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The Lived Experiences of African American Child Sexual Abuse Survivors and Their Relationships with The Perpetrators

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Walden University

College of Psychology and Community Services

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Anita Lorraine Joyner

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Walden University
2025

Abstract

The Lived Experiences of African American Child Sexual Abuse Survivors and Their

Relationships with the Perpetrators

by

Anita Lorraine Joyner

MPhil, Walden University, 2024

MS, Nyack College, 2008

BS, University of Mount Olive, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

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Abstract

Child sexual abuse (CSA) can be detrimental to survivors well into adulthood and can affect the relationships of everyone with whom they are involved. Knowing the perpetrator is a determining factor in the equation and is associated with increased odds of behavioral health challenges among survivors. This is especially true within African American communities, where cultural violence results in an increased level of trauma. The purpose of this qualitative study was to examine the lived experiences of African American CSA survivors and their relationships with the perpetrators. As part of the phenomenological design, data were collected through semi-structured interviews with seven adults who had a history of CSA that occurred more than 10 years before participating in this study. The theoretical framework underpinning this research was Jennifer Gomez's cultural betrayal trauma theory, which provides an understanding of cultural violence and mental health outcomes in marginalized communities. Braun and Clark's analysis protocol was used to process the data. The results indicated that CSA perpetrated by other people in a victim's life, such as cousins and extended family who have access to them, can have long-term effects like those perpetrated by parents and stepparents. Developing culturally sensitive services and programs can support African American survivors during the healing process. Interventions created by healthcare and human services professionals, law enforcement, and clergy professionals must be culturally competent to address the unique needs of survivors and their families. More peer-guided research that focuses on CSA from the perspectives of African American men could help to provide a deeper understanding of their experiences.

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Dedication

To God Be the Glory for the Thing HE Has Done. I am grateful for the knowledge, strength, energy, commitment, and standard of excellence that He has instilled in me. This last stretch of my educational journey is dedicated to my parents, Kenneth Ray Streeter Sr. and Dorothy Hope Joyner-Vines; my maternal grandparents, Oscar Thomas Joyner and Bernice Ray Brown-Joyner; and my paternal grandparents, Isaac Streeter Jr, and Herlene Fields-Streeter. I have the absolute BEST of you all living in me. I hope that I have made you proud!

To my wonderful daughter, Keyeira Shonye Barrett. I have always tried to lead by example, showing you how education can provide you with opportunities and give you something no one can ever take away. Knowledge is power, Keyeira! I hope that I have made you proud to tell everyone that I am *your* mother because **you** are certainly my greatest accomplishment. I love you!

To my bonus dad, Melvin D. Vines, Sr., I honor you. Thanks for staying.

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Chapter 1: Introduction to the Study

Child sexual abuse (CSA) is an ongoing social issue that carries significant mental and physical health implications. Scoglio et al. (2021) explained that CSA has been associated with numerous outcomes, including risky sexual behaviors, maladaptive coping behaviors, anxiety disorders, forms of violence, suicide ideations, and depression. There is research that supports the devastating effects of sexual violence on survivors; however, regarding the trauma of CSA, literature on the unique cultural experiences of African Americans is sparse (Gluck et al., 2021). Children who are abuse survivors are more likely to become re-victimized than other members of the population (Papalia et al., 2021). Mathews et al. (2019) stated that men comprise approximately 30% of CSA survivors, but accurate documentation and treatment of the trauma experienced is far less than that for women. Moreover, incidences of CSA are underreported due to the shame, guilt, cultural matters, and familial secrecy that are oftentimes associated with the issue (Kline et al., 2018).

Researchers explained that 1 in 10 children in the United States will be involved in sexual violence before turning 18 (Centers for Disease Control and Prevention, 2022). These experiences could include touching, voyeurism, pornography, exposure, and full physical penetration, all of which have negative impacts on the behavioral health of survivors (Katz et al., 2021). The effects could determine how CSA survivors think, act, and feel about themselves and others over a lifetime.

Background

Laird et al. (2023) explained that varying inconsistencies about what constitutes CSA may contribute to the underreporting of the issue. Schroder et al. (2021) defined CSA as the unlawful sexual petition or sexual contact with a child by an older person or someone who is perceived to be more powerful. Gewirtz-Meydan et al. (2023) defined CSA as a sexual interaction between a child and an adult or an older child, and it could be in a trusting relationship with the survivor. Mathew et al. (2019) reported that sexual interactions between children could be abusive if there are disparities in age, developmental preparedness, or whether the child has provided verbal consent.

Mauny et al. (2023) noted that CSA is described as any sexual interaction with a child through coercion by another person who is perceived to be more powerful, regardless of the setting where the perpetration occurred. In addition, 1 in 5 women and 1 in 13 men reported sexual trauma experiences in childhood, and 1 in 10 survivors reported being subjected to incest (Mauny et al., 2023). Katz et al. (2021) stated that sexual interactions may comprise sexual penetration, erotic behavior, or other inappropriate behaviors and exposures. Mathews et al. (2019) further explained that sexual interactions are perpetrated through mental or physical control or manipulation, even if the child may understand the nature of the interaction.

Scott-Jones et al. (2020) explained that the available data and research regarding the prevalence of CSA via demographic groups are limited, which is especially true for communities of color, where African Americans may be the least represented in areas of research. Moreover, peri-traumatic responses have received considerably less attention

within the focused community (Scott-Jones et al., 2020). While limited data regarding incidences of CSA that occur within the African American community, victims who reported the trauma have provided an intuitive understanding of the seriousness of CSA and the effect on the individual (Watts et al., 2021). Oftentimes, segments of the African American community have denied the existence of CSA within its racial environment (Assari, 2020; Bryant-Davis et al., 2019). Katz et al. (2021) contend that many believe the sexual abuse of children only exists within other races and ethnic groups. It was further suggested that African Americans who participate in sexually traumatic behaviors with children should not be mentioned or discussed (Assari, 2020; Katz et al., 2021). Bryant-Davis et al. (2019) explained that others can use the existence of CSA to eliminate Blacks from American society. Moreover, the failure of the community to recognize its prevalence appears to broaden the psychological suffering experienced by survivors.

Watts et al. (2021) stated that women are generally more open than men to seeking professional support services for help. African American men are particularly cautious about talking about trauma of this kind. Moreover, men who have been sexually traumatized by men are concerned about discussing the experiences that are attached to the trauma. According to Scott-Jones et al (2020), there are humiliation and helplessness associated with men who are survivors of sexual trauma. It was further stated that because African American boys are in a culture that encourages strength and masculinity, powerlessness and guilt are felt as if they have failed themselves by allowing the trauma to occur (Watts et al., 2021). The inconsistencies regarding a definitive explanation of

CSA, societal influences, and cultural circumstances may contribute to the experiences held by African American CSA survivors (Assari, 2020).

Problem Statement

The situation or issue that prompted me to search the literature was the limited research that exists regarding the lived experiences of African American CSA survivors and their relationships with the perpetrators. Scott-Jones et al. (2020) posited that significant strides have been made in research on CSA; however, limited research has presented a qualitative study that focuses on those experiences. Kline et al. (2018) suggested that African Americans are at greater risk of being subjected to incidences of CSA than children of other races. Research that details CSA from an African American male perspective is limited.

Mathews et al. (2019) explained that CSA is prevalent in all nations, cultures, and races throughout the world, and the discrepancies regarding the definition vary just as greatly. However, a concerning matter for the international community is the lack of a definitive model of CSA, and a common answer to what adequately defines the concept. Moreover, the misconstrued definitions may be evident when incidences of CSA are addressed within certain cultures. Mathews et al. (2019) further explained that even with the most ethnically complex approach, the issue should be categorized as one of three areas of abuse, demanding a focus for concentrated responsiveness. The absence of a conclusive definition of CSA will impede such action (Watts et al., 2020). The description of understanding about CSA can carry enormous weight. Mathews et al. (2019) further explained that inadequate understanding of a definitive interpretation of

CSA can significantly limit the ability of clinicians, representatives, and policymakers to respond and assist in the healing process.

The behavioral health of male and female abuse survivors in adulthood is of great concern. Gomez (2021b) explained that high betrayal trauma is associated with various mental health challenges. It was further stated that women and girls across the lifespan are more likely than men and boys to be sexually traumatized by the perpetrators who are oftentimes known by the survivor. Kline et al. (2018) explained that because many samples are not racially or ethnically diverse, the depth of the findings potentially distorts the results of the research and limits them to the majority population of European Americans. Gluck et al. (2021) stated that African Americans with mental health challenges are plagued with symptoms at a rate that exceeds those of other races and ethnic groups. Mental health discrepancies that focus on racial positions are acknowledged, including inconsistencies in the severity and management of CSA (Scott-Jones et al., 2020). African Americans' lack of access to quality mental health services adds to the disparities that exist among CSA survivors. Moreover, African Americans have increased rates of depression yet decreased rates of behavioral management compared to other Americans (Watts et al., 2021). African Americans are less likely to receive office-based counseling for psychological stressors but are more likely to be seen in emergency rooms (Scott-Jones et al., 2020). This research could help to identify if the relationship with the perpetrator affects the behavioral health of African American CSA survivors.

Although the research regarding the lived experiences of African American CSA survivors illuminates important findings, I found limited research that examined the relationship between CSA survivors and their perpetrators. Given such, further research is warranted that could explore the relationship between CSA survivors and their perpetrators to address the documented problem of how mental and emotional health is affected in African American CSA survivors (Fix & Nair, 2020).

Purpose of the Study

The purpose of this qualitative design study was to examine the lived experiences of African American CSA survivors and their relationships with the perpetrators. The study will incorporate a phenomenological method to research African American CSA survivors who are aged 21 years and older. Qualitative research provides insight into issues of certain populations of people who may have been disregarded and gives a detailed assessment of sensitive and complex societal matters such as domestic violence and sexual abuse (Nassaji, 2020).

Relationships could include those of a familial nature, such as parents, siblings, uncles, aunts, cousins, family friends, neighbors, significant others, and strangers. This research aimed to examine relationships and the mental health and emotional outcomes for survivors of these incidents. African American male and female CSA survivors who were 21 years of age and older were recruited as participants for this study. These recruitment guidelines entailed only adult interactions and were used as a means of receiving perspectives on the experiences of both genders.

This study is worthy of review as it sheds light on an area of research that has not been fully examined within the targeted population. Through interviews, patterns may emerge that can help recognize if or how mental health is affected among African American CSA survivors. To address the documented problem, research that could explore the lived experiences of the targeted population is necessary (Bryant-Davis et al., 2019).

Research Question

I developed a research question to examine the experiences of African American CSA survivors and understand if the relationships with the perpetrators impacted their mental and emotional well-being. The research question was, what are the lived experiences of African American CSA survivors and their interactions with their perpetrators? In conducting interviews to answer the research question, I posed open-ended questions to the participants to evoke rich and in-depth dialogue.

Theoretical Framework

Cultural betrayal trauma theory (CBTT) was the theory that grounded this study. Gomez et al. (2021a) explained that CBTT is a theoretical structure for comprehending behavioral and mental health outcomes in marginalized communities. It is a form of trauma that involves a feeling of betrayal or abuse by a member of one's own cultural in-group, such as people of the same race or ethnicity. Furthermore, CBTT incorporates a feminist framework that makes it an appropriate theory for understanding sexual violence and an additive factor to posttraumatic stress disorder (PTSD) symptom severity (Gomez, 2019).

The theory was developed in 2014 and explained that the survivor might struggle with cultural pressure to support the offender when both are a part of the same racial and cultural background, especially where racial trauma is evident (Gomez, 2021b; Gomez & Freyd, 2018). Individual experiences are affected by segments of the sociocultural environment. Giroux et al. (2023) stated that for marginalized individuals who have experienced interpersonal trauma, including various forms of abuse, the context includes disparities on many levels.

Gomez (2021b) stated that cultural betrayal trauma may be connected to several mental and emotional challenges, including dissociation, internalized prejudice, and identification with the marginalized group. Outcomes of interpersonal trauma include PTSD, depression, anxiety, cardiovascular disease, and suicidality (Gomez & Freyd, 2018). Moreover, cultural pressure results from societal trauma, and the survivor's essentials are overshadowed by the alleged needs of the perpetrator within the marginalized community. Victims are told to keep family issues within the family and not disclose anything to law enforcement or therapists. Revealing trauma caused by the perpetrator would result in harm to them and the family (Giroux et al., 2023).

CBTT is directly related to the proposed topic as it could determine the role of how race and culture contribute to the traumas that are associated with CSA. The interview questions (see Appendix A) consisted of topics that coincided with the theory. Participants were asked questions about the race, culture, gender, and familial relationships of their perpetrators to provide a better understanding of CSA from the perspective discussed in this study. CBTT could provide significant insights regarding the

lived experiences of CSA survivors and the relationships that they have with the perpetrators. In addition, the theory could assist in understanding possible reasons for nondisclosure of CSA, which has often resulted in the breakdown of familial relationships.

Nature of the Study

To address the research question in this qualitative study, the specific research design included a phenomenological approach through face-to-face interviews. The study was conducted for the purpose of obtaining detailed information about the lived experiences of African American CSA survivors and their relationships with the perpetrators. A purposive sampling of this population offered a strategic approach to participation based on specific criteria. This approach enhanced the perspectives of participants and contributed to more comprehensive and insightful research outcomes (Campbell et al., 2020). Verbal communication through interviews and nonverbal communication through observations allowed participants to honestly articulate their feelings about their sexual trauma and helped the researcher to be more explicit with questions that could lead to richer results.

The inclusion criteria, which consisted of African American male and female abuse survivors who were 21 years of age and older, were recruited for the study. A list of inclusion guidelines were provided to ensure that participants met those requirements. The trauma of CSA should have occurred ten years before participation in the study. Additional criteria included participants who were sexually abused and had prior counseling services before participating in the research study, which included support

groups, pastoral, and professional sessions with a licensed therapist. Exclusion criteria were those who were not African American CSA survivors and those who are under 21 years of age. Introduction letters and consent forms provided detailed information about the interviews and resulted in a smoother interview process. The specific criteria detailing the requirements for the volunteers to participate in the study were listed on social media sources. The recruitment process extended to religious and professional organizations.

Before the start of the interview, I introduced myself and explained the purpose of my proposed project so participants would understand the research in which he or she agreed to participate. I asked if they had any questions before the interview. I restated to the participants that their identities and information would remain confidential.

Interviews were held in a mutual area where participants felt comfortable openly sharing their experiences. Virtual interviews were an option for participants who were less accessible. I used Otter.ai to record and transcribe the interviews. Technology allows a researcher the ability to transcribe and organize conversations during meetings. Otter.ai takes approximately 3 minutes to convert 15-minute audio conversations into text (Crumley, 2024). Semi-structured interviews that contained open-ended questions allowed participants to be authentic and honest regarding their experiences. Participants were allowed to take a break when needed, such as during times of physical or emotional distress. All interviews were allotted approximately 90 minutes from the beginning to their conclusion. The purpose was to provide a purposeful amount of meaningful conversation without demanding too much of the participants' time.

At the conclusion of the interview, time was allotted for participants

to ask questions about moving forward with the research. I added some debriefing questions and comments to assist participants in moving through to the end of the interview. I provided the participants with a directory of mental health support services for them to use if needed.

To ensure research credibility, participants were given contact information for all questions and feedback regarding the outcome of the study. I used member checking, which established my relationship with the participants by allowing them access to transcripts, notes, and voice recordings that were specific to their interview. Participants had the opportunity to provide feedback and expound on their experiences, thereby adding richness to the data obtained. Participants could possibly influence how the questions are presented, as it helped to provide clarity and trust between us. I employed triangulation, which involved utilizing multiple sources of information, including interviews, observations, and notes, to ensure the accuracy of my research data. Golafshani (2003) explained that connecting multiple phenomenological approaches will result in a more diverse production of information about their experiences. To analyze and understand research, triangulation was used to interpret the data produced by other researchers at different times or locations.

