trauma bonding described the strong emotional connection that can form between a victim and their abuser, especially when the abuse is sporadic, happens within a close relationship, and involves manipulation, secrecy, or emotional reliance. Their study presented evidence of these exact dynamics in survivors' ongoing relationships with their abusers. A major contributor to trauma bonding described in the study is the emotional ambivalence survivors feel toward their abuser (Eisikovits et al., 2017). In the study, many of the women interviewed reported experiencing conflicting emotions: feelings of loyalty, guilt, or a sense of familial duty often accompanied hatred and anger. Some continued to maintain relationships with their abusers due to family pressure or to avoid disrupting the family system (Eisikovits et al., 2017). This is a hallmark of trauma bonding, where victims feel emotionally and morally obligated to

stay connected, even when the relationship continues to harm them. These psychological entanglements often originate in the abuse itself, where the abuser may have also played the role of caregiver or authority figure.

The authors highlighted how the experiential presence continuum reveals the deep, lasting emotional connections often formed in trauma bonds. Survivors who no longer have physical contact with their abuser often still experience deep emotional entanglement: constant intrusive thoughts, unresolved guilt, and internalized shame were commonly reported (Eisikovits et al., 2017). These mental and emotional intrusions are indicative of the internalized bond that trauma creates, where the abuser's influence lives on in the survivor's mind, affecting self-perception, decision-making, and the ability to form healthy relationships. Additionally, the study revealed that some survivors used *dissociation*, another key feature of trauma bonding and betrayal trauma, to maintain the relationship or emotionally survive it. Survivors who felt unable to leave or cut ties often resorted to psychological distancing: splitting off the abusive behavior from the abuser's current role in their lives, such as being a family member (Eisikovits et al., 2017). This compartmentalization is a form of self-protection, but it also reinforces the toxic bond, as it allows the relationship to persist without fully confronting the trauma. Notably, the study highlighted that trauma bonds were not merely internal psychological states but were often socially reinforced by family expectations, cultural norms, or religious obligations (Eisikovits et al., 2017). These findings underscore the importance of recognizing trauma bonds in therapeutic and social settings, especially when survivors are still in contact with their abusers or emotionally tethered to them long after abuse has

ended. To affirm these findings, participants in my study articulated the trauma or toxic bonds they have engaged in as adults.

Participant Black shared that she did not have many friends but maintained strong relationships with the few she did have, most of whom had experienced similar traumas, such as abuse or sexual abuse. These shared histories created a sense of relatability and safety but also suggested that participant Black felt most comfortable with people who understood trauma firsthand. While this helped her cope and connect, it may have also limited her ability to form non-trauma-based relationships, showing how past pain had continued to shape her emotional world. Additionally, participant Green said she had a supportive and consistent friend group, made up of individuals from similar traumatic backgrounds, particularly those who were also parents. She had built a “tribe” that offered emotional openness, grace, and mutual understanding. However, participant Green also reflected on having a history of toxic romantic relationships, where unhealed trauma, both hers and her partners’, led to repeated unhealthy dynamics. After recognizing the pattern, she chose to remain single for three years to focus on personal growth and avoid repeating the same mistakes, especially as a parent. Also, Participant Burgundy explained that she was separated from a partner who was also traumatized. She acknowledged that their shared dysfunction and emotional wounds had drawn them together. Despite having created a stable home environment, participant Burgundy realized that she was shouldering the majority of the emotional labor to keep the relationship going. Eventually, the couple grew in different directions, and Participant Burgundy reflected that the attachment had been rooted in mutual brokenness rather than

true compatibility. Her insight pointed to how trauma could lead to exhausting and uneven relationships. Participant Gray talked about ending a 16-year friendship that had turned emotionally harmful and controlling. The friend had tried to isolate her from others, possibly due to romantic feelings that added further complications. Although the friendship lasted many years, Participant Gray eventually recognized the toxic dynamics, especially during the COVID period, which helped create distance. Since ending that relationship, Patricia Gray stated that she has built healthier friendships with people who did not place expectations on her and allowed her to be herself. She described feeling more supported and free, having chosen friends intentionally based on mutual respect and emotional safety.

All four individuals reflected on how trauma had influenced their attachment styles and relational choices in adulthood. Many of their relationships, especially romantic ones, were shaped by shared pain, dysfunction, or emotional imbalance. Some had remained in toxic relationships for years, such as Participants Gray and Burgundy, while others found comfort only among those with similar traumas, such as Participants Black and Green. However, each person also described a turning point, choosing to end unhealthy relationships, remain single, or build new, intentional connections. Overall, the findings indicate that the impact of trauma and abuse is deeply woven into the relational lives of survivors. From how relationships are formed and maintained, to emotional regulation and coping methods, the findings show that CSA survivors often navigate a world of interpersonal challenges shaped by their past. Some strive to heal and form safe, meaningful bonds, while others remain stuck in patterns of toxic attachment and

emotional reactivity. As the studies revealed, survivors of CSA can carry their experiences into adulthood in ways that can hinder trust, intimacy, and emotional safety in relationships.

### **Theme 8: Interaction and Behavioral Patterns**

Survivors of CSA often experience lasting effects that influence their interpersonal behaviors and interaction patterns well into adulthood. These patterns often emerge as adaptive strategies developed in response to trauma, profoundly influencing how survivors engage in communication, navigate group settings, and manage emotional or relational stress. Understanding how people behave, including their communication styles and the challenges they face, is crucial for helping them heal and build secure relationships. The findings further detail important aspects that show how survivors of CSA navigate their social lives. It encompasses their interactions with others, how they express themselves, how they react to various situations, and the behavioral patterns they develop in response to their experiences. In their study, D. Meyer et al. (2017) found that individuals with a history of child sexual abuse showed significantly higher levels of attachment anxiety in romantic relationships compared to non-abused peers. This heightened anxiety manifests as fear of abandonment, excessive reassurance-seeking, and challenges in trusting partners—behaviors that impede the development of secure, healthy relational attachments.

In my study, 12 participants articulated the barriers and challenges they encountered in developing interpersonal relationships during adulthood, as well as the subsequent effects of these obstacles on their relationships. Interaction and behavioral

patterns were based on the CSA of the survivors. The findings indicate that survivors of CSA often develop distinct *communication styles and preferences* that their trauma shaped. It was determined that the survivors often feel safer communicating in writing or one-on-one, while others rely on body language and silence. Emotional check-ins can build trust, and therapy helps survivors improve communication and heal. Newsom and Myers-Bowman (2017) discussed how female survivors of CSA developed resilience, often in relational contexts that necessitated growth in communication and interpersonal functioning. This suggested that survivors cultivated healthier communication patterns as part of their healing process (Newsom & Myers-Bowman, 2017). The participants in their study expressed a need to redefine their identities and reclaim their voices, which inherently involved shifts in how they communicated with others and navigated emotional expression.

Similarly, Participant Teal explained that trust issues and communication difficulties had been major barriers in her relationships. She described always expecting disappointment from others, which led her to withhold vulnerability. When she did express herself, it often came out as anger because she felt that being loud was the only way to be heard, rooted in a childhood where her voice had been minimized. This pattern had created tension in her marriage, as her partner could not engage with her when she was yelling. Participant Teal also struggled with being emotionally open unless she was

angry, making it difficult to express her needs calmly, which led to emotional buildup and explosive communication.

Moreover, Participant Brown shared that while she had been open with her daughter about her past trauma, she still experienced emotional discomfort and boundaries around physical affection. Despite her love for her daughter, certain emotional or physical expressions felt overwhelming due to her past trauma. When her daughter needed her to be emotionally present, such as during the loss of her brother, Participant Brown expressed that she had to “pull it in” and push through her discomfort to meet her daughter’s needs. This showed how trauma could impact emotional availability, even in close, loving relationships. Additionally, Participant Coral revealed that people-pleasing and emotional self-neglect had become significant challenges in her relationships, particularly with her mother. She realized that constantly prioritizing others’ needs had created emotional distance and had left her feeling empty. Over time, Participant Coral came to realize that this dynamic had been one-sided, and she was giving without receiving the same effort in return. This people-pleasing pattern, rooted in her trauma, had become a barrier to authentic and reciprocal connections, especially with family members.

CSA survivors often face challenges in *social dynamics and group behavior*, particularly around trust, power, and safety. In group settings, they may withdraw, become overly self-conscious, or hesitate to speak due to fear of judgment or feeling unseen. Others may overcompensate by dominating conversations as a form of self-protection. A significant challenge Patterson et al. (2023) highlighted was the impact of

CSA on adult relationships. Survivors reported experiencing long-standing difficulties with trust, intimacy, and emotional openness. These relational patterns are behavioral manifestations of earlier trauma, making it especially challenging to initiate and maintain closeness with others (Patterson et al., 2023). The authors suggested that survivors may unconsciously mirror the behaviors of those they trust or avoid those that remind them of past harm, reflecting deep-rooted survival strategies in social engagement.

