

2-5-2026

Exploring the Impact of Childhood Sexual Abuse on Self-Esteem and Interpersonal Trust in African American Women

Elizabeth Omorodion
Walden University

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



Part of the [Clinical Psychology Commons](#)

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

Walden University

College of Allied Health

This is to certify that the doctoral dissertation by

Elizabeth Omorodion

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

Review Committee

Dr. Delinda Mercer, Committee Chairperson, Psychology Faculty
Dr. Magy Martin, Committee Member, Psychology Faculty

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

Walden University
2026

Abstract

Exploring the Impact of Childhood Sexual Abuse on Self-Esteem and Interpersonal Trust

in African American Women

by

Elizabeth Omorodion

MA, Texas State University, 2014

BS, Texas State University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

February 2026

Abstract

Although childhood sexual abuse (CSA) is known to affect survivors' subsequent self-esteem and interpersonal trust levels, its long-term impacts among African American women were not fully understood. The purpose of this qualitative phenomenological study, which was grounded in attachment theory and trauma theory, was to explore how CSA shapes African American women's self-esteem, interpersonal trust, and healing processes in adulthood. To answer the study's seven research questions, semistructured interviews were conducted with eight African American women. The use of Braun and Clarke's reflexive thematic analysis approach yielded seven themes: (a) impaired trust, (b) disrupted self-esteem, (c) resilience and strength identity, (d) spirituality and faith as a coping resource, (e) boundaries and control, (f) cultural narratives and stereotypes, and (g) support and safe relationships. Findings revealed that CSA produced long-term relational disruptions, internalized shame, and identity conflicts, while culturally grounded strengths—such as spirituality, resilience, and community support—facilitated healing. Participants described navigating both trauma and cultural expectations, including the strong Black woman narrative, which simultaneously supported coping and limited vulnerability. This study expands the limited qualitative literature on African American women survivors of CSA by illustrating how trauma, culture, and identity intersect to shape recovery. The study may promote positive social change by substantiating the need for culturally responsive, trauma-informed clinical practices and policies that expand access to affirming mental health resources.

Exploring the Impact of Childhood Sexual Abuse on Self-Esteem and Interpersonal Trust
in African American Women

by

Elizabeth Omorodion

MA, Texas State University, 2014

BS, Texas State University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

February 2026

Dedication

This work is dedicated to all Black girls and women who have experienced childhood sexual abuse or other forms of trauma and were never given a safe space to disclose their pain. This work is for you. Your resilience, strength, and capacity for healing deserve recognition, compassion, and protection. Too often, your experiences are minimized or silenced, yet you continue to survive, grow, and reclaim your voice. You are strong. You are seen. You are heard.

Acknowledgments

This doctoral journey would not have been possible without the love and encouragement of those who supported me in meaningful ways. First and foremost, I wish to express my deepest gratitude to the women who participated in this study. Your courage, honesty, and willingness to share deeply personal experiences made this research possible. It is an honor to hold space for your voices and to reflect your stories with care, dignity, and respect.

To the friends, mentors, and colleagues who offered encouragement, understanding, and moments of grounding throughout this process I appreciate you. Your presence reminded me that community is essential to both healing and achievement.

To my parents, thank you for instilling in me the value of hard work, perseverance, and drive. I hope this achievement reflects the foundation you built in me and exceeds your wildest dreams.

I want to acknowledge my sister, who has been one of my greatest sources of motivation and my constant source of strength throughout this journey. You have been my rock—offering encouragement, reassurance, and unwavering belief in me, even during moments when I struggled to believe in myself. Your love, patience, and support carried me through the most challenging seasons of this process, and I am forever grateful for you.

Finally, but certainly not least I give thanks to God for sustaining me throughout this journey. For strength when I felt exhausted, clarity when the path felt uncertain, and peace during moments of doubt. I trust that this achievement is part of a greater purpose,

and I am thankful for the wisdom, resilience, and protection that carried me through every stage of this journey.

Table of Contents

List of Tables	vi
Chapter 1: Introduction to the Study.....	1
Background.....	2
Problem Statement.....	4
Purpose of the Study	6
Research Questions.....	6
Theoretical Framework.....	7
Nature of the Study	9
Definitions.....	10
Assumptions.....	11
Scope and Delimitations	12
Limitations	14
Significance.....	16
Summary.....	18
Chapter 2: Literature Review.....	19
Introduction.....	19
Literature Search Strategy.....	21
Theoretical Framework.....	22
Attachment Theory	22
Trauma Theory.....	23
Integration of Attachment and Trauma Theories.....	23

Application to the Study	24
Literature Review Related to Key Variables and/or Concepts	24
Childhood Sexual Abuse.....	24
Adverse Childhood Experiences.....	28
Sexually Abused African American Women.....	30
Self Esteem in African American Women.....	34
Barriers to Self-Esteem in African American Women	35
Interventions and Coping Strategies of African American Women	39
Coping Strategies Among African American Women CSA Survivors	41
Interpersonal Trust in African American Women	42
Interpersonal Trust and Survivors of CSA.....	44
Summary and Conclusions	46
Chapter 3: Research Method.....	49
Introduction.....	49
Research Design and Rationale	50
Role of the Researcher	52
Methodology	53
Participation Selection Logic.....	53
Instrumentation	54
Procedures for Recruitment, Participation, and Data Collection.....	57
Data Analysis Plan.....	57
Issues of Trustworthiness.....	59

Credibility	59
Transferability.....	60
Dependability	60
Confirmability.....	61
Ethical Procedures	61
Ethical Considerations in Recruitment and Informed Consent.....	61
Protection of Participant Privacy and Data Management	62
Summary	63
Chapter 4: Results	64
Introduction.....	64
Setting	64
Demographics	65
Data Collection	69
Data Analysis	70
Evidence of Trustworthiness.....	74
Credibility	74
Dependability	75
Confirmability.....	75
Transferability.....	76
Results.....	76
Theme 1: Impaired Trust	77
Theme 2: Disrupted Self-Esteem	77

Theme 3: Resilience and Strength Identity	78
Theme 4: Spirituality and Faith as a Coping Resource.....	78
Theme 5: Boundaries and Control	79
Theme 6: Cultural Narratives and Stereotypes	79
Theme 7: Support and Safe Relationships	79
Summary	83
Chapter 5: Discussion, Conclusions, and Recommendations.....	85
Introduction.....	85
Interpretation of the Findings.....	86
Attachment-Related Findings	87
Trauma-Related Findings.....	88
Cultural Extensions of Theory	89
Limitations of the Study.....	93
Recommendations.....	95
Recommendations for Future Research	95
Recommendations for Practice	95
Policy Recommendations.....	96
Implications.....	96
Individual and Family-Level Implications.....	99
Organizational Implications.....	99
Societal and Policy Implications.....	100
Methodological Implications	100

Theoretical Implications	101
Conclusion	101
References.....	104
Appendix A: Demographic Questions	116
Appendix B: Semistructured Interview Questions	120

List of Tables

Table 1. Participant Demographics.....	67
Table 2. Participant Background Characteristics Related to Childhood Sexual Abuse ...	68
Table 3. Example of Code-to-Theme Development.....	72
Table 4. Theme Frequency and Salience	73
Table 5. Summary of Themes, Subthemes, Research Question Alignment, and Representative Quotes	81
Table 6. Alignment of Themes With Trauma Theory and Attachment Theory	92
Table 7. Mapping of Study Findings to Implication Levels and Intended Social Change Outcomes	98

Chapter 1: Introduction to the Study

Childhood sexual abuse (CSA) is an adverse childhood experience (ACE) that, according to the Centers for Disease Control and Prevention (CDC, 2022), 1 in 4 girls in the United States experience prior to age 18 years. CSA is a serious social and health problem in which victims suffer long-term consequences into adulthood (Castro et al., 2019; Iacono et al., 2021). Research is essential to raise awareness of the damaging effects of childhood sexual abuse on African American women in the United States. This study adds to the limited literature on these effects and difficulties African American women encounter in establishing positive self-esteem and trust in interpersonal relationships and their lived experiences. As a critical issue in society, the findings may provide data to inform the practice of mental health professionals and other health care professionals regarding the delivery of services to these women. Further, the study has implications for ways in which African American survivors may elect to make sense of and cope with the trauma from childhood sexual abuse that has followed them into adulthood.

In this chapter, I outline the key components of the study, including the background, problem statement, purpose, research questions, theoretical framework, nature of the study, definitions, assumptions, delimitations, limitations, and significance. By taking an in-depth look at these components, this chapter establishes a foundation for understanding the impact childhood sexual abuse has on self-esteem and interpersonal trust in African American women. This comprehensive framework highlights the

importance of amplifying the voices of Black women, bringing attention to their lived experiences, and contributing to meaningful social change.

Background

Childhood sexual abuse (CSA) is a widespread issue that has a negative impact on the lives of the individuals who experience it. All studies have begun discussing childhood sexual abuse, with the recognition that it is a global concern. This concern is acknowledged with statistics illustrating its prevalence and consequences. CSA is a form of adverse childhood experience (ACE). It is defined by unwanted and forced acts ranging from exposing a child to sexual activities to engaging a child in different forms of intercourse or prostitution (Castro et al., 2019; Iacono et al., 2021). The national statistics for 2021 revealed that approximately 600,000 children were victims of abuse in which a parent was the offender in most cases (77%). African American children constituted the second highest rate of abused ethnic groups, and 10% of abuse cases were sexual abuse (National Children's Alliance, 2022). The consequences of being a victim of child sexual abuse are numerous. Although statistics and previous research have revealed many of the harmful effects of childhood sexual abuse, the literature is limited in addressing how this issue affects some diverse populations, specifically African American women, concerning their self-esteem and development of interpersonal trust, a gap that this study explores.

Self-esteem is a component of personality defined as the extent to which an individual views the traits and attributes within their self-concept as positive (APA, 2023). Self-esteem influences human behavior and has been associated with individuals'

experiences and decision-making regarding engagement in social interactions, work, and other activities (Krauss & Orth, 2022). The conditions of African American women in the US society have many risk factors that influence their self-esteem. Stereotyping, sexual abuse, rape, the lack of support from the legal system, and violence against African American women have contributed to the silencing of their voices to disclose abuse (West & Johnson, 2013). CSA and other forms of child maltreatment are associated with barriers to self-esteem. The level of self-esteem from the impact of childhood sexual abuse differs for some victims. However, it still has implications for their behaviors as adults, including a lack of interpersonal trust.

Interpersonal trust is a person's generalized expectancy that the promises of other individuals or groups regarding future behavior can be relied upon (Rotter, 1967). Interpersonal trust for victims of CSA considers the influence of self-esteem and interrelating personality factors in developing and maintaining trusting relationships and interacting with others. The lack of interpersonal trust due to CSA occurs in romantic and other interpersonal relationships among some African American women survivors (Ali et al., 2024; Iacono et al., 2021). CSA is associated with the inability to form relationships with others and decreased self-esteem (Graham et al., 2022. Lawson et al. (2020) explained that the effects of CSA often lead women to develop mistrust and to perceive others in their interpersonal relationships as potentially hostile or controlling.

I conducted this study to explore the effects of CSA on African American women in the United States. It specifically focuses on the associations among childhood sexual, interpersonal trust, and self-esteem in African American women (Lawson et al., 2020).

Research that captures the expressed voices of this population is needed to identify changes in their lives attributed to being victimized and factors associated with the possibility of recovering from sexual abuse. The findings of this study emphasize the importance of culturally tailored mental health approaches and the provision of clinicians to support African American women who have experienced CSA.

Problem Statement

CSA has lasting, deeply personal effects on survivors, shaping their emotional well-being, relationships, and overall sense of self. For African American women, these effects are compounded by the realities of racism, sexism, and systemic barriers that influence both their healing process and access to resources (Bryant-Davis & Ocampo, 2005). This study focuses on understanding how CSA affects self-esteem and interpersonal trust among African American women. This area remains underexplored despite the well-documented psychological consequences of CSA.

Much of the existing research on CSA examined its prevalence, mental health outcomes, and barriers to seeking help. Clark et al. (2021) highlighted that African American women experience high rates of CSA yet often struggle to access necessary medical and mental health services because of systemic obstacles. Similarly, de Boer et al. (2022) highlighted how cultural stigma, and structural inequities hinder disclosure and help-seeking. However, limited research has been conducted on how CSA uniquely shapes survivors' perceptions of self-worth and their ability to form trusting relationships leaving a significant gap in the literature.

Self-esteem, which encompasses self-concept, self-efficacy, and self-identity, is critical in shaping behavior, decision-making, and interpersonal connections (Krauss & Orth, 2022). For African American women, self-esteem is often shaped by their experiences navigating racism, sexism, and other societal pressures, but few studies have examined how CSA specifically impacts their self-esteem over time (Defrancisco & Chatham-Carpenter, 2000; Stevens-Watkins et al., 2014). Clark et al. (2021) suggested that self-esteem may mediate between CSA and resource attainment, further emphasizing its role in resilience and recovery. However, more research is needed to fully understand this dynamic in the context of African American women's lived experiences.

Interpersonal trust, the belief that others' actions and intentions can be relied upon (Rotter, 1967), is another area significantly affected by CSA. Many survivors struggle with trust in romantic, social, and professional relationships, often perceiving others as untrustworthy, controlling, or harmful (Lawson et al., 2020). For African American women, these challenges are intensified by cultural expectations to exhibit resilience and systemic inequalities that weaken support networks (Bryant-Davis et al., 2009). While CSA is widely recognized as a factor that disrupts trust in relationships, limited research has explored how these relational difficulties manifest specifically among African American women.

This study aims to fill this gap by centering the voices of African American women who have experienced CSA, providing a nuanced understanding of how CSA impacts their self-esteem and ability to trust others. By doing so, this research highlights factors that contribute to both vulnerability and resilience, informing culturally

responsive interventions and improving mental health services tailored to the needs of African American women survivors of CSA.

Purpose of the Study

The purpose of this qualitative study is to examine the impact of self-reported childhood sexual abuse on subsequent self-esteem and interpersonal trust levels among African American women through their lived experiences. This study aims to identify themes and trends that may provide insight into the psychological challenges encountered by African American women who have survived CSA. The findings from this research study may contribute valuable insights that inform support strategies for minorities, therapeutic interventions, and further research geared toward addressing the unique psychological dynamics experienced by CSA survivors, their trauma, and adaptability.

Research Questions

I sought to answer the following RQs in this study:

- RQ1. How has your childhood sexual abuse shaped your self-esteem and ability to trust as an African American woman in adulthood?
- RQ2. How have your childhood experiences influenced your identity, self-worth, and relationships?
- RQ3. What factors influence their ability to establish trust in relationships?
- RQ4. Have cultural values, community practices, or support systems helped you heal from your childhood experiences?

RQ5. What challenges do African American women encounter when building and maintaining trust in relationships, and how have these challenges affected you personally?

RQ6. How have societal narratives and stereotypes about African American women, influenced your self-esteem?

RQ7. How have societal narratives and stereotypes about African American women, influenced your ability to trust?

Theoretical Framework

I drew from Attachment theory (AT) and Trauma theory (TT) to shed light on how childhood sexual abuse (CSA) affects self-esteem and interpersonal trust among African American women. These frameworks complement each other, offering insights into the relational and psychological consequences of CSA and accounting for the cultural and systemic challenges that uniquely shape the experiences of African American women.

Attachment theory, developed by Bowlby in 1959 and expanded by Ainsworth et al. in 1978, emphasizes how early relationships with caregivers influence self-concept, emotional security, and the ability to trust others (Ainsworth, M.D.S, & Bowlby, J., 1991). When these foundational bonds are stable and nurturing, they foster healthy self-esteem and trust. However, CSA disrupts attachment security, often leaving survivors struggling with feelings of worthlessness, difficulty in forming close relationships, and fear of betrayal.

Trauma theory, as articulated by Caruth (1996) and expanded by Herman (2015), emphasizes the enduring psychological and emotional effects of traumatic experiences. Contemporary trauma research continues to affirm that early trauma can shape beliefs about self, relationships, and safety long into adulthood (Kleber, 2019). It explains how survivors of CSA may experience hypervigilance, emotional detachment, mistrust, and difficulties in regulating self-worth because of the overwhelming nature of their experiences. Trauma theory also highlights how CSA survivors may struggle to process their experiences, particularly when societal factors such as racism, sexism, and cultural stigma intensify their pain and create barriers to healing.

By integrating these two theories, this framework provides a holistic lens through which to examine the long-term impact of CSA on self-esteem and interpersonal trust in African American women. Attachment theory helps explain how early relational wounds shape survivors' sense of self and ability to connect with others, while trauma theory contextualizes the emotional and psychological distress caused by CSA. This dual approach not only accounts for the individual and relational consequences of CSA but also considers how systemic oppression and cultural narratives surrounding strength and silence further complicate recovery.

This theoretical foundation guides the study's research questions and methodology, ensuring that the lived experiences of African American women are explored in a culturally relevant, trauma-informed, and survivor-centered way. This underscores the importance of developing interventions that empower survivors, validate their experiences, and challenge the structural inequities that shape their access to support

and healing. By grounding this research in attachment and trauma theories, this study contributes to a more comprehensive understanding of CSA's long-term effects while advocating for culturally responsive clinical practices and policy reforms that genuinely meet the needs of African American women survivors.

Nature of the Study

I used a qualitative approach to explore how CSA impacts the self-esteem and interpersonal trust of African American women. A qualitative design was the best fit for this research because it allows for an in-depth understanding of lived experiences, offering insight into the emotional and relational effects of CSA through survivors' personal narratives (Creswell & Poth, 2018; Moustakas, 1994). While existing research acknowledges the widespread effects of CSA, there is still a gap in understanding how these experiences shape African American women's sense of self and relationships within the context of their cultural and societal realities (Bryant-Davis et al., 2009; Stevens-Watkins et al., 2014). By centering participants' voices, this study provides a space for them to share their journeys, giving a more nuanced perspective on how CSA influences their self-worth and ability to trust others.

To gather these insights, semi-structured interviews lasting approximately 60 minutes will be conducted with African American women who have been identified as CSA survivors. This interview format allows participants to express their experiences in their own words while giving space to explore emerging themes organically (Rubin & Rubin, 2011; Seidman, 2019). Since phenomenological research prioritizes lived experiences, this method ensures that the study remains participant centered. Thematic

analysis will be used to interpret the data, systematically identifying patterns and themes that emerged from the interviews (Braun & Clarke, 2006). This structured approach enabled us to capture the complexities of how CSA influences self-esteem and trust. Credibility strategies, such as triangulation and member checking, will be incorporated to maintain the integrity and reliability of the findings (Nowell et al., 2017).

