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Experiences of Parenting for African American Female Survivors of Childhood Sexual Abuse

Chelsea Sharpe
Walden University

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Walden University

College of Counselor Education & Supervision

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Chelsea Sharpe

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Walden University
2018

Abstract

Experiences of Parenting for African American Female Survivors of Childhood Sexual
Abuse

by

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MS, Troy University, 2007

MEd, Troy State University, 2004

BS, Georgia Southern University, 1999

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Counselor Education and Supervision

Walden University

May 2018

Abstract

Childhood sexual abuse (CSA) has been linked to a number of adverse effects in adulthood including higher levels of depression, shame, guilt, self-blame, somatic concerns, anxiety, dissociation, repression, denial, relationship problems, and sexual problems. Little is known, however, about the influence CSA has on parenting, specifically among African American mothers, as previous researchers have primarily focused on the trauma experienced by survivors. Examining the impact of CSA on African American mothers' parenting is important as those children of survivors will often also experience the impact of the long-term sequelae associated with CSA. Guided by womanist theory, the purpose of this hermeneutic phenomenological qualitative inquiry was to explore the lived experiences in relation to parenting of African American mothers who survived CSA. Experiential anecdotes of data collected from interviews with 7 participants were hand coded for emergent themes; analysis generated 4 essential themes and 10 subthemes of experience. Themes included impact of abuse, bonding, efforts to protect, spirituality, and desires. This study's implications for positive social change include contributing to the knowledge base about the process of parenting experienced by African American female survivors of CSA. Findings may add insight shedding light on cultural nuances in parenting and coping with trauma and inform culturally-competent practice. Using study findings, mental health providers may be able to develop tailored treatment interventions and better support services for the prevention of adverse long-term effects of CSA in African American women.

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Dedication

I would like to dedicate this body of work to my daughter, Jaelan. All of my work and sacrifices are for you and your future. Thank you for being patient with me and encouraging me to move forward in this process. I would not have accomplished this task without you. I also dedicate this work to my parents who ensured that I was provided the opportunity to acquire an education and not have to struggle as they had to while growing up.

Additionally, this study is dedicated to the participants who generously gave their time and personal stories to this project. Your experiences along with my own strengthen me to continue to push harder in all my endeavors.

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It has been a long, challenging, and unpredictable journey. As this journey comes to a close, it is evident to me that I have not walked it alone. There are many people for whom I am truly grateful for their pleasant distractions which made this process a little easier. Thank you to my family who has supported me throughout. To my daughter Jaelan and sister Linda, I thank you explicitly for listening and encouraging me when I would veer off course. To my mom, dad, and closest friends, who encouraged me and expressed their faith in me from the beginning of pursuing my doctoral degree, I thank you.

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Chapter 1: Introduction to the Study

Introduction

Exposure to physical and sexual abuse results in serious negative impacts to survivors' well-being (Finkelhor, Turner, Shattuck, & Hamby, 2013). Most sexual abuse happens during childhood because children are most vulnerable and trusting of others (Snyder, 2010). Childhood sexual abuse (CSA) is a community problem with serious immediate short- and long-term consequences (Wosu, Gelaye, & Williams, 2015). Acts of CSA may be committed by strangers, family members, and family friends (Finkelhor, 2013). Sexual abuse can be hard to discuss and harder to acknowledge by survivors. Effects of CSA include behavior problems, developmental difficulties, and mental and/or physical health issues throughout one's lifespan (Hornor, 2010).

The legacy of slavery in the United States has affected the experience of sexual abuse among African American females. As Talty (2004) noted, slavery was used by slave owners to justify and legalize African American females' status as property in order to bear children and perform unpaid labor to produce wealth for their master. Although legitimized slavery and the subsequent sexual infringement of African American females have ended, its effect remain today and are evident in the form of *transgenerational trauma* (Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010). Transgenerational trauma describes elements of trauma and violence from a parent's past that are repeated in the next generation (Kleinot, 2011). The experience of CSA among African American females may be distinctly different from CSA among females of other races or ethnicities; therefore, the resultant trauma may result in diverse, negative outcomes to

their well-being (Wadsworth & Records, 2013). Most African American female survivors do not reveal their experience of CSA experience to others because they seek to demonstrate a culturally approved persona as “strong” women. (Wadsworth & Records, 2013).

Background of the Study

CSA affects various domains of adult functioning in women, including problems in parenting practices (Trickett, Noll, & Putnam, 2011). Survivors of CSA may face many challenges in parenting, including attachment or detachment to their children (Smith et al., 2012). Barrett, Kamiya and Sullivan’s research findings illuminated that the experience of CSA profoundly affects survivors’ ability to provide support and security to their children (2014). However, individual survivors’ circumstances and reactions to circumstances were not universal nor were they insurmountable.

CSA appear negatively impact child rearing (Champion, 2011). Female survivors of CSA tended to have permissive parenting styles and felt a lack of control as parents which indicated low levels of self-competence (Jaffe, Cranston, & Shadlow, 2012). Parenting styles of CSA survivors differ because lived experiences differ. Some survivors of CSA had difficulties establishing maternal bonds with their children (Wilson, Kimbrel, Meyer, Young, & Morissette, 2014). Jaffe, Cranston, and Shadlow (2012) proposed that decreased self-efficacy stemming from CSA resulted in reduced efforts at parenting by survivors or negatively affected such efforts. These authors further highlighted that survivors of CSA faced difficulties in interpersonal functioning which resulted in reactive attachments with their children as well as insecurities that hindered healthy relationships.

Researchers have shown CSA to have consistent, negative impacts on parenthood (Karakurt & Silver, 2014).

Researchers have found that CSA survivors who became mothers also experienced intergenerational cycles of maltreatment (Cavanaugh & Classen, 2009). Intergenerational cycles of maltreatment accounted for learned patterns of responses from modeled behaviors, inherited predispositions from a biological component of temperament passed down from a generation, or the biological and social learning (environmental) factors combined (Dixon, Browne, & Hamilton-Giachritsis, 2009). Intergenerational cycles of maltreatment, therefore, lead to adverse childhood experiences (ACE) such as sexual and physical abuse and/or physical and emotional neglect that occurred within the family unit (Seiler, Kohler, Ruf-Leuschner, & Landolt, 2015). It was, thus, conceivable that the association between ACEs and negative physical and mental health outcomes (e.g., depression, suicide, drug use, HIV, cancer, heart disease, diabetes, etc.) in adulthood was to be expected among adults who had failed to attain a reasonable psychological state for managing a childhood history of adversity, which might influence parenting the next generation (Murphy et al., 2014).

Physical abuse is one form of maltreatment that appears to have an intergenerational and lasting impact as described by Dixon et al. (2009). Other intergenerational maltreatment identified by Dixon et al. were poor parent-child relations, lack of parenting skills, poor emotional control, and lack of knowledge. Dixon et al. concluded that these forms of maltreatment have the potential to have a lasting negative impact on children and be manifested in their own childrearing later in life.

Some mothers who experienced CSA exhibited difficulties in functioning in the role of parent which resulted in long- and short-term effects (Yancey et al., 2013). Greater risk of depression, distress, suicidal thoughts and behaviors, and disclosure were prevalent among CSA-surviving mothers compared to those who had not experienced CSA (Barrett, 2009). Depressed mothers frequently disengaged, exhibited less warmth towards their children, or were more engaged in hostile behaviors that were psychologically controlling compared to survivors who had not experienced depression (Seltmann & Wright, 2013). DiLillo and Damashek (2003) discussed role reversal between mothers and their children due to inconsistent boundaries which lead to enmeshment for their children to provide them psychological and emotional support. In all, negative outcomes stemming from survivors' lived experiences are ongoing and detrimental which can cause poor and negative communication and impaired parent-child boundaries and emotional behaviors (Vasconcelos, 2007).