According to Patterson et al. (2023), despite the various challenges faced, some survivors demonstrated personal growth by reframing their experiences. Narratives of making sense of the abuse and reclaiming control emerged as transformative behavior shifts. In doing so, survivors began redefining their social interactions with increased intentionality, assertiveness, and relational clarity, a step toward more empowered engagement. Regarding interaction and behavior patterns as barriers or challenges to developing relationships, Participant Olive expressed that while she had supportive and understanding friends, her own unresolved personal issues created barriers to deepening those relationships. Participant Olive acknowledged that continuing her healing journey could have helped restore the frequency and quality of her interactions, such as returning to regular contact and potentially forming new friendships with people who shared similar experiences. Her statement reflected a self-awareness that internal struggles, rather than external relational conflict, were limiting her social engagement and group involvement. Additionally, Participant Coral identified people-pleasing as a significant challenge in her relationships. Her need to meet everyone's expectations led to emotional burnout and distance, particularly with close family members, such as her mother. By

prioritizing others' needs over her own, Participant Coral experienced a sense of emotional depletion, which impaired her ability to form healthy, reciprocal relationships within the group. Her experience highlighted how survival strategies formed in response to trauma could hinder authentic connection and contribute to relational imbalances. Together, the reflections of these participants illustrated how internalized coping mechanisms, such as emotional withdrawal or over-accommodation, disrupted social functioning and group behavior patterns among CSA survivors.

Regarding social dynamics, group behavior patterns, and how CSA impacted their interpersonal relationships, Participant Teal described forming close professional relationships that were rooted in shared adversity, referring to her bond with colleagues as a kind of "trauma bond." Collective stress from a company reorganization shaped the group dynamics, which created a sense of solidarity and emotional safety among the group. Participant Teal emphasized how she prioritized emotional support and validation for her colleagues, reflecting her desire to foster trust and stability in group settings, perhaps as a corrective experience to past relational instability trauma caused. Furthermore, Participant Burgundy explained that although she did not maintain a large social circle, her relationships with close friends were deep and emotionally supportive, resembling those of siblings. She maintained healthy boundaries and acknowledged her introversion and need for space. Despite having strong friendships, she recognized ongoing challenges with attachment, highlighting how CSA could create long-term difficulties in forming secure emotional connections, even when relationships appeared healthy on the surface. Participant Tan reported having had a small, consistent group of

friends, mostly from earlier stages in life. He did not actively seek new friendships but felt comfortable with the few he maintained. His experience suggested that CSA may not have severely disrupted his ability to maintain relationships. However, it may have contributed to a limited social scope or cautious approach to new social interactions.

Additionally, Participant Rust shared that he struggled significantly with physical touch and personal space, particularly with men. He avoided even casual physical gestures like handshakes or pats on the back, often defaulting to fist bumps. A significant behavioral pattern Patterson et al. (2023) identified was avoidance, characterized by men describing their tendency to emotionally withdraw, suppress their feelings, or distance themselves as a way to avoid vulnerability. While these adaptive behaviors may provide a sense of protection in interpersonal situations, they ultimately create barriers to genuine connection and relational growth (Patterson et al., 2023). The discomfort Participant Rust felt appeared deeply rooted in his trauma, and he admitted it affected how he interacted socially, especially in group or work settings. He was still exploring this in therapy, showing a recognition that his behavioral boundaries were connected to unresolved trauma. Patterson et al. (2023) underscored how CSA shapes behavioral and social patterns in male survivors: through a persistent impact on control, relational avoidance, and behavior modeling rooted in trauma. However, the potential for meaning-making and personal agency shows that survivors can shift from restricted interactions toward empowered, self-directed relational behaviors. Participant Gray noted generally positive relationships with staff and colleagues, describing herself as transparent, honest, and autonomous in her leadership style. However, she acknowledged that some peers found

her strong personality and openness to confrontation difficult. This reflected how CSA survivors might have navigated group dynamics by asserting control or independence to protect themselves from vulnerability or perceived judgment. Accordingly, Participant Brown described having friendly and fun relationships with colleagues, but she intentionally kept interactions within professional boundaries. She avoided deeper social engagements outside of work unless it was something brief, like a meal. This showed a tendency to maintain emotional distance and control in group dynamics, possibly as a way to manage vulnerability. Participant Lavender reflected on a once-close friendship that had recently ended. The relationship felt like sisterhood, offering a safe emotional outlet she had not felt she had with her own family. The fallout from this friendship appeared to be significant, suggesting how deeply CSA survivors could invest in chosen relationships when familial bonds had been ruptured. The loss might have reinforced feelings of instability or mistrust in social contexts. These narratives coincide with the literature and reflect the wide range of ways CSA survivors navigate social dynamics and group behavior, some developing protective patterns, while others actively work toward forming meaningful, supportive relationships despite underlying trauma.

CSA survivors often navigate relationships using protective *interpersonal strategies* such as people-pleasing, over-explaining, or emotional distancing. These behaviors are rooted in past trauma and are usually used to maintain a sense of safety. The findings illustrated how confrontation was frequently avoided due to fears of rejection, shame, or emotional volatility, leading many survivors to internalize their struggles. Additionally, interaction anxiety was common, especially in emotionally

intimate or unfamiliar situations, where survivors doubted their worth or others' intentions. Trauma often shaped their perception of relationships, making it challenging to distinguish safe, healthy connections from potential threats. To further affirm, Tasharofi and Barnes (2019) found that individuals who experienced CSA were significantly more likely to struggle with low impulse control in adulthood. These challenges can affect decision-making, emotional regulation, and interpersonal relationships. The authors detailed that survivors may exhibit impulsive behaviors or struggle with self-restraint, especially in emotionally charged situations.

Participant Bronze described several interpersonal strategies and challenges that reflected the long-term impact of CSA on her adult relationships. She shared that she tended to avoid closeness and emotional intimacy, even though others might have seen her as friendly and sociable on the surface. Her discomfort with deep conversations, consistent social interactions, and emotional expectations highlighted a defense mechanism of maintaining distance to protect herself from vulnerability or potential hurt. Participant Bronze also noted a strong preference for personal space and autonomy, emphasizing that the pressure or expectation of friendship felt overwhelming or intrusive. This emotional distancing appeared to be a strategy to maintain control and avoid the unpredictability of emotional dependence. Her statement, "if you left my life, I'd be fine," underscored a learned detachment and a protective barrier she built to minimize emotional risk in interpersonal relationships.

*Situational and contextual influences* often shape the behavior of CSA survivors. In safe and familiar environments, they may appear open and engaged, but in unfamiliar

or threatening settings, they can become withdrawn or hyper-vigilant. Personal crises can trigger intensified trauma responses, revealing unresolved pain through behaviors like mistrust or anxiety. These responses may also manifest externally as mood swings, aggression, withdrawal, or excessive compliance, which are frequently misunderstood unless approached with a trauma-informed perspective. Blake and Norton (2014) conducted a meta-analysis revealing a significant relationship between attachment styles and hope, based on Snyder's theory. Individuals with secure attachment tend to exhibit higher levels of hope, which reflects greater motivation toward personal goals and adaptability in behavioral strategies. The implications of their study suggest that securely attached people likely demonstrate more constructive and trusting interactions and stronger relational engagement, influenced by their hopeful outlook (Blake & Norton, 2014).

To illustrate, Participant Bronze described how the situational and contextual influences of her past, particularly CSA, shaped her ability to form and maintain emotional attachments. She acknowledged that while she improved in her capacity to connect with others, it remained a difficult and ongoing challenge. Her reflection on being able to leave her family behind at 19 without feeling attached highlighted how early trauma disrupted her emotional bonding, especially in formative relationships. This detachment suggested that her context, growing up in an environment where safety and trust may have been compromised, led her to develop emotional distance as a survival mechanism. Even in adulthood, the impact of those early experiences continued to influence how Participant Bronze navigated relationships, showing that attachment

remained situationally limited and deeply tied to her trauma history. Blake and Norton (2014) emphasized that attachment security fosters hope, and higher hope is likely to enhance adaptive interpersonal behaviors, such as collaborative communication, emotional openness, and relational persistence. Essentially, attachment style shaped the emotional foundation that guided how individuals behaved and related to others.

The research findings indicated that *behavior differences* among CSA survivors often reflect their sense of safety rather than inconsistencies in personality. The findings also illustrate how survivors may appear confident in some settings and shut down in others, depending on their level of security. Moreover, their communication preferences, such as being expressive yet emotionally guarded or appearing withdrawn while processing deeply, are closely tied to their trauma history. Additionally, their perception of relationships influences their behavior; if intimacy once felt unsafe, they may resist closeness or respond defensively, even in healthy and supportive relationships.

Participant Red explained that growing up in a culture where sensitive topics were not discussed shaped her into someone who became emotionally closed off. The lack of open communication within her family, particularly around abuse, led her to adopt a behavior pattern of secrecy and self-protection. Participant Red became used to “being shut off from people,” always careful with her words, and hesitant to let others in, reflecting a deeply ingrained behavioral response to early invalidation and silence. Additionally, Participant Magenta highlighted a different dynamic: her struggle to connect with others who avoided accountability and open dialogue. She explained that in both romantic and familial relationships, the refusal of others to talk about issues or

trauma created a major barrier. Her behavioral pattern developed in the opposite direction; Participant Magenta needed to talk through problems in order to heal and grow, but those around her resisted that process. This contrast in communication styles led to relational tension and emotional distance, especially when others “just wanted to brush things over.”

Participant Bronze reflected on her lack of emotional attachment to her past partners, stating she did not feel a real connection or longing after their separation. Although she struggled with guilt due to her faith, Participant Bronze acknowledged that she did not miss her former spouses, which pointed to a behavioral and emotional disconnect likely rooted in early relational trauma. Her statement underscored how emotional detachment could become a coping mechanism, making it difficult to form deep or lasting bonds. In accordance with the literature, these reflections illustrate how CSA can manifest in distinct yet deeply impactful behavioral differences, ultimately affecting survivors’ capacity to form and sustain healthy relationships.