This research contributes to a deeper understanding of the long-term psychological and relational effects of CSA on African American women while emphasizing the need for culturally responsive interventions. This study sheds light on how systemic inequities, cultural expectations, and societal barriers intersect with the trauma of CSA, highlighting key areas where more targeted support is necessary (Bryant-Davis et al., 2009; Tillman et al., 2022).

Definitions

The following terms are defined as they are used in this study:

Adverse childhood experience (ACE): A potentially traumatic event that can include exposure to violence, forms of abuse, and experiences from growing up in a family with mental health or substance use problems (CDC, 2019).

African American women: A group, representing the second largest minority population in the United States, that is characterized variously as being accomplished, empowered, strong, disenfranchised, and/or abused (U.S. Department of Health and Human Services, Office of Minority Health, 2022). They also represent 31% of single-headed households (Lopez & Moslimani, 2025).

Childhood sexual abuse (CSA): A form of ACE perpetuated through both sexual physical and nonphysical contact (Castro et al., 2019; Iacono et al., 2021).

Interpersonal trust: A person's generalized expectancy that the promises of other individuals or groups about future behavior can be relied upon (Rotter, 1967).

Self-esteem: A component of personality defined as the extent to which an individual views the qualities and characteristics within their self-concept as positive. (APA, 2023).

Trauma: Events that profoundly disrupt emotional, cognitive, and physiological functioning, often producing long-lasting psychological effects (Kleber, 2019).

Assumptions

Researchers often make assumptions regarding the nature of the study. This study is based on several critical assumptions that cannot be proven entirely true. It is assumed that participants will provide honest and accurate accounts of their experiences with childhood sexual abuse, self-esteem, and interpersonal trust because the study relies on their self-reported narratives to understand the connections between these factors. Additionally, it is assumed that participants can recall and effectively communicate the impact of their childhood experiences on their current self-esteem and interpersonal relationships despite the possibility of memory limitations or emotional discomfort. Lastly, the chosen qualitative methodology will adequately capture the complexity and diversity of African American women's lived experiences, allowing the study to address the identified research gap. These assumptions are essential to the study's ability to

generate meaningful and insightful findings, even though they cannot be fully proven true.

The assumptions made in this study are necessary to ensure its validity and relevance within the context of examining the lived experiences of African American women. The assumption that participants will provide honest and accurate accounts of their experiences is essential because the study's qualitative design relies on self-reported narratives to explore the connections between childhood sexual abuse, self-esteem, and interpersonal trust. Without this assumption, the reliability of the findings would be challenged.

The assumption that participants can recall and articulate the impact of their childhood experiences is equally critical. It acknowledges that personal reflections are central to understanding how past events shape present behaviors and relationships, even though memory biases may influence such reflections. Additionally, if the chosen qualitative methodology will effectively capture the richness and depth of participants' lived experiences is vital for addressing the research gap and ensuring that the study provides meaningful contributions to the literature. These assumptions are necessary to frame the study and support exploring its research objectives.

Scope and Delimitations

I explored the lived experiences of African American women who have self-reported CSA, focusing on how it influences their self-esteem and trust in interpersonal relationships. CSA is a form of ACE perpetuated through sexual, physical, and non-physical contact (Castro et al., 2019; Iacono et al., 2021). Both self-esteem and trust are

fundamental to psychological well-being and relational dynamics; however, trauma often disrupts these areas. Despite extensive research on CSA's impact, there remains a gap in understanding how these experiences shape self-perception and relationships, specifically for African American women (Bryant-Davis et al., 2009; Tillman et al., 2022). By examining these effects within the context of cultural identity and societal influences, this study adds a necessary perspective to the broader discussions on trauma, identity, and relationships in marginalized communities.

Explicit inclusion and exclusion criteria will ensure this study maintains its focus and consistency. Participants must be African American women 18 years or older, self-identify as CSA survivors, and recognize the impact of CSA on their self-esteem and ability to trust others. Since cultural and systemic factors significantly shape experiences, participants must also reside in the United States. To maintain specificity and relevance, individuals who do not identify as African American women or who do not self-report CSA are excluded. These parameters help ensure that the findings reflect the unique experiences of the intended population.

This research is grounded in Attachment Theory (Bowlby, 1959; Ainsworth et al., 1978), which explains how early disruptions in emotional bonds such as those caused by CSA can contribute to low self-esteem and difficulties with trust in adulthood. Secure attachments play a crucial role in shaping self-concept and relational security; however, CSA often interferes with this process (Cherry, 2023). While this study does not aim for broad generalizability, purposive sampling allows for diverse participant experiences,

increasing the likelihood that insights can be applied to similar populations (Williams & Lewis, 2021).

This study addresses a critical gap in the literature by examining how CSA affects self-esteem and interpersonal trust among African American women, a population that has been overlooked in empirical studies. Understanding these effects can encourage more survivors to disclose their experiences, which is essential for identifying perpetrators and preventing future abuse. Beyond individual healing, this research has significant implications for improving the diagnosis and treatment of CSA survivors while guiding the development of culturally sensitive therapeutic interventions. While this study focuses on African American women in the U.S., its findings may offer broader insights into how CSA affects survivors worldwide, particularly in contexts where cultural identity shapes the healing process.

Limitations

As with any research, this study has limitations that must be acknowledged. The study explores the connection between childhood sexual abuse (CSA), self-esteem, and interpersonal trust among African American women using a qualitative approach; thus, specific challenges are inherent to its design. One key limitation of this study is the potential for subjectivity when interpreting the data, a common issue in qualitative research. Personal biases, even if unintentional, can shape how findings are analyzed. Reflexivity should be maintained throughout the study to minimize this risk, ensuring an ongoing awareness of personal assumptions. Additionally, an audit trail will be kept to

document research decisions, enhancing transparency and credibility (Crabtree & Miller, 1999).

Although generalizability is not the goal of this study, focusing specifically on African American women who self-reported CSA, the transferability of findings to broader populations. To address this issue, rich, detailed descriptions of participants' experiences will be included, allowing readers to determine how the findings may apply in different contexts (Peoples, 2021). Additionally, while purposive sampling ensures that participants meet the study's criteria, it may not fully capture the range of experiences within this population. To enhance data depth, efforts will be made to include participants from diverse socioeconomic and geographic backgrounds.

Another consideration is the reliance on self-reported experiences gathered through semi-structured interviews. Memory recall and social desirability biases can influence how participants share their experiences; thus, steps should be taken to mitigate these risks. Interview questions will be framed in a neutral and nonjudgmental way, and a strong rapport will be built to create a comfortable and open space for participants (Alshenqeti, 2014). Confidentiality is also emphasized, with pseudonyms assigned to protect identities and encourage honest, detailed responses.

Ensuring validity is another challenge. The measured constructs of self-esteem and interpersonal trust may be influenced by changes in measurement tools over time, raising concerns about consistency. To address this issue, all selected instruments will undergo rigorous review to confirm their reliability and suitability for this study.

Standardized procedures will also be followed during data collection and analysis to maintain consistency (Schoeneborn et al., 2019).

Participant attrition was considered as a potential challenge, as some individuals may choose to withdraw from the study. To minimize this possibility, clear communication, flexible scheduling, and rapport-building were prioritized throughout the recruitment and interview process, consistent with best practices for trust, care, and researcher presence in qualitative inquiry (Tracy, 2020). Finally, it is important to acknowledge that this study captured the participants' experiences at a specific time. As cultural attitudes and societal contexts around CSA evolve, future research should explore how these shifts influence survivors' experiences and healing processes (Williams & Lewis, 2021).

Significance

This study has the potential to shed light on the lived experiences of African American women who have self-reported childhood sexual abuse (CSA), specifically exploring how CSA affects their self-esteem and ability to trust in relationships. By focusing on the challenges these women face in developing a positive self-concept and forming healthy interpersonal connections, this research fills a crucial gap in the literature while highlighting the unique psychological and relational dynamics at play in this underserved population (Clark et al., 2022; Ullman & Lorenz, 2019). This project aims to provide insight that can inform culturally competent practices aimed at fostering self-worth and strengthening relationships among survivors.

A key issue this study addresses is the culture of silence surrounding CSA disclosure among African American women. Due to societal and cultural expectations of privacy and resilience, many suffer in silence, which deepens the lack of understanding of how CSA influences self-esteem and trust (Petion et al., 2022). This reluctance to disclose abuse has contributed to the gaps in research on its long-term psychological effects, a gap this study seeks to bridge (Iacono et al., 2021).

Findings from this research have direct implications for clinical psychology, particularly in shaping interventions that respond to the specific needs of African American women survivors. By increasing awareness among mental health professionals, this study can help challenge stereotypes that have historically marginalized this population and created barriers to effective care (Wickham, 2020). Beyond clinical settings, these insights are relevant to policymakers and other stakeholders, emphasizing the need for stronger protective measures and improved support services. Addressing deep-rooted stereotypes about African American women's sexuality is essential to ensure that their experiences with CSA are neither dismissed nor normalized. By centering the voices of survivors, this study contributes to the development of trauma-informed, culturally relevant interventions that help close the mental health disparity gap.

Beyond policy and clinical implications, this research supports broader social change by challenging damaging narratives and advocating for the visibility of African American female experiences. The long-term consequences of CSA are well-documented, including cognitive difficulties, higher risks of depression, substance use, sexual risk-taking, revictimization, and suicidal ideation (Iacono et al., 2021; NCIPC,

2022). Raising awareness among professionals, policymakers, and the public is essential for shifting the narrative from victimization to initiative-taking intervention.

Additionally, by exploring how survivors interpret and navigate their trauma, this study highlights pathways to resilience and healing (Landor et al., 2019; Lawson et al., 2020).

This research contributes to academic knowledge, empowers African American women, and supports a broader movement toward mental health equity and social justice.

Summary

This chapter presents key points related to the study. The problem concerned the effects of childhood sexual abuse on African American women's self-esteem and interpersonal trust. With guidance from attachment theory and trauma theory, the qualitative study seeks to understand the lived experiences of African American women and their unique cultural and societal contexts. The study aims to address gaps in the existing literature, providing a more in-depth perspective on the long-term impacts of CSA within this population. This study promotes social change by raising awareness of the specific challenges African American women face as survivors of CSA, including the intersectional barriers they encounter in seeking support and healing. The findings can inform culturally sensitive interventions, policies, and therapeutic practices that empower survivors to rebuild their self-esteem and trust. Additionally, by amplifying the voices of African American women, this research challenges systemic silencing and stigma, fostering greater societal understanding and advocacy for addressing CSA and its profound effects on marginalized communities. The literature supporting this study is presented in Chapter 2.

Chapter 2: Literature Review

Introduction

This qualitative study seeks to explore how self-reported childhood sexual abuse (CSA) impacts self-esteem and interpersonal trust in African American women. By focusing on their lived experiences, this research sheds light on how CSA influences psychological and relational well-being, addressing critical gaps in the existing literature. The effects of CSA are well-documented, with research indicating long-term psychological consequences such as low self-esteem, difficulty in forming and maintaining relationships, post-traumatic stress disorder (PTSD), depression, and an increased risk of revictimization (Hailes et al., 2019; Iacono et al., 2021). However, much of the literature fails to account for the unique sociocultural and systemic barriers faced by African American women, particularly those related to racial trauma, cultural expectations, and distrust of mental health services (Liao et al., 2020; Ullman & Lorenz, 2019). The underreporting of CSA within this population, often influenced by the "Strong Black Woman" schema, cultural stigma, and historical oppression, further complicates access to appropriate support and interventions (Chinn et al., 2021).

Despite extensive studies on CSA and its effects on mental health, there remains a lack of intersectional research focusing on African American women and their distinct experiences with trauma, trust, and healing (West & Johnson, 2013). Research suggests that African American CSA survivors face additional barriers to disclosing their abuse and receiving adequate mental health care due to systemic inequities, medical mistrust, and cultural factors that discourage vulnerability (Spates, 2012; Ullman & Lorenz, 2019).

Additionally, the interpersonal trust issues stemming from CSA are compounded by racial discrimination and historical medical injustices, making it imperative to examine how trust develops or erodes within this demographic (Liao et al., 2020). Given these gaps in the literature, this study is critical in deepening the understanding of CSA's impact within the unique sociocultural context of African American women and addressing the need for culturally responsive therapeutic interventions.

By exploring these lived experiences, this research contributes to the literature emphasizing the importance of culturally competent psychological care. The study seeks to highlight the structural and social factors that influence how African American women process and cope with CSA, thus informing therapeutic practices, mental health policies, and survivor-centered interventions. The findings will offer valuable insights into the barriers to trust and self-worth that emerge from CSA and provide a framework for mental health professionals to develop more inclusive, trauma-informed, and culturally competent treatment approaches.

This chapter provides a comprehensive review of the literature that frames this study. This section begins with an outline of the literature search strategy and the theoretical framework guiding the research. The study then delves into key topics essential to understanding the study's focus, including the impact of achievements, stereotyping, health, and abuse on African American women; the role of adverse childhood experiences (ACEs), particularly sexual abuse; the factors that shape self-esteem; and the complexities of interpersonal trust, including barriers specific to African American women. By synthesizing existing research on these key variables, this literature

review serves as a foundation for contextualizing the study's significance and positioning it within the broader field of psychological research. Furthermore, it emphasizes the need for a more intersectional approach to understanding CSA's impact, how race, gender, and cultural identity interact with trauma-related outcomes.

Literature Search Strategy

For this study, a thorough literature review was conducted using multiple academic databases and search engines to ensure a comprehensive analysis of the existing literature. The databases were APA PsychNET, EBSCOhost, ERIC, Google Scholar, JSTOR, and ProQuest. The initial searches began with broad terms such as *African American women* and *adverse childhood experiences* to build a foundational understanding of the topic. As the search process evolved, more precise keywords such as *sexual abuse*, *self-esteem*, *interpersonal trust*, and *trauma* were used to narrow the focus to the literature directly relevant to this study's research questions.

PsychNET and Google Scholar were particularly valuable in identifying psychological and relational research on trauma. At the same time, ProQuest and ERIC provided access to dissertations and educational studies incorporating terms like *African American women and trauma* or *sexual abuse and self-esteem*. JSTOR and Google Scholar facilitated an interdisciplinary approach, while citation tracking in Web of Science helped uncover foundational and contemporary research. Most sources reviewed were peer-reviewed journal articles and scholarly works published within the past five to ten years. However, seminal theories such as Attachment Theory were included regardless of the publication date to ensure the study was built on a strong theoretical

foundation. In cases in which recent research was sparse, cross-referencing, and seminal literature helped bridge gaps, ensuring that both historical and contemporary perspectives were represented in the review.

Theoretical Framework

This study draws from attachment theory and trauma theory to explore how childhood sexual abuse (CSA) impacts self-esteem and interpersonal trust among African American women. These theories complement each other by addressing both the psychological and relational effects of trauma, providing a solid foundation for understanding the long-term consequences of CSA. Attachment Theory focuses on how early relationships shape self-perception and trust, while Trauma Theory examines the emotional and psychological impact of traumatic experiences. Together, they provide a comprehensive perspective on the ways CSA disrupts attachment and contributes to lasting psychological challenges, particularly within the unique cultural and societal context of African American women.

Attachment Theory

Attachment Theory, initially developed by Bowlby (1959) and later expanded by Ainsworth et al. (1978), emphasizes the importance of early caregiver relationships in shaping emotional security, self-esteem, and trust in others. Secure attachments help establish a positive self-concept and foster healthy interpersonal relationships. In contrast, insecure attachments, often the result of neglect, abuse, or inconsistent caregiving, can lead to low self-esteem and difficulty trusting others. For survivors of CSA, attachment disruptions can lead to long-term psychological and relational struggles. This framework

is particularly relevant for African American women because systemic inequalities, cultural expectations, and stereotypes may further compound attachment disruptions, influencing their ability to develop self-worth and trust in relationships.

Trauma Theory

Trauma Theory, as outlined by Caruth (1996) and Herman (2015), examines the profound impact of trauma on individuals' sense of self, emotional regulation, and relationships. Trauma can alter how survivors navigate the world, often manifesting as hypervigilance, mistrust, and diminished self-worth. This theory highlights the paradox of trauma the tension between "knowing and not knowing" where survivors struggle to process their experiences while being deeply affected by them. For African American women, trauma is further complicated by intersecting forms of oppression, including racism, sexism, and cultural stigma, which can shape how they cope and access support.

Integration of Attachment and Trauma Theories

By combining Attachment Theory and Trauma Theory, this study adopts a comprehensive approach to understanding the lasting effects of CSA on self-esteem and trust. Disruptions in attachment create vulnerabilities that are then compounded by the emotional and psychological consequences of trauma. This intersection is particularly relevant for African American women whose lived experiences are influenced by cultural and systemic factors that shape how they internalize and respond to trauma. This integrated perspective provides a deeper understanding of the challenges and resilience of African American women who have survived CSA.

Application to the Study

This theoretical framework directly informs the study's research questions and methodology. Attachment Theory provides insight into how CSA survivors navigate relationships, while Trauma Theory offers a lens through which to understand the psychological impact of abuse. Together, these findings guide the exploration of self-esteem and trust among African American women, ensuring that the study accounts for the relational and emotional dimensions of CSA. The findings support culturally sensitive interventions designed to promote healing, empowerment, and improved mental health outcomes in this population. Integrating attachment theory and trauma theory presents a well-rounded approach to examining how CSA affects African American women's self-esteem and trust. This dual perspective ensures that relational and psychological dimensions are considered, laying the groundwork for meaningful contributions to research, therapeutic practice, and policies supporting survivors.

Literature Review Related to Key Variables and/or Concepts

Childhood Sexual Abuse

Childhood sexual abuse (CSA) is a significant public health issue in the United States, and it is classified as an adverse childhood experience (ACE). Research indicates that approximately one in four girls and one in twenty boys under 18 experience CSA (National Center for Injury Prevention and Control [NCIPC], 2022). The psychological and physiological impact of CSA extends beyond childhood, influencing mental and physical well-being throughout adulthood (Scott, 2021). The NCIPC (2022) defined CSA as engaging a child in sexual activities that violate legal and societal boundaries, notably

when the child cannot understand, consent, or is not developmentally prepared for such experiences.