Bartholomew et al. (2021) explained that the question regarding the number of participants can only be appropriately answered by the nature of the research problem and the potential results. It was further stated that sample sizes for qualitative studies at the dissertation level can range from 4 to 10 participants. Zeighami & Ahmadi (2021) used 10 participants for the phenomenological study conducted on the lived experiences

of women. For this qualitative study, seven participants were used. Although information was obtained at different stages in qualitative research, saturation occurred within that number of participants.

I adhered to the guidelines created by the National Organization of Human Services. The guidelines consist of ethical considerations regarding the treatment of all people and acting with honesty and integrity in the handling of participants by respecting their privacy and confidential information. It was my responsibility to ensure that participants were aware of their right to withdraw consent if they deemed it necessary to do so. Moreover, as a Human Services Professional, I maintained an understanding of my own cultural philosophies, views, and prejudices during my interactions with participants and the research process (NOHS, 2024).

Definitions

The definitions of terms are noted to provide an understanding of the proposed research study. These terms will include definitions that may not have been fully explained within the texts of the study. New terms will be added as deemed necessary to maintain clarity on the subject matter. They are as follows: African American, European American, child sexual abuse, and PTSD.

African American: The term for an American of African and or Black African descent (Cénat, 2022).

European American: A race of people having European ancestry; they are categorized according to physical traits such as skin pigmentation and considered to comprise a nation of people within the United States (Shamambo & Henry, 2022).

Child sexual abuse (CSA): The sexual interactions between a child and an adult or an older child (Laird et al., 2023). The victim does not fully understand the ramifications and is unable to provide informed consent to which the child is not intellectually prepared to understand, or that infringes upon the legal or social offenses of Western society.

Posttraumatic stress disorder (PTSD): A behavioral health disorder that can affect individuals who have experienced a traumatic event, a series of events, or an extenuating set of circumstances (Morganstein et al., 2021). Examples of PTSD may include natural disasters, serious accidents, terrorist acts, war/combat, rape/sexual assault, historical trauma, intimate partner violence, and bullying.

Assumptions

The first assumption for this study was regarding the questions for the interview. It was assumed the questions would be extensive enough for the participants to produce honest, rich data detailing their experiences as African American CSA survivors and their relationships with the perpetrators. Secondly, it was assumed that I would recruit enough men for the study who would provide a male perspective on the experiences of African American CSA and their perpetrators. Lastly, it was assumed that data saturation would be achieved with the 10 possible participants recruited for the study (Hennink & Kaiser, 2022).

Scope and Delimitations

The scope of this study was delimited to the traumatic occurrences of African American CSA survivors and their perpetrators as opposed to survivors of other races. The study

included African American men and women who lived in all regions throughout the United States. This purposive sampling concentrated on African American female and male participants who were 21 years and over with a history of CSA. Data was collected through Zoom meetings and all personal information was held in the strictest of confidence. These measures included proper storage of interview responses and numbers for participants as a means of maintaining their anonymity. The study was focused on understanding the lived experiences of African American CSA survivors and their relationship with the perpetrators.

Limitations

As a researcher with limited interview experience, I wanted to present questions in a way that would produce meaningful data in this qualitative study. Personal biases can affect the study, as I may have assumed that the study's outcome was evident. I provided my colleagues with questions for their review and feedback before moving forward. Limited audio/visual experience could have posed a challenge when conducting the interviews. The issue could have caused participants to change their minds about their involvement in the research study. Limited knowledge of data transcription and storage could have been an issue. The plan was to seek professional audio/visual and transcription services to assist in this process. The number of participants who were willing to be interviewed could have been limited due to geographical locations, as well as concerns over privacy and confidentiality. Many CSA survivors had not disclosed the abuse to friends or family. As a researcher, I asked participants about their CSA disclosures and counseling sessions with mental health professionals. It was a part of the

inclusion criteria and would be emotionally beneficial to the participants if they had done so before the initial interview.

Because of the trauma and societal stigma attached to CSA, African American men were hesitant to contribute to this type of study. The study resulted in a limited male perspective on the lived experiences associated with CSA. Due to the history with African Americans and research, participants may have been hesitant to discuss their experiences. The introduction letter and consent form assisted in alleviating some of the challenges associated with the recruitment process. Providing participants with contact information and discussing the interview process with them ensured confidentiality, privacy, and comfort. Providing participants with a detailed list of supportive counseling services assisted them in addressing possible mental and emotional challenges associated with the interview process.

Significance

This study was significant as it added to the limited research on CSA, which currently exists within this marginalized population (Gomez, 2019). The results of the study could present new information on mental and behavioral health and help to understand how the relationships with the perpetrators affect those outcomes. Professionals within the human services field, such as counselors/therapists and those who serve children within the African American community, would benefit from understanding more about CSA, as it could possibly create additional behavioral health resources that would assist survivors in the healing process.

National organizations such as Darkness to Light Foundation and RAINN, federal organizations such as the U.S. Department of Health and Human Services, and state organizations such as the Guardian ad Litem programs could benefit from the research, as it could help provide a better understanding of CSA from a cultural perspective. Local nonprofit organizations that provide services for children could also benefit from the results of the research, as it could assist in understanding more about the mental and emotional needs of CSA survivors. The research could assist professionals in understanding CSA from a viewpoint that may not be currently recognized in existing research studies.

Social determinants of health are conditions in the environment where people are born, reside, understand, labor, produce, and pray, that determine a wide range of health, functioning, and quality of life outcomes and risks. The proposed study addressed the social determinant of Social and Community Context, which has a significant influence on the health and well-being of individuals (Walden, 2024). New services for a violence prevention program designed to educate and protect children can be created for social change. The program will provide services for residents who are in economically disadvantaged communities.

Summary

Chapter One presented information on the proposed topic for this dissertation, which was to examine the lived experiences of African American CSA survivors and their relationships with the perpetrators. I introduced research defining CSA, including the inconsistencies that could contribute to the underreporting of the problem. Research

on the background and purpose of the problem highlighted the need to conduct this study. The theoretical framework of CBTT provided a lens for understanding behavioral health results in marginalized communities.

The research question for the study was: What are the lived experiences of African American CSA survivors and their relationships with the perpetrators? This question was used to guide research, literature, and interview questions for this phenomenological qualitative study. It was assumed that enough participants would be recruited, and the interview questions would help to produce meaningful data for the study. A purposive sampling included male and female participants who are African American and at least 21 years of age. Limitations may be of a technological nature, as new advances in maintaining strict privacy and confidentiality warrant the need. The study was significant as it could provide new data on the experiences of this marginalized population and assist mental health professionals in understanding African American clients who have a history of CSA.

Chapter 2 presented a literature review of topics related to CSA, which included search engines that was used to research relevant information. In addition, keywords on the topic was presented to offer insight and guide the direction of the review.

Chapter 2: Literature Review

A review of the literature in research articles identified the prevalence of CSA with the experiences of survivors. The literature offered insight as to the effects of CSA on brain development, as well as data that substantiates mental health disorders with these occurrences. The literature concentrated on predominantly peer-reviewed articles published within the last five years that provided insight into the relevance of the proposed topic. Articles that were more than the designated research range were also worthy of review. Many people underestimate the impact of mental disorders. Evidence is apparent that supports the negative physical, social, and emotional impact of CSA (Gluck et al., 2021). According to Aakvaag et al. (2016), victims of CSA are at a considerable probability of developing many mental, emotional, and social challenges in adulthood. The incidences of repeated maltreatment place children at risk of chronic challenges with emotional regulation, impulse control, disassociation, and interpersonal relationships.

A comprehensive understanding of CSA must include personal relationships with the family, which are notable predictors of a higher probability of the issue. The continual effects of CSA are predicted by familial determinants beyond the major effects of sexual maltreatment. Adam et al. (2022) explained that trauma victims are negatively affected by the offender and social structures alike. These effects include a victim's personal relationships with the offender(s), relatives, and associations with organizations that are bystanders, official guidelines pertinent to how reports of abuse are handled, and the increased framework of disparity. When taking a societal integrity stance on trauma

investigations, it is imperative to recognize how such relational, organizational, and sociocultural determinants can affect posttraumatic consequences and result in greater harm to those who have been abused. The most significant literature is discussed in this chapter.

Literature Search Strategy

In the initial processes for conducting research on the proposed topic, several databases were accessed through the Walden Library. These search engines include Academia, APA Psyche, EBSCO, Elsevier, ProQuest, PsycINFO, PubMed, ResearchGate, Sage Journals, Science Direct, and Wiley. In addition to the library resources, Google Scholar proved invaluable as it contained recently peer-reviewed articles on various subjects that are directly related to the research topic.

The initial search began with the topic of African American survivors of CSA and their relationships with the perpetrators. Literature on trauma within the African American culture revealed substantial findings that have greatly contributed to the development of this study. Although there were articles that contained information about African Americans who have experienced trauma through CSA, there was limited information that shed light on survivors and the perpetrators. Articles on perpetrators of abuse were also researched and revealed information on sexual violence between genders. Other keywords used for the study included *African Americans and trauma; adverse childhood experiences among African Americans; prevalence of CSA; mental health challenges among African Americans; mental health and resiliency among African Americans; African Americans and perpetrators; victims and perpetrators; effects of CSA*

among survivors; childhood trauma; and cultural betrayal trauma theory. These keyword phrases were used to broaden the search and potentially identify gaps in the literature on the proposed topic.

Theoretical Foundation

CBTT is the foundation for this study, as it provides a valuable guide to help recognize the social environment in which CSA occurs and how health and functioning are affected throughout the life of African American survivors. According to Gomez (2019), CBTT is a theoretical guide developed for researching trauma in marginalized populations. Societal inequalities and intercultural traumatic experiences in marginalized communities are cultural betrayals that contribute to negative outcomes. In the United States, ethnic communities, particularly African Americans and Latino Americans, face a higher probability of becoming victims of CSA. Gomez (2019) and Gomez et al. (2020) explained that a close interaction with the offender, such as that of a familial nature, can contribute to behavioral health challenges. In racial and ethnic communities, conjectural and empirical work has stressed the importance of including related factors, such as inequities against the targeted communities (Assari, 2020). Gomez et al. (2020) contended that CBTT expects social determinants, such as suppressed discrimination, changes in cultural individuality, and intracultural pressure to protect the marginalized community (see also Adams-Clark et al., 2020).

CBTT was developed to provide a more detailed understanding of violence and trauma in marginalized communities, which are groups that are categorized by gender and race (Gomez, 2019, 2021b). Individual experiences are affected by facets of the

sociocultural perspective. For marginalized individuals who have experienced forms of abuse, the circumstances include discrimination on many levels. A close association with the offender, known as high betrayal trauma, can cause PTSD (Gomez, 2019). Sexual trauma of intimate relational ties and familial roles is a betrayal with significant repercussions. This level of trauma interrupts a victim's capacity to communicate and comfortably interact with others. It is especially relevant when the parent is the offender, as it damages a child's lifelong ability to create intimate relationships (Assari, 2020). In addition, sexually abused children are known to experience more sexual and marital challenges as adults than those who have not experienced sexual abuse. Furthermore, with CBTT as the theoretical foundation, the current study will examine the relationship between the victim and the perpetrator (*high betrayal*) (*cultural betrayal*) within the African American population (Gomez, 2019).

Gomez (2021b) explained that information about the proposed theoretical foundation and the importance of the relationship between the perpetrator and survivor is mostly limited to the current literature. Health care professionals, mediation specialists, and education counselors will hopefully consider the severe influence of familial childhood trauma on behavioral health outcomes among this marginalized community. Aakvaag et al. (2016) contend that the issue should be addressed within the cultural framework of the racial population, as cultural determinants have a distinctive interaction in the harmful impact of trauma-related behavioral health outcomes. Culturally knowledgeable training could be integral to professionals working

with CSA victims from this marginalized community (Aakvaag et al. 2016; Adams-Clark et al., 2022).

Gomez (2019) asserted that the core of CBTT is insightful. Black, Indigenous, People of Color, as well as other marginalized groups, develop solidarity within the culture as a means of protection from the inequality and cruelty that are often faced within these communities. When asked about their experiences with physical, sexual, and psychological violence, participants within these groups shared their thoughts regarding their communities (Gomez, 2021b). Furthermore, CBTT is associated with the cultural harm of internalized prejudice and impacts mental and physical health. When tragedies occur intra-culturally, stereotypes of the marginalized group surface in the leading society in their justification of inequality against that group (Gomez, 2021b). CBTT has provided much insight into the effects of trauma within marginalized groups and exposed details regarding the long-term mental health challenges associated with the trauma of CSA.

Literature Review Related to Key Concepts and/or Variables

Prevalence of Child Sexual Abuse

CSA is a complicated, societal drawback that is predicated on variables that influence the victim's experience of trauma (Draucker et al., 2021). Even when several children have been impacted by similar forms of abuse, their responses to the experiences vary (Seshadri & Ramaswamy, 2019). The differences in the responses to the experiences include the personality and temperament of each child, as well as the social environment

of each child. Other factors involve how each child observes and internalizes the trauma, thereby resulting in varying states of emotional abuse and requiring diverse psychosocial and mental health responses (Assari, 2020; Draucker et al., 2021). The trauma of CSA plagues all types of families and races, regardless of their socioeconomic backgrounds. (Bryant-Davis et al. 2019).

Gewirtz-Meydan & Godbout (2023) stated that current information on sexual trauma confirms that the offender is someone whom the survivor knows. There is limited research that has examined how race and culture affect sexual trauma; however, social determinants may determine the effects of the trauma or how the trauma is revealed. Bryant-Davis et al (2019) explained that social problems are relevant to CSA in numerous ways. First, cultural philosophies or stances often impact family surroundings where children are sexually traumatized. Secondly, social groups exclude discovery. Next, culture contributes to receiving support services and behavioral health assistance. Within European American communities, sexual trauma happens at increased rates; however, it also appears that the abuse of children is occurring within certain non-white groups (U.S. Department of Health and Human Services, 2023).

According to statistics, European Americans comprise the highest percentage of abused children at 53%, while African American children represented the second highest amount at 27%. Latinos comprise 11% of the battered children (U.S. Department of Health and Human Services, 2023). The rates are alarming as African Americans and Latinos contain 11% and 8%, respectively, of the entire U.S. population. Moreover, there

are inconsistencies in the number of African American CSA victims, which makes it difficult to produce accurate results about the prevalence of the trauma.

According to statistics presented by the Darkness to Light Foundation (2024), the prevalence percentage for girls is 10.7% to 17.4%, and the percentage for boys is 3.8% to 4.6%. Approximately 1 in 10 children will be sexually abused before their 18th birthday. Moreover, research on the occurrences of sexual trauma among certain cultural groups remains inaccurate. Kenny & McEachern (2020) reported that Latinos were often depicted as victims of sexual trauma. Twenty-one percent of Latino women surveyed were sexually violated, which was lower than the rates among African American and European American women. Children of other cultural backgrounds are three to four times as likely to experience sexual trauma as European American and African American children. Contrary to the previously mentioned results, a cultural diversity study revealed that European Americans and Latinos were underreported, whereas African Americans were over-reported (Cenat, 2022; Draucker et al., 2021). Furthermore, non-Latino Whites are more susceptible to incidences of sexual assault during childhood than Latinos. Unfortunately, there are still discrepancies in the rates of CSA in white and black communities.

African Americans and Trauma

In comparison to other racial groups, African Americans are more subject to all forms of trauma. Historical trauma assists in the understanding of how members of a certain racial or ethnic group are affected by the trauma. Scott-Jones & Kamara (2020) stated that throughout American history, African Americans have endured the physical,

sexual, emotional, and psychological trauma of enslavement, the Jim Crow era, the Civil Rights Movement, and modern injustices that have sparked the Black Lives Matter movement. Bryant-Davis et al. (2019) explained that CSA will be included in the historical trauma of the trans-Atlantic slave trade, in which White slave owners systematically and legally sexually subjugated African American women and children. The dehumanization of African women has evolved over the years to various demonstrations of other forms of abuse and modern methods of slavery, such as sex trafficking (Bryant-Davis et al., 2019; Gomez, 2019).