Problem Statement

Although findings vary by study, multiple sources indicate that approximately 44% of females under the age of 18 reports experiencing some form of CSA (Bureau of Justice Statistics, 2004; RAINN, 2009). Other data showed that 13% of women reported at least one incident of sexual abuse (U.S. Department of Health and Human Services, 2015). Multiple researchers have observed that female survivors of CSA experience challenges functioning in adulthood and as parents (Seltman & Wright, 2013; Yancy, Naufel, & Hansen, 2013). Previous research found that CSA negatively affects functioning and well-being; however, the degree of the impact vary (Karakurt & Silver,

2014). Multiple seminal works have demonstrated a high risk for these mothers to maltreat their children as well as challenges such as permissive parenting styles, difficulties trusting others with their children, and insecurities about parenting abilities (Cross, 2001; Ruscio, 2001). Additional evidence provided by researchers has shown that ACE has systemic negative consequences for the CSA survivor's wellbeing over her lifespan (Andersen & Blosnich, 2013); sexual abuse is determined to be a significant ACE.

Those who had experienced physical abuse during childhood were more likely to mistreat their children (Fujiwara et al., 2012); this was especially true for mothers who did not exhibit positive adjustments to the experienced traumas (Newcomb & Locke, 2001). Concomitantly, childhood maltreatment was connected to various negative health problems, including mental health issues (e.g., impulse control, depression, and anxiety), somatic symptoms, and sexual and regenerative issues (Andersen & Blosnich, 2013). A review of pertinent literature indicated that a gap exists regarding the lived experiences of African American female survivors of CSA in relation to parenting. This lack of research is especially salient because experiences of CSA may impede mothers' ability to establish positive attachments to their children (see Barrett, 2009). This gap in the literature is concerning in that counselor educators and supervisors lack the information necessary to address challenges faced by CSA survivors in order to advocate for them, provide support, and trainings for counselors on the experiences of African American CSA survivors who are parents.

Purpose of the Study

The purpose of this hermeneutic phenomenological qualitative inquiry was to explore the lived parenting experiences of African American mothers who survived CSA. The study was aimed at bridging the gap in existing research. I focused on the lived experiences and perceptions of African American female adult survivors of CSA who have undergone therapy and are raising children. The study can potentially benefit counselor education and supervision as well as the broader counseling profession. Using study findings, experts in the field may be able to more effectively tailor interventions that address depression and parental issues and develop support strategies based on information provided by African American mothers who are CSA survivors. Study findings can also provide guidance mental health professionals in establishing support groups and parenting classes for these mothers. These findings may positively impact social change, clinical practice, and education.

Research Questions

The main research question for this study was the following: What are the lived experiences of parenting for African American mothers who are childhood sexual abuse survivors?

I also posed two subquestions:

1. How do African American mothers who are survivors of childhood sexual abuse describe their experiences raising children, including their parenting styles or strategies?

2. What sources of resilience do African American survivors of CSA have in parenting?

Conceptual Framework

The womanist theory perspective coined by Alice Walker in 1983 as a problem-solving method to end oppression and restore a sense of balance among African American women, the environment, and spirituality (see also Phillips, 2006). This theory is essential to comprehending the unique political, social, and economic positions of African American women throughout the United States (Rousseau, 2013). Womanist theory has been used by scholars to build awareness and educate others about African American culture, social, and behavioral experiences (Banks-Wallace, 2000; Collins, 2000). Womanist theory exemplifies the essence of African American women's lived experiences by synthesizing elements of their stories (Banks-Wallace, 2000; Taylor, 1998). Womanist concepts extend into the arenas of counseling, mental health, and other social sciences as a way to describe philosophical meaning and facilitate understanding of African American females' experiences (Tsuruta, 2012). Womanist ideas contribute to the effectiveness of mental health and wellbeing, despite life's obstacles (Heath, 2006).

African American mothers who are survivors of CSA have experienced multiple, profound experiences of oppression. Womanism has provided a mechanism for unpacking such oppression. This framework has allowed for these women's intersectional history of racial and gender oppression to be recognized and has honored their strengths and experiences (Rousseau, 2013). Through a womanist lens, I explored relationship challenges and resources related to parenting in the lived experiences of CSA

survivors. Womanist theory applied to a hermeneutic phenomenology approach enables *contextual and structural accounts* of the lived experiences (Patton, 2002). The researcher encouraged participants to be uninhibited while telling their stories and find meaning in their experiences, as per Patton (2002).

Nature of the Study

I used a qualitative research approach to explore the lived experiences of African American mothers who were survivors of CSA. Using qualitative research, I was able to explore lived experiences, human behaviors, and interpretations of participants. Using a phenomenological approach, I gained insight into participants' perceptions and meaning of the phenomenon as described by Patton (2002). Hermeneutic phenomenology allow researchers to interpret collected data (Van Manen, 1990). I conducted semistructured interviews with open-ended questions to collect data. In order to protect the psychological stability of participants, I only recruited those who have undergone therapy. Responses were coded, analyzed, and labeled based on similarities in emerging themes by my engagement in the hermeneutic loop in an interactive evaluation of transcribed interviews, structural and textural descriptions, and field data. This enabled me to gain more insight on participants lived experiences and everyday lives while parenting.

Definitions

Adverse childhood experience: An experience of sexual, physical, psychological, emotional abuse, or neglect within the family system before the age of 18 (Santoro,

Suchday, Benkhokha, Ramanayake, & Kapur, 2015). Childhood adversity impacts health and functioning throughout the life cycle (Seiler et al., 2015).

Childhood sexual abuse: The involvement of a child in sexual activity that is not developmentally appropriate or comprehensible and for which no consent is provided (Wosu et al., 2015).

Intergenerational transmission: The process through which attitudes and behavior of earlier generations intentionally or unintentionally psychologically influence parenting of the next generation (Lev-Wiesel, 2006).

Intrafamilial abuse: A term used to describe incest among a father and daughter (Fitzgerald et al., 2008).

Maltreatment: A form of sexual abuse, physical abuse, neglect, or exploitation leading to potential or actual harm to an individual's development (Butchart, Harvey, Mian, & Furniss, 2006).

Transgenerational trauma: An historical, continuing, and traumatic experience/s affecting more than one generation (Crawford, Nobles, & Leary, 2003; Dass-Brailsford, 2007).

Womanist: An adjective used to describe African-American female development of adaptive traits of resiliency that support optimal well-being and spirituality (Tsuruta, 2012).

Womanist theory: the theoretical foundation essential to understanding the distinctive social, economical, and political position of African American women in the United States (Rousseau, 2013).

Assumptions

Phenomenology alludes to an arrangement of philosophical precepts sharing assumptions with respect to what the world resembles (ontological), what is known based on researcher's knowledge (epistemological) and methods used in the research process (Kafle, 2013). For this study, it was assumed that participants had completed therapy and were willing to participate in this study. Furthermore, there was an assumption that rapport would be established and participants would be open and honest to the interview questions. For some participants, their CSA experience may have occurred years ago, therefore, I assumed the accuracy of the reports would be truthful and not be fabricated. In pursuance of capitalizing on the primary researcher's personal access, participants from a populous region of the south were recruited.

Scope and Delimitations

The study was delimited to African American mothers ages 18 years and older, who were survivors of CSA, had undergone therapy, and were currently or had been primary care givers to children who lived in or out of the home. The boundaries of the study were that those who did not experience sexual abuse during their childhood and had partial custody were excluded. This brought about some concern with respect to the generalizability of the study. Subsequently, future studies may incorporate males and/or other races and ethnicities as well as those actively in crisis.

Limitations

Several limitations for this particular study were considered. The study was specific and limited to African American mothers who had undergone therapy after CSA.

Those not meeting this requirement were excluded from participation in the study. Only participants who completed therapy were recruited to reduce potential harm to survivors actively in crisis. Additionally, investigator bias was considered as a limitation. Based on the primary researcher's personal experience with this research topic, measures were implemented to minimize the risk of researcher bias to ensure quality and legitimacy of participant's self-reports would not be distorted by my own interpersonal experiences. Additional details and safety measures is discussed in chapter 3.

Significance

Counselor educators and supervisors, and in turn, counselors, are charged with supporting mothers' efforts to establish and maintain positive relationships with their children. The study's findings and recommendations serve as a catalyst for engendering positive social change by informing researchers and practitioners on the phenomenon of CSA abuse victimization and parental issues among African American mothers. Ultimately, this research adds to the body of knowledge that will empower and gives voice to African American mothers who are survivors of CSA facing challenges as parents. It may assist family members, friends, and other community stakeholders by providing more in-depth perspective on how CSA influences these mothers. Lastly, this study will also potentially heighten awareness and opportunity for the creation of curriculum to inform the future of counseling and Counselor Education and Supervision. Ultimately, these efforts may lead to positive familial and child-rearing experiences for these mothers and their families.