Overall, the findings articulated that trust, safety, and emotional management influenced the behaviors of CSA survivors. Trust issues within groups impacted interactions, while individuals faced challenges with confrontation, often feeling anxious or having skewed perceptions of their relationships. Creating safe environments fostered openness, whereas unfamiliar settings triggered withdrawal or heightened alertness,

making it essential to approach these behaviors with a trauma-informed perspective to assist survivors in cultivating healthier relationships.

### **Theme 9: Social and Family Dynamics**

Social and family dynamics significantly affect the long-term consequences of CSA, shaping how survivors handle relationships and caregiving as adults. The findings showed that survivors struggled with parenting due to unresolved trauma and a lack of support. Factors such as sibling relationships, birth order, and family stability—including parental absence or marital issues—also influenced how they formed attachments. Additionally, the way survivors interpreted their experiences and the support they received further impacted their emotional development and ability to care for others. Overall, these aspects underlined the lasting effects of CSA on personal and family life. Attachment disruptions following CSA are a dominant thread in the literature because early caregiver relationships form the template for later interpersonal expectations and regulation. Attachment disruptions were a central theme in the literature on CSA and adult relational functioning. Bowlby (1988) argued that early caregiver relationships provided the foundation for secure attachment, but CSA often undermined that safety, creating patterns of avoidance, anxiety, or disorganization that persisted into adulthood. Similarly, Ainsworth and Bowlby (1991) emphasized that insecure attachment styles formed in childhood were closely tied to later difficulties with intimacy and trust. Empirical work also showed that CSA survivors with insecure attachment struggled with

emotion regulation and relationship stability, highlighting attachment as a key mediator of long-term outcomes (Roisman et al., 2017).

In my study, 16 of the participants discussed how childhood experiences impacted their current relationships as adults, specifically how these experiences influenced their ability to form attachments. They identified specific types of relationships that their childhood experiences affected. The findings from my study demonstrated that CSA survivors' experiences with *parenting and caregiving* are complex. Parental motivation often influences how caregivers respond to the abuse, with some motivated to protect and support, while others may struggle. Parenting support can offer survivors emotional safety and validation, which are crucial for their healing. However, parental acknowledgment of the abuse varies; some reported that parents openly recognized and addressed the trauma, whereas others explained that their parents denied or minimized it. Parental responses had a profound impact on survivors' trust and feelings of security. Furthermore, as the findings illustrate, caregiver perceptions and how parents or guardians view the survivor can either support recovery or worsen feelings of shame and isolation.

For instance, Participant Bronze explained that she had struggled to have long conversations with her children, especially as they got older. When they were younger, she felt closer to them, but as they matured, particularly her son, she became uncomfortable. She shared that his deep, man-like voice bothered her, and although she tried to ignore it, she could not shake the feeling. This suggested that her past experiences may have shaped a discomfort with male maturity, which affected her ability to maintain

emotional closeness with her children. The literature suggests that earlier attachment ruptures and family reaction patterns often shape parenting and caregiving in adulthood because some survivors experience difficulties bonding, fear repeating abuse, or exhibit hypervigilant and overprotective parenting. Dussault et al. (2022) highlighted that these issues significantly impacted a parent's ability to form healthy attachments with their children. Conversely, other individuals deliberately worked toward different relational patterns, demonstrating marked resilience (Newsom & Myers-Bowman, 2017).

Research also suggested that caregiving could reactivate trauma memories and anxiety about safety, leading to either emotional withdrawal from children or anxious overcontrol (Dussault et al., 2022). At the same time, targeted parenting supports and therapeutic work fostered a reduction in the intergenerational transmission of trauma (Newsom & Myers-Bowman, 2017). Thus, the caregiving role becomes a critical site where past family dynamics either reproduce or are actively reworked. Additionally, Participant Cream described how her past experiences with certain family members led her to be highly protective of her own children. She intentionally kept her immediate family away from people who had a habit of ignoring problems or avoiding accountability. If she noticed her child seemed uncomfortable or did not want to be somewhere, she quickly removed them from the situation. Her caregiving approach demonstrated that she had learned to prioritize emotional safety, having experienced a lack of it in her own upbringing. Moreover, Participant Coral shared that she had always wanted her mother to be proud of her. As a result, she often formed friendships with people who reminded her of her mother and sought their approval in similar ways.

Participant Coral believed that the abuse she experienced also influenced her to enter into homosexual relationships. Her account suggested that unresolved childhood trauma had deeply impacted how she formed emotional and romantic connections as an adult.

Sibling relationships play a significant role in survivors' social worlds. The quality of these relationships can either buffer or intensify the impact of CSA. *Sibling dynamics* can sometimes influence family roles and responsibilities, affecting dynamics related to support and protection. Survivors' *upbringing* within the sibling context may include complex feelings such as jealousy, protection, or neglect, all of which shape relational patterns both within the family and beyond. Participant Peach stated that her childhood experiences have affected all her relationships, including those with her children and siblings. Her comment suggested that early family dynamics, possibly involving her siblings, had a profound and lasting impact on her ability to connect with others as an adult. Participant Lavender shared that her aunt and uncle, whom she had called "Momtie" and "Duncle," had adopted her. These blended names reflected the unique roles her caregivers played in her life. Growing up in a nontraditional family structure likely shaped her understanding of family roles and identity, which in turn influenced how she formed relationships and related to her biological siblings and parental figures later in life.

Across all accounts, shared trauma or lack of acknowledgment of it significantly impacted her ability to form trusting, open relationships in adulthood. According to Winterstein et al. (2023), the impact of birth order added another layer of complexity to sibling dynamics. The authors found that older siblings were frequently expected to

assume protector roles, often attempting to shield younger siblings from abuse or household instability. While this role could promote resilience and caregiving skills, it often came with a psychological cost, as older siblings might have carried guilt or self-blame when they felt they had failed to prevent harm. Younger siblings, on the other hand, were described as particularly vulnerable due to their reliance on older siblings for guidance and emotional regulation. This dynamic shaped their later attachment styles, often reinforcing dependency and increasing relational vulnerability in adulthood (Winterstein et al., 2023).

Participants also reflected on how childhood trauma, sibling dynamics, and birth order deeply shaped their current relationships. Participant Green, the youngest of six, felt isolated due to being raised in a separate household from some siblings and connected most with those who shared similar traumas. Generational trauma fractured her family ties, with only partial healing occurring. Participant Tan simply stated that she had a close bond with her siblings, suggesting a relatively stable dynamic. Participant Olive, a middle sibling, shared trauma with her younger sister but struggled with her older sister's denial and alignment with the abuser. This difference created emotional distance, even as she wished to protect her sister from painful truths. Participant Blue, also dealing with trauma, felt betrayed by her full sibling, who failed to support her during the abuse. This had created a long-lasting rift and emotional distance, though some healing was occurring.

Family stability profoundly affects survivors' experiences and recovery. *Familial instability*, such as frequent moves or conflicts, often compounds trauma. *Parental*

*absence*, whether physical or emotional, can leave survivors feeling unsupported and vulnerable. A family's *history* of abuse or dysfunction can influence patterns of trauma transmission. Factors such as *marital status* and *relationship stability* within the family influence the home environment's safety and predictability. *Family transitions*, including divorce or remarriage, may disrupt survivors' sense of normalcy and emotional security. Participant Olive explained that her relationship with her parents had been deeply affected by her childhood experiences, particularly the lack of protection she received. She contrasted her expectations of parents, based on societal norms and media portrayals, with the reality that her parents had failed to keep her safe. This betrayal of trust impacted not only her relationship with them as their child but also influenced how she viewed them in their current role as grandparents. Olive expressed concern and distrust about their ability to care for her nephew, indicating that the instability and emotional harm from her upbringing continued to shape her perception of family roles and responsibilities in adulthood. As an African American female, Participant Olive expressed a lack of nurture. Nikulina et al. (2016) demonstrated that ethnic identity can serve as a protective factor, enabling survivors to cope more effectively, even when family support is lacking. Cook et al. (2019) also highlighted the influence of intersectional factors, showing that cultural expectations and minority stressors alter survivors' access to supportive relationships and healing.

Participants were also asked to reflect on how childhood experiences and family structure have shaped their current family relationships and emotional availability. Participant Silver described a distant relationship with her family and preferred minimal

emotional investment, suggesting a guarded nature that may be rooted in early instability. Participant Rust, while physically present for a sick parent, remained emotionally withdrawn due to past betrayals by family members who failed to protect him. He reported that therapy had helped, but emotional distance persisted. Prior research had shown that family responses to disclosure also significantly shaped survivor outcomes. Eisikovits et al. (2017) reported that when disclosures were dismissed or minimized, survivors experienced greater psychological distress and struggled more in building trusting relationships. Nikulina et al. (2016) found that supportive family reactions, such as protective responses or validation, could buffer some of the long-term negative consequences of CSA. Winterstein et al. (2023) further demonstrated that intrafamilial abuse created loyalty conflicts that complicated recovery, as survivors remained entangled in harmful family dynamics. Participant Black maintained a good family relationship but withheld personal information, indicating a lack of emotional openness likely tied to early family dynamics. She demonstrated a tendency to keep her feelings private, which may stem from her upbringing and family interactions. Participant Navy had cut all ties with her immediate family for nearly two decades, pointing to deep-seated trauma or toxicity in the family structure. Participant Bronze was selectively connected close to one sister and indifferent about others, which reflected emotional boundaries shaped by distance and perhaps unmet needs. In contrast, participants Teal and Blue both emphasized secure, supportive relationships with their spouses, which appeared to offer the emotional stability lacking in their family of origin. These adult relationships

demonstrated how some individuals had rebuilt stability through chosen bonds after experiencing unstable or painful family dynamics.