African Americans have complex, multifaceted traumatic histories that consist of everything from emotional, physical, and sexual abuse to poverty and homeless situations that could significantly affect their mental health (Scott-Jones & Kamara, 2020). Complex traumas usually occur during the early years of a child's development and disrupt one's sense of self. Gomez (2019) explained that child sexual trauma is often described as a cooperative event that leaves permanent and enduring traumatic memories in the consciousness of a marginalized population, which could negatively affect their behavioral health and future individuality.

Bryant-Davis et al. (2019) explained that sexual trauma is intensified for women by the interwoven understanding of social disturbances associated with discrimination, prejudice, and scarcity. Researchers explored the experiences of female CSA survivors within marginalized communities and concluded that Native American and African American women are predominantly susceptible to sexual violence (Bryant-Davis et al., 2019). The emotional effects of sexual violence on marginalized populations include

increased incidences of PTSD, emotional despair, drug abuse, suicide ideations, and somatic symptoms compared to their racial complements who had not been sexually violated (Bryant-Davis et al., 2019; Hankerson et al., 2022). Marginalized populations encounter many obstacles to acquiring support, which include inequitable laws, financial challenges, and social stigma around behavioral health challenges, language barriers, and suspicions based on personal and historical violation knowledge.

Bryant-Davis et al. (2009) presented research on women who experienced emotional distress during regular reproductive examinations. The background was due to their concern over the betrayal of trust that is connected to CSA. Perpetrators of sexual trauma use the power and influence they have over children. As a result, emotional manipulation precedes the negative physical acts that are associated with sexual trauma (Gluck et al., 2021). Although traumatic experiences among victims may be different, many aspects of emotional trauma are similar.

The consequences of sexual trauma on a child's growth are intense and oftentimes irreversible. It is the effect of the trauma on a child's intelligence that is apparent in several areas of mental and cognitive growth (Gomez, 2021b). The ability to manage emotions and become intellectually connected to others is predicated on encounters during a child's formative years and the physical maturity of regions in the brain. Gluck et al. (2021) explained that abused children display behaviors that can result in many diagnoses, including emotional and behavioral regulation challenges, attachment disorders, and a lack of empathy and emotional connectedness (Gluck et al., 2021).

Metzger et al. (2021) stated that African American youth are more likely than their racial counterparts to encounter social traumas such as racial discrimination. Moreover, African Americans are more likely to report adverse emotional and behavioral consequences to trauma exposure, compromised behavioral health, and dangerous sexual behavior (Metzger et al., 2021). The inconsistent levels of trauma and the associated consequences documented among African American youth may be attributed to race-related stressors (Hankerson et al., 2022).

Although research on CSA in African American communities is increasing, the number continues to be inadequate. Many members of the African American community tend to think that CSA only occurs within other racial and ethnic groups. (Gomez, 2021). African Americans oftentimes refuse to address the trauma of CSA, incestuous acts, and any other inappropriate sexual behavior, as it is thought to be another strategy to add to the stereotypes that already exist within the culture. The failure of the community at large to acknowledge child sexual trauma only heightens the victim's psychological suffering.

African Americans turn to their faith, family, and community to manage many of life's circumstances (Gomez, 2019, 2021a). The level of religious commitment among African Americans is great. According to Gomez (2021a), approximately 85 percent of African American participants described themselves as spiritual, and prayer was a major practice for handling stressful situations. Unfortunately, survivors are oftentimes left with feelings of hopelessness as prayers of deliverance from incidents of sexual abuse go unanswered (Kennedy et al., 2018).

Brooks et al. (2020) presented research findings that demonstrated the negative results of discrimination on physical and behavioral health; however, few studies have expounded on the association between discrimination and PTSD. Mekawi et al. (2020) further explained that when compared to other racial groups, African Americans experience more severe symptoms of the disorder. Therefore, it is important to examine factors that are apparent in this population (Hampton-Anderson et al., 2021). Although ethnic oppression has been targeted as a contributing influence in the expansion of emotional trauma, very little is known about the means through which the issue may occur.

O'Hare et al. (2019) explained that children from marginalized communities are increasingly represented in protection agencies compared to their presence in the U.S. population. Moreover, Native American and African American children are more likely than European American children to be removed from their homes by authorities (O'Hare et al., 2019; Pumariega et al., 2022). Several studies highlight the increased adversity experienced by children of color, the decreased opportunities they are afforded, and how it affects them in adulthood. Pumariega et al. (2022) explained that exposure to violence and other adverse childhood experiences (ACEs) can have lasting consequences that extend well into adulthood. Children who experience increased incidences of violence often have economic challenges, behavioral health issues, and higher rates of adult imprisonment.

Adverse Childhood Experiences

According to Hankerson et al. (2020), ACEs are hostile occurrences experienced by children who are under the age of 18. Early studies defined ACEs as emotional, physical, or sexual trauma, neglect, violence against mothers, separation and divorce, and family members who were incarcerated and mentally ill, or were suicidal, or misused substances (Assari, 2020; Storri et al., 2023). Furthermore, ACEs, childhood violence, and stress are among the primary social determinants of health later in life. Individuals who experience higher levels of ACEs, childhood violence, and stress have compromised health statuses in adulthood. Some examples of the undesired effects of exposure to childhood violence include anxiety, PTSD, depression, suicide, substance abuse, and mortality. Childhood violence also increases the risk of respiratory, heart, and metabolic diseases. Childhood violence compromises health through various means, such as general irritation, and compromises the developing brain (Assari, 2020; Hankerson et al., 2022).

Expanded ACEs studies also include experiences of racism, bullying, low neighborhood safety, community violence, and living in foster care as additional forms of childhood trauma. Numerous ACE studies have documented a strong graded response relationship between the number of ACEs (Assari, 2020). Individuals with four or more ACEs are at the highest risk for negative health, social, and behavioral outcomes in adulthood. Furthermore, a long-standing body of evidence indicates that childhood exposure to intimate partner violence and other forms of abuse is positively correlated with perpetrating various forms of violence across the life course (Hankerson et al., 2022).

Hampton-Anderson et al. (2021) explained that ACEs negatively affect African Americans because of historical and systemic oppression and individual traumatic experiences. ACEs interfere with physiological, cognitive, and social-emotional development; cause emotional pain; undermine people's sense of safety and security; result in maladaptive coping; hinder quality of life; and are costly to society (Assari, 2020; Hampton-Anderson et al., 2021). Assari (2020) presented findings that revealed that exposure to all forms of childhood trauma and dysfunction, substance abuse, mental illness, and violence against mothers is related to increased morbidity and mortality among European American middle-class adults (Hampton-Anderson et al., 2021). While individuals from all socio-demographic backgrounds can be negatively affected by ACEs, there is compelling evidence that the experience of childhood adversity is not equal across racial lines. African Americans report more ACEs than Latina and European American groups. When their income increases, their experience of trauma does not decrease when compared to other races and ethnicities (Hampton-Anderson et al., 2021).

Storri et al. (2023) used findings from ACE scores to understand the relationship between involuntary sexual and physical abuse on financial status in adulthood. These occurrences have resulted in ongoing negative impacts on the physical and mental health of individuals. Moreover, survivors of CSA are less likely to complete their formal education and more likely to live in economically destitute situations. The likelihood of high school non-completions increased when the individual suffered both physical and sexual abuse. Storri et al. (2023) concluded that victims who suffered both forms of abuse have a greater probability of ongoing economic and educational instability. In addition,

the negative socioeconomic disparity is larger for women than for men, suggesting gender discrepancy in CSA and physical abuse (Hankerson et al., 2022; Storri et al., 2023). Researchers need to monitor the correlation between sexual and physical trauma in childhood when assessing the effects on socioeconomic disparities.

Kennedy et al (2018) explained that many African Americans believe symptoms of mental health are depressing. Serious mistrust of the health care system often led African Americans to seek mental health support from alternative sources. Because African Americans use the community, family, friends, neighbors, community groups, and religious leaders for help, the opportunity is available for community health professionals to partner with local organizations to provide mental health care and education to individuals and families (Kennedy et al., 2018). The breakdown of the community to recognize the existence of CSA within it only adds to the survivors' emotional suffering. African Americans often refer to their place of worship to help them through life challenges (Gomez, 2021a). Unfortunately, survivors are oftentimes left with feelings of hopelessness as prayers of deliverance from incidents of sexual trauma go unanswered (Kennedy et al., 2018).

Bryant-Davis et al. (2019) reported that participation in a support group can improve the family's ability to care for family members with mental disorders and cope with the emotional distress of being a caregiver. In cases of CSA, African American women are less likely than women of other races to involve the police. (Bryant-Davis et al., 2019; Storri et al., 2023). Fears associated with family betrayal by reporting incidents to authorities often lead blacks to remain silent about situations that take place within the

confines of a home. Black women report being more severely abused with greater long-term effects and more negative life experiences from sexual abuse than women of other races. The traumatic effects include many mental health challenges such as PTSD, depression, anxiety, eating disorders, substance abuse, and self-mutilation (Bryant-Davis et al., 2019).

African American men find it more challenging to discuss their history of abuse. Women are more likely to seek mental health assistance for sexual abuse than men. Due to the taboos and stigmas associated with CSA, men are less likely to seek out any form of mental health services (Aakvaag et al., 2016; Brooks-Holliday et al., 2020). There are elements of shame and hopelessness connected with male children who are the victims of sexually related trauma. African American boys are a part of a culture that supports strength and masculinity; therefore, addressing challenges associated with sexual trauma may cause them to feel lost and vulnerable. There are direct connections between neglect, abuse, and behavioral health disorders (Brooks-Holliday et al., 2020). The reason is the effect that trauma has on brain development. While it is promising that some children could overcome these experiences, evidence indicates that childhood violence can have a long-term negative impact on brain growth and maturity as children progress in age. Therefore, making the prevention of CSA a number one priority among health care experts, human services professionals, and law enforcement is important.

African American Trauma and Socioeconomic Status

Pumariega et al. (2022) reported that culture showed significant connections with parental education and financial status on experiences with violence during a child's

formative years. These results indicate weaker protective effects of parental education and family income on reducing exposure to trauma for non-Hispanic Black children. Some studies suggested higher psychopathology and lower academic performance among minority children experiencing trauma (Katz & Field, 2022; Lee et al., 2023; Pumariega et al., 2022). Results also indicate that low socioeconomic status (SES) and community influences, such as safety and physical appearance of the neighborhood, contribute to the associations of childhood trauma and race.

Race and SES closely correlate with exposure to childhood trauma (Lee et al., 2023). Families who are financially challenged report increased levels of experiences with childhood violence. As stress is a factor that connects SES to health, low exposure to childhood trauma may explain why high SES individuals report better physical and mental health conditions (Pumariega et al., 2022; Storri et al., 2023). However, SES may reduce stress and trauma for non-Hispanic White and non-Hispanic Black families and children differently. Moreover, highly educated Blacks remained at a higher risk of poverty than highly educated Whites. In another study, non-Hispanic Blacks reported high stress at all levels of social mobility. For non-Hispanic Whites, stress was a function of social mobility (Pumariega et al., 2022; Storri et al., 2023). Recent evidence suggests that non-Hispanic Black children show weaker effects of family income and other SES indicators, such as parental education and marital status, on tangible childhood and adulthood outcomes, also known as minorities' diminished returns (Pumariega et al., 2022). Cultural populations may vary in their capacity to direct reserve systems to secure definitive results in the presence of high educational accomplishment (Assari, 2020;

Pumariega et al., 2022). For example, non-Hispanic Black children display lower results of family income and parental educational achievement on various effects relative to their white counterparts. It was proposed that the differential effects of family SES on exposure to childhood trauma may play a role in explaining minorities diminished returns.

Assari (2020) determined that parental education and financial prominence harmed childhood violence, indicating children from high-income and highly educated families were subjected to a decreased effect of childhood violence (Pumariega et al., 2022). Herrenkohn and Herrenkohl (2007) reported a strong connection between child abuse and stressors such as family conflict, parental challenges, and familial external constraints. Family SES and child gender were predictive causes of internal and external behaviors in children (Assasi, 2020; Lee et al., 2023).

Perpetrators of Child Sexual Abuse

Perpetrators of CSA are often people who are familiar to the family, such as acquaintances, community members, neighbors, trusted friends, and family members (Adams-Clark et al., 2022). Sometimes the perpetrator is recognized through organizations or activities where children are involved, such as school, community club, sports team, recreation center, or camp. Perpetrators can exploit the child because they hold the power in the relationship based on age and experience, size and strength, and adult status. Perpetrators may obtain influence and use it to achieve confidence and generate terror that allows the offender to control the victim (Draucker et al., 2021).

CSA is the immersion of children in sexual behaviors they cannot completely understand or provide informed consent to the perpetrators (Seshadri & Ramaswamy, 2019). The literature on CSA has provided greater knowledge regarding the interactions between victims and perpetrators. Less consideration has focused on the victim-perpetrator intrafamilial CSA relationship (Katz et al., 2022). Twenty-nine interviews were conducted where CSA survivors shared their experiences, which included the trepidation associated with this type of sexual trauma. (Augarde & Rydon, 2022; Katz et al., 2022). The elusive description of intrafamilial CSA must be communicated to all practitioners who professionally interact with survivors of this form of sexual trauma (Augarde & Rydon, 2022; Katz et al., 2022).

Kenny and McEachern (2020) presented research on the relationship of the perpetrator to the victim, which has been directly related to the behavioral health challenges associated with sexual trauma. Research was presented that concluded that African American children are more susceptible to CSA by family members, such as uncles (Bryant-Davis et al., 2019; Kenny & McEachern, 2020). Latina children were more susceptible to CSA by extended family members. The perpetrators of European American children were often biological parents and babysitters. The perpetrators of African American children were the intimate partners of their parents (Brooks-Holliday et al., 2020). In Asian cultures, the perpetrator may be the biological father, especially when the victims are female.

Tener et al. (2020) explained that sibling sexual abuse (SSA) is a range of childhood sexual behaviors that goes beyond the parameters of age-appropriate interest.

Although SSA may be the most common form of intrafamilial CSA, with the most devastating consequences, it is the least reported, studied, and treated (Draucker et al., 2021; Gewirtz-Meydan & Godbout, 2023). These results are based on an analysis of case summaries and documented discussions between case managers and children who have experienced this form of abuse. Research professionals stress the importance of studying the lived experiences of children involved in SSA to add to the current limited research. Interventions needed for this type of trauma must be tailored specifically to meet the needs of the family (Draucker et al., 2021). The complexity of SSA should be addressed autonomously to identify the reasons, history, and appropriate treatment needed for everyone directly involved.

There is limited information regarding the pathological susceptibility of female perpetrators. Women oftentimes offend victims either alone or in partnership with a male perpetrator (Augarde & Rydon, 2022; Curti et al., 2019). Whether or not CSA is initiated by male perpetrators, evidence shows that women are also perpetrators of this type of trauma. Female offenses can be the result of parental abandonment issues, CSA history, and mental health challenges (Curti et al., 2019).

Munroe et al. (2022) explained that sexual violence is responsible for a wide array of traumatic effects, including behavioral health and sexual re-victimization (Bryant-Davis et al. 2019). However, much of the existing literature focuses on female victimization and male perpetration. There is evidence to support facts in the other direction. Male offenders are accountable for a large percentage of sexual violence that

occurs within society, and women offenders of this trauma happen more commonly than what was previously documented. (Augarde & Rydon, 2022; Curti et al., 2019).

Dougherty et al. (2023) proposed that the long-term consequences, such as mental, emotional, and behavioral challenges perpetrated by women, statistically mimic those perpetrated by men. However, the societal myths associated with women as passive and nurturing often cause further isolation for the victims of female-perpetrated CSA. Survivors may experience confusion in their understanding of what occurred with the perpetrator (Augarde & Rydon, 2022). Moreover, Schroder et al. (2023) explained that children who are victims of intrafamilial CSA have challenges in classifying sexually abusive behavior by women as such, especially since it is not common for female offenders to perform CSA in a work environment. Dougherty et al. (2023) further stated that the most important difference between male and female-perpetrated abuse is the increased isolation experienced by CSA victims, as well as the stereotypical reactions from social workers, counselors, and therapists. These reactions emphasize the importance of improved awareness of female-perpetrated abuse through research studies and continuing education among human services professionals who work with survivors.