CSA covers both contact and non-contact forms of abuse. Contact forms include sexual acts such as intercourse, attempted intercourse, oral sex, masturbation, and genital touching, whether over or under clothing (Iacono et al., 2021). Non-contact abuse includes exposure to sexual content, sexual harassment, coercion into prostitution, and solicitation of sexual favors (Castro et al., 2019; Iacono et al., 2021).

While CSA affects both genders, research has suggested that female survivors face disproportionately higher risks of continued victimization in adulthood. Women with a history of CSA are between two and thirteen times more likely to experience sexual violence later in life (Centers for Disease Control and Prevention [CDC], 2022). Additionally, meta-analyses indicate a strong correlation between childhood exposure to intimate partner violence and later victimization in abusive relationships, with men more likely to become perpetrators (Godbout et al., 2019). Some female CSA survivors also engage in the perpetration of sexual offenses, with research suggesting that female offenders' abuse may be particularly harmful to victims (Munroe & Shumway, 2022).

CSA remains one of the most frequently reported ACEs, surpassing other forms of abuse and neglect. In the first half of 2022 alone, 126,916 cases were documented, with 247,543 allegations investigated that year. In 2023, 236,601 cases were reported (Children's Advocacy Center, 2023; National Children's Alliance, 2023). Alarming, most CSA cases, about 91%, involve perpetrators who are either family members or trusted individuals within the victim's social network (NCIPC, 2022).

The consequences of CSA are far-reaching, affecting survivors' physical and mental health, as well as their overall quality of life. Victims are at increased risk of physical injuries, sexually transmitted infections, cardiovascular disease, and other chronic health conditions (NCIPC, 2022). Psychological consequences include depression, substance use, risky sexual behaviors, and increased vulnerability to future victimization. CSA survivors are also at greater risk of suicidal ideation and suicide attempts (NCIPC, 2022). Studies have shown that CSA is linked to long-term social and psychological difficulties, such as relational struggles, cognitive impairment, sexualized behaviors, and emotional regulation challenges (Iacono et al., 2021).

Hailes et al. (2019) conducted a systematic review of meta-analyses to examine the impact of CSA on psychiatric, psychosocial, and physical health outcomes. The researchers noted that although the association between CSA and adverse outcomes is well-documented, the scope and quality of the evidence were not comprehensively analyzed. By reviewing observational studies from four databases, this study assessed the relationship between CSA experienced before age 18 and long-term outcomes in adulthood. Their analysis included data from 19 meta-analyses, representing over 500 primary studies and more than 4 million participants. The findings provided robust evidence linking CSA to elevated risks of post-traumatic stress disorder (PTSD), schizophrenia, and substance use disorders. Further research has reinforced these findings, with studies showing that adult CSA survivors report lower levels of mental well-being than those without such experiences (Foley et al., 2022). Additionally, CSA

survivors are twice as likely to experience non-sexual intimate partner violence in adulthood (NCIPC, 2022).

The long-term consequences of CSA are particularly pronounced among female survivors, with African American women facing even more significant challenges. Despite its high prevalence rates, CSA remains underreported within African American communities, suggesting that the true scope of the issue may be more extensive than available statistics indicate (Chinn et al., 2021; National Center on Violence, 2018).

CSA Disclosure Factors

The lack of disclosure about childhood sexual abuse (CSA) makes it even more difficult for victims to receive the support and interventions they need (Bhuptani et al., 2024). The reasons for non-disclosure vary based on age, race, and gender. For African American women, a long history of racism, stereotyping, and systemic discrimination plays a significant role in why many choose not to come forward or seek help after experiencing sexual violence. According to a systematic review by Chinn et al. (2021), this pattern can be traced back to slavery, where enslaved African American women were subjected to sexual abuse and forced reproduction for the financial gain of enslavers. Even after slavery, African American women continued to face medical exploitation, most notably in unethical gynecological experiments and ongoing social and economic barriers that have made accessing quality healthcare difficult (Chinn et al., 2021).

Beyond structural inequities, the hyper sexualization of African American women has contributed to a culture of silence. Stereotypes that depict African American women as sexually promiscuous or immoral often make it more complicated for them to believe

when they disclose sexual abuse (Spates, 2012). Additionally, the "strong Black woman" narrative suggests that African American women should be resilient and able to fight back, reinforcing the idea that they are not victims of abuse. As a result, many African American women choose not to disclose their experiences because they fear being judged, shamed, or dismissed (Spates, 2012; Ullman & Lorenz, 2020). Much like the reluctance seen among other ethnic minorities in reporting racial discrimination, African American women's decisions to remain silent about CSA are often influenced by feelings of shame, hopelessness, and deep-seated mistrust in the system (Spates, 2012).

Family responses also play a crucial role in whether a child discloses CSA. Some victims have reported that their parents either refused to believe them or gaslighted them into questioning their memories of abuse (Dorri et al., 2023). Beyond familial reactions, the digital space has become a modern avenue for disclosure, through movements like #MeToo. Bhuptani et al. (2024) conducted a correlation study exploring online disclosures of sexual abuse and how social reactions influenced coping strategies and isolation. The study found that victims who received supportive and empathetic responses were more likely to use emotion-focused coping strategies. However, hurtful or dismissive reactions were linked to increased social isolation, reinforcing the importance of safe spaces for survivors to share their experiences (Bhuptani et al., 2024).

Adverse Childhood Experiences

ACEs refer to various forms of trauma that children between birth and age 17 may endure, often with lasting effects well into adulthood. These experiences include physical, emotional, and psychological abuse, neglect, and exposure to harmful

environments such as domestic violence, substance abuse, and mental health challenges within the household or community (CDC, 2023). ACEs can also stem from instability caused by parental separation or divorce, incarceration of a family member, homelessness, food insecurity, chronic illness, or discrimination (CDC, 2023). The impact of these experiences is profound, significantly increasing the risk of harmful behaviors, including suicidal ideation, across a person's lifespan (Scott, 2021).

Although most discussions on ACE center around the home and community, children are also subjected to trauma in school environments. Wakuta et al. (2023) pointed out that although research frequently highlights peer bullying, there is far less focus on teacher bullying, which can be just as damaging. Studies have found that low-achieving students are particularly vulnerable to verbal abuse from teachers, including ridicule, humiliation, and neglect, which can be just as detrimental as physical bullying from peers (Delfabbro et al., 2006; Monsvold et al., 2011).

The consequences of ACEs extend beyond childhood, affecting an individual's mental, physical, and social well-being throughout his or her lifetime (CDC National Center for Injury Prevention and Control [CDCNCIPC], 2023; Wakuta et al., 2023). In a study of 4,000 Japanese adults aged 20–34, Wakuta et al. (2023) examined how ACEs within school and home settings influenced mental health in adulthood. Participants reported their childhood experiences of family-related and school-based trauma and their levels of depression, anxiety, and social withdrawal. Findings revealed that ACEs were directly linked to heightened symptoms of depression and anxiety, impaired job performance, and social withdrawal, including Hikikomori, a condition in which

individuals isolate themselves in their homes or rooms for extended periods, often accompanied by suicidal thoughts, compulsive tendencies, and dependency issues (Wakuta et al., 2023).

The widespread impact of ACEs in the United States is staggering. A national survey by the CDCNCIPC (2023) found that 64% of adults reported experiencing at least one ACE before turning 18, and 1 in 6 adults had experienced four or more. ACE prevention efforts could prevent 1.9 million cases of heart disease alone. Among the several types of abuse linked to ACEs, including psychological, physical, and emotional maltreatment, this study focuses specifically on childhood sexual abuse.

Sexually Abused African American Women

The impact of adverse childhood experiences (ACEs), specifically childhood sexual abuse (CSA), has far-reaching consequences for women, influencing their physical health, psychological well-being, and overall quality of life. Research has extensively documented the long-term effects of CSA, including its links to mental health challenges, chronic health conditions, and coping strategies that survivors adopt (Brits et al., 2022; de Boer et al., 2022; Graham et al., 2022). Studies have also highlighted how survivors navigate their trauma, with many drawing on social support systems and self-empowerment strategies to reclaim their sense of self (van der Westhuizen et al., 2023).

Despite the growing body of research on CSA, discussions specifically addressing African American women are often overlooked or merged into broader studies on African Americans as a whole. Much of the literature either focuses on cultural factors that discourage African American women from reporting sexual abuse or fails to center their

perspectives on treatment and healing (Day, 2014; Ullman, 2020). These research gaps make it difficult to fully understand how CSA shapes African American women's interpersonal trust, self-esteem, and behavioral responses. Ullman (2020) emphasized that studies rarely explore the unique experiences of African American women who have survived sexual violence or sought medical and psychological care. This study aims to examine the relationship between CSA and self-esteem and interpersonal trust among African American women.

National data indicate that more than 21% of African American women have experienced rape in their lifetime. However, some studies suggest that the number is significantly higher, with over 50% of participants reporting being rape victims and 45% disclosing experiences of sexual coercion (Ullman & Lorenz, 2020). Most perpetrators are not strangers but rather relatives, friends, acquaintances, or romantic partners, aligning with broader national trends in sexual violence (Ullman & Lorenz, 2020). Compared with other racial and ethnic groups, African American women are at disproportionately higher risk of sexual violence (Ullman & Lorenz, 2020). Researchers have linked this increased vulnerability to systemic racism, stereotypes, and the historical oppression of Black women, which dates to slavery and continues to influence their experiences with victimization (Chinn et al., 2021; Lia et al., 2020; Spates, 2012).

The long-term consequences of CSA can be severe, increasing the risk of further victimization, engagement in high-risk behaviors, and the development of chronic health conditions. Survivors are more likely to struggle with substance abuse, obesity, smoking, and alcoholism, as well as suffer from mental health conditions such as depression,

anxiety, post-traumatic stress disorder, and schizophrenia (Iacono et al., 2021; National Children's Alliance, 2022; Scott, 2021). Physical symptoms such as chronic pain, fatigue, and digestive issues have also been linked to CSA (Day, 2014; Iacono et al., 2021). Additionally, CSA survivors are more likely to experience suicidal ideation, eating disorders, and difficulties in parenting (Scott, 2021).

The impact of CSA extends beyond individual health, shaping victims' emotional and social development. Research has shown that CSA survivors are more prone to experiencing fear, anxiety, nightmares, loneliness, and difficulties concentrating (Castro et al., 2019; National Children's Alliance, 2022). They are also more likely to develop conditions such as heart disease and diabetes, further emphasizing the lasting impact of early trauma (National Children's Alliance, 2022). Studies have suggested that African American children are at least twice as likely as their European American counterparts to experience CSA, placing African American women at an increased risk of sexual violence later in life (Day, 2014). Research further shows that CSA increases the likelihood of adult sexual victimization by two to thirteen times, reinforcing the cycle of trauma (NCIPC, 2022). A study of 836 African American women who survived sexual abuse from age 14 and above found that the majority had experienced both CSA and adult sexual assault (Ullman & Lorenz, 2020).

African American women continue to face heightened risks of adverse mental, physical, and emotional outcomes following CSA, making them one of the most vulnerable populations for sexual violence (Ullman & Lorenz, 2020). Studies have shown that women are more likely to sustain physical injuries from sexual assault, leading to

long-term sexual and reproductive health issues, genital trauma, and increased susceptibility to sexually transmitted infections (Ullman & Lorenz, 2020). Survivors often report significant emotional and psychological effects of PTSD, low self-esteem, self-harm tendencies, and ongoing interpersonal trauma (Ullman & Lorenz, 2020).

The challenges faced by African American women who have survived sexual abuse today reflect longstanding trends. Data from the National Center on Violence Against Women in the Black Community (2018) highlight that between 1994 and 2013, 40%–60% of African American women surveyed reported experiencing CSA before the age of 18. However, only 1 in 15 cases has been reported. Additionally, 35% of African American women surveyed had experienced contact sexual abuse in their lifetime, whereas 38% reported experiencing other forms of sexual abuse, excluding rape (National Center on Violence, 2018). The discrepancy between actual victimization rates and reported cases suggests that many African American women remain silent about their abuse because of fear, stigma, or systemic barriers.

The persistent vulnerability of African American women to sexual violence is shaped not only by racial and gender-based oppression but also by socioeconomic and demographic factors (Barlow, 2020). Higher risks of sexual violence have been associated with low-income status, sexual orientation (bisexual women are disproportionately affected), HIV-positive status, and incarceration history (West & Johnson, 2013). Additionally, reluctance to report sexual abuse or seek medical care has been linked to fear, shame, discrimination, and systemic mistrust (Spates, 2012; Ullman & Lorenz, 2020). The continued trend of sexual violence against African American

women underscores their status as one of the most unprotected and marginalized groups in the U.S. (Barlow, 2020).

Self Esteem in African American Women

Self-esteem is a fundamental aspect of personality that shapes how individuals perceive their worth and value. Orth et al. (2018) defined self-esteem as a person's subjective assessment of overall self-worth. This perception can manifest as high or low self-esteem, influencing various aspects of life. High self-esteem is linked to self-acceptance, confidence, and a sense of value, whereas low self-esteem often correlates with feelings of inadequacy, self-doubt, and diminished self-worth (Rosenberg, 1979). Research has shown that individuals with persistently low self-esteem are at a higher risk of suicidal ideation and behaviors, emphasizing the critical role that self-esteem plays in mental health (Dat et al., 2022).

In examining self-esteem as a predictor of well-being, Du et al. (2017) identified three dimensions: personal, relational, and collective. Personal self-esteem relates to an individual's unique attributes, talents, and abilities. Relational self-esteem is linked to personal relationships, such as family and friendships, which shape one's social identity and support system. Collective self-esteem, on the other hand, stems from being part of a larger social group, such as an ethnic or cultural community. These dimensions contribute to an individual's overall sense of self-worth and are strongly associated with life satisfaction, well-being, and one's ability to find meaning in life.

Self-esteem functions alongside self-efficacy, self-concept, and self-identity to shape behavior, decision-making, and social engagement (Krauss & Orth, 2022; Pignault

et al., 2023). Research has consistently shown a positive relationship between self-esteem and self-efficacy, with higher self-esteem exhibiting greater confidence in their abilities and an increased likelihood of pursuing challenging goals (Bandura, 1997; Mann, 2004). Additionally, correlations between self-esteem, happiness, and mental well-being have been well-documented, reinforcing the significance of fostering positive self-worth for overall psychological health (Mann, 2004).

Barriers to Self-Esteem in African American Women

African American women face unique challenges in developing and maintaining self-esteem, particularly those who have survived childhood sexual abuse (CSA). The Strong Black Woman (SBW) schema, a culturally ingrained expectation, portrays African American women as resilient, self-sacrificing, and emotionally impenetrable (Liao et al., 2020). While often perceived as a source of strength, this stereotype reinforces racial and gender inequalities, increasing vulnerability to various forms of abuse, including sexual violence (West & Johnson, 2013). The SBW archetype discourages vulnerability, making it more difficult for African American women to acknowledge trauma or seek support, which in turn hinders self-acceptance and complicates the healing process (Liao et al., 2020; Ullman & Lorenz, 2020).

CSA and other forms of childhood maltreatment have been linked to significant self-esteem challenges. Clark et al. (2021) examined the relationship between trauma, self-esteem, and resource accessibility among African American women, finding that lower self-esteem correlated with emotional abuse, physical abuse, emotional neglect, and physical neglect. Although CSA itself did not show a direct correlation with

diminished self-esteem, African American women with lower self-esteem reported greater difficulty accessing resources and support systems, while those with higher self-esteem had better resource accessibility.

Additionally, CSA survivors are at an increased risk of revictimization, as many are socialized into a victim role, which can lead to patterns of alcohol use and difficulty asserting personal boundaries (Castro et al., 2019). This inability to establish firm boundaries increases the likelihood of further victimization and reinforces feelings of powerlessness, diminishing self-efficacy. Without targeted interventions emphasizing empowerment and boundary-setting, survivors may continue experiencing cycles of abuse, reinforcing negative self-perceptions, and increasing vulnerability to further trauma.

The increased vulnerability of African American women to sexual abuse and violence is compounded by socioeconomic and behavioral risk factors, both of which contribute to poor self-esteem. Studies show that poverty and risk-taking behaviors, such as alcohol use, heighten susceptibility to sexual violence. Research has found that CSA survivors are more likely to engage in delinquent behaviors, which are frequently linked to low self-esteem (Gauthier-Duchesne, 2021). Additionally, survivors often struggle with feelings of guilt and shame, further reinforcing negative self-perceptions (Fergusson et al., 2013; Maniglio, 2009). Finkelhor and Browne (1985) explained that CSA often leads to internalized feelings of worthlessness, which can result in self-destructive behaviors, including substance use and criminal activity.

Beyond the direct impact of abuse, other factors shape the self-esteem of African American women. Odukoya et al. (2020) identified three primary determinants:

- Sociodemographic factors: Gender, race, and socioeconomic status.
- Parental and family dynamics: Parental support and family dysfunction.
- Characteristics of the abuse: Whether the perpetrator was a family member and whether the abuse involved physical contact.

Their findings indicated that lower socioeconomic status strongly correlated with lower self-esteem, while high parental support served as a protective factor, mitigating some of CSA's adverse effects. Interestingly, their study found that extrafamilial abuse had a more profound impact on self-esteem than intrafamilial abuse, a finding that contrasts with earlier research.

Amodeo et al. (2006) found that Black women from two-parent households were more likely than White counterparts to report CSA involving an intrafamilial perpetrator. This suggests that family structure alone is not necessarily a protective factor but may instead influence disclosure dynamics and support-seeking behaviors. The complex interplay of cultural norms, family expectations, and systemic barriers affects how African American women process and report their abuse. These findings underscore the need for culturally sensitive interventions that address intrafamilial abuse prevalence and the challenges survivors face in seeking justice and healing within their families.

The long-term effects of CSA on self-esteem are well-documented, often leading to maladaptive coping mechanisms such as substance abuse and hypersexual behavior, both of which increase the likelihood of future victimization (Ali et al., 2024).

Additionally, self-esteem in African American women has been explored concerning body image and health perceptions. Odukoya et al. (2020) examined global self-esteem (overall self-worth) and domain-specific self-esteem (appearance, relationships, etc.), finding that strong parental involvement provided emotional stability and validation, which helped mitigate CSA's negative psychological effects. Survivors who had consistent parental support were more resilient and better able to maintain healthy interpersonal relationships despite their trauma.