How family members interpret and emotionally respond to the abuse shapes survivors' healing. Varied *interpretations*, from disbelief to empathy, impact the survivor's sense of validation. Family members' *reactions* can range from supportive to dismissive or punitive, influencing survivors' trust and willingness to disclose. Some families engage in *avoidance*, choosing not to discuss the abuse, which often leaves survivors feeling isolated and unsupported in their trauma. Participant Burgundy shared that her childhood experience of abuse by a family member, specifically an uncle, negatively shaped her perception of men, particularly those within her own family. This deep-seated discomfort influenced how she responded emotionally and protectively in adulthood. As a result, she did not feel safe allowing her children to be around male family members without supervision. Her emotional response, rooted in past trauma, created a strong sense of caution and mistrust that continued to affect how she navigated family relationships and protected her own children. Newsom and Myers-Bowman (2017) showed that some survivors developed hypervigilant or overprotective parenting styles as a way of guarding against harm, even while facing challenges in emotional closeness. Dussault et al. (2022) demonstrated that caregiving outcomes among survivors are not uniform but shaped by a combination of attachment style, coping mechanisms, and social support. They found that some survivors achieved the "earned security" in adulthood, allowing them to build positive relationships with their children despite early trauma. For others, unresolved attachment insecurity continued to disrupt parenting,

resulting in difficulties with emotional regulation and relational stability in caregiving contexts.

Participants also reflected on how childhood trauma profoundly shaped their perceptions and emotional responses in adulthood, which significantly impacted their ability to trust, connect, and relate to others. Participant Olive addressed the experience of extreme anxiety and agoraphobia, while struggling to maintain friendships as her focus shifted entirely to mental health recovery, leaving her feeling disconnected from others' life paths. Participant Silver discussed how she felt strained in relationships, particularly with parents who blamed her for past abuse, and this distrust carried over into her parenting, where she became hypervigilant. Participant Peach explained how she completely shut down emotionally and socially after once trusting too easily, eventually maintaining strict boundaries and avoiding all personal connections. Participant Rust reflected on how therapy revealed that many people in his life had been emotionally one-sided, leading him to pull back from friendships and social engagement. Participant Bronze admitted to mistrusting kindness, feeling safer with rudeness because it was predictable, and often suspected ulterior motives in others' good intentions. Participant Burgundy described being emotionally avoidant, easily cutting off contact with family, and placing more value on friendships than blood ties, shaped by past disconnection. Participant Brown explained that she avoided romantic relationships due to unresolved personal triggers, recognizing a deep fear of intimacy that kept even close bonds from feeling fully genuine. Collectively, these narratives showed how early instability and

emotional wounds led to deep mistrust, emotional distancing, and difficulty forming or maintaining healthy relationships as adults.

The findings of my study indicated that support systems within the family are crucial for survivors' well-being. Family *support*, including emotional, practical, and protective forms, can help survivors feel valued and understood. Moreover, it was determined that adequate parenting support provides survivors with stability, consistent care, and a foundation for rebuilding trust in relationships. Participants determined that when family support is lacking, survivors often seek alternative support networks, but familial backing remains a central pillar for long-term healing.

Furthermore, Participant Teal described how the absence of stable parental support during childhood left her vulnerable to abuse by extended family members. With her mother struggling with addiction and her father in prison, Teal was placed in the care of other relatives, where she experienced harm. This lack of a protective family unit created long-term emotional consequences, including resentment toward her parents for failing to keep her safe. As an adult, these early experiences of instability and betrayal affected her ability to form trusting romantic relationships. They contributed to emotional distance and unresolved anger, showing how critical the absence of a secure support system was to her development. Additionally, Participant Lavender explained that her childhood experiences left her highly dependent on her parents, especially when it came to making important life decisions. She shared that while others might see this as a sign of support, for her, it reflected a lack of confidence and independence that stemmed from past trauma. Because of what she went through, she became overly cautious in her family

relationships and struggled with fear and uncertainty. Her emotional reliance on her parents in adulthood highlighted the lasting impact of early experiences on her ability to trust herself and navigate relationships with confidence. In their 2022 study, Love and Robinson Kurpius conducted an extensive analysis that revealed survivors who maintained robust social connections and experienced a profound sense of mattering exhibited significantly higher levels of resilience. This resilience manifested not only in their interpersonal relationships but also in their psychological well-being. The research highlighted that strong social ties provided emotional support and a sense of belonging, which were crucial for coping with adversity. Furthermore, the authors emphasized that the feeling of being valued and important, referred to as mattering, played a vital role in fostering an individual's ability to navigate challenges effectively, thus contributing to overall mental health and relational stability (Love & Robinson Kurpius, 2022).

Overall, the social and family dynamics surrounding CSA survivors significantly influence their emotional development and healing. Factors like caregiving quality, sibling interactions, family stability, and support systems shape how survivors process trauma and form relationships. Positive family involvement can provide protection, while instability and neglect may worsen the psychological impacts of abuse. Recognizing these dynamics is vital for offering trauma-informed care and fostering resilience in survivors. Cultural and social contexts play an equally critical role in how survivors navigate disclosure and recovery. Hurcombe et al. (2022) documented that stigma and silence within certain communities suppressed disclosure and prolonged relational difficulties. Nikulina et al. (2016) demonstrated that ethnic identity could serve as a

protective factor, enabling survivors to cope more effectively, even when family support was lacking. Cook et al. (2019) also highlighted the influence of intersectional factors, showing that cultural expectations and minority stressors altered survivors' access to supportive relationships and healing.

### **Theme 10: Self and Personal Growth**

Childhood sexual trauma can have profound and lasting effects on a person's sense of self, safety, and identity. However, healing is possible, and personal growth often becomes a vital part of that journey. Newsom and Myers-Bowman (2017) described resilience in female survivors of CSA as an ongoing journey, not a fixed trait. Survivors in their study reported growing through stages of identity reconstruction, healing, and learning how to engage in healthy intimate relationships. As survivors in their study began to process their experiences and reclaim control over their lives, they navigated key areas of transformation, including self-awareness, identity, boundaries, emotional healing, and empowerment (Newsom & Myers-Bowman, 2017). These themes are not just milestones in recovery, but are acts of resilience, representing a survivor's capacity to rebuild, redefine, and rise beyond the harm they endured.

In my study, 14 participants provided additional details beyond the interview questions, revealing how adult survivors of CSA from marginalized groups perceive and experience barriers to developing secure attachments in their relationships. Based on the findings, childhood sexual trauma, *self-improvement* often begins with small but intentional steps toward rebuilding confidence and stability. Developing self-awareness by recognizing how past trauma shapes present behaviors and emotions is a powerful

foundation for *personal development*. The transition from powerlessness to empowerment signifies a profound restoration of self-esteem among survivors. This shift involves rejecting shame-based narratives in favor of a narrative centered on strength, growth, and agency. Participants highlighted this journey as a process of reclaiming control, revaluing oneself, and recognizing their inherent worth beyond past abuse (Newsom & Myers-Bowman, 2017). To expound, Participants Olive and Green both reflected on the deep impact of CSA on their self-perception and healing journeys. Participant Olive shared how her experience was confusing because her abuser was another child, which did not match common narratives. This lack of validation led her to internalize the pain and believe she simply had to endure it. Over time, she began to view her experience differently, especially when imagining someone she loved going through the same thing. She also gained insight into how her parents' unresolved trauma affected their ability to support her. Through growing self-trust and faith in a higher purpose, Participant Olive articulated that she is focused on becoming the best version of herself. Participant Green explains how awareness of the abuse in adolescence deeply affected their mental health and emotional stability.

Becoming a parent brought clarity about how much healing was still needed. Participant Green emphasized the importance of believing children, encouraging truth-telling, and removing the stigma around seeking help. Both highlight how healing is a gradual process shaped by self-awareness, empathy, and breaking cycles of silence and shame. As the findings indicate, trauma can deeply wound a person's sense of worth and identity. Survivors explained struggles with feelings of shame, guilt, or self-blame.

Rebuilding *self-esteem* involves shifting the way they view themselves, moving away from the trauma that may have shaped their *identity*. Instead, it emphasizes recognizing our strengths and resilience. Furthermore, self-declaration and self-disclosure prove vital, as they empower survivors to take control of their personal narrative. The participants articulated that taking responsibility for our identity means embracing our future and the person we choose to become, rather than blaming ourselves for past experiences.

To illustrate, Participant Green highlighted the importance of showing up fully for herself and her loved ones. Her experience with becoming a parent and dealing with postpartum depression forced her to confront the impact of her past on her mental health. She believed that self-esteem and healing were not just personal goals but responsibilities, especially for those whom struggles have affected. Participant Green emphasized that even if one struggled to feel worthy of healing, they still were, and their loved ones deserved to see their authentic self, including the hidden parts. Moreover, Participant Brown revealed that healing was an ongoing process, and while she had done significant work, there was still more to address. Responding to reflective questions brought this realization to the surface. Participant Brown explained that she did not carry grudges and had developed a strong sense of professional identity by using personal experiences to support others. However, accepting that more healing was needed remained difficult. This revealed a tension between a functional, helping identity and a still-vulnerable inner self, which affected her self-esteem.