When survivors identify sexually abusive behavior by women, many of them have challenges in disclosing the behavior, as opposed to the disclosure of sexual trauma perpetrated by men. (Cenat, 2020; Draucker et al., 2021). Furthermore, the existing investigations with their significant gaps shed light on the taboo regarding women offenders. This is demonstrated in a large percentage of discrepancies between the

prevalence rates reported in the data and prevalence estimates in studies using survivor experiences (Schroder et al., 2023; Tozen et al., 2019).

The consequences for survivors of female-perpetrated sexual trauma are more standard when compared to results on prevalence rates. According to Schroder et al. (2023), most of the survivors who were interviewed reported their dependence on psychotropic drugs and illegal substances; self-injurious behavior, suicidal tendencies, depressive symptoms, tantrums, strained relationships with women, problems with their self-concept and identity; and problems in several aspects of their sexuality. In some cases of female-perpetrated CSA, the abuser was identified as the mother, grandmother, babysitter, sister, neighbor, or a nun. Based on the experiences of some victims, it can be concluded that female offenses are followed by emotional suffering in those affected. (Gewirtz-Meydan et al., 2023; Schroder et al., 2021).

The existing literature on female-perpetrated sexual assault (FPSA) details information drawn from cases involving both law enforcement and protection agencies (Augarde & Rydon, 2022; Curti et al., 2019). This reality limits the understanding of incidents in which the female perpetrators were not formally charged. The credibility of female-perpetrated abuse cases may be limited for several reasons (Augarde & Rydon, 2022; Patterson et al., 2019). First, cases involving female perpetrators are regularly deemed appropriate or serious compared to those involving male perpetrators. Secondly, professionals minimize the severity of female-perpetrated CSA, even if the occurrences of the trauma are similar in nature. Lastly, because of the stereotype that exists, female perpetrators are less likely to face legal repercussions for their crimes (Patterson et al.,

2019; Shields & Cochran, 2020). Unfortunately, survivors of this trauma may face specific barriers to reporting that further diminish the true prevalence of sexual assault initiated by women.

Gerke et al. (2023) explained that research studies have examined the effects of CSA on victims. The victims described being overwhelmed by conflicting feelings about the offender, especially if they served as caregivers. As adults, they experience intrusive memories of traumatic events, dissociative disorders, and attachment disorders (Curti et al., 2019; Gerke et al., 2021). Victims also experienced susceptibility to depression, addictive behaviors, suicidal tendencies, self-harm behaviors, social isolation, phobias, aggression, and difficulties in sexuality and sexualized behavior (Curti et al., 2019; Gerke et al., 2023). Moreover, victims describe low self-esteem, self-hatred, shame, and being ashamed of their femininity, as well as facing challenges in intimate interactions. These are manifested in struggles to maintain clear boundaries in interpersonal relationships and mistrust and fear of women. These adults describe their ambivalence toward becoming parents and fear of conveying love and physical contact with their children due to their inability to understand everyday expressions of affection and care, innocent physical contact, and acts of abuse (Gerke et al., 2021; Gerke et al., 2023). Building on this literature and to highlight the experiences of victims, the study explored the nature of the abuse, the personalities of the offenders, and the results of trauma on the victims who were traumatized by female offenders.

Cases that were officially documented and proven may be different from cases that were not documented, especially given the evidence that female offenders may not

be charged and convicted of sexual offenses as opposed to their male counterparts (Patterson et al., 2019; Shields & Cochran, 2020; Munroe & Shumway, 2020). Excessive focus on perpetrators results in inaccurate data on the attitudes and perceptions of survivors, resulting in poorly developed methods for identifying and labeling sexual trauma as a limited understanding of the actual experiences and needs of the victim, thereby resulting in limited information that could inform clinical intervention that is specifically designed for everyone (Curti et al., 2019; Gerke et al., 2020).

Munroe and Shumway (2022) stated that the male survivor perspective mostly highlights the qualitative nature of the experiences as victims of intrafamilial CSA. To understand these incidents is an ongoing acceptance of the role, cultural patterns, and social scripts produced in challenging the existence and credibility of intrafamilial CSA victims. Gerke et al. (2020) stated that the existing research on cultural gender norms and expectations that view women as empathetic, nurturing, and sexually passive are in direct conflict with conceptualizing them as traumatizing children. This conflict may make it challenging for both survivors and professionals to resolve the female-perpetrated existence with deeply rooted cultural beliefs about women.

The social information for male survivors of female-perpetrated CSA is often due to cultural assumptions and societal standards regarding male–female interactions. Female-perpetrated sexual trauma may force victims to adhere to the social constructs that have been placed on circumstances such as sexual trauma (Munroe & Shumway, 2020). This issue may particularly compromise the credibility of male survivors due to the stigma that is associated with perceived weakness. For these reasons, survivors of

sexual trauma may be less likely to understand the experiences as sexually inappropriate and detrimental to their mental health and well-being. This issue may disrupt the services for victims and further complicate the processes needed to conduct more research, seek supportive services, and move forward (Munroe & Shumway, 2020).

Expanding the level of research on female-perpetrated CSA must include the characteristics of victims versus perpetrators, such as disclosure history, as well as mental and emotional consequences, which are necessary to fully understand the impact of this crime on survivors (Patterson et al., 2019). Moreover, conducting research within the community can provide more accurate results that meet the requirements of what is a female-perpetrated sexual offense (Munroe & Shumway, 2020). Because victims of CSA may have greater exposure to other ACEs, increasing their overall trauma burden, individuals and their exposure to trauma in childhood will assist in the understanding of whether female-perpetrator trauma occurs in isolated environments or in combination with other traumatic experiences.

Gerke et al. (2020) explained that research on female-perpetrated CSA is limited, especially when the abuser is the victim's mother. Moreover, the findings suggest that the number of female perpetrators in cases of CSA is small; however, female perpetration is not sufficiently identified. Although male victims seem to be at a greater risk for sexual abuse by female perpetrators, the general population underestimates the significant role that biological mothers have in CSA (Gerke et al., 2020; Patterson et al., 2019). Moreover, female perpetrators make up a significant amount of the perpetrators of CSA. People with experiences of female-perpetrated abuse were more likely to experience

mental health challenges such as suicidality, non-suicidal self-injury behavior, personality disorders, dissociative identity disorders, alcohol/ drug addiction, and schizophrenia (Patterson et al., 2019).

People with male-perpetrated abuse experiences reported PTSD, anxiety disorders, dissociative disorders, eating disorders, externalized disorders, and psychosomatic disorders (Gerke et al., 2021; Gerke et al., 2023). Moreover, the results confirm that the role mothers play in CSA, either as perpetrators or bystanders, allowed the trauma to occur. It is necessary to educate professionals and the public about female perpetrators and the positions of mothers in sexual trauma (Gerke et al., 2021; Gerke et al., 2023)

The beliefs and assumptions about women as perpetrators are supported by the societal thoughts and roles placed on them. These assumptions shatter the fact that female sexual crimes by mothers are more widespread than originally assumed (Reingold & Goldner, 2023). The theories leave the trauma of CSA misunderstood and underreported. Denying the existence of female-perpetrated CSA silences the abuse and produces a sense of guilt, shame, and invisibility. The issue affects delays in disclosure and causes inadequate mental and emotional care and protection for the victim. Although there has been growing recognition of women as sexual abuse victims, there are few studies on the lived experiences of the survivors of this type of trauma (Gerke et al., 2021; Reingold & Goldner, 2023).

The data on female-perpetrated sexual assault highlights its inconsistencies (Reingold & Goldner, 2023). The data regularly classify women as passive and diminish

the inappropriate behaviors of normal caregiving. The severity of the sexual trauma is predicated on whether the perpetrator acted alone or as a bystander (Augarde & Rydon-Grange, 2022). Most sexual traumas committed by women are intrafamilial, where the perpetrator is usually the victim's biological parent, adoptive parent, or caretaker (Gerke et al., 2020). Survivors of female-perpetrated trauma are usually relatives of the victim.

The personalities of female offenders help to understand the history of sexual trauma. According to Reingold & Goldner (2023), research include physical abuse, emotional abandonment, and the presence of mental illness in at least one family member. Characteristics also include family instability due to parental domestic violence and incarcerated parents. Augarde and Rydon (2022) stated that female offenders have poor emotional functioning, significant deficiencies in self-esteem, and emotional insecurity, dependence, and shame, as well as symptoms of psychiatry, including substance abuse, despair, suicidality, and behavioral disorder. Researchers have determined that perpetrators of CSA are plagued with inaccurate theories, such as identifying children as sexual individuals, minimizing the trauma of sexual violence, and casting the child as the seducer in the interactions (Augarde & Rydon, 2022; Patterson et al., 2019).

Laws Regarding Child Sexual Abuse in the United States

The United States has laws on CSA at all levels of government. Although federal laws provide guidelines and standards, most child abuse cases are regulated by individual states. According to the U.S. Department of Justice (2024), the Child Abuse Prevention and Treatment Act is the largest body of legislation concerning the fair, ethical, and

legal treatment of children and is intended to keep them free from all forms of trauma and abuse. Among the issues addressed in state laws are mandatory reporting, responding to child abuse and neglect, and statutes of limitations for criminal and civil prosecution.

The U.S. Department of Justice (2024) explained that those who are convicted of CSA can face fines and imprisonment. Penalties can be harsher if the crime occurred in intensified circumstances, such as if the offender used force, threats, inflicted serious bodily injury, or caused death. Civil penalties can include loss of custody or parental rights for perpetrators related to their victims.

The U.S. Department of Justice (2024) explained that some states have passed legislation specifically outlawing sexual misconduct by a person in a position of authority, such as an educator, even if the student is over the age of consent. Except in limited circumstances, federal laws typically do not apply to CSA cases that take place inside a single state. These matters are therefore generally handled by state or local authorities and prosecuted under state laws. However, if the sexual abuse of a child occurred on federal lands, the offense may be prosecuted under federal law. Federal lands include areas such as military bases, Indian territories, and other government-owned lands or properties (U.S. Department of Justice, 2024). Under federal law, offenders convicted of sexually abusing a child face fines and imprisonment.

Both civil and criminal statutes of limitation are laws that determine the time within which a person may file a lawsuit against an alleged offender. They are typically established through statutes and vary in duration, scope, and other significant ways. Many

states suspend statutes of limitation for civil actions while a person is a minor. Some states have additional extensions for cases involving CSA. In some states, the civil statute of limitations is suspended until the child victim reaches a certain age. According to the National Conference of State Legislatures (2023), other states do not have civil statutes of limitations for cases of CSA; however, in those cases, victims can bring civil lawsuits against their offenders at any time. By the time the victim realizes the magnitude of the past behaviors, the statute of limitations may have expired. Delayed discoveries may be affected by the trauma experienced as well as the repression of the memory of trauma. Many victims do not realize the connection between their mental health and the past trauma until adulthood (National Conference of State Legislatures, 2023).

Signs of Child Sexual Abuse

CSA impacts the way in which a child sexually behaves in accordance with their age. Trauma victims may depict inappropriate sexual behaviors in two ways: displaying sexual behaviors that are uncommon at their age and engaging in risky sexual behaviors later in adolescence or in adulthood (Rimer & Prager, 2016). One of the most obvious signs that a child has been sexually abused is when they begin to exhibit sexual behaviors that are inappropriate for their age. To further understand how CSA impacts a child's sexual behavior, it is important to understand what constitutes inappropriate sexual behavior. Sexually abused children oftentimes force other children into inappropriate sexual activities, display misplaced feelings toward others, and have unusual knowledge regarding sex (Katz & Field, 2022; Rimer & Prager, 2016). Normal sexual behavior for this age group consists of curiosity. Posing inappropriate questions to an adult can

exemplify typical sexual curiosity in developmental contexts. Appropriate questions provide examples of normal sexual curiosity. Moreover, children could want to learn the appropriate names of human anatomy (Rimer & Prager, 2016). The way in which a child sexually interacts is impacted by the trauma they have experienced. According to Lee et al. (2023), a child's perceptions and predetermined ideas on what is appropriate are based on their sexual experiences.

Children who have experienced sexual trauma may participate in unsafe sexual behaviors in later stages of life (Latzman & Latzman, 2015). Being that children who are sexually traumatized have inappropriate conceptions regarding sexual interactions; it is more likely that they will engage in risky sexual behaviors that can negatively affect their future livelihood. Katz et al. (2021) explained that unsafe sexual activities are displayed through early onset consensual sexual activity, unprotected intercourse, and having multiple sexual partners. These behaviors can lead to unwanted pregnancies and sexually transmitted diseases. As a result, sexual trauma victims may not comprehend the total ramifications of their actions (Rimer & Prager, 2016). Therefore, CSA significantly determines how the victim sexually interacts as a child, in adolescence, and as an adult.

The method of sexually traumatizing a child is manipulative and controlling. According to Darkness to Light (2024), more than 90% of CSA perpetrators are committed by someone the victims know and trust. Perpetrators of CSA may gain the trust of victims and their parents and guardians in a methodical and manipulative way. Child sexual trauma is covered in deceit, so the ability to trust can be compromised. The manipulation begins with targeting victims by gaining their trust and

breaking down their defenses. These grooming strategies are often directed at victims, as well as their guardians and caregivers (Winters et al., 2020). After gaining access to children through trust, perpetrators instigate contact that they find sexually satisfying (Safechild, 2024). Winters et al (2020) further explained that sexual grooming has been deemed an integral part of the CSA process. Darkness to Light (2024) further stated that grooming is an intentional step by which perpetrators gradually instigate and maintain secret sexual interactions with victims.

According to Winters et al. (2020), there is no accepted model for the process and no clear understanding of which behaviors constitute sexual grooming. One proposed model of sexual grooming presents five stages of the process: 1) victim selection, 2) gaining access and isolating a child, 3) trust development, 4) desensitization to sexual content and physical contact, and 5) maintenance following the abuse. Grooming allows perpetrators to strategically manipulate natural boundaries before sexual abuse occurs (Winters & Jeglic, 2021). On the surface, grooming can resemble a close relationship between the perpetrator, the targeted victim, and the guardians and caregivers. The grooming process is often misleading as the perpetrator may be a highly regarded member of the community (Winters et al., 2020). Sexual interactions may range from voyeurism to other forms of CSA. Grooming helps the perpetrator gain access to the victim and establish a relationship that is built on deception so that the offense is less likely to be exposed (Winters et al., 2020).

The Disclosure Process

According to McElvaney and Nixon (2020), a child's disclosure of sexual trauma can be a difficult experience for guardians and caregivers, often associated with disbelief, denial, or blame. To date, most studies on parents' responses regarding child disclosures have been of a quantitative nature. Few qualitative studies have explored parental responses to CSA disclosure, with even less focus on paternal reactions. It is important to understand and characterize the experiences of caregivers regarding their child's disclosure of CSA and to reveal the nature of their responses.

Morrison et al. (2018) used a qualitative study and a grounded theory approach to analyze the data. The study consisted of interviews with ten mothers and four fathers whose children had experienced sexual trauma. Three themes emerged from the investigation report. The first theme, parents sought to understand what happened to their children and why they did not disclose the trauma. In retrospect, parents attributed their child's behavior to other things, such as school or peer pressure. Secondly, the theme revealed that parents and their role as protectors were forever changed (Mauny et al., 2023; McElvaney & Nixon, 2020). Lastly, child protection and human services, feelings of isolation and loneliness; these findings focus on the need for understanding and support for parents following a child's disclosure of sexual trauma.

Disclosure is a prerequisite for accessing support and protection, both therapeutically and legally (Morrison et al., 2018). Early therapeutic support can help victims and reduce the negative impacts of sexual abuse. Understanding factors that relate to a child's self-disclosure of sexual abuse is vital to support victims. It reduces the

negative impact of CSA, and protects others from harm (Morrison et al., 2018; McElvaney & Nixon, 2020). Research on children's disclosure of sexual trauma is expanding, with several variables identified as influencing their decision to disclose. However, these factors affecting disclosure are inconsistently reported. Children are highly vulnerable to their confidant's emotional state of mind; most importantly, their ability to manage the problem they are about to share (Mauny et al. 2023; McElvaney & Nixon, 2020).