Understanding these dynamics informs culturally responsive therapeutic strategies that prioritize strengthening social and familial support systems in the healing process. CSA survivors frequently report sleep disturbances, eating disorders, and long-term emotional and social difficulties (Ali et al., 2024).

Research suggests that strong family support can buffer CSA's effects on self-esteem. Odukoya et al. (2020) found that parental support was a key protective factor, sustaining higher self-esteem levels in survivors. Survivors with strong parental involvement were more likely to develop resilience and maintain healthier relationships despite their traumatic experiences.

Similarly, Landor et al. (2019) found that high parental support weakened the negative association between skin tone and self-esteem. Middleton and Owens (2024) further demonstrated that among African American women attending Predominantly White Institutions (PWIs), family-based support played a statistically significant role in maintaining self-esteem despite racial microaggressions.

Interventions and Coping Strategies of African American Women

The emotional, social, and psychological toll of childhood sexual abuse (CSA) among African American women is well-documented, yet there remains a lack of intervention services tailored to their unique experiences (Ali et al., 2024; Lamis et al., 2014; Wickham, 2020). This gap in services is often attributed to several factors, including the underreporting of CSA by African American women, their negative encounters with healthcare and social service providers, and deeply rooted stereotypes that portray Black women as hypersexual, which in turn influence how society responds to their victimization (West & Johnson, 2013; Wickham, 2020). Historically, these stereotypes have fostered a culture in which the sexual abuse of African American women is dismissed or normalized, creating significant barriers to disclosure (Wickham, 2020). As a result, many survivors choose silence as a coping mechanism, while others engage in advocacy work through anti-rape campaigns and survivor-centered activism (West & Johnson, 2013).

A review of intervention services available for African American CSA survivors in Chicago revealed a severe lack of culturally responsive programs, including support groups, therapy, and psychoeducation (Wickham, 2020). Even among organizations that serve African American women, few have documented the effectiveness of their services. The underrepresentation of African American women in biomedical research further compounds this issue, raising concerns that existing intervention models may not fully address their needs (Chinn et al., 2021). To bridge this gap, Wickham (2020) emphasized the need for culturally competent service providers' training and the development of

standardized measures to assess intervention effectiveness. The importance of this recommendation is reinforced by the findings that many African American women seeking medical support after sexual violence report feeling retraumatized by providers who treat them with coldness or blame (Ullman & Lorenz, 2020).

Additional research highlights the systemic failure to create effective interventions for African American women CSA survivors. A literature review by Sabri and Gielen (2019) examined studies focused on the services designed for abused African American women. Out of 16 studies, only six met the selection criteria, and only one intervention was shown to have a positive effect in preventing future repercussions. These findings underscore the urgent need for culturally tailored, multifaceted interventions that recognize the diversity of Black women's experiences (Sabri & Gielen, 2019).

Another study examined how gender influences access to and perceptions of mental health support for CSA survivors. In an analysis of CSA survivors in Atlanta, Day (2014) explored whether African American men and women differed in their receptivity to treatment, preferences for service providers, and perceptions of treatment effectiveness. The study found that 80.7% of participants preferred receiving care from a Licensed Mental Health Professional (LMHP), while 19.3% sought support from a Religious or Clergy Leader (RCL). Notably, men rated treatment from LMHPs more highly than women, whereas women reported greater satisfaction with support received from RCLs (Day, 2014). These findings suggest that mental health interventions for

African American women should account for their diverse preferences when seeking support.

Coping Strategies Among African American Women CSA Survivors

African American women who have survived CSA employ a variety of coping strategies, some of which led to long-term healing, while others contribute to additional distress. Graham et al. (2023) identified maladaptive coping strategies such as social withdrawal, substance use, and risky sexual behaviors that can heighten vulnerability to further abuse and mental health struggles. In contrast, survivors who openly discuss their trauma, actively manage distressing memories, and reframe their experiences tend to exhibit greater resilience and improved self-worth (Graham et al., 2023). These strategies are crucial for survivors who struggle with self-blame because they help them shift responsibility onto the perpetrator and promote a healthier sense of self.

Culture plays a significant role in the way in which African American women navigate the impact of CSA on their self-esteem and emotional well-being. Research suggests that cultural experiences, personal relationships, and societal interactions shape self-esteem. Chatham-Carpenter and DeFrancisco (1998) found that women with high self-esteem share three core characteristics: a strong voice, a clear sense of self, and a deep concern for others. This aligns with Du et al.'s (2017) discussion of social identity theory, which highlights how self-esteem is reinforced through individual traits, meaningful relationships, and cultural group affiliations.

Lamis et al. (2014) further explored the connection between culture and coping among African American women, focusing on the protective effects of spirituality. Their

study found that spiritual well-being including both religious faith and existential resilience served as a key factor in reducing hopelessness among survivors of childhood trauma. They concluded that culturally relevant interventions emphasizing spirituality and self-esteem could help mitigate the long-term psychological effects of CSA (Lamis et al., 2014).

Collective coping strategies, such as relying on family and community support, engaging in spiritual practices, and seeking strength in cultural traditions, are commonly used by African American women in response to trauma (Liao et al., 2020; Speights et al., 2017). In addition to these methods, creative outlets like storytelling, journaling, and music have been identified as therapeutic tools for CSA survivors (West & Johnson, 2013). These forms of expression enable survivors to reclaim their narratives, process their experiences in a meaningful way, and regain control over how their stories are told.

The findings underscore the need for more culturally competent interventions tailored to the specific needs of African American women who have survived CSA. By integrating culturally relevant coping mechanisms and addressing systemic barriers to disclosure and support, future interventions can better serve this population and foster pathways toward healing and empowerment.

Interpersonal Trust in African American Women

Interpersonal trust refers to an individual's expectation that others will behave in reliable and predictable ways (Rotter, 1967). It forms the foundation of meaningful relationships and influences a person's ability to form bonds and feel secure in interactions. Trust is not a static trait but a dynamic process that evolves through

interactions and experiences, as noted by Rotter (1980), whose Interpersonal Trust Scale highlights how daily interactions with family, authority figures, and peers shape one's tendency to trust (APA, 2019). In psychological terms, Rousseau et al. (1998) defined trust as "a psychological state comprising the intention to accept vulnerability based upon the positive expectations of the intentions or behavior of another" (p. 395), emphasizing that trust involves risk and is often extended without complete certainty.

Leadership and behavioral researchers have conceptualized trust as developing through stages. These include the calculation stage (weighing risks and benefits), the understanding stage (assessing behavioral patterns), and the identification stage (forming mutual expectations). This model is particularly relevant to survivors of childhood sexual abuse (CSA), who often approach trust cautiously, moving through these stages gradually as they assess safety and reliability in relationships.

For African American women, the development and maintenance of interpersonal trust is uniquely influenced by cultural expectations, systemic barriers, and trauma histories. The Strong Black Woman (SBW) schema, a cultural ideal that promotes emotional resilience, independence, and perfectionism, significantly impacts trust dynamics. Liao et al. (2020) found that African American women who strongly identify with the SBW ideal may experience greater difficulty expressing vulnerability, which in turn hinders their ability to trust others. This internalized pressure to appear strong and self-sufficient can lead to loneliness, anxiety, depression, and low social self-esteem. Many African American women feel compelled to keep their struggles private, leading to

emotional isolation and an increased reluctance to engage in trusting relationships, especially after experiencing CSA.

The concept of trust, as Jasielska et al. (2021) emphasize, is intricately linked to psychological well-being and social stability. Trust contributes to happiness, tolerance, and the ability to form supportive networks, all of which are essential in the recovery process for CSA survivors. Yet, for many survivors, particularly African American women, these outcomes are more difficult to attain due to intersecting cultural, historical, and systemic barriers that shape their experiences of trauma and recovery.

Understanding how CSA affects interpersonal trust among African American women is crucial for developing culturally sensitive interventions that foster healing and strengthen relational dynamics. Without rebuilding trust, many survivors may continue to experience emotional detachment, fear, and isolation. Therefore, trust restoration must be a central goal in therapeutic and community-based efforts aimed at supporting African American women navigating the aftermath of CSA.

Interpersonal Trust and Survivors of CSA

For survivors of childhood sexual abuse (CSA), interpersonal trust is strongly connected to self-esteem and subjective experiences. Clark et al. (2021) proposed a self-broadening model, which suggests that individuals with high self-esteem engage more openly in social relationships. In contrast, those with low self-esteem tend to withdraw to protect themselves from rejection. CSA is a fundamental violation of trust; survivors often experience difficulties in forming and maintaining healthy interpersonal relationships (Castro et al., 2019; Lamoureux et al., 2013).

Many African American women who have survived CSA continue to struggle with trust issues in romantic and personal relationships (Ali et al., 2024; Iacono et al., 2021). One major factor in this struggle is the experience of trauma triggers, which can cause survivors to relive their past abuse. Pasque (2023) described how specific physical touches, even in loving relationships, can activate emotional memories of CSA, making it difficult for survivors to distinguish safe and affectionate interactions from harmful ones. Similarly, Lawson et al. (2020) found that CSA survivors often generalized their distrust, perceiving most people as “hostile and controlling” (p. 31).

The connection between early childhood trauma and relationship patterns in adulthood is well established. Survivors of CSA often struggle with forming and maintaining healthy relationships because of early disruptions in attachment and trust, making it critical to understand their long-term psychological effects. Simons et al. (2014) studied the long-term effects of childhood experiences such as attachment style, anger management, and emotional regulation on adult romantic relationships. Their findings indicated that how individuals learn to manage emotions and interpret social interactions as children directly shape their adult relationships' quality. Similarly, CSA survivors often carry early trust violations into adulthood, thus impacting their ability to trust intimate relationships. By incorporating these insights, this study examines how CSA survivors navigate interpersonal trust, manage emotional responses, and develop strategies for building secure and fulfilling relationships despite early traumatic experiences.

Some studies have examined how older CSA survivors (ages 60-80) reflect on their experiences and navigate trust and healing later in life. Graham et al. (2023) found that survivors who were able to reframe their trauma, develop personal agency, and talk about their experiences were more likely to experience emotional resolution and personal growth. These findings emphasize the importance of healing strategies for younger CSA survivors, particularly for African American women who remain at an elevated risk of adult sexual violence. By exploring these coping mechanisms, this study highlights resilience pathways and informs culturally responsive therapeutic approaches that support survivors in rebuilding trust and self-worth. West and Johnson (2013) reported that among Black women with documented CSA histories, 27% were raped in adolescence, and 42% experienced rape in adulthood (p. 5).

Summary and Conclusions

This chapter provided an in-depth review of the key concepts and variables central to this study, focusing on childhood sexual abuse (CSA), self-esteem, interpersonal trust, the sociocultural realities of African American women, and the lasting psychological effects of trauma. CSA, recognized as a profoundly harmful form of adverse childhood experience (ACE), was examined through its definitions, prevalence, and far-reaching consequences. The discussion highlighted how African American women face distinct barriers to disclosure and recovery, which are primarily influenced by systemic inequities, cultural stigmas, and historical oppression.

A sizable portion of this chapter explores the impact of CSA on self-esteem, revealing how the trauma of abuse often compounds existing challenges related to

racism, sexism, and societal expectations. The Strong Black Woman (SBW) schema was analyzed as a key factor that discourages vulnerability and reinforces maladaptive coping mechanisms, making it harder for survivors to seek help or process their experiences in healthy ways. Interpersonal trust, another central construct, was examined with CSA survivors, with particular attention to how African American women navigate trust issues in their personal, social, and professional relationships after experiencing early betrayal.

Understanding the sociocultural landscape of African American women was essential for framing the broader context of how CSA and its outcomes play out in their lives. This chapter examined how historical and systemic oppression, along with cultural narratives about strength and silence, influence African American women's responses to trauma. Despite these challenges, many survivors exhibit remarkable resilience through culturally grounded coping mechanisms like spirituality, storytelling, and collective support networks.

Trauma Theory was explored as a lens to understand better the psychological, emotional, and relational toll of CSA, emphasizing the intersection between personal trauma and systemic barriers. This literature synthesis not only deepened the understanding of CSA's impact on self-esteem and interpersonal trust but also laid the groundwork for examining how African American women navigate, cope, and heal from these experiences.

While the existing literature provides important insights into the effects of CSA, there remains a lack of qualitative research that captures the lived experiences of African American women in their own words. The dominance of quantitative studies has limited

the depth of understanding regarding the nuanced ways in which CSA survivors construct meaning, navigate relationships, and develop coping mechanisms within their cultural context. Given the deeply personal nature of trauma and healing, a qualitative approach is necessary to provide a richer, more detailed exploration of these experiences.

Chapter 3 builds on this foundation by outlining the methodological approach used to investigate these research questions. This study employs a qualitative design, using in-depth, semi-structured interviews to gather firsthand narratives from African American women who have survived CSA. The rationale for this approach is to prioritize participants' voices, allowing them to share their experiences with minimal constraint while ensuring that key themes related to self-esteem, trust, and healing are thoroughly explored. Thematic analysis is employed as the primary analytic strategy, as it allows for identifying patterns within participants' narratives while remaining flexible enough to capture the complexities of their lived experiences.

Additionally, given the sensitive nature of this study, ethical considerations are paramount. Chapter 3 details the steps to protect participants' confidentiality, obtain informed consent, and implement trauma-informed interviewing techniques to create a safe and supportive research environment. By centering participants' well-being and ensuring methodological rigor, this study aims to fill critical gaps in the literature and contribute meaningful insights into the unique challenges and strengths of African American women who have endured CSA.

Chapter 3: Research Method

Introduction

This qualitative study aims to examine the relationships between CSA and subsequent self-esteem and interpersonal trust levels among African American women. By exploring their lived experiences, this study aims to contribute valuable insights that inform support strategies, interventions, and further research geared toward addressing the unique psychological dynamics experienced by African American women who are survivors of CSA. This study fills a critical gap in the literature by examining its long-term effects through the lens of the unique sociocultural and psychological factors that shape the experiences of African American women.

This chapter details the methodology and procedures for the proposed study, ensuring transparency, reliability, and consistency. It explains the research design and rationale, the role of the researcher, and strategies to mitigate bias and enhance self-awareness throughout the study. Additionally, it outlines participant selection criteria, sampling methods, and data collection tools and procedures. The data analysis process is described in depth, focusing on organizing, coding, and interpreting qualitative data. Ethical considerations such as informed consent, confidentiality, and participant well-being are also addressed, along with measures to enhance the study's credibility. These methodological steps provide a structured approach for conducting the study with integrity and depth.

Research Design and Rationale

I employed a qualitative descriptive phenomenological approach to examine the lived experiences of African American women who have survived CSA and how it has influenced their self-esteem and interpersonal trust. Grounded in phenomenological philosophy, this method captures the essence of participants' experiences. This study seeks to illuminate how CSA shapes their psychological well-being, relationships, and self-perception (van Manen & van Manen, 2021). Semi-structured interviews will be the primary means of data collection, allowing participants to share their stories in their own words. This format provides flexibility while ensuring that core research topics are explored. To reduce researcher bias, bracketing techniques will maintain objectivity and ensure that findings genuinely reflect participants' perspectives (Peoples, 2021).

I sought to answer the following RQ in the study:

- RQ1. How has your childhood sexual abuse shaped your self-esteem and ability to trust as an African American woman in adulthood?
- RQ2. How have your childhood experiences influenced your identity, self-worth, and relationships?
- RQ3. What factors influence their ability to establish trust in relationships?
- RQ4. Have cultural values, community practices, or support systems helped you heal from your childhood experiences?
- RQ5. What challenges do African American women encounter when building and maintaining trust in relationships, and how have these challenges affected you personally?

RQ6. How have societal narratives and stereotypes about African American women, influenced your self-esteem?

RQ7. How have societal narratives and stereotypes about African American women, influenced your ability to trust?

This inquiry addresses a crucial gap in the literature by exploring the long-term effects of CSA within the distinct cultural, societal, and historical framework of African American women's experiences. By focusing on participants' narratives, this study deepens the understanding of how CSA impacts self-worth and trust in relationships, contributing to the broader discourse on trauma and recovery.

A qualitative descriptive phenomenological approach is well-suited for this research as it prioritizes rich, subjective meanings, making it particularly suitable for investigating sensitive issues like CSA (Peoples, 2021; van Manen & van Manen, 2021). Through systematically examining participants' narratives, this approach identifies themes and patterns that provide valuable insights into their lived experiences.

By focusing on African American women, this study acknowledges the intersecting cultural and systemic influences that shape their experiences with CSA and its aftermath. Factors such as systemic racism, cultural stigmas, and the pressures associated with the "Strong Black Woman" stereotype often hinder vulnerability and trauma disclosure (Liao et al., 2020). By amplifying the voices of African American women, this research not only explores the impact of CSA on self-esteem and trust but also highlights their resilience and culturally rooted coping mechanisms. This qualitative study informs the development of culturally responsive interventions and support systems

that address the unique needs of African American women survivors of CSA (Thomas et al., 2022).

Role of the Researcher

In this qualitative descriptive phenomenology study, I engaged deeply with participants' lived experiences while remaining objective and minimizing personal biases. This research explores how CSA affects the self-esteem and interpersonal trust of African American women, a topic that requires sensitivity and self-awareness. Although I do not share their experiences, I acknowledge that my perspectives or assumptions may unintentionally shape how I interpret their narratives. By journaling my thoughts throughout the research process, I can stay aware of any biases and approach participants' stories with openness and respect for their individual experiences (Secules et al., 2021).

A key strategy for maintaining objectivity is bracketing, a fundamental component of descriptive phenomenology. This approach involves consciously setting aside personal beliefs and assumptions to ensure the analysis remains centered on participants' perspectives (Cuthbertson et al., 2020). Through bracketing, I can focus on accurately capturing their experiences without distortion. Additionally, I do not hold any supervisory or authoritative roles over participants. This eliminates potential power imbalances, allowing them to share their experiences freely without fear of judgment or coercion.

Due to the sensitive nature of this study, ethical guidelines will be strictly followed. I will adhere to all Institutional Review Board (IRB) protocols to safeguard participant autonomy, confidentiality, and emotional well-being (Chiu et al., 2022).

Informed consent will be obtained from all participants, ensuring they fully understand the study's purpose, rights, and ability to withdraw without consequences. All data will be anonymized to maintain confidentiality, and pseudonyms will be used instead of real names.