Furthermore, Participant Burgundy had a complex relationship with resilience and identity shaped by her trauma, including sexual abuse and family dysfunction. She

struggled to raise non-traumatized children while managing her emotional landscape, which necessitated compartmentalizing pain. This survival-based approach made it tough for her to access emotional vulnerability and genuine self-worth. For Participant Coral, identity and self-esteem were deeply impacted by abuse within a religious setting, where the silence of the church community, many of whom were family, intensified the betrayal. She separated God from the abuse, recognizing it as human failure, and identified her journey as one of spiritual disillusionment and a search for meaning beyond corrupt institutions. While there was pain, she also reclaimed her faith and self-worth outside of the abusive context.

Many survivors have been denied the right to say “no” or *self-protection*, making it essential in adulthood to learn self-defense and self-advocacy as part of their healing process. Setting *boundaries*, recognizing unsafe situations, and communicating limits are all acts of self-preservation. The patterns of self-diminishment, such as staying silent, people-pleasing, or minimizing needs, have also proven to be survival strategies. The findings indicate that personal growth involves unlearning self-diminishing habits and embracing the right to occupy space and be treated with dignity. Self-protection and setting boundaries are concepts embedded in survivors’ narratives about regaining control, making empowered choices, and navigating relationships with greater awareness (Newsom & Myers-Bowman, 2017). A critical aspect of resilience participants noted was the ability to redefine themselves beyond the label of “victim,” which suggests a shift toward internal strength and a key element of self-protection. By developing healthier self-concepts, survivors were better equipped to recognize unsafe dynamics and assert

personal limits in relationships (Newsom & Myers-Bowman, 2017). This redefinition process reflects the development of emotional and relational boundaries that help safeguard against re-victimization. Furthermore, as survivors learned to build healthier intimate connections, they began to recognize their right to safety, emotional space, and mutual respect. These are foundational components of boundary-setting. The movement from harmful or disempowered relationships toward more conscious and nurturing ones demonstrates how self-protective behaviors evolve through healing (Newsom & Myers-Bowman, 2017).

For instance, Participant Teal described herself as a “chameleon,” adapting to others’ needs to avoid conflict and stay safe. Her behavior was rooted in hypervigilance from trauma. She admitted that this led to people-pleasing and self-shrinking, all as a means of protection. Without healing, Participant Teal explained, this self-protective instinct could become destructive. Her journey involved learning how to set boundaries and express discomfort in ways that maintained both her own dignity and the humanity of others. This reflected a clear barrier to secure attachment, the struggle to balance self-protection with authentic, vulnerable connection. Additionally, Participant Blue shared how her abuse led to a lasting need for control, stemming from a parent’s disbelief in them. This betrayal drove Participant Blue into unhealthy relationships during her teens. As an adult, she realized the trauma affected her both emotionally and physically, with her body holding onto stress. While her need for control served as a coping strategy, it also created a barrier to emotional closeness and secure attachments. Participant Tan revealed difficulty with vulnerability, even in close relationships, such as her marriage.

She tended to withhold or soften the truth to avoid conflict, stemming from a desire to maintain peace and perhaps avoid the emotional risk of being hurt. This habit of omitting parts of herself became a protective mechanism, but it also created emotional distance. Participant Tan expressed hesitance to be fully transparent, which she linked to early experiences of silence around her abuse, illustrating how trauma could lead to emotional walls that complicated intimacy and trust.

The study results indicated that healing from childhood sexual trauma is a deeply personal and often inconsistent journey. The participants expressed the need to confront pain, process complex emotions, and navigate the long-lasting effects of personal crises. These findings suggest that *personal healing and recovery* can occur through various means, including therapy, creative expression, spiritual practices, and supportive relationships. These factors collectively support long-term emotional resilience and healthier attachments. The researchers noted that for many participants, meaning-making was a critical part of the recovery process, helping them contextualize their trauma and move forward with greater resilience (Newsom & Myers-Bowman, 2017). To further explain, the findings suggest that survivors should be allowed to move at their own pace, with the understanding that healing is not about erasing the past, but about making peace with it and cultivating resilience.

To illustrate, Participant Rust spoke candidly about how difficult the therapy relationship had been throughout his healing journey. He described it as a “roller coaster,” highlighting how hard it was to trust, open up, and speak to therapists about his abuse. The loss of therapists who walked away deepened his struggle, making trust even

more fragile. While he had found a supportive therapist at that time, Participant Rust admitted that healing was still an ongoing process and noted how forgiveness and letting go remained major challenges. His story reflected how attachment injuries from CSA made forming even therapeutic bonds difficult, delaying or complicating recovery. recovery. Additionally, Participant Black explained that healing was a daily effort, even long after the abuse had ended. She noted that survivors often pretended to be okay while internally struggling and how triggers could reopen wounds unexpectedly. Participant Black further expressed a desire to let go and move on but acknowledged the emotional difficulty in doing so, especially without knowing how to process the pain. Her experience reflected a common barrier to secure attachment, where suppressing emotions to cope could create emotional distance in relationships. A significant part of healing, as detailed in Winterstein et al. (2023), involved the women in this study achieving a sense of closure. This did not mean forgetting or minimizing the trauma, but instead reaching a point where it no longer controlled their lives. Participants described a sense of “closing a circle,” which brought emotional relief and stability in later years (Winterstein et al., 2023).

Furthermore, Participant Bronze focused more on the preventive and protective aspects of healing for future generations. She emphasized the importance of asking children the right questions to ensure their safety and a good childhood. While not directly describing her own healing, her comments suggested that part of her recovery involved breaking cycles and creating healthier conditions for others, possibly because her own boundaries or needs were not acknowledged. This perspective implied a shift

from surviving to advocating, which could be part of long-term healing. Moreover, Participant Gray shared that a strong relationship with God supported her healing, which helped her redefine what healthy relationships should look like. While she did not go into detail about the trauma, Participant Gray framed her growth as a spiritual journey that reshaped her expectations and capacity for connection. This suggested that faith provided a secure base that supported her recovery and helped reestablish internal stability, and key elements in building secure attachments.

Based on study results, it was determined that survivors grew stronger when they reclaimed power over their choices, voices, and bodies. Setting boundaries became a vital expression of self-worth and a crucial element of *advocacy*. Reclaiming voice and choice, such as speaking up, making decisions, and asserting needs, was a radical reversal of the silence trauma imposed. Through peer and community engagement, many survivors found solidarity, purpose, and even a sense of activism. *Empowerment*, in this context, was not just personal—it was also collective, helping others rise while continuing to rise oneself. Winterstein et al. (2023) found that many survivors who experienced intrafamilial child sexual abuse reclaimed their sense of self through a process of life review. Reflecting on their past allowed them to reframe their narratives—not as passive victims, but as active survivors who maintained their integrity and dignity. This process helped them regain control over their identities, which is a powerful act of personal empowerment. Survivors also expressed a desire and ability to integrate fractured parts of themselves, which had been split as a result of early trauma. By reconciling with their past and embracing the totality of their life experience, they reported feeling more whole.

Despite the trauma occurring years prior, the survivors emphasized the importance of looking forward, imagining futures free from the emotional constraints of past abuse. This future-oriented mindset enabled them to reclaim their power and define their lives on their own terms, embodying a strong sense of empowerment through intentional living (Winterstein et al., 2023).

To affirm, Participant Red described breaking the cycle through personal advocacy, which was illustrated as a powerful moment of self-advocacy and empowerment when she stood up to a manager who was about to harass her sexually. This was the first time she felt she could defend herself after multiple earlier childhood sexual traumas. That act not only protected her but also inspired other girls to speak up too. Participant Red framed this moment as a turning point, rejecting the identity of a victim and choosing to break intergenerational cycles of abuse for the sake of her future children. Her story showed how empowerment could begin with a single act of self-protection and ripple outward into generational change. Additionally, Participant Magenta articulated empowerment through storytelling and representations as she spoke to the power of having one's voice heard, especially as a Black woman. She emphasized the importance of breaking the silence surrounding trauma by participating in research, discussions, and public conversations. For her, this was an act of both personal and collective empowerment. Participant Magenta critiqued the "strong Black woman" stereotype, noting that it often silenced vulnerability. By advocating for more research

and public dialogue, Participant Magenta turned her personal healing into a form of advocacy for systemic change.

Participant Burgundy alluded to reclaiming power by confronting her abuser because her sense of empowerment came from directly facing him. Participant Burgundy told him, “You didn’t break me,” reclaiming her narrative and refusing to carry his secret any longer. This moment represented a shift from silence to strength. Despite lingering anxiety, Participant Burgundy used her trauma as motivation to build a better life, especially for her child. Her story exemplified empowerment through reclaiming control over her past, enabling her to define her future more intentionally. Also, Participant Coral illustrated empowerment through setting boundaries and selective connection. This approach to empowerment centered around setting firm boundaries, especially with institutions like the church that had once failed to protect her. While she still attended church for spiritual reasons, she resisted forming close relationships within it, viewing many churchgoers as insincere. Participant Coral exemplified empowerment as the ability to prioritize distance and autonomy over the need for compulsory forgiveness or connection. Her sense of empowerment was rooted in her commitment to authenticity and self-protection as she navigated previously unsafe environments.