McElvaney and Nixon (2020) explained that boys, younger children, certain ethnic groups, and children with limited to no family support are less likely to disclose, while reports reveal that the level of trauma experienced by the child plays an important part in their ability to reveal. A safe space can facilitate the disclosure of traumatic experiences. Mauny et al (2020) reported that factors such as gender, type of abuse, contact with a perpetrator, fear of negative consequences, perceived responsibility, and fear of disbelief affect children's motivation to disclose their experiences. The significance of reactions from caregivers determined a child's decision to disclose. Disclosure is challenging for victims and occurs within communication with others (Mauny et al., 2020; McElvaney & Nixon, 2020).

Hietamäki et al. (2024) highlighted the differences between genders in the disclosure process. Approximately 85% of the victims were girls. In nearly two-thirds of the incidents, the perpetrator was a relative, friend, or acquaintance, while in more than one-third of the incidents, the perpetrator was a stranger to the victim. The second most common case was when the victim knew the offender, who was not a friend. These

findings suggested that sexual violence is mostly gender based. Most victims were girls, and most offenders were men. Hietamäki et al. (2024) explained that there was also a gender difference in the disclosure of experiences. Twenty-one percent of girls and 45% of boys reported that they had not told anyone about their experiences. Regardless of the type of offenders with whom victims shared their experiences, 23% told parents, and only 10% told authorities (Hietamaki et al., 2024). Reasons for not disclosing sexual trauma included shame and fear, distrust, and disbelief that it would be helpful for survivors (Mauny et al., 2023). Raising awareness, promoting a supportive atmosphere for disclosing sexual trauma, and improving willingness to address it are essential for survivors to heal and move forward.

Stages of Healing from Child Sexual Abuse

Draucker et al. (2021) explained that healing from CSA is often used as it encompasses growth beyond a return to pre-trauma functioning levels. Several qualitative studies have documented the dynamic process of healing from CSA, detailing various stages of recovery. Experts have suggested that innovative approaches are needed to study healing from CSA if research is to inform practice. For instance, numerous studies on adult coping mechanisms for CSA have not considered the concurrent experience of other forms of childhood adversity. Children who suffer sexual abuse often face additional traumas like physical and emotional abuse, neglect, family dysfunction, parental mental illness, and substance abuse (Draucker et al., 2021; Mauny et al., 2023; Winters et al., 2020).

Some studies fail to address childhood traumas, highlighting their growing impact and the connection with diverse types of violence. In addition, CSA is often associated with violence later in life, but ongoing oppression has rarely been attributed to a life course viewpoint. Draucker et al. (2021) presented information that examined the impact of violence at various life stages and considered responses involving resilience and strength and negative effects. CSA can have several wide-reaching and long-lasting effects, including PTSD, depression, and anxiety (Draucker et al., 2021; Hampton-Anderson et al., 2021; Scoglio et al., 2021). Trust issues are also common among adults who have experienced CSA. However, many survivors of CSA cope with its negative effects and engage in processes that include growth and recovery.

According to Hankerson et al. (2022), growth is defined as the individual's experience of transformation arising from the challenges of a major traumatic event. Adults who experienced sexual trauma have identified positive change processes related to making sense of the violence. Furthermore, some survivors identify an inner drive towards growth and report positive changes in self-perception and new perspectives on life because of healing from their trauma (Katz et al., 2021). Such positive changes occur when survivors manage the direction of their lives, recognize acknowledgement from others, engage in positive self-care, and obtain a sense of completion and community connection (Kat et al., 2021).

Summary and Conclusions

Chapter 2 included a literature review of research topics related to African Americans and trauma involving incidences of CSA. The review included relevant

search engines that provided significant information related to the research topic. In addition, keywords offered greater insight into the direction that further research on the topic can be explored.

The theoretical foundation for this research study is CBTT, which explains trauma that occurs in minority populations could determine how race and culture may contribute to CSA. Researchers presented information regarding the prevalence of CSA, which states that 1 in 10 children will experience some form of CSA before their 18th birthday. These forms may vary from touch to exposure to full physical abuse. Individuals who commit abuse may include family members such as parents, stepparents, older siblings, and extended relatives, including uncles and aunts. Researchers have stated that African Americans are more likely to experience trauma; however, they are less likely to obtain the behavioral health services needed to heal and move forward. It is assumed that race and culture may contribute to how African Americans approach trauma involving CSA.

ACEs are traumatic events that happen to children. These experiences include incidences of emotional, physical, and sexual abuse, all of which can negatively affect the brain growth and maturity level of a child. Children who witness incidents of violence towards parents and parental incarceration can significantly add to their traumatic experiences. African Americans and their SES may contribute to incidences of CSA. It was determined that victims of CSA have a decreased chance of completing their formal education and are more likely to live in substandard economic conditions.

Laws regarding CSA are presented on the federal, state, and local levels; however, most states prosecute crimes related to CSA. The Child Abuse Prevention and Treatment Act was established in 1974 and reauthorized in 2010 to protect children from incidences of all forms of trauma. Statutes of limitation for prosecuting cases vary from state to state. Survivors of CSA can display signs of abuse from the onset of their trauma and last throughout their adulthood.

The disclosure of CSA for survivors is often a traumatic experience for individuals and their families. It is important that every individual discloses their experiences at the pace at which they are comfortable. Certain stages of disclosure may not be appropriate for every survivor, as they vary according to individual circumstances. The disclosure process has several stages that survivors must address to heal and move forward. Research on CSA involving African Americans and perpetrators needs further study and presentation.

Chapter 3 will present the methodology and introduce the procedures used for this research study. This will include detailed steps associated with the approach of the study, including the reasons for choosing a qualitative approach. The study will cover data collection, analysis, procedures, and ethical considerations.

Chapter 3: Research Method

The method used for this research study is of a phenomenological qualitative nature. Jamshed (2014) explained that qualitative research methodology is appropriate when the researcher investigates a new field of study or intends to discover important issues. Qualitative interviews are a one-on-one data collection method whereby participants are allowed to share their experiences on a particular topic. According to Dunwoodie et al. (2023), topics can assist researchers to understand how people interpret their own experiences and provide a comprehensive account of occurrences that cannot be explained by prearranged associations. Furthermore, qualitative interviews can be semi-structured and capture diverse experiences that may not be explained using other research methods (DeJonckheere & Vaughn, 2019). Participants can express themselves in their own words. The purpose of the study was to examine the lived experiences of African American CSA survivors and their relationships with the perpetrators. This chapter included a detailed overview of information regarding methodology, research design and rationale, threats to the validity, and ethical procedures related to the role of the researcher.

Research Design and Rationale

I selected a qualitative phenomenological approach to examine the lived experiences of African American CSA survivors and their relationships with the perpetrators. This qualitative approach was chosen to provide greater insight into the authentic experiences of survivors from the targeted group. Tenny et al. (2022) stated that qualitative research is a method of collecting and examining non-

numeric data to gain an in-depth knowledge of real-world crises. This method can help researchers understand people's attitudes, beliefs, motivations, experiences, perceptions, and behaviors. Ritter et al. (2023) explained that qualitative research has been used to deepen our understanding of phenomena and has paved the way for many new emerging insights. Furthermore, qualitative research has been pivotal in guiding quantitative research and expounds on the understanding of the core pillars of qualitative research in promoting interdisciplinary research partnerships (Ritter et al., 2023). The approach requires fewer responses than other research methodologies and is most appropriate for those of vulnerable populations. Qualitative research can generate new ideas for research or hypotheses to further investigate quantitative data (Tenny et al., 2022). Moreover, qualitative research is presented in the form of broad, open-ended questions as a means of exploring, examining, or experiencing the lived insights of others.

Neubauer et al. (2019) stated that in research methodology, phenomenology is directly arranged to assist in understanding the experiences of individuals. In addition, phenomenology is a method of qualitative research that sheds light on the study of the unique experiences of people. The phenomenological approach aims to explain the meaning of the experience in terms of *what* was experienced and *how* it was experienced. The study was guided by Heidegger's phenomenological approach (Zangeneh, 2023). It was interpretive in nature as it provided guidance to explain the lived experiences of individuals (Horrigan-Kelly et al., 2016; Neubauer et al., 2019). Mees-Buss et al. (2022) explained that social action is permeated with meaning that cannot be understood through observation, measurement, and interpretation. The approach goes beyond the narrative

and evolves in a way that interprets and understands the phenomena, which can shed light on how we understand ourselves, as well as our actions (Horrigan-Kelly et al., 2016).

Role of the Researcher

Ritter et al. (2023) stated that qualitative researchers generally acknowledge that observations are registered through the researcher, and factors such as the researcher's experiences influence the study. Qualitative researchers place importance on the acknowledgment and discussion of different paradigms, which describe the assumptions that researchers carry about the nature of reality and knowledge. Hence, different paradigms influence how people act in the world and how researchers gather information about the world (Ritter et al., 2023).

Researchers influence research decisions, guide choices, and inform selections (Ritter et al., 2023). As a researcher and observer, I am a part of a world that is not free from personal biases, which can affect the outcome of results. The participants described their experiences as CSA survivors and their relationships with the perpetrators. Collins & Stockton (2022) asserted that communication between the researcher and participant is sacred and a selfless act of devotion. My role was to establish ongoing communication and trust with the participants during the entire research and interview process.

For this research study, my responsibilities included recruiting participants who met the inclusion requirements for the study. Next, I created interview questions that provided meaningful data while respecting the experiences of the participants. Thirdly, after pre-interviews and consent forms were obtained, interviews were conducted on a date, time, and location that were convenient for the participants. Data was collected and

analyzed for meaningful information and themes to emerge. It was my goal to interpret those experiences in a way that would lead to an understanding of how mental health outcomes in survivors could possibly be affected. I adhered to the requirements of Walden University's Institutional Review Board (IRB). The research question that was the foundation of this qualitative phenomenological study was: What are the lived experiences of African American CSA survivors and their relationships with the perpetrators?

Methodology

Participant Selection Logic

The targeted population chosen for this research study included African American male and female survivors of CSA. The participants were 21 years of age or older with a history of sexual trauma that occurred at least ten years before participating in this study. In addition, participants were required to have received some form of counseling or supportive services to address sexual trauma. Forms of services could include individual, family, pastoral counseling, and support groups.

The criteria for participation were met as all participants who experienced the phenomenon for the planned research. The criteria allowed all information received from the participants to be properly collected and analyzed. As the researcher for the proposed topic, I did not influence the participants, as all volunteered to take part in the study.

Sampling Strategy

Campbell et al. (2020) explained that purposive sampling is used to choose participants who are expected to produce adequate and valuable information. This method recognizes and chooses cases that will use limited research materials efficiently. Purposive sampling is an improved complement, thereby enhancing the thoroughness of the research and the credibility of the findings.

Due to the sensitive nature of the research topic, I did not use the snowball sampling technique to recruit participants for this research study. Campbell et al. (2020) explained that purposive sampling could produce information from participants who have similar characteristics or experiences. Since referrals are made within a network of individuals who share similarities, researchers can gain deep insights into a group's viewpoints and values (Parker et al., 2020). Participants were asked to place flyers in specific locations where potential participants may see them. A focus was placed on African American male CSA survivors, as they may be more challenging to access for participation in this study.

Bartholomew et al. (2021) stated that the number of participants to be used in a study could only be answered by considering the nature of the research, as well as the potential yield of findings produced. It was explained that sample sizes for qualitative studies at the dissertation level can be kept from 4 to 10 participants (Bartholomew et al., 2021). Zeighami & Ahmadi (2021) used 10 participants for a phenomenological study conducted on the lived experiences of women.

The purposive sampling for the phenomenological study may consist of 10 African American female and male CSA survivors who are 21 years of age and older. Trauma had to have occurred 10 or more years ago, with counseling and supportive services, before taking part in this research study. Once the inclusion requirements were met, I moved forward with the interview process. Participants were presented with details about the research study, including informed consent, which provided clarity regarding their privacy and participation rights. Volunteers were allowed to move forward with their participation in the research process by signing the consent form in the space noted as “*I Consent.*”

Procedures for Recruitment, Participation, and Data Collection

Recruitment

After I received approval for my IRB application, I began the recruitment process using social media platforms such as Facebook. I solicited participants for the study through religious and professional organizations. Chugh et al (2021) explained that despite the restricted use of the resource by academics, social media has clear advantages for research and knowledge, including improved interactions with potential participants. Moreover, social media can be used to identify and recruit participants for research studies, such as clinical trials (Chugh et al., 2021). Social media can help researchers target segments of the inclusion population based on pertinent information (Bardus et al., 2020).

To recruit participants, I created and posted a flyer that contained pertinent information about the research study, which included the name, purpose, and outcome. In

addition, four inclusion criteria were posted on the flyer to ensure participants were aware of the recruitment guidelines. Participants were required to identify as African American male or female survivors of CSA, aged 21 years old and older. Their traumatic experiences must have occurred 10 or more years before the interview participation. Participants were required to have received counseling and supportive services one or more years before they participated in the research study. I sent the flyer to friends, family, and colleagues who were on my social media page and asked them to share it with people who were a part of their social media network. The snowballing technique was not used as a strategy to recruit male and female volunteers for this study. (Appendix B) contains the permission email from the Facebook group moderator, which allowed me to post my survey flyer to the group.

Participation

Participants who met the recruitment criteria were provided with my contact information. I discussed their rights as volunteers to participate or withdraw at any time during the research process. Once a decision to participate was made, volunteers responded via email by saying, *'I consent,' and officially became* part of the research study.

The views of the participants and the researcher's understanding of those views are a key groundwork of interview approaches (Parker et al., 2019). The relationship between researcher and participant is imperative because it allows the researcher to challenge their own viewpoints and may influence the analyses of the findings. Such

factors enable in-depth distinctions in research findings that numerical approaches cannot produce (Parker et al., 2019).

Once consent forms were reviewed and received, I contacted each participant to schedule a mutually agreed-upon time for the interview. I discussed the length of time the interviews would be allotted, which was approximately 90 minutes. Consent forms were discussed with each participant to confirm their understanding and participation in the research study. The participants received assigned pseudonyms, which were used to protect their privacy during their participation in the study. Participants were reminded of their option to withdraw their participation at any time. As the researcher for this study, I offered the participants a \$20.00 gift card for their time and contribution to this research study. Participants had the option of a gift card sent directly to their desired mailing address or via an e-gift card to their chosen email address. Those who changed their minds about participating in the study did not receive a gift card. All participants had the chance to ask questions before, during, and at the conclusion of the interview.

Data Collection

The data criteria for this qualitative research study were collected through semi-structured interviews. DeJonckheere & Vaughn (2019) explained that semi-structured interviews offer flexibility for more conversational exchange. Parker et al. (2019) further explained that interviewing is a method commonly used by social science researchers to develop knowledge of how individuals intuitively explain a social phenomenon. Furthermore, the method recognizes the relational component of human experiences and allows the researcher to establish a hermeneutic relationship with participants throughout

the interview and research processes. The interview process contained open-ended questions that encouraged prompt discussions and honest responses. Semi-structured interviews can be facilitated in several ways, including face-to-face, telephone, texts, emails, and individual and group forms.

Ten participants were chosen for the study; however, seven volunteers followed through with the interview process. To protect the privacy of all participants, I used Zoom meetings to make participation accessible for hard-to-reach individuals. Pseudonyms were assigned as Participant No.1 through Participant No. 10, depending on the amount needed to achieve data saturation.

The instrument used for this research study was 10 semi-structured questions for participants, which were designed to evoke meaningful responses about their experiences. I used Zoom to record the interviews. The Otter.ai app was used as a backup recorder option for technological emergencies. I reminded all participants that the interviews would be recorded to ensure their permission to continue with the process. I used the process of bracketing as a means of alleviating my own personal biases regarding the subject matter. According to Tufford & Newman (2012), bracketing assists researchers in setting aside personal biases and assumptions, to address their own perspectives, and allows for a more objective analysis of the research.