Culturally responsive practices are central to this study, ensuring participants' sociocultural backgrounds are recognized and respected. Because unique historical and societal factors shape African American women's experiences, I will use a trauma-informed approach that prioritizes sensitivity and emotional support. If distress is experienced during interviews, participants will be offered referrals to appropriate counseling or support services. I will also engage in ongoing ethical reflections, ensuring that my interpretations remain true to their voices and maintain personal insight and professional accuracy (Roberts et al., 2020). Through reflexivity, bracketing, and strict ethical standards, I will minimize bias and uphold the integrity of this research, ensuring that participants' experiences are represented with authenticity and care.

Methodology

This study follows a structured and ethical data collection approach, beginning with participant recruitment and concluding with debriefing. The following sections outline the recruitment strategies, consent procedures, interview protocols, and follow-up actions.

Participation Selection Logic

Participants will be recruited through virtual outreach, targeting African American women across the United States who self-report experiences of childhood sexual abuse

(CSA). Recruitment will focus on survivor networks and social media platforms. Study invitations will provide an overview of the research purpose, participant requirements, and confidentiality measures (Negrin et al., 2022).

Interested individuals will receive an information sheet detailing the study's objectives, voluntary participation, privacy protections, and consent procedures, including explicit agreement for audio recording. Potential participants will complete an online screening survey to confirm eligibility, gathering demographic details such as age, racial identity, and self-reported CSA experiences. Eligible participants will then be invited to schedule a virtual interview. The targeted sample size for this study is 8–12 participants. Phenomenological research includes interviews with 5 to 25 participants who have directly experienced the phenomenon under study (Creswell & Poth, 2018). The sample size proposed for this study is consistent with established guidelines.

Instrumentation

I used multiple data collection instruments to ensure a comprehensive exploration of African American women's lived experiences with childhood sexual abuse (CSA) and its impact on self-esteem and interpersonal trust. The primary instruments include a semi-structured interview protocol, audio recordings, demographic screening survey, and reflective field notes. Each of these instruments is designed to gather rich, in-depth qualitative data, aligning with the phenomenological approach to capture participants' narratives effectively.

Semistructured Interview Protocol

The semi-structured interview guide is developed by the researcher, informed by existing literature on CSA, self-esteem, and interpersonal trust among African American women. It includes open-ended questions that encourage participants to share their subjective experiences while allowing flexibility to explore emerging themes. Semi-structured interviews are a widely used data collection method in phenomenological research, as they facilitate deep exploration of participants' lived experiences while providing structure to maintain focus on key research questions (Peoples, 2021). This instrument is essential for answering the research question because it directly elicits participants' perceptions, coping mechanisms, and relational experiences following CSA. The data obtained from these interviews will be coded and analyzed using thematic analysis, ensuring the identification of meaningful patterns and themes.

Audio Recordings and Transcriptions

All interviews will be audio-recorded with participants' consent, then transcribed verbatim for accuracy and consistency in analysis. Audio recording ensures participants' narratives are captured with precision, including verbal cues and intonations that contribute to a deeper understanding of their experiences (Campbell et al., 2020). Transcriptions provide a textual representation of the data, facilitating systematic coding and thematic analysis. This method supports data integrity by minimizing misinterpretation and ensuring that participants' voices are authentically represented.

Demographic Screening Survey

I used a demographic questionnaire (see Appendix A) I developed to collect participants' background information, including age, racial identity, educational background, and history of CSA. This tool helps ensure that participants meet the study's inclusion criteria while capturing contextual factors that may influence their experiences. This instrument provides essential contextual information that informs data interpretation.

Reflective Field Notes

I took observational and reflexive notes during and after each interview to document key themes, emotional responses, and potential biases. Reflexivity is crucial in qualitative research to ensure transparency and acknowledge the researcher's potential influence on data interpretation (Nowell et al., 2017). These notes will supplement interview transcripts by capturing nonverbal cues, emotional expressions, and contextual nuances that enrich data analysis.

The combined use of semi-structured interviews, audio recordings, demographic surveys, and reflective field notes ensures a comprehensive, multi-faceted approach to data collection. These instruments are sufficient for addressing the research question as they

- Capture direct participant perspectives on CSA's influence on self-esteem and trust.
- Ensure accuracy and reliability through audio recordings and transcriptions.
- Provide contextual background via demographic surveys.
- Enhance data depth through researcher reflexivity and observational insights.

Procedures for Recruitment, Participation, and Data Collection

Before each interview, participants will review their rights and the voluntary nature of their participation and could ask questions. Semi-structured interviews will be conducted virtually, ensuring flexibility while guiding discussions on CSA's impact on self-esteem and interpersonal trust (Peoples, 2021). All interviews will be audio-recorded with participants' consent and later transcribed for accuracy in analysis (Campbell et al., 2020).

The study will conduct two to four weekly interviews lasting 60–90 minutes at a convenient time. If recruitment proves challenging, outreach efforts will expand through added networks (Coleman, 2021). After each interview, participants will receive a debriefing session with access to mental health resources should they experience any emotional distress. After completion, they will also be informed of how they can access study findings. Follow-up interviews may be conducted to clarify responses or gather added insights.

Data Analysis Plan

I employed a structured approach to analyzing the research question: “How do African American women who self-report childhood sexual abuse perceive its influence on their self-esteem and their ability to develop interpersonal trust within relationships?” A thematic analysis framework will guide the process, allowing for an in-depth exploration of recurring patterns and themes within participants' narratives. To ensure a careful and reflective analysis, I manually transcribed and coded the interview transcripts and observation notes. This direct process supported immersion in the data

and supported consistency with Braun and Clarke's (2006) thematic analysis approach. Thematic analysis will follow Braun and Clarke's framework, ensuring that coding stays initiative-taking, iterative, and reflexive (Braun & Clarke, 2006). This process consists of three key phases:

Coding and Categorization

The first step involves finding recurring patterns in participants' narratives. Interview data will be thoroughly coded to highlight significant experiences related to childhood sexual abuse (CSA), self-esteem, and interpersonal trust. Codes will capture emotional responses, coping mechanisms, relational struggles, and identity formation. A secondary review will assess overlapping and distinct themes, ensuring a nuanced understanding of how African American women navigate the long-term effects of CSA. This categorization will be guided by Braun and Clarke's (2006) six-phase framework for thematic analysis, which provides a structured yet flexible approach to finding patterns in qualitative data.

Theme Development

Once codes are set up, they will be grouped into overarching themes reflecting participants' shared experiences. These themes will address CSA's emotional toll, barriers to trust, resilience strategies, and the role of cultural factors in healing and self-perception.

Interpretation and Integration

In the final phase, attachment and trauma theory themes will be analyzed. This step ensures that findings are grounded in participants' lived experiences and aligned

with established psychological frameworks. Integrating theoretical perspectives will provide a deeper understanding of how CSA impacts self-esteem and trust in the unique sociocultural context of African American women.

Cases that do not fit dominant themes will be critically examined rather than disregarded, ensuring the study captures the full range of perspectives (Lester et al., 2020). These unique experiences will deepen the understanding of the diversity within the dataset, enhancing the study's methodological rigor and ethical responsibility. This analytical approach ensures the study stays methodologically sound, ethically responsible, and deeply attuned to the participants' voices.

Issues of Trustworthiness

Ensuring the trustworthiness of this research is essential, given the deeply personal and sensitive nature of childhood sexual abuse (CSA) and its impact on self-esteem and interpersonal trust among African American women. Trustworthiness ensures that the study's findings are credible, transferable, dependable, and confirmable, accurately reflecting participants' lived experiences. Multiple strategies will be implemented, including triangulation, prolonged engagement, member checks, audit trails, and reflexivity, to minimize bias, confirm findings, and authentically represent participants' voices.

Credibility

I established credibility through multiple validation strategies to ensure the findings accurately reflect participants' experiences. Triangulation strengthens the study by incorporating data from semi-structured interviews, providing a well-rounded

perspective. Prolonged engagement fosters trust and allows for deeper conversations. Member checks will be conducted, allowing participants to review preliminary interpretations of their interviews and confirm that their narratives are accurately captured. Reflexivity will also play a key role, with the researcher keeping a reflective journal to identify and address personal biases. Additionally, peer reviews will provide external scrutiny, ensuring that data analysis stays objective and participant-driven (Nowell et al., 2017).

Transferability

Transferability will be achieved by providing rich, detailed descriptions of participants' experiences and the study's context, enabling readers to decide the applicability of findings to similar populations. Comprehensive documentation of participant demographics, research settings, and conditions under which data was collected ensures transparency. This approach allows others to assess the study's relevance to different but comparable groups (Lincoln & Guba, 1985).

Dependability

Dependability will be ensured through detailed audit trails, documenting every phase of the research process, from recruitment and data collection to analysis and interpretation. This meticulous record-keeping enhances transparency and supports potential replication. Triangulation will further reinforce dependability by verifying findings across multiple data sources. Additionally, peer review of the research process and method ensures that conclusions are systematic, well-founded, and free from researcher bias (Korstjens & Moser, 2018).

Confirmability

Confirmability will be kept through ongoing reflexivity, where the researcher documents personal reflections, biases, and assumptions in a journal to ensure interpretations remain participant-driven rather than researcher-influenced. All research decisions, from coding choices to thematic development, will be recorded. Peer debriefing and external audits will be conducted to strengthen confirmability, ensuring study conclusions align with the actual data rather than subjective interpretation (Shenton, 2004). By implementing these strategies, this study ensures its findings are methodologically sound, ethically responsible, and deeply attuned to the complexities of African American women's experiences with CSA, self-esteem, and interpersonal trust.

Ethical Procedures

This research upholds strict confidentiality protocols in adherence to Institutional Review Board (IRB) guidelines (Peoples, 2021). IRB approval will be secured to confirm adherence to ethical research standards. All necessary documentation, including letters of cooperation and IRB approval numbers, will be included in this dissertation to prove compliance with ethical guidelines. These steps are essential for safeguarding participants' rights and keeping ethical integrity throughout the research process.

Ethical Considerations in Recruitment and Informed Consent

Recruitment will be conducted through community organizations, professional networks, and social media platforms, ensuring an ethical and accessible approach. A primary concern is guaranteeing voluntary participation and ensuring participants fully understand the study's aims and procedures. Recruitment materials will explicitly outline

participants' rights, including their ability to withdraw from the study at any time without consequences.

The informed consent process will ensure full transparency. Participants will receive a detailed information sheet explaining the study's purpose, potential risks and benefits, and their role in the research. They will electronically sign a consent form with contact information for the researcher and the IRB, allowing them to ask questions or express concerns before taking part. This multi-step process ensures that participants make informed decisions before engaging in the study.

Protection of Participant Privacy and Data Management

Given the sensitive nature of this study, special precautions will be taken to protect participants' privacy and emotional well-being. Virtual interviews will provide a confidential and comfortable space for participants to share their experiences. To protect identities, pseudonyms will be assigned, and all data will be securely stored on a password-protected computer with encrypted backups. Access to raw data will be limited to the researcher. Following institutional guidelines, all data will be securely stored for five years before being permanently removed.

To minimize emotional distress, participants will be reminded that they may withdraw at any time without explanation. Mental health resources will be provided as a precautionary measure. The study will be conducted independently of the researcher's professional work environment to avoid conflicts of interest or power dynamics. No financial incentives will be offered, ensuring participation is based on genuine interest

rather than external motivation. These ethical safeguards protect participant well-being and uphold the integrity of the research.

Summary

This study uses a qualitative descriptive phenomenology approach to explore how childhood sexual abuse (CSA) influences African American women's self-esteem and interpersonal trust. Through semi-structured interviews, participants will share their experiences, offering valuable insights into identity formation and relational dynamics. Ethical research procedures will be strictly followed to ensure participant protection, including confidentiality measures and a thorough informed consent process. Reflexivity and bracketing techniques will minimize researcher bias and enhance credibility. The next chapter presents the data analysis results, highlighting recurring themes and patterns that illustrate the resilience and psychological impact experienced by African American women survivors of CSA.

Chapter 4: Results

Introduction

In this chapter, I present the results of the study, which involved the exploration of the lived experiences of African American women who survived CSA, with a focus on how these experiences shaped their self-esteem, trust, and relational functioning in adulthood. The chapter begins with an overview of the study setting and any conditions that may have influenced data collection. It then describes participant demographics, outlines the data collection and analysis procedures, and details the strategies used to ensure trustworthiness. The chapter concludes by presenting the study's findings.

Seven major themes emerged from the data: impaired trust, disrupted self-esteem, resilience and strength identity, spirituality as a meaning-making resource, boundaries and control, cultural narratives and stereotypes, and the role of support systems in healing. Together, these results provide a foundation for the interpretive discussion presented in Chapter 5, where the findings are connected to existing literature, trauma and attachment theory, and broader implications for research and practice.

Setting

Interviews were conducted via Zoom after participants reviewed and signed the approved IRB consent form. Sessions were scheduled at times chosen by each participant to promote comfort and accessibility. All interviews took place in a private, secure location on the researcher's side, and most participants also joined from quiet environments with minimal distractions. However, a few participants participated from settings where family members were present or where background noise was

unavoidable. These contextual conditions were documented, as they had the potential to influence participants' comfort level, level of detail in their responses, or willingness to discuss sensitive experiences.

No major organizational events or external social disruptions (e.g., public health concerns, community incidents, or institutional changes) occurred during the data-collection period that would reasonably be expected to impact participants' emotional states. Overall, the interview environments did not appear to meaningfully shape or constrain the emerging themes. However, these conditions were considered during analysis to ensure accurate interpretation of the data. All audio recordings and transcripts were stored on an encrypted, password-protected device accessible only to the researcher, in accordance with IRB requirements for confidentiality and data security.

Demographics

A total of eight participants took part in this study. All participants self-identified as African American women and reported experiencing childhood sexual abuse. They were 25 years of age or older and represented a range of educational and socioeconomic backgrounds, including some college education, bachelor's degrees, and graduate-level education. Participants also varied in marital status, sexual orientation, religious identification, family structure, mental-health diagnoses, and access to treatment following the abuse.

These diverse demographic characteristics provided important context for understanding participants' perceptions of trust, self-esteem, and healing. Differences in factors such as prior therapy, educational attainment, family-of-origin environments, and

the presence or absence of consistent support systems likely shaped how participants processed their trauma and articulated the effects of CSA on their adult relationships. Variation in self-rated healing also highlighted the differing stages of recovery across participants. Table 1 presents the demographic characteristics of the participants. Table 2 presents their characteristics related to CSA.

Table 1*Participant Demographics*

Participant	Age range (years)	Racial identity	Marital status	Sexual orientation	Education	Income	Employment	Household structure (childhood)	Parental education
1	35–44	African American	In a relationship	Heterosexual	Some college	\$80K+	Full-time	Single mother	HS school diploma
2	44–50		Divorced	Heterosexual	Master's	\$80K+		Both biological parents	Some college
3	35–44		Married	Heterosexual	Master's	\$80K+		Grandparents	Less than high school
4	35–44		Divorced	Bisexual	Bachelor's	\$60–79K		Single mother	Bachelor's degree
5	25–34		Single	Heterosexual	Master's	\$80K+		Relative/foster care	Some college
6	25–34		Married	Lesbian	Master's	\$80K+		Grandmother	HS diploma
7	35–44		In a relationship	Other	Master's	\$80K+		Mother and stepfather	Less than HS
8	35–44		Married	Heterosexual	Some college	\$80K+		Single mother	HS diploma

Note. HS = high school

Table 2*Participant Background Characteristics Related to Childhood Sexual Abuse*

Participant	Mental health diagnosis	Therapy history	Religious/spiritual identify	Support system	Age at first exposure (years)	Perpetrator relationship	Access to treatment after abuse	Level of healing (self-rated)
1	No	Yes (past)	Christian (nondenominational)	Yes	10–14	Family	No	9
2	No	Yes (past)	Muslim	Yes	5–9	Family	No	7
3	Yes	Yes (past)	Christian	No	5–9	Nonfamily acquaintance	No	8
4	Yes	Yes (past)	Christian	No	5–9	Nonfamily acquaintance	No	8
5	No	Yes (past and current)	Christian	Somewhat	10–14	Family	No	10
6	Yes	Yes (past and current)	None	Yes	5–9	Family	No	6
7	Yes	Yes (past)	None	Yes	5–9	Family	No	3–4
8	Yes	Yes (past)	Christian	Yes	Under 5	Nonfamily acquaintance	No	6

Note. Level of healing represents participants' self-rated perceptions of healing on a 10-point scale, where 1 indicated little to no perceived healing and 10 indicated a high level of perceived healing related to childhood sexual abuse experiences. Ratings reflect subjective self-assessments at the time of the interview.

Data Collection

I obtained Walden University IRB approval on June 10, 2025, before the start of recruitment and data collection. Recruitment occurred through social media platforms, including Instagram, TikTok, and Facebook. The flyer was posted in two doctoral support groups on Facebook after administrator approval and reposted once to increase visibility. Across all platforms, 12 individuals expressed interest, but eight participants ultimately completed interviews, becoming the final sample for analysis ($n = 8$).

Recruitment and data collection were completed over a five-week period.

Interviews were conducted virtually via Zoom at dates and times convenient for each participant. Each interview lasted approximately 30–51 minutes. Prior to the start of each session, I reviewed the study purpose, confidentiality, and voluntary participation, and answered any final questions. Demographic questions were asked first, followed by semistructured interview questions (see Appendix B) and relevant probes to ensure all research questions were fully addressed. Although video was encouraged, it was turned off when participants experienced technological difficulties or preferred audio only.

I conducted interviews from a private and quiet home office to protect confidentiality and emotional safety. Participant environments varied; while most were in quiet locations, a few were in less private settings due to family presence. These contextual conditions were noted because they may have subtly shaped the depth or comfort of participant disclosures. Such conditions were considered during data interpretation.

Observation notes were recorded in real time to supplement the interview data. These notes captured vocal tone, pauses, and visible emotional expressions when video was enabled. No deviations from the procedures outlined in Chapter 3 occurred, aside from the decision to use manual coding rather than NVivo software. All interviews were transcribed verbatim by the researcher. Although NVivo was initially planned, manual transcription was selected to enhance immersion in the data and align with Braun and Clarke's (2006) recommendation for close engagement during thematic analysis. Each transcript was reviewed multiple times for accuracy, and spot checks were conducted against the audio recordings.