Summary

CSA is a problem influencing a large number of female adults every year. The long-term impact of CSA can be detrimental for both the survivor and their children while parenting. The motivation and interest behind this investigation is to bridge a gap in literature examining the effect of CSA on parenting. Chapter 1, provided the background of the study, a discussion of the overall problem, the significance of the study assumptions, limitations, delimitations, and definition of terms. Chapter 2 provides an in-depth review of literature on African American females' parenting after childhood sexual abuse. Chapter 3 describes the methodology chosen for this specific study and the analytic process applied to the data.

Chapter 2: Literature Review

Introduction

ACE results from multiple impacts of prolonged exposure to various adversities during childhood; the lifelong outcomes may become apparent years after initial exposure (Anda, Butchart, Felitti, & Brown, 2010). ACE is a term used to understand public health ramifications of child maltreatment and other related experiences (Anda et al., 2010). ACE includes maltreatment such as sexual, physical, and emotional abuse; neglect (physical and emotional); parental psychopathology; poverty; and witnessing parental conflict with negative, lasting effects (Chartier, Walker, & Naimark, 2010).

Researchers studying high-income countries estimated that 4–16% of children experienced severe parental abuse and that 10-20% of children witnessed interparental violence (Chartier et al., 2010). Interparental violence is defined as exposure to violence in the home by a parent or caregiver (Telman et al., 2016). According to Finkelhor (2010), 15–30% of girls and 5–15% of boys experience sexual abuse, which may lead to an array of negative outcomes in childhood to adulthood (Chartier et al., 2010). Children subjected to sexual abuse are at increased risk for behavioral, social, interpersonal, and psychological functioning issues and poor academic achievement (Currie & Widom, 2010). Among young adults, higher rates of depression, anxiety, suicides, and substance abuse were reported (Rao et al., 2010).

Many U.S. adults have experienced one or more types of ACE, such as abuse and household dysfunction (CDC, 2010). Exposure to ACE is associated with an increased risk of death (Brown et al., 2009), mental and physical health conditions encompassing

suicide, heart disease, cancer, obesity, substance abuse disorders, depression, and PTSD (Felitti & Anda, 2010), and various chronic diseases (Danese et al., 2009). Adult health is thought to worsen after experiencing childhood trauma throughout life changes in the structure and the body's functioning to respond to stress (Danese & McEwen, 2012; Danese et al., 2009).

Unhealthy behavioral and biological responses to childhood adversity could be reactivated in parents providing care to their children (Whitaker et al., 2014). According to Whitaker et al. (2014), women experienced ACE 50% more than men. Whitaker et al. also concluded negative health outcomes including fatigue, depression, nonmalignant obesity pains, fibromyalgia, and irritable bowel syndrome to be females natural process for mainstream epidemiology. Murphy et al. (2014) asserted it is conceivable that established association among ACE and negative outcome results in adulthood was normal among adults who were not cognizant to grappling with one's childhood adversity which may thus influence parenting their next generation.

According to the CDC (2010) ongoing surveillance of ACE was assessed. The CDC is a major component of the U.S. Department of Health and Human Services (CDC, 2010). The CDC protects Americans from health, safety and security threats, both outside and in the United States (CDC, 2010). One measure of CSA was based on findings collaborated between the CDC and Kaiser Permanente known as the CDC-Kaiser ACE Study (Anda et al., 2010). Authors of this study assessed the impact of ACE by combining retrospective baseline and follow-up reports on the prevalence of child maltreatment, household dysfunction, substance abuse, disease, health behaviors,

premature mortality, parental incarceration, and outcomes from childhood to adulthood (Anda et al., 2010; Felitti et al., 1998). The study consisted of 1,700 middle-class Hispanic, Asian, Caucasian, and African American participants (half of whom were women and half of whom were men) averaging 57 years of age who experienced CSA by the age of 18 (Anda et al., 2010). Using a cumulative stressor model, the authors of the study found a link between prevalence rates of CSA and various health outcomes such as 25.6% substance abuse, 3.7% heart disease, and 16.7% various chronic diseases (Felitti et al., 1998).

In 2008, a survey developed by the CDC similar to the original CDC-Kaiser ACE study developed into a behavioral risk factor surveillance system (BRFSS), which enabled the determination of the prevalence of ACE and its relationship to health behaviors in the United States (Anda et al., 2010). In 2009, the BRFSS survey conducted with 26, 229 adult participants from a probability sample in five states (Tennessee, Louisiana, Arkansas, New Mexico, Tennessee, and Washington) to determine the prevalence of ACE (Anda et al., 2010). Data collected from an ACE module consisting of 11 questions yielding eight categories of ACE encompassing verbal abuse, physical abuse, sexual abuse, household mental illness, household substance abuse, domestic violence, parental separation and or divorce, and incarcerated family members (Bynum et al., 2010).

Data reports indicated that 59% of participants experienced at least one category of previously stated ACE and nearly 9% experienced five or more categories with 17.2% women experiencing CSA (Bynum et al., 2010). Data also suggested that 4.9% of non-

Hispanic Black participants reported less than five or more ACEs compared with non-Hispanic White participants who reported 8.9 ACEs (Bynum et al., 2010). Additionally, researcher findings concluded that there has been little research on the relationship between ACE and adult health on population-based samples; more emphasis has been given to clinically based samples (Ports, Ford, & Merrick, 2016). CSA is one severe form of ACE. More research on the link between ACE, race, and ethnic differences of survivors of CSA may provide a more in-depth understanding of the level of risk among CSA survivors for CSA (Ports et al., 2016). In my research, I paid attention to elements of ACE given the importance identified above.

The purpose of this hermeneutic phenomenological qualitative inquiry was to explore the lived parenting experiences of African American mothers who survived CSA. CSA has been associated with a range of problems throughout childhood and adulthood (Ports et al., 2016). Based on my review of the literature, few researchers have explored the impact of CSA on parenting experiences of African American mothers. The vast majority of research found has focused on the effects of CSA mother's health. This literature review discussed, in part, the impact that CSA had on mothers and parenting. The literature review also provided information on previous and recent studies linked to CSA, theoretical frameworks, transgenerational violence, outcomes including depression, oppression, silence, barriers to therapy, and parenting styles.

Literature Search Strategy

An extensive review was conducted by using research databases that included ScienceDirect, ResearchGate, PsychINFO, PsycARTICLES, EBSCOhost, ProQuest, and

SocINDEX. The review included numerous published academic scholarly journals and professional websites including the Bureau of Justice Statistics, U.S. Department of Health and Human Services, and Centers for Disease Control and Prevention. Keywords in searching these databases were *prevalence, trauma, child sexual abuse, childhood sexual abuse, transgenerational, parenting styles, barriers, depression, oppression, outcomes, therapy, counseling, long term effects, Adverse Childhood Experience, womanism, and womanist*. Additional searches through Walden University's online library, Google Scholar, and Google search engine were also accessed to locate a combination of terms such as *childhood sexual abuse impact on African American women, and childhood sexual abuse African American*. Due to limited current research on African American mothers parenting after having experienced their own CSA, a broad search on general female childhood sexual abuse was used. The search started with child sexual abuse survivors in general and, consequently, narrowed down to African American mothers. I reviewed several sources providing a foundation for the exploration of the impact of CSA on mothers, their parenting, and long-term effects.

Theoretical Foundation

The framework of Heideggerian phenomenology is one that promotes understanding as an essential type of human presence in that understanding is the way we are, not the way we know the world (Heidegger, 1962). Heidegger's (1962) accentuation on the understanding of one's experience and background incorporates culture from birth and is passed on, introducing methods for understanding the world. Asserting that to be human is to interpret, Heidegger (1962) expressed each experience includes an

interpretation impacted by an individual's experience. Which described this interpretive process as concentrating on historical meanings of experience and their development and cumulative effects on individual and social levels.