Interviews were facilitated through Zoom meetings. Open-ended questions encouraged candid conversations about the experiences of participants within the inclusion criteria. As the researcher, I discussed the guidelines regarding their rights to continue their participation in the study. At the conclusion of the interviews, participants

were debriefed. Member checking was used to ensure that participants understood the authenticity of the research findings (McKim, 2023). All verbatim comments made by the participants were manually transcribed. The manual transcriptions included nonverbal gestures made by the research participants, as well as thoughts, observations, and reflections made during the interview process. Participants were rewarded with a gift card for their participation in the study. All relevant details, including notes and observations from the interviews, were stored in a locked file in my office until the research process is fully completed. Audio information and Zoom meetings are kept on a computer that has a secure password.

Instrumentation

In qualitative research, instrumentation typically refers to the tools used to collect data, including interview guides, focus group discussion guides, observation protocols, and document analysis checklists. Becker (2019) explained that instrumentation is any structured method that allows the researcher to gather rich, detailed qualitative data from participants through open-ended questions and observations. Ten open-ended questions served as instrumentation for this study to evoke honest, thought-provoking responses regarding the experiences of the participants. As the researcher, I served as an instrument for the purpose of collecting all data necessary to produce authentic research findings on the proposed topic.

I created recruitment flyers that were used to engage participants in this study. The flyers were posted on the social media platform, Facebook, and consisted of pertinent information, such as the purpose and inclusion criteria involving the study. In

addition, I used Zoom to record and transcribe the experiences of the participants. I used Otter.ai as a video recorder for backup emergencies. Participants who met the inclusion criteria were given the option to participate and provided with informed consent to sign. The informed consent had guidelines that served as an agreement for a participant who volunteered for the research study.

Once consent forms were signed, participants were contacted to schedule a convenient time for the interviews. The style of the semi-structured interviews was approved and conducted through Zoom meetings. All interviews were given a 90-minute time limit as a way of obtaining meaningful data during the interview while being respectful of the participants' schedules.

An interview guide was used to provide clarity and consistency with the interview process. The interview guide (see Appendix A) consisted of an introduction, a review of the informed consent form, 10 interview questions, and an interview debriefing. Using the guide ensured that all participants were treated with kindness and respect during the interview process. All interviews were recorded and transcribed using the Colaizzi seven-step method. Member checking ensured that the data presented by the participants was transcribed accurately. According to Soysal (2024), member checking will increase the reliability and dependability of the research conclusion about the experiences of the participants. As the researcher, I read the transcripts that were provided by the participants' interviews, extracted relevant details such as themes, and organized the information based on those themes.

At the end of the interviews, participants were allowed to provide any additional information and ask any questions related to the study. The interviews ended on a positive note when I asked participants about things of a positive nature, such as upcoming vacations or family events. The participants were notified that they would be given a gift card as a reward for joining the research study. Participants were provided with counseling resources to assist them with any mental and emotional challenges they experienced after the interview process.

Data Analysis Plan

Colaizzo's seven-step method was used as the data analysis plan for this research study. Praveena & Sasikumar (2021) explained that Colaizzi's seven-step method helps to understand and describe a specific phenomenon in-depth and reach the essence of the lived experiences of that phenomenon. The process ensures a systematic and intense assessment of the data collected, which minimizes any biases that a researcher may have. This method is well-suited for phenomenological research where the objective is to understand the lived experiences of a particular phenomenon. For this study, Colaizzi's seven-step method analyzed the lived experiences of African American CSA survivors and their relationships with the perpetrators.

Colaizzi's method used seven steps to provide lucidity and detail in this phenomenological study. Praveena & Sasikumar (2021) explained that the first step involved becoming familiar with data to gain an understanding of the content. Secondly, the step involved identifying important information that clearly connects to the topic that is being investigated. Thirdly, the step involved interpreting the meaning and essence of

the statements made by the participants. The next step involved formulating the meanings into clusters that are based on the shared themes emerging from the data. Praveena and Sasikumar (2021) explained that developing themes would be the fifth step, which identified overarching themes that encompass the core meanings of the lived experiences of the participants. Step six involved integrating the themes into detailed descriptions of the phenomenon, which would provide a complete picture of the lived experiences of the participants. Step seven consisted of reviewing the analyses to ensure the accuracy and consistency of the participants lived experiences (Praveena & Sasikumar, 2021).

Issues of Trustworthiness

Trustworthiness in qualitative research is a vital key to the effectiveness and reliability of the results (Connelly, 2016). There are certain criteria needed to ensure the reliability of research findings in a study: credibility, transferability, dependability, and conformability. Demonstrating trustworthiness through these criteria will validate the results of the work of any researcher who presents findings from their study.

Credibility serves as an indicator of the authenticity and accuracy of findings in qualitative research and assesses whether the results genuinely reflect the truth. It relies on the integrity of the researchers and their confidence in their research methods. Triangulation, sustained data engagement, participant observation, and member checking are used in qualitative research to support the credibility of findings (Stalmeijer, 2024; Drisko, 2024). I verified the participants' responses through member checking to ensure accuracy.

Transferability measures the extent to which the results may be applicable within other contexts or settings. In qualitative research, thick description is a method used to support transferability. Drisko (2024) explained that transferability involves the provision of details on the experiences of participants, as well as the procedures used to collect data for the study. Researchers use this method to evaluate whether the results apply to other situations (Drisko, 2024; Stalmeijer, 2024). The study provided details on the targeted group, interview locations, and analysis methods. I incorporated member checking into each step of the interview process.

Adler (2022) stated that dependability measures how consistent and accurate results are in a study. The process starts with adhering to established procedures for data collection, analysis, and interpretation, allowing other researchers to replicate the approach and achieve comparable results (Adler, 2022).

Conformability ensures qualitative results are free from researcher bias or assumptions. Qualitative research methods should produce accurate findings that objectively reflect the responses of the participants (Adler, 2022). Conformability means showing that research results are objective and reproducible by other researchers using the same data. The data for this study reflected the responses regarding the experiences of the participants. To maintain objectivity in the analysis of participant data, I recorded my reflections systematically in a journal to minimize the influence of personal bias.

As the researcher for this study, I incorporated the trustworthiness criteria methods to ensure that the findings from the study are accurate and credible. The process included member checking to substantiate the responses of the research participants.

Transferability, dependability, and conformability were incorporated into the research design to support replication in related studies.

Ethical Procedures

I began data collection after obtaining approval from Walden's IRB. Ten questions were proposed for the interview and submitted for review by Walden's IRB. The purpose of submitting the questions is to ensure they are appropriate for the study (Dodgson, 2020). As the principal instrument for the data collection and analysis for this study, I incorporated ethical procedures that included informed consent, which protected the privacy and responses of the research participants. Informed consent provided participants with detailed information about a study. This included the purpose, procedures, risks, and benefits of the study, and confidentiality measures to ensure they had a full understanding of what their participation involved. Based on the information presented, participants could make a cognizant decision regarding their participation. At the conclusion of the interviews, participants were provided with supportive resources to ensure their mental and emotional stability was not compromised.

Godskesen et al (2023) explained that informed consent is a critical, ethical, and legal obligation in human subject research. Informed consent serves two primary objectives, which include honoring the anonymity of participants and providing security from potential emotional harm. Obtaining written informed consent from participants before their initial enrollment in a study is a globally recognized standard of procedures within the social sciences field (Godskesen et al., 2023).

All participants who met the inclusion requirements were asked to respond to the email inquiries by replying, “*I Consent.*” Participants who were not email or computer-knowledgeable were not required to respond in the same manner. Once informed consent was obtained, participants were assigned pseudonyms to ensure their privacy, anonymity, and protection throughout the study. Interviews were conducted during a day and time that was convenient. Participants had the option of having their interviews facilitated through in-person or virtual means. All data recording devices, transcripts, USB devices, and laptops were secured to avoid any security breaches. The participants were informed about every security measure, emphasizing the steps taken to consistently safeguard confidentiality.

Summary

In Chapter 3, I presented the methodology for the research study, which were conducted to understand the lived experiences of African American CSA survivors and their relationships with the perpetrators. The steps provided an overview of the data collection, data analysis, proper procedures, and ethical considerations related to this study. As the researcher, it was my responsibility to establish trustworthiness with the participants by reviewing the guidelines of the informed consent, where privacy and confidentiality would be safeguarded. It was my responsibility to ask thought-provoking questions that were relevant and appropriate for a research study. I established trustworthiness by incorporating credibility, transferability, dependability, and conformability to ensure the study could be replicated in another research environment. Chapter 4 presented the

participants' experiences from the qualitative interviews. The chapter detailed procedures for data collection, analysis, codes, themes, and findings of the research study.

Chapter 4: Results

The purpose of this phenomenological, qualitative study was to examine the lived experiences of African CSA survivors and their relationships with the perpetrators. To address the purpose, semi-structured interviews were scheduled and conducted to understand the lived experiences of African American survivors. This study focused on the gap in the knowledge related to the experiences of African American CSA survivors and their relationships with the perpetrators. The goal of this phenomenological, qualitative study was to provide an in-depth understanding of those experiences. The question used for guiding this study is: What are the lived experiences of African American CSA survivors and their relationships with the perpetrators?

In Chapter 4, I provided a detailed analysis of the interview settings and demographics, in addition to the data collection and data analysis procedures that were explained in Chapter 3. This chapter provided evidence of the trustworthiness of the study as it detailed the actions taken to establish credibility, confirmability, dependability, and transferability. Moreover, I provided results of the study, which included verbatim comments made by the participants.

Setting

Once I received IRB approval (no. 07-18-25-395441), I began the recruitment process by posting a copy of the research flyer across social media platforms. I used purposive sampling techniques to recruit participants for the study. Due to the sensitive nature of the proposed topic and targeted population, snowball sampling was not used for this study. When participants responded to my email, we discussed the criteria to ensure

their eligibility. I directed them to sign the form, *I Consent*, which stated their agreement to participate in the study. All interviews were conducted via Zoom, where participants agreed to the recording of their interviews. To maintain their privacy, the faces and other identifying features of participants were not visible at Zoom meetings. Participants were reminded that their information for this study would remain private.

Demographics

Initially, 10 participants volunteered to be a part of the study; however, seven volunteers agreed to move forward in the interview process. All participants met the inclusion criteria by identifying as male and female African American survivors of CSA. All participants stated that they were 21 years of age or older. The experience of their sexual abuse occurred 10+ years ago, and the participants have engaged in some form of counseling, which included individual, family, support group, and pastoral services. All participants received pseudonyms to protect their privacy. Once the consent forms were signed, I assigned each participant a label (“Participant 1” through “Participant 7”) based the order of their interview schedule.

I interviewed seven participants for this qualitative research study. This was completed after I recruited participants who met the inclusion criteria for the study. Purposive sampling was used as a method for recruiting participants who met the inclusion criteria. All participants contacted me via email. I responded to them by sending a consent form for them to sign.

Although 90 minutes were allotted for the interviews, the actual times for this study ranged from 30 minutes to 1 hour. Ten open-ended interview questions were used

as a guide to conduct the interviews. Time was allotted for participants to provide additional information about their experiences and for member checking. The entire interview process was facilitated and conducted within 30 days of IRB approval.

All Zoom interviews were initiated with an introduction, explanation of the study, and a debriefing. All participants were reminded about their privacy and confidentiality. I discussed their right to withdraw their participation in the study. All seven interview sessions were conducted and recorded, with the consent of the participants.

The seven interviews produced rich and insightful information; however, additional data were not relevant to the proposed topic. Therefore, data saturation was reached within the seven interviews. In addition to the Zoom features, I used a backup recording device to transcribe the verbatim comments made by the participants during the interviews. This added feature ensured that all interviews were recorded without incident. All recordings, transcriptions, and information related to the interviews were stored inside a password-protected computer in my home office. The data collection process remained accurate with what was detailed in Chapter 3. Reflective journaling provided a focus to avoid personal biases that may have affected the interview process and outcome of the results.

I completed all the interviews and transferred the verbatim comments into a Microsoft Word document. The Zoom transcription and backup recording device adequately performed; however, it misinterpreted some of the words spoken by the participants. I reviewed the transcripts and made the necessary adjustments in the comments. I analyzed the data for my research study to examine the lived experiences of

African American CSA survivors and their relationships with the perpetrators. I used Colaizzi's seven-step method to analyze the data for this phenomenological, qualitative study.

After completing the interviews, I listened to the recordings and read the transcripts two times so that I could understand the content of what I was reading. Next, I listened to responses that were directly related to the study. Thirdly, I grouped all statements, responses, and phrases to formulate common meanings. In the fourth step, I assigned codes to the information. I referred to the transcripts to ensure the accuracy of the information that I received from the participants. Finally, a detailed description of the themes was developed to present the findings resulting from the participant responses. I confirmed the findings from the study by checking the responses from the interviews and transferring the responses into a Microsoft Word document. Coding allowed me to organize the information and develop themes that would provide depth and meaning. Themes were developed based on the responses of the participants during the interview.

Data Analysis

Upon completion of the interviews, I reviewed all the verbatim comments made by the participants, which included those that were directly related to the interview questions and the study. The focus of the data analysis was to examine the lived experiences of African American CSA survivors and their relationships with the perpetrators. Colaizzi's seven-step method was used for this research study as it provided an understanding of the lived experiences of participants in phenomenological research.

Initially, I became familiar with the content of the interviews in order to understand the meanings of the information shared by the participants. For recognizing similar responses and their relation to one another, I listened to the audio recordings two times and conducted member checking to ensure accuracy from the transcripts. Next, I conducted a detailed review of transcripts to begin grouping phrases that could develop codes, which would lead to significant themes related to the research. I used Braun & Clarke's (2024) thematic analysis method, which was effective in identifying patterns, codes, or themes in my qualitative study. Thematic analysis offers a theoretically flexible and accessible approach, ideal for researchers aiming to identify patterns of meaning without being constrained by specific epistemological commitments. Interpretative Phenomenological Analysis (IPA) is rooted in phenomenology and hermeneutics and focuses on exploring personal lived experiences within small samples. Through the coding process in this study, rich and accurate data were produced into themes and provided meaningful representations of the participants' interview responses.

In qualitative research analysis, coding labels and organizing phrases are used to identify patterns and themes. Research that was presented by Braun & Clarke (2024) stated that coding assigns descriptive labels to analyze, facilitate, and interpret the data. The method assists researchers in deciphering information obtained from transcripts. For this qualitative phenomenological study, four major themes emerged from the data produced by the participant responses. Table 1 provided a detailed presentation of the themes.

Table 1*Themes, Subthemes, and Codes*

Theme	Subtheme	Code
Emotional impact of CSA	Nervous breakdown Choice not to have children	Disgust, depression, anger, confusion, broken relationships
Perpetrators	Access to survivors Family protection	Cousins, boyfriends, uncle
Familial interactions and support	Nondisclosure to some family members, cultural trauma betrayal	Limited family interactions
Coping mechanisms	Ways to heal from CSA Moving forward	Music, journaling, poetry, forgiveness/God

Note. CSA = child sexual abuse.

Evidence of Trustworthiness

Ahmed (2024) stated that trustworthiness is established when qualitative researchers can ensure the findings of a study have been articulated in a way that credibility is evident. These findings are established through ensuring credibility, transferability, dependability, and confirmability are present in every area of a qualitative study. The phenomenological approach was chosen for this study, which is to examine the lived experiences of African American CSA survivors and their relationships with the perpetrators. A reflexive journal provided details regarding nonverbal reflections of the participants.

Credibility

Credibility was used to authenticate the accuracy of findings from the information shared by the participants. Credibility relied on the integrity of researchers and the confidence in the method of research chosen for the study. I confirmed credibility by

establishing a professional rapport with participants through the flyers, emails, community resources, and follow-up calls that were made to the participants. Data saturation was achieved when new information was no longer presented by the participants. I invited participants to contact me if they wanted to provide additional information related to the proposed study.

Transferability

According to research, transferability is used to detail the experiences of participants and determine if the procedures are applicable in other settings (Drisko, 2024). This proposed study supported transferability by outlining how to collect thorough data from the intended group. This included detailed recruitment steps taken to ensure participation in the study. A purposive sample of the targeted population was used to extract rich information on the lived experiences of African American CSA survivors and their relationships with the perpetrators.