In summary, healing from childhood sexual trauma is complex but offers rich opportunities for growth, self-discovery, and empowerment. Through cultivating self-awareness, reclaiming self-worth, setting boundaries, and engaging in supportive relationships, survivors can reshape their narrative on their own terms. Each step taken, whether toward healing, self-advocacy, or community connection, is a testament to their

strength. Participants attested that ultimately, personal growth after trauma is not about returning to who one was before, but about becoming someone wiser, stronger, and more fully whole.

### **Limitations of the Study**

This study offers valuable insights into the lived experiences of survivors of CSA; however, it does face several limitations. The sensitive nature of the research question and the requirement that participants had previously undergone therapy may have posed challenges in recruiting a larger sample of male participants for the study.

As detailed in Chapter 1, the phenomenological approach utilized in this study has certain limitations due to its limited sample size. As previously stated, a smaller participant group can hinder the ability to generalize the findings, and it may not truly reflect the experiences of other survivors of CSA who opted not to partake in the research (Winterstein et al., 2023). Although this research study included 20 participants who provided in-depth insights into their lived experiences, several limitations were introduced that could have impacted the validity, reliability, and generalizability of the research findings.

For instance, the constrained sample size of 20 participants markedly elevates the margin for error, rendering the results more vulnerable to fluctuations inherent in small sample statistics. Despite each participant providing rich, descriptive insights that add depth to the qualitative aspects of the study, analyzing the data through the lens of subgroups categorized by demographic characteristics—such as age, gender, or socioeconomic status—would present considerable challenges. The limited number of

participants within these subgroups could hinder the ability to derive meaningful conclusions or identify significant trends, ultimately compromising the robustness and generalizability of the findings.

A relatively small sample size, which poses a significant limitation due to its limited diversity, may have constrained the study's findings. Specifically, the participant pool included 13 individuals identifying as Black or African American, one individual identifying as White or Caucasian, four individuals representing Multiracial or Biracial backgrounds, and two individuals identifying as Hispanic or Latino. This lack of demographic diversity, including factors such as race, age, and socioeconomic status, can significantly impact the generalizability of the results. A homogeneous sample may fail to capture the deeper and varying experiences of broader populations, resulting in findings that are not applicable across different demographic groups. Such an imbalance highlights the importance of including a wide-ranging and representative sample in future research to enhance validity and applicability in real-world contexts.

The study included only two male participants, which raises significant concerns regarding gender bias in the findings. This limited representation hinders the ability to effectively analyze and interpret any gender-related effects, thereby concealing a comprehensive understanding of the experiences of different genders. Additionally, the generalizability of the results is compromised, as the conclusions outlined may not apply to male populations or to groups with a more equitable gender distribution. This is particularly problematic if the goal is to draw comparisons between male and female experiences. In D. Meyer et al.'s (2017) study, the limitations of their findings are

acknowledged, particularly due to a disproportionate representation of female participants (504 women versus 308 men). The authors determined that this gender imbalance could hinder the study's ability to accurately reflect the experiences and patterns of sexually compulsive behavior and attachment issues that may be distinct or more pronounced in male individuals. Consequently, the overall outcomes and interpretations of the study may be biased due to this skewed participant distribution. Additionally, D. Meyer et al. (2017) provide evidence of persistent CSA-related challenges in adult attachment and sexual behavior. However, the relatively modest proportion of male participants (38%) restricts how confidently their results apply to men. They implicitly caution that without more robust and balanced male representation, a deeper understanding of male survivors' experiences may remain underrepresented.

Moreover, the sparse representation of males, coupled with the predominance of female participants, heightens the risk of overfitting the data to the majority gender. Consequently, if practical applications or interventions are developed based on these findings, they may be ill-suited for male participants or fail to account for their specific needs and perspectives. Such an imbalance could lead to ineffective solutions and reinforce existing differences, emphasizing the need for a more balanced sample that accurately reflects the diversity of the population under study.

As previously discussed in Chapter 1, validity and credibility could have posed a potential challenge when I conducted qualitative interviews with the participants, who were all childhood sexual assault survivors, so I took a compassionate and well-prepared approach. I carefully crafted my questions and approach to avoid re-traumatizing the

interviewees or adding extra emotional strain. I allowed the interviewees to control the pace and direction of the conversation, remaining attentive to signs of distress and being prepared to pause or stop if necessary. Additionally, I ensured that the interviewees were informed about national support services and resources, so they knew how to access help if needed. I implemented trauma-informed care and ethical research practices, which facilitated a better understanding of the unique needs of CSA survivors and promoted a safe, supportive environment (Newsom & Myers-Bowman, 2017). This approach helped address challenges and allowed participants to share their experiences safely and respectfully.

Some participants exhibited signs of emotional distress while recounting their experiences, which manifested in behaviors such as crying and expressions of anger, including the use of profanity. Notably, the accuracy and completeness of their responses remained unaffected by these emotional reactions. To the best of my knowledge, participants did not avoid discussing specific topics or provide only partial information due to feelings of fear, shame, or trauma. This can be attributed to the effort I made to establish trust and rapport with the participants, a practice Rubin and Rubin (2012) supported, which facilitates the collection of credible data and enhances participants' confidence in the research process.

### **Recommendations**

Based on the strengths and limitations identified in this study, several recommendations for future research are proposed. First, I recommend expanding participant recruitment beyond the current sample of 20 participants to achieve a more

accurate representation of demographic diversity. A larger sample size would allow for a better representation of various demographic groups, thereby enhancing the potential to capture a wider range of experiences influenced by diverse cultural, social, and economic contexts. Winterstein et al. (2023) employed a narrative inquiry and acknowledged the small sample size as a methodological limitation, noting that it restricted their ability to generalize the findings to all older female CSA survivors. For my study, I included two male participants, four individuals identifying as LGBTQ+, one White participant, four Multiracial participants, and two Hispanic participants, with the majority being 13 participants who identified as Black or African American. Given this limited sample size, the perspectives of the participants may not adequately reflect the broader demographic groups they represent. Future research should prioritize inclusivity and diversity in participant selection to ensure a more comprehensive understanding of the issues under investigation. A small sample size increases the tendency to draw broad inferences from a limited number of perspectives. When the number of participants in specific subgroups is low, such as one male and four individuals identifying as LGBTQ+, there is a risk that individual narratives may be misinterpreted as representative of the larger group.

Demographic diversity encompasses more than just isolated categories like gender or race; it involves the intersections of these identities. For instance, how race, gender, and trauma collectively shape experiences is complex. With only 20 participants, it is unlikely that you will capture enough intersecting identities to explore these interactions fully. A goal of qualitative research is to achieve thematic saturation, meaning that if future studies investigate multiple identity groups, such as Black women,

white men, or LGBTQ+ survivors, a larger sample size will likely be necessary to reach saturation within each subgroup. More participants are recommended because a limited and homogeneous sample restricts the contexts to which the findings can meaningfully apply. To obtain an accurate representation of the diverse groups and their respective perspectives, as well as to facilitate meaningful comparisons, it is advisable to utilize a larger sample size. A sample size of 20 participants may suffice for narrow, in-depth investigations, such as studies focused on a specific cultural group or a particular life experience. However, for capturing demographic diversity in a more expansive context, a larger sample size would be more beneficial.

Secondly, I propose conducting a replication of this study with a focus exclusively on male participants. This approach may provide gender-specific insights and help to clarify the findings more clearly within this demographic. Elkins et al. (2017) note that CSA among males is under-reported, under-treated, and under-recognized, largely due to social and cultural myths about masculinity that downplay men's vulnerability. Heightened feelings of shame, stigma, and apprehension regarding potential disbelief frequently accompany the disclosure of CSA among men. These factors can significantly diminish their willingness to engage in broader research initiatives. Therefore, conducting studies specifically targeting male populations may create a more secure environment, fostering relevance and reducing feelings of alienation. This tailored approach may enhance recruitment efforts and yield more in-depth and meaningful narratives. My research study included two male participants out of 20 total participants. With only two

men in my current study, it would have been challenging to meaningfully analyze gendered themes or achieve thematic saturation among male participants.

By conducting a men-only study, future researchers can focus their analysis and generate findings that are credible and transferable specifically for male CSA survivors. Most research on CSA primarily focuses on women's experiences, leading to a frequent oversight of men's voices. When only two men are included in a mixed sample, their unique perspectives may get lost or viewed as outliers, even if their experiences differ significantly from those of women. Conducting a men-only study allows these differences to emerge, be explored in depth, and be understood without the need for comparison to a female norm.

Gendered expressions of trauma can vary significantly. Research indicates that men may cope with CSA trauma in ways that are more externalized, such as through anger, substance abuse, or sexual compulsivity. In contrast, women may be more likely to internalize their experiences, leading to feelings of shame and depression. There is evidence suggesting that males and females may experience and process trauma differently. Myrie and Schwab (2023) highlighted that fewer studies focus on male survivors, especially ethnic minority men, creating a knowledge gap that may hide critical gendered differences. The authors acknowledge that the nature of CSA can differ gender-wise, affecting recovery trajectories. These differences can become obscured in mixed-gender studies unless there are enough men to analyze as a distinct group. Black male survivors often face restrictive narratives of masculinity, including stoicism, emotional suppression, and dominance expectations, which may hinder disclosure and

emotional expression (Myrie & Schwab, 2023). These norms may enforce silence or secrecy, making masculine identity a barrier to help-seeking and emotional recovery. Conducting a study focused solely on men allows for a deeper exploration of themes such as masculinity, stigma, and barriers to disclosure. Gender-specific research matters: Intersections of race, culture, and masculinity that warrant focused study shape recovery experiences for men, particularly Black men (Myrie & Schwab, 2023).