Hermeneutic phenomenology focuses on the subjective experience of individuals in attempts to unveil the world as experienced by the participant through their life stories (Kafle, 2013). A hermeneutic phenomenological incorporating womanist theory explored participants lived experiences within a faith-based, sociocultural context providing the best opportunity to give voice to the participant's experiences by creating meaning and sense of understanding. Womanist theory was the theoretical foundation used in this research to analyze the literature, guide the research and interview question process, to guide in a priori coding, and analysis of results. I used this theory to identify African American survivors' distinct experiences of CSA, oppression, and other significant aspects of self.

Womanist theory is a term coined by Alice Malsenior Walker out of her collection of essays entitled, *In Search of Our Mother's Garden: Womanist Prose* published in 1983 and has been further appropriated by other scholars to validate the life experiences of African American Women (Littlefield, 2003). Walker highlighted the term *womanist* derived from the word *womanish* in contrast to *girlish*, suggesting a level of irresponsibility and immaturity (Walker (1983). Walker's definition of Womanist derived from *womanish* in contrast to *girlish* portrays a youthful female of color trying to be grown existing outside of societal boundaries (Walker, 1983). A womanist framework acknowledges the uniqueness of African American women lived experiences, articulates

the differences and similarities between African Americans and other women of color experiences, and explicitly addresses bonds between African American women and men and their ability to recognize connections between diverse groups in efforts to work toward eliminating all forms of oppression (Banks-Wallace, 2000). Therefore, a defining attribute of womanist was the interdependence of experience, action, and consciousness (Abdullah, 2012).

Womanist theory offered a way of escaping the unsustainable impasse of multiple stigmas (Williams & Wiggins, 2010). According to Williams and Wiggins (2010), using a womanist model addresses African American females lives in a holistic manner to the extent of avoiding conceptualizing patterns of resistance inherited to African American women. Borum (2012) discussed womanist theory being implemented in efforts to expound upon the reality of African American women experiences differed from White Americans so much that a term besides feminist needed to be incorporated. Tsuruta, (2012) expressed womanish disassociates itself from cultural context and realities of society and identifies with the wholeness of the entire people (Walker, 1983). (Abdullah, 2012) asserted womanist epistemology focused the ordinary experiences of African American females as an essential to addressing philosophic issues identified with the ideas of knowledge and truth. Furthermore, Abdullah (2012) discussed womanist epistemology in four dimensions: (1) experience and perception of meaning, (2) dialogue in examining knowledge claims, (3) caring, and (4) personal responsibility

Muwati, Gambahaya, and Gwekwerere (2011) emphasized that womanism focuses on three key concepts of interlocking multiple oppressions affecting African

American women, self-worth, and the importance of accepting African American culture. Womanism assumes that sexist and racist oppression is a single phenomenon that independently impacts African American women's status (Muwati et al., 2011). In essence, womanism provided an intersectional structure that underscores the unique holistic and mutually constitutive, integration of race, culture, ethnicity, and sexual orientation identified with African American women lived experiences (Borum, 2012). In this research study, Womanist Theory was utilized to give visibility to the lived parenting experiences of mothers who are CSA survivors and give voice to their stories.

As a theoretical framework, womanist theory described the unique experiences of African American women as both mothers and survivors of CSA addressing the harsh realities of their experiences of CSA, oppression, and resilience through a womanist lens. The Womanist theoretical approach offered a model that addressed the intersections of African American CSA survivor's identity as she navigates through sexism, racism, and classism (Tsuruta, 2012). Additionally, this framework acknowledged their identities, struggles, and strengths influencing their resilience to move forward from their experiences through their faith and spirituality.

Hence, the womanist perspective voiced the unique aspects of mothering, nurturing, and survival in efforts to regain power and a desire to move forward (Rivers, 2015). It was theorized that African American women appear emotionally strong, resisting all forms of oppression (Tsuruta, 2012). As noted by Everett et al. (2010), African American women tend not to ask for help, which leads to stress and less optimal coping methods and health outcomes. Miguda 2010, emphasized the womanist model

encourages African American women to value roles, own knowledge, and self-definition that they choose themselves centered and grounded from African culture. A womanist lens captured the essence of experience against social injustices of what African American women encountered for decades. In this research, a womanist lens was utilized as a window to a clearer understanding as a reference point to assess and interpret their experiences.

Literature Review Related to Key Variables and/or Concepts

Childhood Sexual Abuse

Childhood sexual abuse (CSA) is a major problem in the United States (Breiding, 2015), impacting public health (Ports, Ford, & Merrick, 2016). CSA is also a serious social issue with expansive consequences for victims, their families, and communities (Black et al., 2011). In 2013, the U.S. Department of Health and Human Services reported 60, 956 substantiated cases of child sexual abuse in the United States. CSA ranges from molestation to incest, which is primarily perpetrated by males identified as family, friends, or strangers (Breiding, 2015). Children who are exposed to early trauma, such as abuse and neglect, are at greater risk for experiencing some form of abuse across their life spans, which results in these children developing poor health, cognitive, behavioral, social, and emotional outcomes (Wilkins, Tsao, Hertz, Davis, & Klevens, 2014). Furthermore, CSA may impact female development (Trickett, Noll, & Putnam, 2011). Trickett, Noll, and Putnam (2011) conducted a 23 year longitudinal study from which the authors suggested that additional biopsychosocial factors of sexually abused females encompassing early puberty, premature deliveries, and teen motherhood also

leaves CSA survivors vulnerable to future sexual abuse and re-victimization. Re-victimization occurs when a survivor of sexual abuse is sexually abused again (Ports et al., 2016).

Sexual Abuse History of African American Women

Anywhere from one-sixth to one quarter of women in the United States have survived some form of sexual violence, regardless of race or ethnicity (Tillman, Bryant-Davis, Smith, & Marks, 2010). Tillman et al. (2010) emphasized that the sociohistorical context of moral and legal condone sexual victimization is different for women of other races compared to African Americans due to continued unrestricted sexual abuse perpetrated by Whites during the slave era into present day. Data accumulated from research comprised by Barrett's (2009) findings supported the prevalence rate of sexual victimization among African American women to be 3 out of 10 who had been assaulted at least once. Barrett (2009) concluded discrepancies might affect actual prevalence rates due to underreporting.

The unique history of African American oppression established a sociohistorical context for sexual abuse (Watson, Robinson, Dispenza, & Nazari, 2012). Survivors of sexual abuse were affected by many forms of oppression, including sexism, racism, classism, ageism, ableism and others (Abdullah, 2012). These types of oppression regularly compound the impact of sexual victimization, exacerbating the trauma experienced by survivors (Watson et al., 2012). According to Butler (2015), critical race feminist argue racism intersects with oppression obscuring sexual choices and consent for African American women since slavery.

Cox's (2009) writings on experiences of those who were brought to the New World on slave ships discussed that in 1619, the first ship of enslaved African Americans arrived in Jamestown, Virginia. For many African American women, sexual abuse was a part of their initial journey (Cox, 2009). At this time in U.S. history, rape laws were race specific not recognizing African American females as victims (West, 2006). Furthermore, sexual abuse was legal and justified by White plantation owners known as slave masters, as enslaved Africans and their descendants were considered property (Talty, 2003). African American women were placed on auction blocks, stripped of their clothes, and examined to determine if they were sexually mature to become pregnant (Cox, 2009). In 1808, the importation of African Americans was banned; thus, systematic sexual exploitation of African American females was used to continue to deliver an interminable labor force (West, 2006). As reflected in Lynch's (1712/2012) letter

Take the female and run a series of tests on her to see if she will submit to your desires willingly. Test her in every way, because she is the most important factor for good economics. If she shows any sign of resistance in submitting completely to your will, do not hesitate to use the bullwhip on her to extract that last bit of [b---] out of her. Take care not to kill her, for in doing so, you spoil good economics. (p. 2)

Enslaved African American females' bodies were considered accessible at all times, as they experienced repeat sexual abuse by their masters and were forced into sexually uninhibited breeding practices rationalized by stigmatization (Bryant-Davis et al., 2010). West (2006) expressed that healthy slaves were used to practice slave breeding with the

objective of creating children sufficient for heavy labor. Identified as chattel property, comparable to other farm animals, African American women's children were sold to other slave masters, separating families, creating unimaginable stress and grief (Cox, 2009).