Data security requirements were followed throughout the process. Audio files were stored on an encrypted, password-protected device and permanently deleted after transcription. Anonymized transcripts will be stored securely for the duration required by IRB policy and then permanently destroyed. Only de-identified data were used in analysis. An audit trail was maintained, including transcription notes, coding logs, and analytic memos, which documented key decisions and supported transparency in the analytic process. The combination of transcripts, field notes, and memos formed the full data set for this study.

Data Analysis

The data analysis process followed Braun and Clarke's (2006) six-phase thematic analysis approach:

- Phase 1: Familiarization. The researcher read each transcript multiple times, reviewed audio recordings, and documented initial impressions and

noteworthy emotional expressions. This stage supported immersion in the data prior to formal coding.

- Phase 2: Generating Initial Codes. Line-by-line coding was conducted to capture meaningful units such as repeated words, emotional expressions, relational patterns, coping behaviors, and references to self-worth or trust. Codes were kept close to participants' language to preserve authenticity.
- Phase 3: Searching for Categories. Codes were clustered into preliminary categories reflecting broader concepts, including *betrayal of trust*, *fractured self-image*, *silencing and secrecy*, *healing through spirituality*, and *turning points in therapy*.
- Phase 4: Constructing Themes. Categories were synthesized into overarching themes that aligned with the seven research questions. Themes represented common meaning patterns across participants and captured the structural essence of their experiences.
- Phase 5: Reviewing and Refining Themes. Themes were checked against the entire dataset to ensure coherence, internal consistency, and conceptual distinction. Codes that did not fit cleanly into themes were re-examined and revised. Discrepant cases were intentionally revisited to test analytic boundaries.

Phase 6: Defining and Naming Themes. Themes were distilled, clearly defined, and titled to reflect their central meaning. Table 3 includes representative participant

responses I selected to illustrate each theme. Table 4 provides data on the prominence of each theme in the interview data.

An inductive strategy was selected to allow themes to emerge directly from participants' lived experiences rather than imposing pre-existing theoretical categories. This approach aligned with the exploratory nature of the research questions and the phenomenological emphasis on honoring participants' voices. A total of eight interview transcripts were analyzed. Transcripts were supplemented by brief analytic memos documenting tone, pauses, emotional shifts, and researcher reflections. All transcripts were anonymized before coding.

Table 3

Example of Code-to-Theme Development

Example quote	Initial Code	Category	Final Theme
"It takes years for me to trust someone."	Difficulty trusting others	Barriers to intimacy	Mistrust in relationships
"I internalized shame for years."	Self-blame	Self-blame and worth	Disrupted Self-Esteem
"I've always had to be the strong one for my siblings."	Taking responsibility for others	Overcompensation	Overcompensation and perfectionism
"Relearning the Bible for myself helped me heal."	Spiritual Coping	Faith practices	Faith as a meaning-making framework
"Therapy forced me to confront what I was running from."	Therapeutic self-reflection	Growth through counseling	Evolving self-view over time

Note. This table illustrates the analytic progression from raw participant quotes to initial codes, broader categories, and final themes using reflexive thematic analysis (Braun & Clarke, 2021). Quotes are representative examples selected to demonstrate analytic development rather than frequency of occurrence.

Table 4*Theme Frequency and Salience*

Theme	Participants referencing the theme (<i>N</i> = 8)	Salience level
Impaired trust	8	High
Disrupted self-esteem	8	High
Resilience and strength identity	7	High
Spirituality as a coping resource	6	Moderate– High
Boundaries and control	6	Moderate– High
Cultural expectations and stereotypes	5	Moderate
Support and safe relationships	7	High

Note. Salience reflects the recurrence, depth, and emotional intensity of theme references.

The final themes aligned directly with the seven research questions. Themes involving mistrust, boundaries, and relational safety addressed RQ1 and RQ3 by showing how CSA shaped participants' ability to trust and how they described its long-term relational impact. Themes related to self-esteem, shame, and cultural stereotypes corresponded with RQ2, RQ5, RQ6, and RQ7, illustrating how childhood trauma and societal narratives influenced identity and self-worth. Themes centered on faith, therapy, and community support answered RQ4, demonstrating the cultural and interpersonal factors that supported healing. Together, these connections show that all seven research questions were fully addressed through the thematic findings.

Differences that challenged dominant patterns were purposely retained. For example, one participant reported stable self-esteem due to strong maternal support and

cultural pride, while another described mistrust as protective rather than harmful. These variations offered nuance and strengthened analytic credibility.

Theme saturation was reached by the sixth interview, when no new codes emerged. Interviews seven and eight confirmed thematic patterns, reinforced category boundaries, and provided additional depth but did not introduce new themes. The final themes were validated through repeated comparison with raw data, memoing, and cross-checking categories against research questions to ensure alignment and completeness.

Evidence of Trustworthiness

Establishing trustworthiness was essential to ensuring that the findings of this qualitative study were credible and grounded in the lived experiences of participants. Strategies aligned with qualitative research standards were used to support credibility, dependability, confirmability, and transferability. The following subsections describe how each criterion was addressed.

Credibility

Credibility was supported through several strategies. Member checking was offered to all eight participants after their interviews. Three participants reviewed their transcripts and confirmed their accuracy; three declined, and two did not respond. No corrections were requested. In addition, analytic memos and observational notes were used to cross-check emerging interpretations. Peer debriefing occurred through consultation with a faculty mentor who reviewed coding summaries and theme definitions to ensure alignment with the data rather than researcher expectations. These procedures strengthened the accuracy and authenticity of the findings.

Dependability

Dependability was established through the maintenance of a detailed audit trail documenting each phase of the research process including recruitment procedures, consent steps, data collection, transcription decisions, coding logs, category development, and theme refinement. This documentation supports methodological transparency and allows an external reviewer to trace decisions from raw data to final themes. Any minor deviations from the Chapter 3 plan (such as shifting from NVivo to manual coding) were noted and justified. Consistent documentation ensured that the study approach was stable, systematic, and replicable.

Confirmability

Confirmability was reinforced through ongoing reflexivity and systematic documentation. The researcher kept a reflexive journal throughout the study to record positionality reflections, analytic decisions, and instances where assumptions had to be bracketed. Because the audit trail documented coding progressions, theme revisions, and interpretive decisions, it would permit an external auditor to independently evaluate how the findings were derived and verify that they were rooted in the data rather than researcher bias. Peer consultation was also used to review interpretations for coherence and neutrality. These processes minimized the influence of researcher bias and ensured that findings reflected participants' experiences. Data saturation was reached when no new codes or themes emerged after the sixth interview.

Transferability

Transferability in qualitative research refers to the extent to which findings may be applicable to similar contexts or populations. While the purpose of this study was not broad generalization, transferability is limited yet possible through the use of thick, rich description. Detailed accounts of participant demographics, lived experiences, and contextual factors allow readers to determine whether the findings may be relevant to other groups of African American women or survivors with similar backgrounds. Because this study focuses on a specific cultural and social context—African American women who experienced childhood sexual abuse—transferability to other populations (e.g., men, women of other racial backgrounds, or individuals outside the U.S.) may be limited. However, the depth of narrative detail provided enables readers, practitioners, and researchers to assess whether elements of the themes may meaningfully resonate in comparable settings.

Overall, trustworthiness was supported through a combination of member checking, reflexive practice, audit-trail documentation, analytic memoing, and peer debriefing. These procedures ensured that the findings were credible, dependable, confirmable, and presented with sufficient contextual detail to support transferability. Together, they strengthened the rigor and integrity of the study.

Results

Analysis of the eight interviews revealed seven overarching themes that described how childhood sexual abuse shaped participants' trust, self-esteem, coping strategies, identity, and healing experiences. These themes were: (1) Impaired Trust, (2) Disrupted

Self-Esteem, (3) Resilience and Strength Identity, (4) Spirituality and Faith as a Coping Resource, (5) Boundaries and Control, (6) Cultural Narratives and Stereotypes, and (7) Support and Safe Relationships. Each theme is presented below with brief connections to the guiding research questions and supported by participant narratives.

Theme 1: Impaired Trust

Participants commonly described persistent difficulty trusting others, which influenced intimate relationships, parenting, and interactions in professional or medical settings. Trust was experienced as fragile, conditional, and slow to build. Participant 03 reflected, “It’s very hard to trust people... you don’t know what their intentions are,” while Participant 02 shared, “I didn’t trust easily, and I shielded my children because of it.” Trust challenges were also triggered in vulnerable settings; for example, Participant 08 described panic during medical exams, stating, “I have panic attacks... it brings it all back.” Across interviews, mistrust functioned as both a protective barrier and an enduring reminder of early violations. This theme directly answers RQ1 by illustrating how CSA shaped long-term relational safety and interpersonal closeness.

Theme 2: Disrupted Self-Esteem

Participants described disrupted self-esteem characterized by shame, self-blame, emotional withdrawal, and patterns of overcompensation. These effects were often reinforced by family silence or expectations of emotional strength. Participant 01 stated, “I struggled with self-worth... I internalized shame,” and Participant 04 recalled, “I blamed myself... I held that in for 15 years.” Others described masking internal pain through achievement. Participant 06 explained, “We say yes, yes, yes... want to be the

expert in the room, but at what cost?” Still, some women described gradual improvement through therapy or supportive relationships. These accounts demonstrate the non-linear nature of rebuilding self-esteem and address RQ2 by showing how CSA shaped adult self-perception.

Theme 3: Resilience and Strength Identity

Despite trauma, participants frequently emphasized resilience and strength as central to how they made meaning of their experiences. Survivors positioned themselves as capable, resourceful, and determined to move forward. Participant 08 shared, “I just see myself as a strong person, a very resilient person,” while Participant 04 affirmed, “I’m gonna take back the power that I have.” For some, helping others became part of their healing. Participant 06 noted, “It had a big positive impact on me and the people I’ve helped.” This theme reflects how healing was framed as active empowerment, directly addressing RQ3.

Theme 4: Spirituality and Faith as a Coping Resource

Faith emerged as a stabilizing and meaning-making tool for many participants. Spiritual practices helped them process trauma, find comfort, and reinterpret painful experiences. Participant 05 explained, “Relearning the Bible for myself... helped me heal,” and Participant 08 stated, “Church and reading the Bible taught me everything happens for a reason.” These accounts show how spirituality supported emotional regulation and offered purpose during healing, addressing RQ4.

Theme 5: Boundaries and Control

Reasserting control and setting firm boundaries were described as essential for emotional safety and autonomy. Participants used boundaries to protect themselves, prevent re-traumatization, and manage day-to-day interactions. Participant 08 stated, “If I don’t want to do something, I do not,” while Participant 05 noted, “When I’m in control... I can control how I’m feeling. The minute that control is taken away, I panic.” This theme shows how trust difficulties translated into strict boundary setting and contributes to understanding RQ1.

Theme 6: Cultural Narratives and Stereotypes

Participants discussed cultural norms such as the “strong Black woman” expectation and silence around abuse, which shaped how they expressed vulnerability and navigated healing. Participant 08 shared, “People think I come off aggressive... like I should handle everything,” while others noted messages like “what happens in this house stays in this house,” which discouraged disclosure. This theme highlights how cultural messages intersected with trauma, shaping trust, self-esteem, and coping, and connects to RQ4.

Theme 7: Support and Safe Relationships

Supportive relationships—including therapy, mentorship, and peer connection—played a vital role in recovery. These relationships provided validation and safe spaces for emotional expression. Participant 01 described therapy as pivotal: “It allowed me to understand my trauma.” Participant 08 emphasized the value of mentorship: “She made

me feel secure... a safe space to talk.” This theme demonstrates the essential role of supportive relationships in fostering healing and directly addresses RQ3.

Across themes, trust and self-esteem emerged as closely interconnected outcomes of CSA, shaping how participants navigated relationships, identity, and coping. Spirituality, resilience, and supportive relationships functioned as pathways toward healing, while cultural narratives and stereotypes influenced how survivors managed vulnerability and expressed emotional needs. Together, these themes offer a holistic understanding of the long-term effects of CSA for African American women. Table 5 provides a summary of the themes and subthemes.

Table 5

Summary of Themes, Subthemes, Research Question Alignment, and Representative Quotes

Theme	Subtheme	Example quote	RQ alignment
1. Impaired trust	Mistrust in relationships	“It’s very hard to trust people.” (P03)	RQ1, RQ5, RQ7
	Emotional safety takes time	“I don’t let people in closely; that takes time.” (P01)	RQ1, RQ3
	Medical vulnerability as trigger	“Exams give me panic attacks.” (P08)	RQ1, RQ5
2. Disrupted self-esteem	Internalized shame	“I struggled with self-worth and shame.” (P01)	RQ2, RQ6
	Perfectionism/overcompensation	“I’ve always had to be the strong one.” (P05)	RQ2, RQ6
	Evolving self-view	“Therapy forced me to confront things.” (P06)	RQ2, RQ3
3. Resilience and strength identity	Self-defined resilience	“I see myself as resilient.” (P08)	RQ3
	Reclaiming the narrative	“It had a positive impact long-term.” (P06)	RQ3
	Empathy from experience	“I understand others better now.” (P08)	RQ3
4. Spirituality and faith	Faith as strength	“Relearning the Bible helped me.” (P05)	RQ4
	Spiritual communities as safe	“She made me feel secure.” (P08)	RQ4
	Meaning-making	“Faith helped shift my focus.”	RQ4
5. Boundaries and control	Nonnegotiable boundaries	“If I don’t want to do something, I don’t.” (P08)	RQ1, RQ3

Theme	Subtheme	Example quote	RQ alignment
	Control for emotional safety	“I have to be in control.” (P05)	RQ1
	Learning balance	“I’m still learning assertiveness.” (P07)	RQ1, RQ3
6. Cultural narratives and stereotypes	Strong Black woman expectations	“People expect me to handle everything.” (P08)	RQ6, RQ7
	Stereotypes of aggression	“People think I’m over aggressive.” (P08)	RQ6
	Cultural silence	“What happens in this house stays here.”	RQ6, RQ7
7. Support and safe relationships	Mentorship/counseling	“She made me feel secure.” (P08)	RQ3
	Peer support	“Talking to others helped.” (P08)	RQ3
	Growing trust over time	“Trusting others has gotten better.” (P08)	RQ3, RQ5

Note. RQ = research question.

Summary

In this study, I explored the lived experiences of African American women who survived CSA and examined how these early traumatic events shaped their self-esteem, trust, identity, and healing processes in adulthood. Analysis of eight interview transcripts revealed seven overarching themes: impaired trust, disrupted self-esteem, resilience and strength identity, spirituality and faith as a coping resource, boundaries and control, cultural narratives and stereotypes, and support and safe relationships. These themes demonstrated how CSA continued to influence participants' emotional well-being, interpersonal relationships, and self-perception across the lifespan. Data saturation was achieved by the sixth interview, with no new codes or themes emerging thereafter.

The findings addressed all seven research questions. RQ1 and RQ3 were reflected in the themes of impaired trust and boundary-setting, demonstrating how CSA influenced trust development in adulthood. RQ2 was addressed through participants' descriptions of disrupted self-esteem and evolving identity. RQ4 and RQ6 were reflected in the role of cultural values, faith traditions, and community practices in shaping healing. RQ5 was addressed through themes describing the challenges of building and maintaining trust. RQ7 was captured in how societal narratives and stereotypes about African American women influenced both self-esteem and relational trust. Together, these themes highlighted the intersection of trauma, culture, and identity in shaping survivors' pathways to healing.

In Chapter 5, I will interpret these findings in relation to existing research and theoretical frameworks, including trauma theory and attachment theory. The chapter will

discuss how the results confirm, extend, or challenge current literature; outline implications for clinical practice, community support, and culturally responsive care; identify limitations; and offer recommendations for future research. This concluding analysis will further illuminate the significance of amplifying the voices of African American women whose experiences of trauma and healing are often underrepresented in scholarly and clinical conversations.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Chapter 5 provides an interpretation of the findings from this study and situates the lived experiences of African American women survivors of childhood sexual abuse (CSA) within existing literature and psychological theory. Seven interconnected themes emerged from the analysis: Impaired Trust, Disrupted Self-Esteem, Resilience and Strength Identity, Spirituality and Faith as a Coping Resource, Boundaries and Control, Cultural Narratives and Stereotypes, and Support and Safe Relationships, illustrating how CSA shapes trust, self-esteem, identity development, and healing across adulthood.

This chapter expands on these themes by interpreting their broader meaning, aligning them with prior research and conceptual frameworks, and discussing implications for clinical practice, community support, and future scholarship. The chapter also addresses study limitations, assesses trustworthiness, and provides recommendations grounded in participants' lived experiences. This study was guided by seven research questions, which collectively explored the long-term impact of CSA on African American women:

- RQ1. How has childhood sexual abuse shaped African American women's self-esteem and ability to trust in adulthood?
- RQ2. How have their childhood experiences influenced their identity, self-worth, and relationships?
- RQ3. What factors influence their ability to establish trust in relationships?

- RQ4. Have cultural values, community practices, or support systems helped survivors heal from childhood experiences?
- RQ5. What challenges do African American women encounter when building and maintaining trust in relationships, and how have these challenges affected them personally?
- RQ6. How have societal narratives and stereotypes about African American women influenced their self-esteem?
- RQ7. How have these societal narratives and stereotypes shaped their ability to trust others?

Together, these research questions and the seven major themes provide the foundation for the interpretive analysis presented in Chapter 5, which deepens the understanding of how trauma, culture, and identity intersect for African American women navigating healing after CSA.

Interpretation of the Findings

The findings of this study confirmed and extended existing literature on the long-term effects of childhood sexual abuse (CSA) among African American women. Seven themes: Impaired Trust, Disrupted Self-Esteem, Resilience and Strength Identity, Spirituality and Faith, Boundaries and Control, Cultural Narratives and Stereotypes, and Support and Safe Relationships aligned strongly with attachment theory, trauma theory, and culturally responsive trauma frameworks. This section interprets these findings through three analytic lenses: attachment-related findings, trauma-related findings, and cultural extensions of theory.

Attachment-Related Findings

Theme 1: Impaired Trust

Participants consistently described long-term difficulties forming and sustaining trust. These narratives reflect insecure attachment patterns resulting from early relational betrayal (Bowlby, 1988; Mikulincer & Shaver, 2016). This finding supports research noting that CSA can disrupt internal working models of safety and reliability (Iacono et al., 2021) and extends recent evidence that African American women face compounded relational mistrust when trauma intersects with racialized experiences of gender (West et al., 2023). This finding supports attachment theory's assertion that early trauma undermines relational security (Mikulincer & Shaver, 2016) and extends newer studies showing that mistrust among Black women is shaped by both trauma and racialized interpersonal contexts (West et al., 2023).