In essence, Elkins et al. (2017) called attention to a critical gap, being that male CSA survivors are underserved by research and services. They urge a shift toward recognition, visibility, and gender-tailored interventions that allow men to process trauma in culturally respectful and psychologically effective ways. So I recommend that future research design male-centered or inclusive studies to surface underexplored experiences of male CSA survivors. Researchers must adopt trauma-informed, gender-sensitive frameworks that directly confront masculinity-based silence and offer safe, supportive mechanisms for male disclosure and healing. Conducting a men-only study helps balance the research field and emphasizes that men's experiences are important, deserving of dedicated inquiry rather than token inclusion.

Lastly, I recommend conducting a replication study that examines explicitly the parenting styles of survivors of Childhood Sexual Abuse (CSA) and their subsequent impacts. This focus could provide valuable insights into the long-term effects of CSA on parenting and familial dynamics. An important direction for future inquiry is a qualitative replication study examining parenting styles among adult survivors of CSA and how those styles influence family functioning and intergenerational dynamics. In my present

study, out of 20 participants, 13 identified as parents, all of whom described helicopter-style, overprotective parenting behaviors directly linked to their CSA histories. Many participants reported feeling unprotected or unsupported by their parents or caregivers during childhood, which may have shaped their own parenting styles. A few participants either did not have children or did not specify their parental status. The overprotective patterns observed are consistent with recent qualitative findings.

Marshall et al. (2023) interviewed a group of mothers with CSA histories. They described heightened protectiveness, including vigilant supervision, stringent boundary-setting, and explicit education on safety behaviors motivated by the survivors' own trauma histories. Similarly, van der Heide et al. (2024) explored family experiences after early CSA. They noted that as parents, they often exhibit extra caution in sexual education and boundary discussions, reflecting ongoing vigilance rooted in their trauma (van der Burgt et al., 2024).

The results from these related qualitative studies indicate that hypervigilance CSA caused can affect parenting behaviors, particularly by leading to overprotectiveness and strict boundaries, which reflect the experiences of the participants. However, the reasons behind these behaviors, the emotional situations that influence them, and their effects on development should be thoroughly examined. I recommend conducting a replication study that focuses explicitly on survivors of CSA who are also parents. The study should recruit a demographically diverse sample to examine whether trauma-informed parenting varies across different identities. Additionally, I suggest implementing semistructured

interviews that explore parenting behaviors such as emotional regulation, monitoring, discipline styles, and boundary communication.

### **Implications**

The findings of the study generate several implications pertaining to the advancement of positive social change. This research fills a notable gap in the qualitative literature, focusing on the psychological and emotional experiences of adult survivors of CSA (Newsom & Myers-Bowman, 2017). The findings of this study were not intended to eliminate CSA, but rather to underscore the critical importance of understanding the multifaceted impact of CSA on minority populations by shedding light on the specific interpersonal challenges that survivors experience. These challenges often extend beyond the individual to encompass their families and communities. On the individual level, these findings can help support survivors throughout adulthood by improving understanding, treatment, and public awareness of the long-term impacts of trauma. By validating these experiences through research as typical responses to trauma rather than personal failings, this research can help reduce stigma and self-blame among survivors. This research can also help shape and support the creation of culturally responsive community programs, particularly for marginalized groups such as LGBTQ+, male survivors, and disabled survivors. Furthermore, the findings empower survivors by providing knowledge about their experiences, offering tools for emotional regulation and healing, and fostering connection through peer support and survivor-led initiatives.

As detailed in Chapter 2, survivors from ethnic minority communities face specific challenges in disclosing and accessing support after experiencing CSA

(Hurcombe et al., 2022). Also in Chapter 2, Winterstein et al. (2023) introduced a study that highlighted the crucial need to acknowledge the enduring trauma experienced by underserved and marginalized populations. The authors pinpointed the importance of thoroughly examining how cultural, systemic, and familial elements influence the healing journeys of adult survivors of CSA.

At the societal level, this research contributes to greater awareness and sensitivity regarding the complexities surrounding CSA. In particular, this study identifies ways in which cultural, social, and systemic factors can influence the experiences of minority survivors, leading to specific interpersonal problems that may not be fully recognized within the dominant narrative on CSA. By highlighting these issues, the research seeks to foster greater empathy and understanding among practitioners, policymakers, and community members, ultimately contributing to more effective support systems for survivors.

Furthermore, on the organizational level, the implications of these findings are especially relevant for psychotherapists, counselor educators, counseling supervisors, and other professionals engaged in the helping professions. In some cases, these professionals face barriers due to a lack of adequate resources, training, and professional development opportunities tailored to address the complexities of CSA in diverse populations. The insights derived from this study provide a valuable evidence base that can inform the development of targeted training programs and interventions. By identifying specific strategies that enhance the delivery of comprehensive counseling skills, the research offers a pathway for professionals to better equip themselves to support survivors

effectively. This includes fostering an understanding of culturally responsive practices, enhancing communication skills, and building rapport with clients from diverse cultural backgrounds. Ultimately, these findings not only contribute to the academic conversation surrounding CSA but also serve as a catalyst for practical improvements in the field of counseling and psychotherapy. By integrating this knowledge into professional development frameworks, practitioners can better navigate the intricacies of providing support to those whom CSA has affected, leading to more successful therapeutic outcomes and healthier community dynamics.

### **Theoretical Implications**

John Bowlby posited that having adequate mental health in adulthood is reliant on the formation of fulfilling, intentional, and healthy relationships during childhood (Dansby Olufowote et al., 2020). In Chapter 2, it was detailed that Langton et al. (2017) highlighted that attachment theory posits that early attachments shape interpersonal relationships, personality, and emotional regulation. Additionally, Hornor (2019) described it as the emotional connections between individuals and their interactions. Attachment theory offers a framework for understanding these bonds, suggesting that attachment behaviors are biologically driven to enhance survival and foster development. CSA significantly impacts the development of attachment styles, which in turn shape an individual's beliefs, expectations, and behaviors in later relationships. According to Bowlby's attachment theory, early relationships form the foundation for future relational patterns, categorized as secure, insecure-avoidant, or insecure-ambivalent (also known as anxious).

In this study, more than 15 participants discussed the distrust in parents and caregivers, as well as family dynamics, which shaped the mindset and behaviors of many of the adult survivors. Bellis et al. (2017) affirmed that factors such as having access to a trusted adult as a child may impart resilience against developing such negative outcomes. The findings of this study support Bowlby's attachment theory by indicating that childhood trauma, along with the responses of parental figures and caregivers to its disclosure, significantly influences survivors' beliefs, expectations, and behavioral patterns as they transition into adulthood.

The theoretical implications of this study enhance the understanding of the impact of CSA on survivors' attachment styles, particularly in relation to the development of insecure attachment patterns in adulthood. Garofalo and Bogaerts (2019) reported that adverse experiences in the context of early attachment relationships can contribute to a limited capacity to trust significant others and the outside world. Thus, survivors of CSA often experience disrupted or unsafe caregiving environments, which can lead to insecure attachment styles. For instance, those with *insecure-avoidant* individuals may have learned to suppress emotional needs due to unresponsive or abusive caregiving, resulting in emotional distance, mistrust, and difficulty with intimacy in adult relationships. The findings of this research support this theory as the majority of the participants indicated avoidance behavior patterns in their adulthood, which they affirmed stemmed from their childhood abuse experiences. These behavioral patterns were detailed to be present in their familial, romantic, social, and professional relationships. Many individuals report that they consciously avoid certain types of relationships in adulthood due to fear and

uncertainty stemming from their experiences of inadequate physical and emotional protection during childhood. This often results in a reluctance to form deep emotional bonds with others, as they grapple with their past experiences and the impact these experiences have on their present relational dynamics.

Garofalo and Bogaerts (2019) found that attachment anxiety, also known as ambivalent attachment, involves a strong desire for closeness, accompanied by concerns about whether others are reliable and available. People with *insecure-ambivalent* attachment often faced inconsistent care as children, which can lead to clinginess, fear of being left alone, and strong emotional reactions in adult relationships. The findings of this research support this theory as several of the participants indicated anxious, ambivalent behavior patterns in their adulthood, which they affirmed stemmed from their childhood abuse experiences, and the behaviors were consistent in their interpersonal relationships. For example, a person might feel distressed when their partner wants to spend time alone, or does not want to engage in sexual activity, interpreting this need for space as a sign of disinterest or rejection. Specifically, one participant detailed that anytime his wife did not want to have sex, he immediately thought something was wrong with him or that she may be cheating. One participant stated that every romantic relationship she had must include sex, because she equated sex with love. If a romantic partner did not want to engage in sex, then she believed that equated to the partner not loving her. One participant explained that she clings to the love her children give her because she knows it is the only genuine love she will receive. She asserts that her children must love her because she gave birth to them. Another participant mentioned

that she is always in fight-or-flight mode with the people in her life because she does not truly know where she stands with them. Several participants reported that they tend to cling to certain people or specific relationships in adulthood due to a fear of loneliness or abandonment. As the findings suggest, this phenomenon often arises from significant emotional fluctuations in interpersonal relationships. These fluctuations can be linked to early caregiving experiences and past traumas marked by inconsistency, unpredictability, or emotional unavailability during critical developmental periods.