The unabated commodification and legacy of slavery in the United States has undeviatingly shaped the experience of sexual abuse among African American females (Tillman, Bryant-Davis, Smith, & Marks, 2010). King (2014) noted that the creation and perpetuation of negative sexual stigmatizing and stereotyping negated the notion that African American females are legitimate victims of sexual abuse, identified as an occupational hazard. Specifically, as domestic workers (e.g. washerwomen, maids, cooks), African American women were routinely sexually abused by their slave masters (Tillman et al., 2010). Furthermore, negative stereotyping permitted masters to propagate the concept that African American women were not sexually exploited and found sex pleasurable (King, 2014). According to Tillman, Bryant-Davis, Smith, and Marks (2010) the Jezebel stereotype, presented African American women as sexually promiscuous and immoral, which was created to rationalize the sexual atrocities enslaved African women were repeatedly subjected to by their slave masters. Present day Jezebels are commonly labeled: hoochies, hoodrats, and welfare queens (Watson, Robinson, Dispenza, & Nazari, 2012). Images of these Jezebels can be seen in music videos depicting African American women as sexually promiscuous (Littlefield, 2008). Although the labels vary, the perception about these women has not— contemporary Jezebels are still thought to be sexually available and sexually uninhibited (Watson et al., 2012).

Watson, Robinson, Dispenza, and Nazari (2012) elucidated that stereotypes about African American female sexuality created during the slave era persist today and serve as a barrier to disclosure among many African American female sexual abuse survivors. Additionally, racism and other traumatic forms of oppression encountered by African American women may hinder a female's decision to disclose experiences of sexual abuse (Bryant-Davis & Ocampo, 2006). Although legalized slave labor, ownership, and sexual victimization through slavery have ceased, the belief that African American females are not legitimate victims of sexual abuse remains today (Watson et al., 2012). African American women have fought, ran away, engaged in activism, and developed a culture of silence in efforts to resist sexual abuse (Broussard, 2013).

Oppression and Silence

As previously noted, during slavery, sexual exploitation and rape were means used to oppress and dominate enslaved African American women (Bryant-Davis, Ullman, Tsong, Tillman, and Smith, 2010). Institutionalized rape during the slave era helped subjugate African American bodies and maintain racial and gender oppression (St Julien, 2014). Impoverished African American women were confronted with the cumulative stress of race, class, and gender oppression (Bryant-Davis et al., 2010). Oppression, including sexual and physical abuse, empowered white men and silenced African American females due to fear of repercussion towards them or their family, in essence, continuing their abuse (Broussard, 2013).

African American women continue to endure and suffer from trauma as a result of the dynamics of the societal structure during and after slavery (Broussard, 2013). In sum,

African American women have experienced centuries of racism, sexism, and societal oppression (Singh, Garnett, & Williams, 2013). The intersections of racism with sexism, heterosexism, and other societal oppressions may compound both the stressors African American women survivors of CSA experience and the related resilience strategies they develop to negotiate these stressors (Mwendwa et al., 2011). It is clear that internalized feelings of oppression has effects on the well-being depicting negative attitudes or beliefs about oneself (Szymanski & Stewart, 2010). Other societal oppressions as a result of sexual assault included alienation, isolation, sleep disturbance, sexual challenges, gastrointestinal problems, chronic pelvic pain, and negative body image (CDC, 2009). Tillman, Bryant-Davis, Smith, and Marks (2010) suggested racism complicates African American CSA survivor's decision making accessing support, making reports, and attending to their healing process by feeling disempowered. The historical legacy of abuse and the realities of oppression created an atmosphere in which African American women bodies have been systematically and routinely exoticized, objectified, and devalued, creating a blanket of silence (Bryant-Davis, Chung, & Tillman, 2009). Oppression and silence placed upon African American women continue to inflict trauma on women today. Cultural norms affect the likelihood that abuse will be disclosed (Brazelton, 2015).

Disclosing childhood sexual abuse in some minority cultures is believed to stigmatize the community and the survivor (Brazelton, 2015). *Disclosure* is defined as seeking assistance from formal (law enforcement/counselors) or informal support systems (family/friends) and making information known (Tillman, Bryant-Davis, Smith,

& Marks, 2010). Brazelton (2015) viewed disclosure as a continuous and dynamic process informed and formed by social, racial, sociocultural, historical, and developmental factors. According to Fontes and Plummer (2010), cultural norms influence the probability that childhood sexual abuse will be discovered. Fontes and Plummer (2010) also asserted that cultural norms also affect whether survivors of CSA families will report the abuse to authorities. Reports conducted by Brazelton (2015) showed that the African American culture resists disclosure due to taboo thinking and negative attitudes in attempts to preserving the family name. A taboo is that which is forbidden, not talked about, and varies from culture to culture (Douglas, 2013). Despite the considerable rate of sexual violence among African American women and the accumulating evidence of the significant negative mental health effects, African American women are less likely to disclose experiences of sexual assault and receive less support when they do disclose (Long, Ullman, & Starzynski, 2007). Additionally, poverty, discrimination, and migration are other factors hindering disclosure (Brazelton, 2015) and endorsing silence.

The silence around the abuse African American women have endured over two centuries is a practiced silence, necessary to survive (Broussard, 2013). However, through perpetuating this silence when it comes to their own experiences of sexual assault, African American women unwittingly protect and enable their abusers (Broussard, 2013). Hallam (2004) emphasized that silence is three-fold (1) stemming from slavery and societal status; (2) ignored legal system, and (3) inability to share lived experiences.

According to Daily (2011), scholars have written about inhumane and disparate treatment experienced by African American's on sexual abuse and race, but few have articulated how centuries-old crimes against African American women continue to have reverberations today. Moreover, the social structure placed on African American women to be strong imposes a code of silence upon African American women to date (Dailey, 2011). Olive (2012) highlighted that marginalized children might feel disempowered to report abuse they have experienced because of their race or economic status. There is a reluctance to disclose among the African American community due to their belief that one does not "air dirty laundry" to outsiders (Long & Ullman, 2013).

Among the African American community, there appears to be a practice nondisclosure or engagement in a culture of silence (Broussard, 2013). A *culture of silence* refers to the normalization of not making reports to authorities or underreporting due to inherit White patriarchal rape, self-blaming, victim blaming, and engaging in self-doubt (Olive, 2012). Sexual abuse is often not discussed in attempts to not further exclude African Americans from mainstream society (Brazelton, 2015). Moreover, for African Americans, reporting childhood sexual abuse further exacerbates negative encounters experienced with legal authorities and social service agencies (Broussard, 2013). Legal authorities dictated the value of African Americans by ignoring them or recognizing them as unworthy of legal protection from sexual violence leaving them feeling victimized by the law system. (Broussard, 2013). Szymanski and Stewart (2010) noted some African Americans are careful of exposing sensitive issues to strangers or individuals who historically have not assisted them. Furthermore, recognizing abuse

exposes the African American family when they are most vulnerable (Cutajar et al., 2010).

In a recent qualitative case study, St Julien (2014) explored the lives of 10 African American women at a predominately white liberal arts school whom no one reported to authorities' sexual abuse, misconduct, or harassment (physical or verbal) reinforcing the culture of silence around sexual abuse and specifically among African Americans. St Julien (2014) discussed the fears of participants of intrafamilial retribution (family hurting the abuser) or the removal from home by child protective services or placement with other family members. St Julien (2014) concluded indicating sexual victimization led to a silence of violence and grievance for African Americans as the deafening silence of CSA affected their development for relationships and effective parenting.

Transgenerational Trauma

As has been identified, historical oppression and violence serve to effectively silence African American voices. The impact of silencing, continued violence and oppression may result in transgenerational trauma. Violence, racism, and sexism have been transmitted through transgenerational trauma, affecting African Americans' belief systems, customs, and values (Winbush, 2010). Transgenerational trauma is defined as historical, continuing, traumatic experiences affecting more than one generation directly or indirectly (Dass-Brailsford, 2007). In the United States, enslavement of African Americans is a prime example of transgenerational trauma (Dass-Brailsford, 2007). After two centuries of oppression, violence, and silence, slavery ended leaving psychological impacts on generations to come (Goodman & West-Olatunji, 2008).