Dependability

In qualitative research, dependability measures how consistent and accurate results are in a study (Adler, 2022). I adhered to established protocols for data collection, analysis, and interpretation, allowing others to authenticate the results in additional settings. For this proposed study, dependability was achieved by implementing detailed steps of the measures taken during the data analysis process. Reflexive journaling and member checking provided a focus on biases that may compromise the results of the study.

Confirmability

Confirmability clearly explains to other researchers that the results of a similar study can produce accurate information when using the same data. The data for this study reflected the responses regarding the experiences of African American CSA survivors and their relationships with the perpetrators. To maintain objectivity in the analysis of participant data, I recorded my reflections in a journal, thereby minimizing the influence of personal biases. These steps established an ongoing discipline used to maintain the level the trustworthiness through transferability, credibility, dependability, and confirmability needed to produce a legitimate study.

Results

In this qualitative study, I sought to answer the following research question: What are the lived experiences of African American CSA survivors and their relationships with the perpetrators? Although there were originally 10 volunteers who offered to participate in the study, seven participants went through with the interview process. All seven participants were asked the same 10 open-ended questions and responded in their own individual way. Age demographics of the participants ranged from 33 years to 68 years old. Gender and racial demographics included five women and two men, all of whom were African American. Table 2 displays the participant demographics.

Table 2

Participant Demographics

Participant	Race	Gender	Status
P1	African American	Female	43-year-old woman, single, grew up in a single-parent home, one brother on dad's side

P2	Female	49-year-old woman, single, two-parent home, older sister, 13 when parents divorced
P3	Female	33-year-old woman, single, two-parent home, older siblings
P4	Female	68-year-old woman, single, 2-parent home, siblings
P5	Male	47-year-old man, married, 2-parent home, one son
P6	Male	58-year-old man, married, raised by grandmother, one sister
P7	Female	62-year-old woman, single, siblings, raised by mom and grandmom

Four themes emerged from the results of the data analysis: A) Emotional Impact of CSA, B) Relationship with the Perpetrator(s), C) Familial Interactions & Support, and D) Coping Mechanisms. The emergent codes and themes are presented in the following sections.

Theme 1: Emotional Impact of Child Sexual Abuse

The emotional impact resulting from the experiences of CSA was the first theme to emerge from the data. Participants were asked about the emotions they remembered during the abuse incidents. This question led to the expressions of emotions that participants used to describe how they felt about themselves and the act of what had occurred during their CSA experiences.

Participant 1 stated that she felt,

Disgust, confusion, and anger. My self-esteem was, I believe, at the lowest point.

It could have been- possibly, yeah, I mean, during that time, I didn't think much of myself, I mean, and it showed a lot in my appearance. So yeah, I felt all the negative emotions a person could feel around that time.

Participant 2 shared,

In the beginning, I thought it was okay to do. I didn't know, because I was young, I didn't know. And then when it continued, I never told anybody, but when I had to tell a couple of years back, I had a nervous breakdown.

Participant 3 said,

I want to say it was like an out-of-body experience. Because now looking back on I think I was drugged, had something in my drink. Based on what I know, everything was a blur. I couldn't see, I couldn't wake up. I could not move. I could not say any words.

Participant 4 said that she was “scared and traumatized.” Participant 5 stated, “I felt ambivalent because I was like, I like this, but I feel like this is wrong.”

Participant 6 shared,

My intuition knew that I was not supposed to be touched that way, okay, or handled that way. So, I knew something was off about it, and it had me at that point. I guess I developed a sense of inadequacy, or it made me feel strange.

Participant 7 stated, “I was afraid of what happened. I didn't understand what was happening to me.”

Although some survivors received more counseling services than others, there was evidence to support the emotional trauma experienced by these individuals. One survivor shared that she experienced a “nervous breakdown” which led to the reveal of her CSA experiences. Because of her behavioral challenges, another survivor

compromised her professional career. Another survivor has ongoing mental health challenges that she has yet to address with professional services.

Theme 2: Relationship With the Perpetrator(s)

Next, I asked participants to describe their relationships with the individuals who engaged in sexually abusive behaviors with them. These relationships varied accordingly, from cousins to the intimate partners of close family members. Participant 1 stated that the perpetrators were a cousin and an uncle. Participant 2 shared that her perpetrator was an “older cousin, and it was not just with me. It was with my sister, my two older cousins, and my younger cousins.” Participant 3 shared, “It was my sister’s boyfriend at the time. I was young. I have siblings who are older than I am and lived with us at the time.” Participant 4 stated, “It was a family friend of my parents. He was a grown man.” Participant 5 shared that an “older female cousin who was babysitting and another adult male cousin” were the perpetrators. Participant 6 shared that the perpetrator was an “older cousin.” Last, Participant 7 stated that the perpetrator was “my mom’s boyfriend.”

According to the information shared by the participants, parents and stepparents were not involved as the perpetrators of their sexual experiences. The relationships between the victims and the perpetrators were severely damaged because of the occurrences. Their mental health stability was compromised because of the trauma they experienced. Although CSA experiences occurred many years before participating in this study, some survivors are still grappling with the negative effects of the trauma.

Theme 3: Familial Interactions and Support

Participants were asked about their relationships with their families after disclosing the incidents of CSA. Some responses were determined by the relationships that currently existed among the participants and their family members. Other responses produced an added support system upon disclosure of the incidents.

Participant 1 said,

I was already in my 30s when it came out in a therapy session with my mom.

When they found out just a few years ago, it didn't go well. I tried to prevent all of that from happening. I realized then that I could not control everything, so it hurt my relationships with a lot of my family members. Some are still in denial about it. Some still prefer to sweep it or keep it hidden. So, I don't think that it was a good response from the family regarding it.

Participant 2 shared,

She put how I was feeling on the background burner, and so I think that's why I have a whole lot of resentment towards my mother. We are not close. I'm closer to my dad than my mom. After that, a nervous breakdown, and talking to somebody, I couldn't. I think I could never talk to my mom about those things like that ever again. Now, if I tell my dad, I think my dad would get it, you know, it'll be a little different. I don't want them to know because they are older now, and I don't want them to go to jail for something. I just avoid it by not going around.

Participant 3 shared,

When it first started happening, I didn't have the language, and my parents never told me about, you know, people touching you. Yeah, I didn't know anything about it, so when it happened, I really didn't know what to say. I started behaving like I really didn't like this guy, didn't want him around me, and my mom never asked me why. Mom never asked me why.

Participant 4 stated,

I've not shared. Because he told me that if I shared it, something was going to happen to me, and they were going to blame me. And I believe he was right. You know, you know? Because you know, you know, parents didn't listen to children, right? If you went to them with the situation, they always tend to blame you. So, I didn't share it, you know, I shared it once I became an adult. You know, I shared it with my mom, and I can't remember sharing it with you. Yes, I did. I shared it with my dad when I became pregnant because I was afraid. My parents remained friends with him.

Participant 5 noted,

I love my family. I love my mom, my dad, since passed on several years ago. The guy, both my cousin and the other family member, abused me. They're both still in the world, and I don't have contact with them, okay, but the distrust happens like I'll just talk with my mom, because when I told her I was in my mid-20s, you know, I was like an adult, and I remember telling my family what happened. She didn't want to believe it, and I expected my mom not to, like, really believe it, because I'm sure it made her uncomfortable. It made her feel like she wasn't

protecting her kid, you know, but it was, it was the reality. And the thing that hurt me is that she kept in contact with this person.

Participant 6 said,

When I first mentioned it to an adult family member, I was hushed. That didn't happen because back in them days, yeah, you talked about that kind of stuff, and you know, you're going to make it look bad on him and the family, I remained introvertedly, held it in, and didn't want to disclose that, because they made you feel that you are the you know. Then they started labeling you homosexual, faggot, and whatever they call it.

Finally, Participant 7 shared,

I have a good relationship with my family only told two people in my family, and you know, they listened to me, what you know, what I had to say, very supportive of me, and assured me that it would happen in, you know, anymore, and asked me if I wanted to go to counseling.

Subtheme: Cultural Betrayal Trauma

Participants shared information that evoked feelings of betrayal and division among family members, especially between themselves and their parents. Participant 1 said, "Some still prefer to sweep it or keep it hidden. So, I don't think that it was a good response from the family regarding it. Participant 2 shared, "She put how I was feeling on the background burner, and so I think that's why I have a whole lot of resentment towards my mother. We are not close." Participant 3 shared,

And so, I kind of like blame her for that part. Okay, you see me only reacting to this person this way, and so I kind of blame her for that. And then after I told her, it was kind of like, Did you want that to happen? Are you jealous of their relationship? And I'm like, I finally got this off my chest, and I feel like you are blaming me for it.

Participant 4 expressed, "Although I told my parents about the abuse, they remained friends with him." Participant 5 said,

She didn't want to believe it, and I expected my mom not to, like, really believe it, because I'm sure it made her uncomfortable. It made her feel like she wasn't protecting her kid, you know, but it was, it was the reality. And the thing that hurt me is that she kept in contact with this person.

Familial relationships were compromised with the participants. Some were told that their experiences were not true. Some were accused of being jealous of the perpetrator and his relationship with others. Some survivors had to watch their family continue to have relationships with the perpetrator who hurt them. Five of the seven participants experienced cultural betrayal as they felt as though the perpetrators were protected, and the support they needed from their family was ignored.

Theme 4: Coping Mechanisms

Participants were asked about the way they handled their experiences of CSA. Although they had received some form of counseling, such as individualized, family, and support groups, participants used alternative ways to assist in the healing process.

Participant 1 said,

You know, something that I've learned about therapy, it's not just me being consistent in it, for me as a participant in my own treatment. I feel like I understand that therapy is necessary to move forward. I also realized that therapy also kind of forces you to relive the trauma again, especially when you don't have a consistent therapist who's going to be there. You know, the in and out kind of negatively affected me- going from therapy to therapy that negatively affected me. So, I choose to keep a lot of things to myself that I'm not comfortable addressing with anybody else. So that's just my approach to it. I talk to God a lot about things to heal from them. But yeah, that's it for me, I'm pretty much as private as I could be.

Participant 2 shared,

So, I do a lot of reading. I do read when things like that start to come to mind. Or I start thinking about it. I started reading. Or either I start listening to church music, or I listen to a sermon so that I can shift my promise to God, because I know whenever I pour into him, he won't put anything on my heart that I can't bear, you know. So those are some of the things I do. And I'm a very isolated person.

Participant 3 stated, "I used to journal. Well, I didn't write a lot. Once I used poetry, I used to write poems a lot, okay? And I used to write songs. That was my way of coping with it." Participant 4 stated, "Although I went to counseling, I don't think that it helped much in the area of my being abused." Participant 5 noted,

I really went down; I went to I went on a path of just self-healing and self-love. It started after my first, first divorce. So, like, around, yeah, 2015, okay, I would say I started really working on myself. And then what that looked like. I always had my spiritual life. So, I was always praying, always, you know, reading some sort of scripture or positive something, you know, I mean, this personal development, that's what I'm trying to say. Yeah, I got really into personal development, and so, so any and everything. It was journaling, reading, and sports- just trying to learn to love myself.

Participant 6 said,

I had to forgive myself for the shame and guilt associated with it. And take the lemons of it and make lemonade and reach out to someone else. Now, my last thing to my spiritual side and my comrades and my colleagues in the spiritual side, I will say to them, don't dismiss people when they come to you with these things. Amen.

Participant 7 said, "I played sports, listened to a lot of music, spent time with my family, went to the beach a lot, and although I went to counseling. I did it on my own with the help of God."

Subtheme: Moving Forward

Participants offered advice on moving forward to survivors who are just beginning to address their experiences with CSA. Participant 1 said,

I would tell other survivors, along with my younger self, to shake the room. Either way, no matter how it's going to affect the other persons involved. Do not do

anything that could keep them safe and leave yourself exposed to more trauma and hurt. Let it be known right away, no matter how it makes you feel, no matter how uncomfortable it may be, say it out loud anyway. That would be my advice.

Participant 2 stated,

I would tell them to talk to somebody, whether it's counseling or a best friend, husband or spouse, or wife or whatever the case may be, talk to someone, because that's one of the ways that you can escape the mental part of it. By having someone to talk to, always having that helping hand. But my thing I would tell them, I would say, seek counseling.

Participant 3 shared,

It's not your fault, you know, forgive yourself. Because sometimes, you know, I had those moments when I blamed myself. Just continue to fight. Find somebody that you can trust to confide in, that will help you work through your problems-therapy, if needed. Just keep moving forward. Don't let it hold you back.

Participant 4 offered advice by saying, "Talk to somebody. If you cannot talk with your parents or somebody right there in your family circle, find somebody. Talk to an adult."

Participant 5 said,

I honestly would tell them to truly trust their intuition and their gut about how to move forward. It was, it was when I would feel the prompt things within myself to say, Hey, you know, detach from this environment, or go, get help.

Participant 6 advised survivors,

Forgive yourself and don't let anyone plague you with it, you know. I will give him this advice: do not be afraid to talk about it and tell somebody, especially if you are a child, avail yourself of all the outlets now that are available, and they don't always have to be a Christian outlet to start with.

Finally, Participant 7 offered,

What I've done, I've, you know, let people know that I care and show my concern. I will tell them my story, and then they will open up to me and let me tell them what was going on with them, and I will tell them if they need counseling to get counseling.

The participants used different methods of healing from the effects of CSA. Some methods have been more effective than others, as several participants struggled to address their daily challenges in ways that would help them move forward in a positive direction. Some participants remain on a path of self-discovery, while others use their faith to cope. Some have used a weekly support group, and other participants remain in formal counseling to effectively manage their daily challenges.

Summary

Chapter 4 offered an examination of the lived experiences of African American CSA survivors and their relationships with the perpetrators. The question for this qualitative study was, “What are the lived experiences of African American CSA survivors and their relationships with the perpetrators? The participants consisted of five female and two male African Americans who offered insights regarding their experiences as survivors. Four themes emerged from the data analysis: Emotional Impact of CSA,

Relationship with the Perpetrator(s), Familial Interactions and Support, and Coping Mechanisms. Table 1 was used as a visual display of the themes that emerged. Table 2 offered a visual display of the demographics of the participants who volunteered for this study.

In the Results section, I presented the verbatim responses offered by the participants. Based on the responses made by the participants, four themes were displayed and categorized. The purpose of the research was to provide an understanding of the experiences of African American CSA survivors and their relationships with the perpetrators. According to the responses, biological dads and stepdads were not the perpetrators of these experiences; however, cultural betrayal was present in five of the seven interviews in the study.

Chapter 4 provided evidence of trustworthiness that must be evident in qualitative research. Chapter 5 presented information on the interpretation of the findings, limitations of the study, recommendations for further research, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative research study was to examine the lived experiences of African American CSA survivors and their relationships with the perpetrators. The goal of this research design was to provide an in-depth understanding of those experiences by gathering rich data through interviews. The phenomenological approach allowed participants the opportunity to respond in a manner that provided great meaning to this research qualitative study.

A purposive sample of 10 African Americans who met the inclusion criteria volunteered to participate in the research study. Seven of those volunteers followed through with the participation by agreeing to provide interviews for the study. Semi-structured interviews that consisted of 10 interview questions were organized and scheduled as Zoom meetings. Through the utilization of Colaizzo's seven-step method for data analysis, four themes were identified: a) Emotional Impact of CSA, b) Relationship with the perpetrator(s), c) Familial interaction and support, and d) Coping Mechanisms. This chapter included a brief summation of the research findings and how they relate to the research question. Subsequently, I provided details of the theoretical framework, interpretations of the findings, limitations of the study, and the social implications for change this study could warrant.