Theme 7: Support and Safe Relationships

Supportive relationships such as therapists, mentors, and peers, emerged as catalysts for healing and rebuilding trust. This aligns with attachment research showing that new secure relationships can help repair attachment injuries (Johnson et al., 2022). These findings extend recent culturally responsive work demonstrating that communal support, spiritual mentors, and culturally congruent therapists provide alternative attachment figures for Black women navigating trauma (Liao et al., 2020; Williams & Lewis, 2021). This finding supports attachment theory's emphasis on corrective emotional relationships (Johnson et al., 2022) and extends culturally specific evidence

that communal support is especially critical in Black women's healing (Williams & Lewis, 2021).

Trauma-Related Findings

Theme 2: Disrupted Self-Esteem

Participants described shame, self-blame, and damaged self-worth—core elements of trauma theory (Finkelhor & Browne, 1985; Herman, 1997). Recent studies similarly highlight that CSA continues to erode self-esteem well into adulthood (Clark et al., 2022; Hailes et al., 2019). This study extends these findings by demonstrating that self-blame was often reinforced by cultural silence and lack of family validation. This finding supports trauma theory's focus on shame and negative self-concept (Herman, 1997) and extends contemporary research showing the role of cultural silence and under-support in deepening self-blame among African American women (Clark et al., 2022).

Theme 5: Boundaries and Control

Survivors emphasized control and strict boundaries as mechanisms for maintaining emotional safety. Trauma theory explains these behaviors as efforts to restore autonomy after violation (Herman, 1997). Recent literature shows that boundary-setting serves as both protection and an adaptive trauma response (de Boer et al., 2022). The present findings extend this by showing that for African American women, boundaries also protect against cultural expectations to endure silently. This finding supports trauma theory's description of control as a post-trauma coping strategy (Herman, 1997) and extends work showing that African American women use boundaries to resist cultural pressure toward emotional suppression (de Boer et al., 2022).

Cultural Extensions of Theory

Theme 3: Resilience and Strength Identity

Participants reframed trauma through narratives of resilience, empowerment, and survival. This aligns with post-traumatic growth literature and culturally specific resilience models among Black women (Liao et al., 2020; Williams & Lewis, 2021). These findings extend theory by showing that “strength” was not merely compensatory, it served as a culturally grounded identity that helped survivors resist stigmatization and reclaim agency. This finding supports research on post-traumatic growth among marginalized women (Graham et al., 2022) and extends culturally specific frameworks showing how strength-based identities protect against stigma and silence (Williams & Lewis, 2021).

Theme 4: Spirituality and Faith as a Coping Resource

Spirituality emerged as a stabilizing force for meaning-making. Trauma theory recognizes meaning reconstruction as central to recovery (Herman, 1997), and recent work has shown that African American survivors often rely on spiritual communities for healing (de Boer et al., 2022). This study extends theoretical understanding by showing that spirituality functioned as both coping and identity reclamation, reflecting culturally embedded healing practices. This finding supports trauma theory’s concept of meaning-making (Herman, 1997) and extends current research showing that spirituality is a culturally congruent recovery mechanism among African American survivors (de Boer et al., 2022).

Theme 6: Cultural Narratives and Stereotypes

Participants described how the “strong Black woman” schema and cultural silence shaped their experiences of trauma and healing. These findings align with culturally informed trauma frameworks emphasizing the interaction of trauma with race and gender (Liao et al., 2020). This theme extends theoretical models by illustrating how cultural expectations not only shape coping but also influence trust, self-expression, and help-seeking. This finding supports research demonstrating the psychological burden of the strong Black woman schema (Liao et al., 2020) and extends theory by showing how stereotypes compound relational mistrust and emotional suppression.

Taken together, the seven themes form an integrated conceptual model demonstrating that African American women’s recovery from childhood sexual abuse reflects a multilayered process involving relational repair, emotional and identity reconstruction, and cultural meaning-making. Relational repair aligns with attachment theory, highlighting the role of safe, consistent, and affirming relationships in rebuilding trust. Emotional and identity reconstruction corresponds with trauma theory, emphasizing survivors’ efforts to counteract shame, reclaim agency, and reconstruct a coherent sense of self. Cultural navigation and meaning-making reflect culturally responsive frameworks, capturing how survivors draw upon spirituality, community, and culturally grounded strength narratives to interpret and heal from their experiences. Overall, healing emerged as a multidimensional process shaped by trauma, relational experiences, spiritual grounding, cultural narratives, and community support. This synthesis illustrates that neither attachment theory nor trauma theory alone is sufficient; instead, recovery

must be understood at the intersection of trauma, culture, identity, and relational resilience. Table 6 shows the alignment of the themes with trauma theory and attachment theory.

Table 6*Alignment of Themes With Trauma Theory and Attachment Theory*

Theme	Interpretation under trauma theory	Interpretation under attachment theory
Impaired trust	CSA undermines safety, creating hypervigilance, avoidance, and fear of relational harm.	Early attachment disruptions contribute to difficulty forming secure bonds and maintaining trust.
Disrupted self-esteem	Trauma generates internalized shame, guilt, and negative self-concept.	Low self-worth interferes with secure internal working models of self and others.
Resilience and strength identity	Survivors reconstruct identity through empowerment and meaning-making after trauma.	Supportive relationships help repair attachment ruptures and foster resilience.
Spirituality and faith	Spirituality aids emotional regulation and provides meaning-making in the aftermath of trauma.	Faith communities may function as surrogate attachment figures by offering belonging and safety.
Boundaries and control	Establishing boundaries restores agency after experiences of violation and powerlessness.	Challenges balancing closeness and autonomy reflect insecure attachment tendencies.
Cultural narratives and stereotypes	Cultural expectations (e.g., “strong Black woman”) intensify trauma by discouraging vulnerability and emotional expression.	Pressure to self-silence or appear strong constrains openness in attachment relationships.
Overall integration	CSA affects survivors’ safety, identity, and coping responses across emotional and cultural domains.	Attachment disruptions shape relational patterns that influence trust, intimacy, and healing trajectories.

Note. The table demonstrates how emergent themes align with constructs from trauma theory (Finkelhor & Browne, 1985; Herman, 1997) and attachment theory (Bowlby, 1988; Mikulincer & Shaver, 2016). CSA = childhood sexual abuse.

Limitations of the Study

Although this study was conducted with attention to rigor, several limitations should be considered when interpreting the findings. These limitations relate to the sample, participant self-report, interview dynamics, member checking, and researcher positionality, each of which may influence aspects of trustworthiness such as credibility, dependability, confirmability, and transferability.

The study included a purposive sample of eight African American women. While this sample size allowed for rich narrative depth, it limited the diversity of perspectives and therefore affects transferability. Findings reflect the experiences of these women specifically and may not represent all African American women survivors of CSA. Future studies drawing from a larger or more geographically varied sample may enhance the applicability of findings.

Additionally, because data were based on retrospective self-report, participants recalled events that occurred many years earlier. This introduces the potential for recall bias, memory reconstruction, or selective forgetting. Social desirability may also have influenced what participants felt comfortable sharing. These factors may impact the credibility of the data, though the consistency of themes across interviews helps mitigate this concern.

The researcher–participant relationship may have shaped the depth or direction of disclosure. Although care was taken to establish rapport and provide a safe environment, some participants may have minimized or emphasized certain experiences because of emotional discomfort or perceptions of the interviewer. This dynamic is a common

limitation in trauma-focused qualitative research and may influence both credibility and dependability.

While all participants were invited to review their transcripts, only three completed transcript checks. The absence of feedback from the remaining participants limits the extent to which all accounts were fully verified, which may affect the confirmability of the findings. However, no discrepancies were identified among those who responded.

As an African American woman with cultural proximity to the participants, the researcher may have shared certain social experiences or cultural understandings relevant to the topic. This positionality enhanced rapport and cultural sensitivity but also introduced the potential for bias in interpretation. Reflexive journaling and a maintained audit trail including coding logs, analytic memos, and rationale for theme development helped preserve confirmability by ensuring that interpretations were grounded in participants' narratives rather than prior assumptions. These records also support external auditing, if undertaken.

These limitations highlight the complexities of conducting research on sensitive, deeply personal experiences. While the findings are not generalizable, they offer culturally grounded insight into the long-term impact of CSA on African American women's trust, self-esteem, and healing. Acknowledging these limits provides direction for future research, including expanding sample diversity, utilizing longitudinal designs to reduce recall bias, and incorporating additional verification methods such as follow-up

interviews or participant validation sessions. Such efforts would further strengthen the field's understanding of CSA's effects across cultural contexts.

Recommendations

Recommendations for Future Research

Future researchers should build on this study while remaining within its qualitative and culturally grounded scope. Although this project involved eight African American women, expanding future studies to include larger and more regionally diverse samples would help determine whether the seven themes identified here are consistent across varied populations. Longitudinal designs could also deepen understanding by examining how CSA shapes trust, self-esteem, and resilience over time. In addition, because spirituality, community support, and cultural identity emerged as central healing factors, future studies should systematically examine culturally specific coping practices such as the Black church, kinship networks, and other communal support systems. Comparative qualitative meta-syntheses could explore similarities and differences across racial groups, while expanding inquiry to include African American men, LGBTQ+ survivors, and multiracial individuals would illuminate the role of intersecting identities. These recommendations remain consistent with the boundaries of the current study, which focused on meaning-making rather than generalizability.

Recommendations for Practice

Practice recommendations focus on translating these findings into culturally responsive and trauma-informed clinical care. Clinicians should incorporate structured trust-building interventions, such as gradual exposure to relational vulnerability,

boundary-setting skill development, and exercises that support emotional safety. Because many participants described faith, spirituality, and meaning-making as central coping resources, therapists may consider integrating spiritually informed practices when aligned with client preferences. Narrative therapy and other identity-centered approaches may also be beneficial, as participants frequently used reframing, storytelling, and self-definition as part of their healing. These practice recommendations remain within the study's scope by targeting the psychological and cultural processes directly identified by participants.

Policy Recommendations

Policy recommendations emphasize improving systemic support for African American survivors of CSA. Increasing access to affordable, culturally competent mental health services is essential, particularly in communities where stigma, limited resources, or inequitable care present barriers. State-funded trauma-informed initiatives tailored to African American communities such as church-based outreach, school programs, or community workshops may help break cultural silence around CSA. Additionally, mandating trauma-informed training for healthcare, educational, and social service professionals could reduce re-traumatization and help rebuild trust in institutions. These policy suggestions extend naturally from the study's findings about cultural context, barriers to safety, and the need for culturally resonant support.

Implications

This study may contribute to positive social change by elevating the voices of African American women whose experiences of CSA are frequently overlooked in

research, clinical practice, and policy development. By documenting how CSA shapes trust, self-esteem, identity, healing, and relationships, the findings provide insight that can inform culturally responsive interventions, community awareness initiatives, and trauma-informed organizational practices. These contributions align with Walden University's mission of fostering social change through research that addresses systemic inequities and promotes wellness in underserved communities. Table 7 offers more insight on the study's potential implications for positive social change.

Table 7*Mapping of Study Findings to Implication Levels and Intended Social Change Outcomes*

Theme	Implication level	Potential social change outcome
Impaired trust	Individual and family	Improved emotional safety; increased capacity for healthy relational boundaries; strengthened communication and support within families.
Disrupted self-esteem	Individual and family	Enhanced self-worth through culturally responsive therapy; reduced shame; increased use of affirming coping strategies.
Resilience and strength identity	Individual and family	Empowerment through self-definition; promotion of resilience-based interventions; strengthened survivor agency.
Spirituality and faith as a coping resource	Organizational (clinics, faith-based organizations)	Integration of spirituality-informed, culturally grounded therapeutic practices; expanded access to spiritual support resources.
Boundaries and control	Individual and organizational	Implementation of trust-building interventions; creation of trauma-informed programs emphasizing autonomy and emotional regulation.
Cultural narratives and stereotypes	Societal and policy	Increased public awareness of harmful stereotypes; development of culturally competent training for providers; reduction of stigma in African American communities.
Support and safe relationships	Organizational and societal	Expansion of trauma-informed mentorship programs; improved peer-support networks; stronger community-based healing initiatives.

Note. This table summarizes the potential multilevel implications and positive social change outcomes for each of the themes. The themes reflect participants' lived experiences and are not ranked by frequency.

The findings of this study have meaningful implications for positive social change at the individual, family, organizational, societal, methodological, and theoretical levels. These implications remain fully within the boundaries of the study while highlighting opportunities to support African American women survivors of CSA more effectively.

Individual and Family-Level Implications

The findings underscore the importance of supporting African American women survivors in rebuilding trust, establishing boundaries, and strengthening self-esteem. Therapeutic interventions that integrate spirituality, narrative meaning-making, and structured trust-building modules may enhance healing outcomes. Families can benefit from targeted education on trauma-informed responses that validate survivors' experiences and dismantle norms such as the "silence culture" ("what happens in this house stays in this house"). Such efforts can foster more supportive home environments and healthier relational dynamics.

Organizational Implications

Organizations including mental health agencies, community centers, and faith-based groups play a central role in supporting survivors. Implementing culturally responsive, trauma-informed programs can help survivors feel safe and understood.

Examples include

- peer-led support groups
- spirituality-informed counseling tracks
- community workshops on CSA awareness
- mentor-based programs for Black women and girls

These efforts promote emotional safety, trust, and empowerment.

Societal and Policy Implications

At a broader level, the study highlights the need for societal awareness and policy initiatives that challenge harmful stereotypes and increase access to care. The strong Black woman narrative, stereotypes of aggression, and cultural silence around abuse can undermine healing. Policy examples include

- state-funded trauma-informed initiatives in African American communities
- grants for culturally competent mental health services
- school- and church-based CSA education programs
- mandated trauma-informed training for healthcare providers

Such policies can reduce stigma, improve trust in community systems, and expand access to culturally aligned services.

Methodological Implications

Methodologically, this study illustrates the value of phenomenological inquiry for capturing nuanced, culturally embedded experiences. Future methodological improvements may include

- longitudinal qualitative designs following survivors across the lifespan
- mixed-methods approaches integrating qualitative depth with quantitative breadth
- meta-syntheses comparing CSA experiences across racial and cultural groups

These approaches could refine understanding of how trust, identity, and resilience evolve over time.

Theoretical Implications

The findings extend trauma theory and attachment theory by emphasizing the cultural and spiritual contexts shaping Black women's healing. Trauma-related mistrust, boundary-setting, and fluctuating self-esteem align with existing models, while narratives of resilience demonstrate culturally grounded forms of post-traumatic growth. Theories of trauma and attachment should therefore incorporate racial identity, cultural narratives, and spirituality as integral components of the healing process.

This study advances positive social change by amplifying the voices of African American women survivors of CSA, revealing culturally specific barriers and strengths that shape healing. By informing practice, guiding policy, and expanding theoretical understanding, the findings support the development of more equitable, culturally grounded, and trauma-informed systems that empower survivors and enhance community well-being.

Conclusion

This study illuminated the long-term impact of childhood sexual abuse (CSA) on African American women by examining how trauma shaped their self-esteem, interpersonal trust, identity development, and healing processes in adulthood. By centering the narratives of women whose experiences are often marginalized within psychological research, the study provided a culturally grounded account of how trauma intersects with race, gender, and societal expectations. The findings demonstrated that

trust, self-worth, boundaries, spirituality, and cultural narratives are deeply interconnected elements of survivors' lived experiences.

Through seven research questions, this study showed that CSA influences African American women's relational trust, sense of identity, and self-esteem; contributes to challenges in navigating relationships; and shapes healing through cultural values, spiritual practices, and supportive networks. These conclusions align with and extend trauma theory and attachment theory by showing how survivors' experiences are embedded within broader cultural and sociostructural contexts. In doing so, this research contributes to the limited qualitative scholarship on African American women survivors of CSA by revealing the intersection of trauma, culture, and identity, an area that remains underexamined in the field.

The study also underscores the importance of culturally responsive, trauma-informed care. Participants' narratives emphasized that healing was supported through spirituality, community connectedness, and safe therapeutic relationships highlighting the need for mental health approaches that honor cultural identity and acknowledge structural barriers to care. Clinicians, educators, and policymakers can use these insights to design interventions and environments that foster psychological safety, affirm survivors' cultural experiences, and reduce stigma surrounding CSA in African American communities.

While the study provides meaningful insights, its limitations including sample size, geographic scope, and reliance on retrospective self-report suggest opportunities for further research. Future studies could expand demographic diversity, explore healing

across the lifespan, and test culturally specific intervention models that align with survivors' lived realities.

Ultimately, this research affirms the importance of listening to and validating the experiences of African American women survivors of CSA. By documenting their voices, the study not only answers the guiding research questions but also provides a foundation for continued inquiry, advocacy, and culturally informed practice aimed at improving outcomes for survivors and strengthening support systems within families, communities, and institutions.