Winbush (2010) found evidence of transmission of transgenerational trauma had continuous and serious effects through suppressed and marginalized groups of African Americans. African Americans sustained traumatic psychological and emotional trauma as a direct result of slavery and continues to impact inequality, racism, and oppression today (Winbush, 2010).

Leary and Robinson (2005) critical analysis reported transgenerational trauma affected next generations through family, community, and society known as the post-traumatic slave syndrome (PTSS). PTSS suggests trauma deriving from slavery and continued oppression (i.e., marginalization, discrimination, and racism) endured by enslaved African Americans in the US and their descendants over centuries has brought about psychological and behavioral syndromes prevalent among 21st century African Americans. Leary and Robinson's (2005) findings revealed inherit legacies of trauma from enslaved and oppressed ancestors of African Americans and contemporary African Americans may also inherit legacies of healing manifesting as means of survival, strength, spirituality, perseverance, vitality, and resilience.

Neigh, Ritschel, and Nemeroff (2010) indicated that effects of trauma cross-generational boundaries and significantly alter mental health in subsequent generations. The authors also noted abuse can reverberate across generations having an environmental (exposure) or epigenetic effect (DNA). Furthermore, the authors recommend additional research be conducted to elucidate mechanisms underlying induced stress impacting physical and mental consequences passed between generation.

Salberg (2015) asserted next generations have shared different anxieties and adaptive survival skills as a result of prior generations who suffered from psychological problems with no issues. Salberg (2015) further emphasized through socialization processes negative and positive behaviors are reinforced as a result of past oppression. According to Frazier, West-Olatunji, St. Juste, and Goodman (2009), historical events continue to impact the mental health of African American descendants' ensuing insignificant mental health issues, such as depression, low self-esteem, anxiety, hypervigilance, suicidal ideation, violence, substance abuse, and loss of cultural identity.

Transgenerational trauma can occur without direct traumatic stimulus; it is transmitted from a caregiver who has experienced a traumatic event (Frazier et al., 2009). Likewise, Kuzawa and Sweet (2009) explained in addition to fetal exposure to maternal stress and health conditions, transgenerational transmission of health can be passed through the continuity of environment. In other words, children are born into stressful environments in which their mothers are likely to have experienced racial discrimination, thus perpetuating a cycle of health risks across generations (Goosby & Heidbrink, 2013). In this vein, Yehuda et al. (2014) expressed children's CSA symptoms often coexist with behaviors associated with a parent or caregiver's untreated or unresolved CSA.

Although many studies of transgenerational transmission of trauma effects highlight maternal influences, few studies have directly compared both maternal and paternal effects children (Yehuda et al., 2014). Wekerle, Wall, Leung, and Trocmé (2007) expounded upon a conspiracy of silence preventing atrocities from being discussed, resulting in amplified feelings of isolation, loneliness, and mistrust. Research conducted

by Frazier et al. (2009) focused on the interaction effects between the symptoms of children and parent which indicated the use of interventions that address both the symptomology transmitted through the parent and current CSA trauma. Furthermore, Frazier et al. (2009) listed the etiology of transgenerational trauma as recurring trauma from past influences to present generations, past vulnerability repeating itself, avoidance behaviors such as not talking about the traumatic experience or leaving children unattended, and developmental delays and disruptions in affective and behavioral patterns including sleep disturbance and appetite changes.

Outcomes of Sexual Abuse

Transgenerational trauma is fed by continued violence and oppressive forces. Transgenerational trauma manifests emotionally and psychologically in the lives of young African Americans. An extensive amount of literature has found that experiences of CSA can have long-term adverse effects and appears to increase survivor's vulnerability to an array of physical, psychological, behavioral impairments, (Hillberg, Hamilton-Giachritsis, & Dixon, 2011) and poor education achievement (Friesen, Woodward, Horwood, & Fergusson, 2010) in adulthood. However, the same form of violence may have different outcomes for each individual (Hillberg et al., 2011).

Fergusson, McLeod, and Horwood (2013) conducted a longitudinal study on 630 females ages 18 and 21 of the Christchurch Health and Development Study who experienced CSA prior to age 16. The study examined the linkage between CSA and participant's mental health, psychological wellbeing, sexual risk-taking behaviors, physical health and socioeconomic outcomes over a protracted time period to age 30

(Fergusson, McLeod, & Horwood, 2013). The authors reported data from the longitudinal study showing a statistical adjustment for confounding by 10 covariates spanning the wide range of developmental outcomes displaying an association with increased rates of suicidal ideation (0.395, 0.089, <.001); suicide attempts (1.863, 0.403, <.001); depression (0.426, 0.094, <.001); anxiety disorder (0.364, 0.089, <.001); illegal drug dependence (0.425, 0.113, <.001); and alcohol dependence (0.374, 0.118, <.002). Additionally, results showed CSA was associated with increased rates of post-traumatic stress disorder symptoms (PTSD) (0.120, 0.051, .017); decreased self-esteem (-0.371, 0.181, .041); decreased adult satisfaction (-0.510, 0.189, .007); increased number of sexual partners (0.175, 0.035, <.001); increased physical and mental health problems (0.105, 0.023, <.001). The authors reported the effect sizes (Cohen's *d*) for the significant outcomes ranging from .14 to .53 for all domains, while the attributable risks for mental health outcomes ranged from 5.7% to 16.6%. In conclusion, the author's research suggests with increasing severity of abuse there are increasing negative consequences adversely influencing adult developmental outcomes.

de Jong, Alink, Bijleveld, Finkenauer, and Hendriks (2015) systemically reviewed literature published since 1990 investigating the effects of CSA on adult roles in the areas of parenting, education, employment, relationships, and criminal activity. Research by de Jong, Alink, Bijleveld, Finkenauer, and Hendriks (2015) found that survivors experience less positive outcomes during the transition to adulthood than those who were not abused. de Jong, Alink, Bijleveld, Finkenauer, and Hendriks (2015) systemically reviewed literature published since 1990 investigating the effects of CSA on adult roles in the areas

of parenting, education, employment, relationships, and criminal activity. The author's results concluded that CSA appears to be associated with the quality more than the transition into adult roles. Effects of past CSA abuse may affect psychological and physical health in adulthood (Chen et al., 2010).

Survivors of CSA have increased risk for developing depression, post-traumatic stress disorder (PTSD), eating disorders, personality disorders, substance use disorders as well as revictimization (de Jong et al., 2015; Chen et al., 2010). Ullman and Vasquez (2015) defined revictimization as the repeated acts of abuse. Littleton, Axsom, and Grills-Taquechel (2009) reported from two current studies over 1744 women assessing post-assault experiences and revictimization risk found that 30% of adult survivors of CSA experienced sexual abuse during their lifespan. Based on a sample of 20 African American and 15 Caucasian physically abused women, Hattery (2009) expounded upon African American women who were exposed to CSA having increased risk for intimate partner violence (IPV) in adulthood.

Hall and Hall (2011) purported CSA survivors have also been associated with having high levels of feeling shame, guilt, self-blame, anxiety, denial, sexual and relationship issues, and somatic concerns. According to Jong and Bijleveld (2015), somatic concerns are medical concerns reported related to headaches, difficulty swallowing, pelvic pains, and gastrointestinal. The most frequent reported is pelvic pain (Jong & Bijleveld, 2015). Goodman, Joyce, and Smith (2011) explained that survivors frequently blame themselves for the abuse incapable of recognizing what happened as not their fault specifically when the perpetrator is a trusted adult. Some survivors display

self-destructive behaviors including risky sexual behaviors, substance abuse and self-harm (Cashmore & Shackel, 2013) or they disassociate themselves from others to protect them from reoccurrence (Hillberg et al., 2011). Dissociation is a coping mechanism used by survivors when they feel threatened that may be accompanied by feelings of confusion, flashbacks, nightmares, denial, repressed memories or being disoriented (King, 2010). King (2010) discussed experiencing denial or repressed memories negated the feelings about the impact of abuse. Sexual abuse experienced in childhood have been associated with suicidality (Stewart et al., 2015).