Cultural Betrayal Trauma

CBBT provided details about how trauma within marginalized communities is intensified when trust issues within the group are present. Gomez (2019) proposed that violence between victims and perpetrators who share the same marginalized

circumstances results in a betrayal that comprises a level of trauma beyond the normal characteristics of violence. The proposed findings in Chapter Four revealed that cultural trauma was experienced by five of the seven volunteers who participated in the qualitative study. When news of the abuse surfaced, Participant 1 shared how members of her family did not believe the story and protected the perpetrator's reputation. Participant 2 was asked by her mother to keep the abuse a secret as it would "cause harm to the family." Participant 3 shared that her mother accused her of being "jealous of the relationship" between her sister and boyfriend. Participant 4 shared that her parents remained "friends" with the perpetrator, even when she became pregnant due to her exposure to sexual abuse. Participant 5 noted that his mother did not believe what he told her regarding the abuse. The mother maintains contact with the perpetrator and encourages Participant 5 to communicate with him. According to the participants, certain members of each family maintained contact with their perpetrator(s).

Interpretation of the Findings

The results of the proposed study confirmed prior research presented on the lived experiences of African American CSA survivors. The literature review and study findings indicated that African American CSA survivors face varying degrees of cultural betrayal when sexual abuse occurs, regardless of their relationship with the perpetrator. The interviews discussed in Chapter Four revealed that parents and step-parents were not the perpetrators of such crimes in their cases. Through the responses in the interviews, survivors revealed varying degrees of emotional trauma due to CSA; however, research on the relationship between CSA survivors and their perpetrators is limited. The data

analysis conducted in Chapter Four revealed four major themes to emerge: a) Emotional Impact of CSA, b) Relationship with the Perpetrator(s), c) Familial Interactions & Support, and d) Coping Mechanisms. The next sections provide a more thorough explanation of those themes.

Theme 1: Emotional Impact of Child Sexual Abuse

CSA is a documented factor for serious mental health outcomes among survivors. (Hankerson et al., 2022) noted that emotional effects of sexual violence on marginalized communities include incidences of PTSD, emotional despair, drug abuse, suicide ideations, which are in comparison to their racial counterparts who were not sexually traumatized. Bryant-Davis et al. (2019) reported that survivors often engage in maladaptive coping strategies, such as substance abuse or withdrawal from social interactions, further expanding the risk of depression and other mental health challenges.

CSA disrupts normal developmental processes and inflicts lasting psychological and physical harm. Although incidences of CSA vary globally, studies indicate that a considerable proportion of adults have experienced sexual abuse during their childhood. Akinyemi et al. (2025) reported that this fact underscores the widespread impact the CSA has on the dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, which plays a crucial role in stress response, inflammatory responses, and alterations in neurobiological development. These changes can impair emotional regulation and increase susceptibility to mental health disorders.

Gerke et al. (2021) stated that the impact of CSA extends beyond individual health, influencing population-level health metrics and contributing to the overall burden

on health care systems. Public health initiatives that address the long-term effects of childhood trauma are essential for improving mental health outcomes and promoting well-being. Despite increased awareness, gaps remain in our understanding of the full extent of CSA and its impact on the effectiveness of interventions aimed at mitigating the effects.

Theme 2: Relationship With the Perpetrator(s)

As noted in the literature review for this study, Kenny & McEachern (2020) concluded that the relationship of the perpetrator to the victim has been directly related to the behavioral health challenges associated with sexual trauma. Bryant et al. (2019) presented research that concluded African American children are more susceptible to CSA by family members, such as cousins, siblings, and uncles. Characteristics of this type of trauma also include family instability due to parental domestic violence, single parenting, and incarcerated parents. Augarde and Rydon (2022) stated that perpetrators of CSA are plagued with inaccurate theories, such as identifying children as sexual individuals, minimizing the trauma of sexual violence, and casting the child as the seducer in the interactions (Patterson et al., 2019).

Although male perpetrators are often associated with CSA, research also shows that women can be responsible for this type of trauma. The personalities of female offenders help to understand the history of sexual trauma. Reingold and Goldner (2023) stated that research documents include physical abuse, emotional abandonment, as well as the presence of mental illness in at least one family member. Augarde & Rydon (2022) stated that female offenders have poor emotional functioning, significant deficiencies in

self-esteem, and emotional insecurity, dependence, and shame, as well as symptoms of psychiatry, including substance abuse, despair, suicidality, and behavioral disorders.

Theme 3: Familial Interactions and Support

When cases of CSA are disclosed, family dynamics may be affected by trauma, guilt, and shifts in communication patterns. Disclosures of CSA oftentimes lead to family conflict, strained relationships where healing is dependent on the family's response to incidents. When the perpetrator is a family member, conflict, disbelief, and divisiveness are evident among family members, even when minimizing the abuse. Family members may blame one another, or a survivor may feel responsible for the disruption caused by the disclosure.

Some siblings who have not experienced abuse may feel upset with the survivor due to changes within the family dynamic. In cases of intrafamilial abuse, some relatives may feel caught between supporting the survivor and maintaining a relationship with the abuser, especially if the abuser is a parent. CSA can negatively affect a survivor's relationships with parents and siblings throughout their life, particularly if they felt unsupported or disbelieved. Cultural betrayal trauma happens when a community supports the perpetrator but not the victim.

Theme 4: Coping Mechanisms

Histories of CSA and other traumas, such as violence, threatening living environments, and abusive family members, can make survivors particularly vulnerable to developing PTSD and other emotional challenges. R. Campbell et al. (2009) suggest that many survivors often turn to alcohol and drug abuse, violence, as well as experience

anxiety and depression. Unaddressed emotions can lead to suicide attempts. Feelings of guilt, shame, anger, and fear can be outward signs of inward pain and torment.

Ullman et al. (2014) noted that various cognitive and emotional factors mediate the effects of trauma history on psychological symptoms. Several factors, including maladaptive coping, emotion dysregulation, and attributes of self-blame, may be particularly important for understanding the recovery of CSA survivors. It is common for survivors to internalize these feelings. This trauma will be significant in their development both behaviorally and emotionally. Building strong-bonded relationships will ensure that the survivor of CSA feels safe. Monitoring the emotions and coping mechanisms of a CSA survivor is important.

Being consistent and identifying the right times to talk to survivors about their feelings will combat these insecurities. Distraction techniques can include reading, writing, drawing, exercise, movies, music, or any other hobby that allows survivors to immerse themselves in something other than their traumatic experiences.

Limitations of the Study

There were limitations for this phenomenological, qualitative study that could have affected its results. My experience in research provided the first limitation. Budig et al. (2021) stated that the limitations may affect the responses given by the participants, which could make a significant impact on the study. I had limited experience in qualitative research and preparing participants for questioning. Subsequently, my experience in analyzing data could alter the possible replication of the research study.

Collecting, transcribing, and analyzing large volumes of rich qualitative data is a time-consuming and labor-intensive process that requires considerable expertise. Lim (2024) posits that qualitative study heavily relies on the researcher's ability to collect data effectively and extract meaningful insights from complex narratives. In my efforts to avoid retraumatizing the participants, questions may not have been presented to participants in a way that would have produced rich and meaningful data for the study.

Personal biases may have provided another limitation for the study. Researcher involvement in data collection can introduce subjective interpretations and bias, impacting the consistency and objectivity of findings. Galdas (2017) stated that recognizing and understanding research bias is crucial for determining the utility of study results and is an essential aspect of evidence-based decision-making in various professions. My personal biases may have stemmed from my work with CSA survivors and my assumptions about the mental health statuses of those who mentioned the nature of their relationship with the perpetrator(s). As the researcher, I could have assumed that abuse survivors were more traumatized by close family members, such as dads, stepdads, moms, and siblings, rather than those who are not closely related.

Recommendations

The purpose of this qualitative, phenomenological study was to examine the relationship between CSA survivors and their perpetrator(s). There is limited knowledge about these relationships that would justify further research in this area. This includes a realist evaluation of the cultural trauma betrayal theory and its effects on mental health, trauma, and violence towards those who are of the same race, ethnicity, and marginalized

communities. Future research should test and expand the applicability of the current model in new geographical or cultural contexts. I recommend that future researchers conduct qualitative work in this area for the purpose of obtaining more information on the proposed topic, which could benefit policymakers in establishing guidelines and laws that support the behavioral health of CSA survivors.

I interviewed seven participants for this qualitative research study. All of the volunteers were African American CSA survivors who were at least 21 years of age with a CSA history that took place more than 10 years before participating in this study. The participants were required to have received some form of counseling, such as individual, family, support group, or pastoral. Of the seven participants, only two were male, who offered a limited perspective on their personal experiences. Future research should replicate this study with a larger sample to enhance the generalizability of these findings. I recommend that researchers try to capture the qualitative experiences of more African American male CSA survivors to gain a more accurate perspective of their experiences in this area. Researchers could explore the specific experiences and relational dynamics between African American male CSA survivors and their perpetrators. This can investigate unique impacts on masculinity, identity, and the process of seeking services and disclosure.

Last, I recommend that researchers conduct a qualitative study on the impact of CSA on African Americans when the perpetrator is a family member. Although in this study, the relational nature of the perpetrator was limited, researchers could examine the narratives of family members to understand the effects of coping mechanisms for

survival. The study could build on existing studies about post-traumatic growth by qualitatively exploring the specific strategies and resources that enable African American survivors to develop resilience in the face of ongoing trauma within their family and community.

Implications

This area of research was studied to examine the lived experiences of African American CSA survivors and their relationships with the perpetrators. This research involved implications that were affected by sociocultural context, systemic inequality, and unique family dynamics. The research will help to develop culturally competent prevention and treatment strategies by addressing factors such as family loyalty and the effects of systemic racism.

African American girls are disproportionately likely to experience severe forms of CSA, with lasting negative effects. Examining their experiences can explain how race and gender intersect, creating complex challenges and barriers to healing. Traditional Afro-cultural values, such as spirituality, are significant aspects of Black identity and can influence healing. Research can explore how these values aid resilience and coping, or how they may be encouraged to suppress disclosure and prioritize family reputation over a survivor's well-being.

Studies of African American CSA survivors focus on abuse by known individuals within the family or close community. Research using a transactional framework can highlight specific family dynamics that contribute to the abuse, impact disclosure, and shape coping strategies. Interactions with the offender post-abuse can be especially

complex when the perpetrator is a family member or trusted community figure. These relationships can influence a survivor's recovery and contribute to feelings of confusion and self-blame.

In cases of abuse by a family member, the perpetrator's relationship with the family can make disclosure challenging. Some family members may respond with disbelief, anger, or denial, focusing on maintaining the family structure rather than addressing the child's needs. This can lead to cultural trauma by silencing the victim, thereby increasing a survivor's feelings of shame and isolation. The effects of CSA can extend to future generations, with some participants in one study describing how their experiences influenced whether they would pass on a legacy of abuse or a new, abuse-free legacy. The relationship with the perpetrator directly impacts this legacy.

Interventions must be culturally competent to address the unique needs of African American survivors. This includes racially neutral practices, a multicultural framework that acknowledges power differences, and respect for cultural differences. Research into the specific reasons for delayed or non-disclosure among African American survivors, such as fear of retribution or the stigma of CSA within the community, is essential for developing effective strategies to overcome these barriers. Findings can help inform prevention programs within Black communities by addressing specific family and community dynamics that contribute to CSA, rather than relying on generic, culturally insensitive models. Research can provide evidence to influence policymakers and service providers, helping them to more effectively support African American CSA survivors and their families.

Conclusion

The purpose of this phenomenological, qualitative research study was to examine the lived experiences of African American CSA survivors and their relationship with the perpetrator(s). This study concluded that African American survivors were challenged with the emotional impact of sexual abuse that included depression, mistrust, and the decision not to have children. Secondly, the relationship with the perpetrator revealed that survivors knew their perpetrators; however, volunteers who participated in this study were not violated by parental figures or siblings. Furthermore, the familial support was compromised as a result of the abuse disclosure. Coping strategies included alternative means other than formalized counseling sessions, which included various genres of art such as music, poetry, dance, and spoken word.

CSA has serious long-term psychological consequences, including higher risks of PTSD, depression, and anxiety. CSA can influence how survivors view themselves sexually and affect their intimate relationships. Some survivors develop low self-esteem, fear of intimacy, and difficulty with trust, while others experience confusion about their sexual orientation. Despite the setbacks, many survivors mobilize personal strengths and social resources to move forward. Healing and coping strategies include finding safety by creating emotional and physical distance from abusers, engaging in unselfish activities, and understanding that the abuse was not their fault.

It is important that future researchers provide questions that are designed to produce richer and in-depth responses from the participants. Interviews must be conducted in a way that creates a safe environment for participants to share such personal

information for research in this area. It is important to expand the knowledge of research to include demographics such as men and lesbian, gay, bisexual, transgender, and queer/questioning communities to help with understanding identity, sexuality, and gender roles. Ultimately, recognizing how cultural trauma and betrayal can disrupt family relationships is essential, especially when the family prioritizes the perpetrator's needs above those of the survivor. CSA often occurs within the context of emotional, familial environments where physical abuse and neglect occur. Long-term harm is directly associated with the types of abuse where physical abuse and neglect occur by a father or stepfather. Until then, CSA will continue to be a complicated, multifaceted issue among survivors, especially within marginalized communities.

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Appendix A: Interview Protocol

An interview protocol is more than a list of interview questions; it also extends to the procedural level of interviewing and includes a script of what you will say before the interview, script for what you will say at the conclusion of the interview, prompts for the interviewer to collect informed consent, and prompts to remind the interviewer the information that she or he is interested in collecting. Interview protocols become not only a set of questions, but also a procedural guide for directing a new qualitative researcher through the interview process (Jacob & Furgeson, 2012).

Research Question

Jacob and Furgeson (2012) asserted that a researcher's topic should be of interest to them. My interview protocol is based on the topic of child sexual abuse among African American survivors. In addition to my own story, the topic is of personal interest to me because of the many stories of friends and family who have been affected by the experience. My research question is as follows: What are the lived experiences of African American child sexual abuse (CSA) survivors and their relationship with the perpetrators?

The potential participants are African American male and female CSA survivors who are 21 years of age and older. In addition, the abuse must have occurred 10 or more years ago and the participants should have sought counseling services.

Before the start of the interview, I will introduce myself and clearly explain the purpose of my proposed research project so that the participant will understand the research in which he or she may agree to take part. I will also ask them if they have any

questions for me before we get started. I will inform the participants that their identities and information will remain strictly confidential.

Potential Interview Questions

1. Tell me about yourself and your family composition, i.e. siblings, parents/guardians, extended family, profession, hobbies, etc.
2. If you remember, tell me your age when the sexual abuse started/occurred.
3. Where were you when sexual abuse started, i.e., personal home, home of relatives or friends, at school, etc.?
4. Without delving into details of any traumatic events, what emotions do you remember experiencing during that time in your life?
5. What is/was your relationship with the person(s) who sexually abused you?
(father/stepfather, brother/sibling, uncle/other)
6. How, or in what ways, do you think that your experiences impacted/affected you and your life?
7. What kind of relationship do you have with your family and how has your family reacted/responded to your revelation of your experiences?
8. How have you used counseling, support groups, journaling, art, etc. to help you heal from the effects of the abuse?
9. What advice would you share with other victims/survivors who are just starting to address their experiences with abuse?
10. Is there anything else we did not cover that you would like to add?

At the conclusion of the interview, I will again ask the participant if he or she has any questions for me. I will inform the participant that I will provide any and all updates related to the research project.

Sample Debrief Paragraph

Thank you for your participation in this study. In what ways have participation in this study empowered you? Here is a list of support services if you need them.

How would you prefer that I contact you for follow-up: phone, email, or text? At the conclusion of the project, I will provide you with all results and updates related to the study.

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Appendix B: Facebook Group Moderator's Approval to Post Recruitment Flyer

From: Sent: Monday, March 17, 2025, 1:47 PM
To: Anita Joyner-Taylor <anita.joyner-taylor@waldenu.edu>
Subject: Permission

Dear Ms. Anita Joyner,

This email confirms my permission for you to post your recruitment flyer for your research study on my social media page. I have reviewed the flyer and believe it is appropriate for our platform.

Please feel free to post the flyer at your convenience. If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

From: Anita Joyner-Taylor <anita.joyner-taylor@waldenu.edu>
Sent: Monday, March 17, 2025, 2:48 PM
To: Subject: Re: Permission

Thank you so much for allowing me to post my recruitment flyer on your social media page.

I will inform you as soon as I am granted permission to move forward.

Have a wonderful day.

Respectfully,
Anita L. Joyner