The theoretical implications of this study enhance the current understanding of the long-term effects of CSA on survivors' attachment styles, particularly regarding the development of insecure attachment patterns in adulthood. Additionally, a comprehensive examination of the lived experiences of these individuals is essential for identifying effective support strategies tailored to this marginalized population. By doing so, a goal of this study was to improve outcomes for this underserved group, ultimately contributing to more targeted and impactful interventions in the field of trauma-informed care.

### **Conclusion**

The purpose of this qualitative phenomenological study was to explore how adult survivors of CSA from marginalized communities formed attachments in their interpersonal relationships. The researcher sought to understand the effects of CSA on the attachment styles of survivors and how this contributed to the development of insecure attachments in adulthood. The primary contribution of this research lies in its focus on minority group survivors who have endured CSA. The participants shared profound and in-depth narratives that shed light on their complex relationship experiences, intricately

shaped by their journeys as survivors of CSA. Their stories unveiled the emotional layers and challenges they faced, providing invaluable insights into the impact of these traumas on their lives and interactions with others.

The understanding of CSA holds significant implications for enhancing awareness and support for adult survivors. Expanding the body of knowledge surrounding the specific experiences and challenges these individuals faced can lead to more informed therapeutic practices and refined assessment tools. By tailoring interventions that are grounded in a comprehensive understanding of the distinctions associated with adult survival of CSA, mental health professionals can improve the precision of diagnoses and therapeutic strategies. This increased accuracy not only aids in identifying the psychological ramifications of CSA but also fosters a more compassionate and effective therapeutic alliance.

Moreover, this improved awareness can drive the development of evidence-based practices that are sensitive to the unique trauma histories of adult survivors. The integration of this knowledge into clinical practices may also promote a more integrated strategy for treatment, allowing clinicians to adequately address co-occurring mental health issues and provide tailored support that acknowledges the multifaceted nature of trauma recovery. Ultimately, the advancement of CSA-related knowledge will contribute to the overall well-being of adult survivors, enhancing their therapeutic journeys and promoting their mental health recovery.

This research has significantly influenced my perspective and professional practice. Throughout the research process, I conducted a comprehensive review of

transcripts and videos, allowing me to become deeply immersed in the findings. As a school counselor, I often encounter the complexities of CSA, yet the long-term outcomes of these experiences are frequently obscured once my students enter adulthood. This research has provided valuable insights into the coping mechanisms and healing journeys of participants who have endured such trauma. By examining their narratives, I have gained a greater understanding of the various paths to recovery utilized by individuals affected by CSA. The exploration of these lived experiences has not only enriched my professional knowledge but has also underscored the importance of tailored support systems.

These findings highlight the critical need for ongoing conversation about mental health support and intervention strategies for survivors as they transition into adulthood. This research has strengthened my commitment to advocating for comprehensive resources and informed practices that address the unique challenges faced by survivors of childhood trauma. Overall, my engagement with this research has deepened my appreciation for the resilience of individuals and has reinforced the necessity of fostering environments that promote healing and recovery.

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## Appendix A: Pre-Screener Demographic Questionnaire

**These questions are intended to provide the researcher with the diverse demographic information necessary for compiling and comparing the sexual abuse background, minority classification, and interpersonal relationship experiences. Please complete these pre-interview questions that will be used to categorize the diverse demographic information necessary for this research study.**

1. What is your current age? \_\_\_\_\_
2. Did you experience Childhood Sexual Abuse? **YES or NO**
3. Have you attended therapy? **YES or NO**
4. What is your sex/gender identity?  
(a) Male (b) Female (c) Transgender (d) Non-Binary (e) Other
5. What is your race/ethnicity?  
(a) American Indian/Alaska Native (b) Asian American  
(c) Black/African American (d) Native Hawaiian/Pacific Islander  
(e) White/Caucasian (f) Hispanic/Latino  
(g) Multiracial/Biracial (h) Other
6. What is your sexual orientation?  
(a) Heterosexual/Straight (b) Lesbian (c) Bisexual (d) Transgender  
(e) Queer/Questioning (f) Intersex (g) Asexual (h) Other
7. What is your religious affiliation? \_\_\_\_\_
8. What is your current relationship/marital status?  
(a) Single (b) Married (c) Widowed (d) Divorced
9. What is your highest level of education completed?  
(a) High School Diploma or GED (b) Trade Certification (c) Some College  
(d) Associate's Degree (e) Bachelor's Degree (f) Master's Degree  
(g) Post-Graduate Degree (h) Doctoral Degree (i) Other
10. Do you have access to healthcare? **YES or NO**

11. What is your current annual household income?  
(a) Less than \$40, 000 (b) Between \$40, 000 - \$70, 000  
(c) Between \$70, 000 - \$110, 000 (d) More than \$110, 000

## Appendix B: Interview Guide

General demographics, the impact of childhood sexual abuse on adult survivors, and relationship experience will categorize the questions below. The **demographic** questions were distributed and resubmitted prior to this scheduled interview. The **interview** questions will address relational connections. Participation in this study carries **minimal risks**, primarily related to reflecting on past experiences that may cause distress or discomfort.

### The interview

- Pre-screener questions (1-11): distributed via flyer link and submitted through a Google Form.
- Content questions (12-16): addressed during the recorded phone-in interview via Zoom.

### Introductory Statement

*Hello, My name is Eunique Powell, and I am happy to meet with you today. As a reminder, I will address you by a pseudonym to protect your privacy. This will ensure confidentiality during this interview and the publishing of the study. The pseudonyms I am choosing are colors. So, Participant (**Color Name**), thank you in advance for volunteering to participate in this research on the effects of childhood sexual abuse and its impact on relationship behaviors. Please make sure you are in a quiet location with minimal distractions. This 45-60 min session will be audio recorded only. All information gained will be solely used for research purposes. All identifying information will be kept confidential. I want to reassure you of the agreed-upon confidentiality that was addressed in the consent form you submitted. Childhood sexual abuse experiences can be traumatic, resulting in unease or discomfort when discussing. Do understand that you are free to take a break during the session or decline to continue at any time during the interview. If a question is unclear at any time during the session or you need deeper clarification, please do not hesitate to ask. At the end of the session, we will debrief, during which I will reiterate important follow-up expectations. Do you have any questions or concerns before we begin? Do you still consent to the recording?*

### **Pre-Screener Questions**

**Questions 1-11:** These questions were asked prior to the interview session via a Google Form. They are intended to provide the researcher with the diverse demographic information necessary for compiling and comparing the background information, minority classification, and interpersonal relationship experiences ([LINK](#) to the pre-interview questions). *“Thank you for completing the demographic questions on the Google Form before this interview. Before we dive into the main interview questions, we will review your responses to the demographic questionnaire to ensure their accuracy for the study..” ... (Read responses from Google form) Do you still agree that all of these responses are accurate?*

1. What is your current age?
2. What is your sex/gender identity?
3. Did you experience Childhood Sexual Abuse?
4. What is your religious affiliation?
5. What is your race/ethnicity?
6. What is your sexual orientation?
7. Have you attended therapy?
8. What is your current relationship/marital status?
9. What is your highest level of education completed?
10. Do you have access to healthcare?
11. Current household income?

### **Interview Questions: Main Dialogue**

**Questions 12-15:** These questions will provide the researcher/interviewer with rich and meaningful data relevant to exploring, developing, and describing social processes based on the interviewee's personal experiences with social challenges. *"We are about to jump into the core of the interview. I will ask you questions about your experiences with relationships. In the end, you will be permitted to finalize the interview with any information you feel necessary to add about your romantic, intimate, professional, and familial relationship experiences."*

12. How have your childhood experiences impacted your ability to develop relationships as an adult?
13. What types of relationships have been impacted?
14. Describe your current relationships with: (a) Family; (b) Friends; (c) Partner(s); Other Professionals (*or co-workers/colleagues*)
15. What barriers (*challenges/obstacles*) to developing relationships have you experienced as an adult?

### **Post-Dialogue Question**

**Question 16:** This question lets the participant close the interview session with any pertinent information they want to express or include. It also lets the interviewee feel in control by ensuring they finalize the interview experience. *"Alright, this is my final question for you. After this, please feel free to conclude this interview with any information you believe is necessary to include about your relationship or background experiences."*

16. What is something you would like to add that I did not ask about?

**Closing Statement and Debriefing**

*Thank you for your contribution to this research study. I also want to reassure you of the confidentiality of your identity. Your identity will be kept confidential in the presentation of the study results, as originally detailed in the consent form you agreed to prior to your participation. You will be referred to as “Participant **COLOR**.” After the completion of the research study, you can view the results of the study at:*

*<https://scholarworks.waldenu.edu/dissertations/>.*

*If you are experiencing discomfort or distress due to the interview or revisiting past trauma, you can access RAINN, a 24-hour, 7-day-a-week support service for survivors of sexual violence. You can call 800-656-HOPE (4673) or chat online at [online.rainn.org](http://online.rainn.org). To access the Suicide and Prevention Lifeline, a 24-hour support service, you can dial 988 at any time. This information can also be accessed via your copy of the consent form. If you have further questions or concerns before then, email me at:*

*[eunique.powell@waldenu.edu](mailto:eunique.powell@waldenu.edu).*