Suicide is one self-destructing behavior that is the second leading cause of death among 13–18 year olds (CDC, 2013). If depressed, they are six times more likely to attempt suicide as compared to non-depressed adolescents (Stewart et al., 2015). For every completed suicide among teens, there are 100–200 attempts (Crosby, Gfroerer, Han, Ortega, & Parks, 2011) and a recent epidemiological study elucidated that 4.1% of adolescents make up at least one attempt by the age of 18 (Nock et al., 2013). High rates of suicidal behaviors are prevalent among adolescent females in the juvenile justice system (JJS) who have CSA history. Rabinovitch, Kerr, Leve, and Chamberlain (2015) conducted an intervention trial composed of 166 JJS females mandated, detained or adjudicated with chronic delinquent behaviors ages 13-17 of all self-identified as: 68.1% African-American, 1.8% Caucasian, 11.4% Hispanic, 0.6% Native American, and 0.6% Asian, 16.9% multiracial, and 0.6% unreported. The authors reported 70% of the sample reported forced sexual experience prior to age 13. Using the Columbia Suicide Severity Rating Scale (C-SSRS), findings found 27–58% reported a history of a suicide attempt

with 25% reporting a non-suicidal self-injury. According to Fisher (2009), the interpersonal-psychological theory of suicide asserts that individuals develop a wish to die when they perceive they do not belong or have become a burden to others. More specifically, stigmatization of shame, guilt, and grief associated with CSA can undermine survivor's sense of value and belongingness (Fisher, 2009). Consistent with interpersonal-psychological theory, (Rabinovitch et al., 2015) expounded upon sexual victimization when repeated or forced may increase the risk for suicide attempts. In conclusion, findings from this study showed that early age CSA has more detrimental effects over time.

After experiencing CSA, many adults identify themselves as having negative body images related to feeling of being ugly, dirty, or dissatisfaction with their appearance after being sexually abused resulting in obesity or eating disorders (Hall & Hall, 2011). Other survivors may experience chronic anxiety, tension, and phobias long after the experience (Hall & Hall, 2011). For many survivors of CSA these negative images from their experience makes it difficult to establish interpersonal relationships thus hindering them from growth and development in meaningful relationships (Friesen et al., 2010) as a result of issues with trust and fear of intimacy, being different, personal boundaries, and the possibility of abuse reoccurrence (Hall & Hall, 2011). Negative outcomes of CSA may also impair survivors' psychological and social functioning interfering with maternal functioning and preventing them from fulfilling roles that are essential for them to lead a well-adjusted adult life (de Jong et al., 2015).

Surviving mothers of CSA find parenting as a challenge due to experiencing feelings of anxiety, isolation, and violence towards their children (Honor, 2010). Horner (2010) suggested children born from CSA mothers incur greater risk of being physically, emotionally, or sexually abused by their parent or others due to their parent's vulnerability. According to Kinnally et al. (2009) CSA mothers who were sexually and physically abused are more likely to experience depression and use harsh parenting methods on their children. In a systematic review of literature published since the 1990s, de Jong et al. (2015) explored long-term effects on survivors to adult age 25 and older. de Jong et al. (2015) presented five transitions towards adult roles, including the following: relationships, education, employment, non-offending/delinquent behaviors, and parenting. de Jong et al. (2015) research addressed the transition to adult roles as well as examining the quality of the transition focusing only on CSA involving physical contact between the perpetrator and survivor and the context of the abuse. de Jong et al. (2015) found survivors displayed low levels of education with low incomes, accrued more arrest in adulthood than non-abused with some findings ambiguous but with consistent association with teen pregnancies, relationship violence, divorce, and separation. Additionally, survivors were more likely to exhibit low positive parenting due to the use of harsh discipline or permissive parenting styles de Jong et al. (2015). de Jong et al. (2015) concluded with emphasizing the quality of the adult role rather than the transition into the role with negative outcomes.

Depression and Parenting

Tillman, Bryant-Davis, Smith, and Marks (2010) acknowledged the integration of slavery and sexual abuse forced upon African American females left them feeling stigmatized, suppressed, marginalized, and culturally dissonance resulting in low self-esteem, a loss of identity, and depressed. Depression is identified as the most common longest-lasting outcomes of CSA (Hall & Hall, 2011). After years of having difficulty externalizing the sexual abuse and negative self-thoughts survivors begin to feel worthless and avoid others causing isolation (Hall & Hall, 2011). Tillman et al. (2010) noted symptoms of depression by survivors as moments of sadness with suicidal ideations with disturbed sleeping and eating patterns. Smiley (2015) asserted African-American females manifest depression due to the internalization of society's negative generalizations, stereotypes, and accommodation to constraining racist and sexist ideas of their roles. Smiley (2015) stated that depression is masked for African American woman due to a cultural expectation that they appear as strong, resulting in emotional overeating and somatization.

Schoedl et al. (2010) indicated CSA survivors who experienced more severe forms of abuse, such as penetration, tend to report more depressive symptoms than survivors who experienced less severe abuse. Nanni, Uher, and Danese (2012) expressed that compared to non-abused individuals, those with a history of CSA are at greater risk of being diagnosed with depressive episode while enduring cognitive and biological vulnerabilities with higher stress levels at some point in their life. Nanni et al. (2012) conducted a meta-analysis on 23,544 participants of 16 epidemiological studies which

suggested child abuse is associated with elevated risk of developing recurrent depression. The research tested individuals with a history of CSA to see if they reached elevated levels of unfavorable depression and their treatment outcomes of psychological, pharmacological and combined treatments and results found an adverse risk of high levels of depression (Nanni et al., 2012).

Allbaugh, Wright, and Seltmann (2014) reported there being parental concerns among sexual abuse survivors with depression. Depressed CSA mothers often worry about the intimate aspects of parenting from birth like diaper changes, baths, displaying affection towards their children, expressing concern or others viewing their parental behavior as inappropriate (Boyd, Joe, Michalopoulos, Davis, & Jackson, 2011). Boyd and Waanders, 2013 suggested such concerns might be challenging for CSA mothers to effectively provide a nurturing environment that promotes the optimal emotional development needed as parents. According to Allbaugh et al. (2014), parenting can be emotionally challenging even without experiencing CSA. However, types of parenting difficulties mothers with a history of CSA face as parents may be particularly connected (Allbaugh et al., 2014).

Research conducted by Seltmann and Wright (2013) compiled completed questionnaires from 54 CSA mothers assessing the severity of their CSA experiences, current depressive symptoms, partner support, and key parenting range. Six moderated mediational models utilized revealed CSA severity indirectly impacted the survivor's emotional attachment, limit setting, communication, autonomy, involvement, and parental satisfaction (Seltmann & Wright, 2013). The authors suggested depressed

mothers who are CSA survivors may be disengaged, overly controlling toward their children or negatively assess their abilities as parents that would meet their children's developmental and emotional needs. These authors concluded that findings reinforced previous research finding that CSA survivors report reduced depression, parental stress, improved parental competency, and increased practices of authoritative parenting styles when supported by others.

Depression has been shown to interfere with effective parenting by making mothers less receptive to their children, less supportive, and implementing negative or harsh parenting disciplines. (Mitchell et al., 2010). Research has revealed that depressed mothers of CSA often display disengaged or hostile behaviors towards their children and are more psychologically controlling, showing less warmth towards their children when compared to mothers not experiencing episodes of depression (Seltmann & Wright, 2013). Barrett (2010) found that depressive symptoms mediated the relationship between CSA and parental warmth, poor family functioning and an increased risk for the survivor to abuse their children due to high parental stress. Boyd, Joe, Michalopoulos, Davis, and Jackson (2011) highlighted that mothers with a history of CSA who are struggling with depression may benefit from a combination of psychotherapy and antidepressant medication to decrease their psychological distress, develop self-care skills, and improve engagement between parent and child.

Maternal depression has been identified as a significant problem for African American families, as demonstrated by a recent study, which found the prevalence of Major Depressive Disorder for African American mothers was 14.5% (Boyd et al., 2011).