References

- Ainsworth, M. D. S., & Bowlby, J. (1991). An ethological approach to personality development. *American Psychologist*, *46*(4), 333–341.
<https://doi.org/10.1037/0003-066X.46.4.333>
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Lawrence Erlbaum.
- Ali, S., Pasha, S. A., Cox, A., & Youssef, E. (2024). Examining the short and long-term impacts of child sexual abuse: A review study. *SN Social Sciences*, *4*, Article 56.
<https://doi.org/10.1007/s43545-024-00852-6>
- Alshenqeeti, H. (2014). Interviewing as a data collection method: A critical review. *English Linguistics Research*, *3*(1), 39–45. <https://doi.org/10.5430/elr.v3n1p39>
- American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).
- Amodeo, M., Griffin, M. L., Fassler, I. R., Clay, C. M., & Ellis, M. A. (2006). Childhood sexual abuse among Black women and White women from two-parent families. *Child Maltreatment*, *11*(3), 237–246. <https://doi.org/10.1177/1077559506289186>
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. Freeman.
- Bernstein, D. P., Ahluvalia, T., Pogge, D., & Handelsman, L. (1997). Validity of the Childhood Trauma Questionnaire in an adolescent psychiatric population. *Journal of the American Academy of Child & Adolescent Psychiatry*, *36*(3), 340–348.
<https://doi.org/10.1097/00004583-199703000-00012>

- Bernstein, D., Stein, J., Newcomb, M., Walker, E., Pogge, D., Ahluvalia, T., Stokes, J., Handelsman, L., Medrano, M., Desmond, D., & Zule, W. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse & Neglect, 27*, 169–190.
[https://doi.org/10.1016/S0145-2134\(02\)00541-0](https://doi.org/10.1016/S0145-2134(02)00541-0)
- Bhuptani, P. H., López, G., Peterson, R., & Orchowski, L. M. (2024). Associations among online social reactions to disclosure of sexual victimization, coping, and social isolation. *Journal of Child Sexual Abuse, 33*(2), 146–168.
<https://doi.org/10.1080/10538712.2024.2314287>
- Bhuptani, P. H., Zhang, Y., Danzey, L., Bali, A., Langdon, K., & Orchowski, L. M. (2024). Interpersonal trauma, shame, and substance use: A systematic review. *Drug and Alcohol Dependence, 258*, 111253.
<https://doi.org/10.1016/j.drugalcdep.2024.111253>
- Bowen, M. (1966). The use of family theory in clinical practice. *Comprehensive Psychiatry, 7*(5), 345–374. [https://doi.org/10.1016/S0010-440X\(66\)80065-2](https://doi.org/10.1016/S0010-440X(66)80065-2)
- Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.
- Bowen Theory Academy. (2023). *History of the development of Bowen theory and some of its key concepts*. <https://bowentheoryacademy.org/bowen-theory/bowen-theory-history-and-concepts>
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psycho-Analysis, 39*, 350–373.
- Bowlby, J. (1959). Separation anxiety. *International Journal of Psycho-Analysis, 41*, 1–

25.

Bowlby, J. (1960). Grief and mourning in infancy and early childhood. *The Psychoanalytic Study of the Child*, 15, 3–39.

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. Basic Books.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.

<https://doi.org/10.1191/1478088706qp063oa>

Braun, V., & Clarke, V. (2021). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 13(6), 201–216.

<https://doi.org/10.1080/2159676X.2021.1877320>

Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759–775.

Brits, B., Walker-Williams, H., & Fouché, A. (2022). Experiences of women survivors of childhood sexual abuse in relation to nonsupportive significant adults: A scoping review. *Trauma, Violence, & Abuse*, 23(4), 1027–1047.

<https://doi.org/10.1177/1524838020985550>

Bryant-Davis, T., Chung, H., & Tillman, S. (2009). From the margins to the center:

Ethnic minority women and the mental health effects of sexual assault. *Trauma, Violence, & Abuse*, 10(4), 330–357. <https://doi.org/10.1177/1524838009339755>

Bryant-Bruce, A. (2019). *Child Trauma Questionnaire (CTQ) Short Form – A re-design of CTQ-SF*. <https://doi.org/10.13140/RG.2.2.22807.93609>

- Campbell, R., Wasco, S. M., Ahrens, C. E., Sefl, T., & Barnes, H. E. (2020). Preventing the secondary victimization of rape survivors: A guide for professionals. *Journal of Interpersonal Violence, 35*(1–2), 231–256.
<https://doi.org/10.1177/0886260519867169>
- Caruth, C. (1996). *Unclaimed experience: Trauma, narrative, and history*. Johns Hopkins University Press.
- Castro, A., Ibáñez, J., Maté, B., Esteban, J., & Barrada, R. (2019). Childhood sexual abuse, sexual behavior, and revictimization: A mini review. *Frontiers in Psychology, 10*, 2018. <https://doi.org/10.3389/fpsyg.2019.02018>
- Castro, C., Alarcón, P., & Oyarzún, D. (2019). The impact of childhood sexual abuse on mental health: A systematic review. *Child Abuse & Neglect, 92*, 104611.
<https://doi.org/10.1016/j.chiabu.2019.104611>
- Centers for Disease Control and Prevention. (2019, November 5). *Adverse childhood experiences—Preventing early trauma to improve adult health*.
<https://www.cdc.gov/vitalsigns/aces/index.html>
- Centers for Disease Control and Prevention. (2022). The impact of adverse childhood experiences on adult health outcomes. *Morbidity and Mortality Weekly Report, 71*(45), 1185–1190. <https://doi.org/10.15585/mmwr.mm7145a1>
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2023, August 17). *Adverse childhood experiences*.
<https://www.cdc.gov/injury/priority/aces.html>
- Chatham-Carpenter, A., & DeFrancisco, V. (1998). Women construct self-esteem in their

own terms: A feminist qualitative study. *Feminism & Psychology*, 8(4), 467–489.

<https://doi.org/10.1177/0959353598084005>

Cherry, K. (2023, February 22). What is attachment theory? *Verywell Mind*.

<https://www.verywellmind.com/what-is-attachment-theory-279533>

Chinn, J. J., Martin, I. K., & Redmond, N. (2021). Health equity among Black women in the United States. *Journal of Women's Health*, 30(2), 212–219.

<https://doi.org/10.1089/jwh.2020.8868>

Chinn, S., Martin, L., & Richardson, A. (2021). Barriers to disclosure of childhood sexual abuse among African American women. *Trauma, Violence, & Abuse*, 22(3), 457–

472. <https://doi.org/10.1177/1524838019881732>

Chiu, Y.-C., Yeh, Y.-C., & Pai, H.-C. (2022). Applying phenomenology in nursing research. *Journal of Nursing Research*, 30(1), e194.

<https://doi.org/10.1097/jnr.0000000000000460>

Clark, S. A., Immelman, T. D., Hart, A., & Kaslow, N. J. (2022). Childhood maltreatment and resource acquisition in African American women: The role of self-esteem. *Psychological Trauma*, 14(2), 312–321.

<https://doi.org/10.1037/tra0001045>

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods* (5th ed.). Sage.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage.

Cuthbertson, L., Robb, Y., & Blair, S. (2020). Philosophical underpinnings of a study that

employs interpretative phenomenological analysis. *Radiography*, 26(2), e94–e102. <https://doi.org/10.1016/j.radi.2019.11.092>

Day, R. T. (2014). *African American survivors of childhood sexual abuse: Perceptions of treatment and treatment providers* (Doctoral dissertation). Auburn University Digital Archive.

<https://etd.auburn.edu/bitstream/handle/10415/4205/African%20American%20Survivors%20of%20CSA-Ryan.Day-FINAL-Dissertation.pdf>

de Boer, K., Arnold, C., Mackelprang, J. L., & Nedeljkovic, M. (2022). Barriers and facilitators to treatment seeking among women with complex trauma histories.

Health & Social Care in the Community, 30(6), e4303–e4310.

<https://doi.org/10.1111/hsc.13823>

DeFrancisco, V. L., & Chatham-Carpenter, A. (2000). Self in community: African American women's views of self-esteem. *Howard Journal of Communications*,

11(2), 73–92. <https://doi.org/10.1080/106461700246634>

Department of Health, Education, and Welfare. (1979). *The Belmont report*. U.S.

Department of Health and Human Services.

<https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>

Dorri, A. A., Stone, A. L., Heffington, B. I., Njowo, P. J., Rivera, G., Schnarrs, P. W., & Salcido, R. (2023). “We’re not gonna talk about this; it didn’t happen”: Adverse communication in family responses to mental health, childhood sexual assault, and LGBTQ identities. *Society and Mental Health*.

<https://doi.org/10.1177/21568693231170901>

Evans, A. (2016). Interpersonal trust scale. In V. Zeigler-Hill & T. K. Shackelford (Eds.), *Encyclopedia of personality and individual differences*. Springer.

https://doi.org/10.1007/978-3-319-28099-8_1235-1

Evans, A. M., & Revelle, W. (2008). Survey and behavioral measurements of interpersonal trust. *Journal of Research in Personality*, 42(6), 1585–1593.

<https://doi.org/10.1016/j.jrp.2008.07.011>

Fergusson, D. M., McLeod, G. F., & Horwood, L. J. (2013). Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study. *Child Abuse & Neglect*, 37(9), 664–674. <https://doi.org/10.1016/j.chiabu.2013.03.013>

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530–541.

<https://doi.org/10.1111/j.1939-0025.1985.tb02703.x>

Foley, G., Fowler, K., & Button, P. (2022). Positive mental health in Canadian adults who have experienced childhood sexual abuse. *BMC Psychiatry*, 22(666).

<https://doi.org/10.1186/s12888-022-04279-2>

Foster, J. M., & Hagedorn, W. B. (2014). Through the eyes of the wounded: A narrative analysis of children's sexual abuse experiences and recovery processes. *Journal of Child Sexual Abuse*, 23(5), 538–557.

<https://doi.org/10.1080/10538712.2014.918072>

Gauthier-Duchesne, A., Hébert, M., & Daspe, M.-È. (2017). Gender as a predictor of PTSD symptoms in sexually abused children. *Child Abuse & Neglect*, 64, 79–88.

<https://doi.org/10.1016/j.chiabu.2016.12.008>

- Graham, K., Patterson, T., Justice, T., & Rapsey, C. (2022). Older women's reflections on healing from childhood sexual abuse. *Journal of Interpersonal Violence*, 37(1–2), 705–725. <https://doi.org/10.1177/0886260520916270>
- Greeson, M., & Campbell, R. (2011). Rape survivors' agency within the legal and medical systems. *Psychology of Women Quarterly*, 35, 582–595.
- Hailes, H. P., Yu, R., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: An umbrella review. *The Lancet Psychiatry*, 6, 830–839. [https://doi.org/10.1016/S2215-0366\(19\)30286-X](https://doi.org/10.1016/S2215-0366(19)30286-X)
- Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books. (Original work published 1992)
- Iacono, L. L., Trentini, C., & Carola, V. (2021). Psychobiological consequences of childhood sexual abuse. *Frontiers in Neuroscience*, 15, 771511. <https://doi.org/10.3389/fnins.2021.771511>
- Jasielska, D., Rogoza, R., Zajenkowska, A., & Russa, M. B. (2021). General trust scale: Validation in cross-cultural settings. *Current Psychology*, 40, 5019–5029. <https://doi.org/10.1007/s12144-019-00435-2>
- Kleber, R. J. (2019). Trauma and public mental health: A focused review. *Frontiers in Psychiatry*, 10, 451. <https://doi.org/10.3389/fpsyt.2019.00451>
- Lamoureux, B. E., Palmieri, P. A., Jackson, A. P., & Hobfoll, S. E. (2013). Child sexual abuse and adulthood interpersonal outcomes. *Psychological Trauma*, 4(6), 605–613. <https://doi.org/10.1037/a0026079>

- Liao, K. Y.-H., Wei, M., & Yin, M. (2020). The misunderstood schema of the strong Black woman. *Psychology of Women Quarterly*, 44(1), 84–104.
<https://doi.org/10.1177/0361684319883198>
- MacKay, L. (2012). Trauma and Bowen family systems theory. *Australian and New Zealand Journal of Family Therapy*, 33(3), 232–241.
<https://doi.org/10.1017/aft.2012.28>
- Maj, M., Stein, D. J., Parker, G., Zimmerman, M., Fava, G. A., De Hert, M., ... Wittchen, H.-U. (2020). Clinical characterization of adult depression. *World Psychiatry*, 19(3), 269–293. <https://doi.org/10.1002/wps.20771>
- Maniglio, R. (2009). The impact of child sexual abuse on health. *Clinical Psychology Review*, 29(7), 647–657. <https://doi.org/10.1016/j.cpr.2009.08.003>
- Masson, J. M. (1985). *The complete letters of Sigmund Freud to Wilhelm Fliess, 1887–1904* (J. M. Masson, Trans. & Ed.). Harvard University Press.
- McGregor, S. (2018). *Understanding and evaluating research: A critical guide*. Sage.
- Middleton, T. J., & Owens, D. (2024). African American women and self-esteem. *The Family Journal*, 32(1), 33–40. <https://doi.org/10.1177/10664807231207730>
- Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). Guilford Press.
- Moustakas, C. (1994). *Phenomenological research methods*. Sage.
<https://doi.org/10.4135/9781412995658>
- Munroe, C., & Shumway, M. (2022). Female-perpetrated sexual violence. *Journal of Interpersonal Violence*, 37(9–10), NP6655–NP6675.

<https://doi.org/10.1177/0886260520967137>

National Center for Injury Prevention and Control. (2022, April 6). *Fast facts: Preventing child sexual abuse*.

<https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html>

National Children's Alliance. (2022). *National statistics on child abuse*.

<https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/>

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16, 1–13. <https://doi.org/10.1177/1609406917733847>

Peoples, K. (2021). *How to write a phenomenological dissertation: Step-by-step guide*. Sage. <https://doi.org/10.4135/9781544328362>

Pignault, A., Rastoder, M., & Houssemand, C. (2023). Self-esteem, self-efficacy, and career decision-making. *European Journal of Investigation in Health, Psychology and Education*, 13(9), 1553–1568. <https://doi.org/10.3390/ejihpe13090113>

Rosenberg, M. (1979). *Conceiving the self*. Basic Books. Rotter, J. B. (1967).

Interpersonal trust scale [Database record]. APA PsycTests.

<https://doi.org/10.1037/t02271-000>

Rotter, J. B. (1967). A new scale for the measurement of interpersonal trust. *Journal of Personality*, 35(4), 651–665. <https://doi.org/10.1111/j.1467-6494.1967.tb01454.x>

Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data* (3rd ed.). Sage.

- Secules, S., McCall, C., Mejia, J. A., Beebe, C., Masters, A. S., Sánchez-Peña, M. L., & Svyantek, M. (2021). Positionality practices and equity impact research. *Journal of Engineering Education*, *110*(1), 19–43. <https://doi.org/10.1002/jee.20377>
- Seidman, I. (2019). *Interviewing as qualitative research* (5th ed.). Teachers College Press.
- Stevens-Watkins, D., Perry, B., Pullen, E., Jewell, J., & Oser, C. B. (2014). Examining racism, sexism, and stressful life events among African American women. *Cultural Diversity & Ethnic Minority Psychology*, *20*(4), 561–569. <https://doi.org/10.1037/a0036700>
- Tillman, S., Bryant-Davis, T., & Smith, K. (2022). Cultural identity and resilience among Black women survivors of sexual trauma. *Journal of Black Psychology*, *48*(4), 302–320. <https://doi.org/10.1177/00957984221079124>
- Tracy, S. J. (2020). *Qualitative research methods* (2nd ed.). Wiley-Blackwell.
- Ullman, S. E., & Lorenz, K. (2019). Medical care seeking among African American sexual assault survivors. *Women & Health*, *60*(5), 502–516. <https://doi.org/10.1080/03630242.2019.1671947>
- West, C. M., & Johnson, K. (2013). Sexual violence in the lives of African American women: Risk, response, and resilience. *National Online Resource Center on Violence Against Women*, *1*, 1–14. <https://doi.org/10.13140/2.1.3850.9444>
- Wickham, P. (2020). *Interventions for Black women survivors of child sexual assault*. University of Illinois Chicago, Institute for Policy & Civic Engagement. <https://ipce.uic.edu>

Williams, M. G., & Lewis, J. A. (2021). Gendered racial identity development among Black women. *Psychology of Women Quarterly*, 45(2), 212–228.

<https://doi.org/10.1177/0361684320988602>

Appendix A: Demographic Questions

Basic Demographic Information

1. **Age:** What is your age? (Open-ended or multiple-choice: 18-24, 25-34, 35-44, etc.)
2. **Race/Ethnicity:** Do you identify as African American or Black?
(Yes/No/Other, please specify)
3. **Sexual Orientation:** How do you identify? (Heterosexual, Bisexual, Lesbian, Other, prefer not to answer)
4. **Marital Status:** What is your current relationship status? (Single, Married, Divorced, Separated, Widowed, In a relationship, Other)

Educational and Socioeconomic Background

5. **Highest Level of Education Completed:**
 - Some high school
 - High school diploma or GED
 - Some college
 - Associate's degree
 - Bachelor's degree
 - Master's degree or higher
6. **Employment Status:** What is your current employment status?
 - Employed full-time.
 - Employed part-time.
 - Self-employed

- Unemployed
- Student
- Retired

7. **Household Income:** What is your approximate annual household income?

- Less than \$20,000
- \$20,000 - \$39,999
- \$40,000 - \$59,999
- \$60,000 - \$79,999
- \$80,000 or more
- I prefer not to answer.

Family and Childhood Background

8. **Childhood Household Structure:** Who primarily raised you during your childhood?

- Both biological parents
- Single mother
- Single father
- Grandparents or other relatives
- Foster care or other non-parental guardianship
- Other (please specify)

9. **Parental Education:** What is the highest level of education completed by your primary caregiver(s)?

- Less than high school

- High school diploma or GED
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree or higher
- Not sure

Mental Health and Support Systems

10. **History of Mental Health Diagnoses:** Have you ever been diagnosed with a mental health disorder? (Yes/No/Prefer not to answer)
11. **Therapy/Counseling Experience:** Have you ever received therapy or counseling services? (Yes, currently; Yes, in the past; No)
12. **Religious or Spiritual Beliefs:** Do you identify with a particular religious or spiritual belief system? (Yes/No, with space to specify)
13. **Support System:** Do you feel that you have a strong social support network (friends, family, community)? (Yes/No/Somewhat)

CSA-Related Context (General, No Explicit Disclosure Required)

14. **Age at First Exposure to CSA:** At what age did the abuse first occur? (Under 5, 5-9, 10-14, 15-17, Prefer not to answer)
15. **Abuse Perpetrator Relationship:** Was the perpetrator known to you? (Yes, a family member; Yes, a non-family acquaintance; No, a stranger; Prefer not to answer)

16. **Access to Support:** Did you have access to therapy or counseling services after your CSA experience? (Yes/No/Not sure)
17. **Perception of Healing:** On a scale from 1 to 10 (1 = Not at all, 10 = Completely), how much do you feel you have healed from your CSA experience?

Appendix B: Semistructured Interview Questions

1. How has your childhood sexual abuse shaped your self-esteem and ability to trust as an African American woman in adulthood?
2. How have your childhood experiences influenced your identity, self-worth, and relationships?
3. What factors influence their ability to establish trust in relationships?
4. Have cultural values, community practices, or support systems helped you heal from your childhood experiences?
5. What challenges do African American women encounter when building and maintaining trust in relationships, and how have these challenges affected you personally?
6. How have societal narratives and stereotypes about African American women, influenced your self-esteem?
7. How have societal narratives and stereotypes about African American women, influenced your ability to trust?