Despite the substantial amount of research on maternal depression, the phenomenon of African American mothers experiencing maternal depression is understudied despite the substantial research on maternal depression (Goodman et al., 2011). This is a critical area of research since African American female survivors and their offspring are disproportionately confronted with environmental and life stressors that may increase their vulnerability to depression (Riley et al., 2009). Boyd and Waanders (2013) conducted a meta-analysis that found evidence that parent-child interactions and their environment impact the transmission of depression. Boyd and Waanders (2013) noted that children of CSA mothers with depression are at higher risk for psychological outcomes and negative development leading to depression, anxiety, and oppositional behaviors themselves. Longitudinal research has shown that the negative effects of maternal depression begin in childhood and continue into adolescence and adulthood (Boyd & Waanders, 2013).

Goodman et al. (2011) conducted a meta-analysis of 193 studies which found significant small-scale effects of CSA mothers' depression on children's internalizing and externalizing behaviors outcomes with an even stronger scale among African Americans. Recent research suggested the use of positive parenting practices using praise and encouragement of appropriate behavior buffers children negative impacts of their mother's depression (Leckman-Westin, Cohen, & Steve, 2009). However, Compas et al., (2010) found that maternal symptoms of depression affect children less when mothers are responsive and affectionate. Studies conducted on African American and Caucasian adolescents found positive and supportive parenting is associated with lower rates of

depression and anxiety currently and up to twelve months after the study (Compas et al., 2010).

Parenting Styles

Parenting styles are defined as strategies used by parents to raise children (Simmons et al., 2010). Parenting styles encompass parental discipline and a locus of control (Simmons et al., 2010). Parental discipline is theoretically characterized as the strategies parents use to correct, form, and prepare children to create a particular character or example of conduct (Simmons et al., 2010). Parental discipline ranges from utilizing nonphysical means to physical means (Gershoff et al., 2010). The term parental locus of control is characterized as the parent's capacity to control their children development and behavior (Freed & Tompson, 2011).

A foundational study conducted by Baumrind (1991) on 139 children at the age of 15 years old whose behaviors had been studied at age 4 and 10 to determine how parenting impacted their growth development. The author developed a four-tier classification to delineate how parents integrate children needs with boundaries and nurturance. Baumrind (1991) research concluded with four parenting styles defined as: authoritarian (nonreasoning and demand obedience), authoritative (warmth & reasoning), permissive (lenient & self-regulation), and the rejecting-neglecting parent now identified as the uninvolved (Jago et al., 2011). Survivors of sexual abuse tend to have a permissive style to parenting to avoid imposing authority on their children due to their negative experiences with abuse (DiLillo & Damashek, 2003). Vasconcelos (2007) suggested mothers are permissive as they lack energy and are focused on inner conflicts.

African Americans' Parenting Styles

A review of literature indicated on average that African American parents score lower than Caucasian and Latin American parents on sensitivity and higher on controlling behaviors associated with their parenting resulting in harsher disciplines and less permissive practices (Tamis-LeMonda, Briggs, McClowry, & Snow, 2008). Weiss and Tools (2010) described African American parents as having a *no-nonsense* style of parenting. This no-nonsense style also known as a *tough love style* encompasses high levels of parental control coupled with high parental affection (Weis & Toolis, 2010). Tough love is used to describe a healthy authoritarian style of parenting, which includes parental warmth and punitive control (Skinner, MacKenzie, Haggerty, Hill, & Roberson, 2011). African American parents are more likely to use physical punishment as it is not directly the same as *no-nonsense* (Weiss & Tools, 2010). Moreover, physical discipline protects some African American children from misconduct during adolescent years (Turner, Chandler, & Heffer, 2009). Skinner et al. (2011) suggested the differences in parenting reflect parents' value for respect for authority and quick response to adult commands.

Several studies have investigated differences in African American parenting styles in the absence of cultural context (Baumrind, Larzelere, & Owens, 2010). A legacy of physical abuse is associated with punitive parenting and harsh discipline practices (Bert, Guner, & Lanzi, 2009) Consequently, African Americans are stigmatized, viewed as authoritarian, implementing harsh psychological and physical discipline towards their children displaying externalized behaviors (Baumrind et al., 2010). Weis

and Toolis (2010) asserted that children seem to respond well to physical discipline practices and do not exhibit increased oppositional behaviors when physical discipline is considered culturally normative. Thus, there may be differential impact for physical discipline for African American children than children who are not physically punished. For example, a study conducted by Taillieu, Afifi, Mota, Keyes, and Sareen (2014) on 34,653 adults aged 20 years and older living in households randomly selected from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) collected in 2004 and 2005 found racial differences in the prevalence of physical discipline across different age groups. Among White participants, results suggested that the prevalence of physical discipline has been steadily decreasing since 1945; from a high of 19.6% among 50–59 year olds to a low of 11.3% among those younger than 50 years of age and remaining steady among African Americans implementing physical discipline across all ages (Taillieu, Afifi, Mota, Keyes, & Sareen, 2014). A study conducted by Bean, Barber, and Crane (2006) showed no significant impact on internalizing problems associated with parental psychological control (i.e., depression), for African American children whose parents experienced CSA, whereas compared to Caucasian samples.

In comparison to Caucasian parents, African Americans display an authoritarian style reporting stricter parenting (McMurtry, 2013). Although parents favor an authoritarian parenting style, this style of parenting is associated with positive communication and warmth (McMurtry, 2013). Research previously conducted by Baumrind (1991) found positive outcomes such as self-independence in young African American associated with authoritarian parenting as a result of a harsh strategies

implemented as a safety mechanism. Positive findings among African American families have been attributed to racial differences in authoritarian parenting (Baumrind, 1991). After living a traumatic experience, African American parents are more likely to use psychological control strategies that include shame and guilt for their children in comparison to Caucasian parents (Hill & Tyson, 2008). Additionally, Skinner et al. (2011) emphasized that African American are more prone to make decisions without their children's input, expect mature behaviors discouraging child-like behavior, and perceive warmth and affection as spoiling the child. In comparison to their White counterparts, this behavior is viewed as rejecting, controlling, and critical promoting hostile communications with their children (Skinner et al., 2011). However, no significant relationship has been found between hostile verbal communication associated with authoritarian parenting and negative outcomes (Skinner et al., 2011). Further, African Americans reported less negative responses during discipline than Caucasian parents (Jackson-Newsom et al., 2008) and no significant connection between harsh discipline and aggressive behaviors at home or school (Skinner et al., 2011). While African Americans tend to report authoritarian parenting styles, authoritarian parenting has been linked to less aggression, less suicidal behaviors, and positive social interaction in African American youth (Turner et al., 2009).

Experiences of Parenting for African American Female Survivors of Childhood Sexual Abuse

CSA is a universal and common phenomenon, as 10-40% of women experience CSA (Pereda, Guilera, Forns, & Gómez-Benito, 2009). Parenting may be negatively

impacted by mothers who experienced CSA (Jaffe, Cranston, & Shadlow, 2012). Although many female survivors of CSA are mothers, less attention has been given to the impact CSA has on survivor's parenting compared to women's health issues and functioning (Cavanaugh et al., 2015). Few studies have been conducted providing a contextual lens for understanding surviving mother's lived experiences (Cavanaugh et al., 2015). Dilillo and Damashek (2003) quantitative research found abused mothers compared to non-abused mothers of CSA faced more challenges with establishing parental boundaries, being permissive and deploying harsh physical punishment. Moreover, qualitative research studies by Lyons-Ruth and Block (1996) and Burkett (1991) addressed the impact of CSA on women's parenting. Lyons-Ruth and Block (1996) qualitative study conducted on 40 female survivors of CSA through incest, mothers for one year who participated in a support group or attended counseling was asked questions about how their CSA affected their parenting. Results revealed four themes entailing: (1) malicious thinking (2) issues of protection and survival, (c) silence, and (d) self-efficacy as parents (Lyons-Ruth & Block, 1996). Burkett's (1991) study consisted of 20 mothers who experienced CSA committed by family members and 20 non-abused mothers. Burkett (1991) research emphasized how mothers felt about parenting. Research results described drawbacks or rewards for CSA mothers while non-abused mothers described both (Burkett, 1991).

According to Barret, (2010) previous research indicated that adult mothers of CSA experience more parental challenges than survivors who did not experience childhood sexual abuse. Simmons, Lehmann, and Dia (2010) proposed that mothers who

experienced childhood sexual abuse are more prone to report a negative perspective as a parent, lower levels of maternal certainty, and more prominent utilization of physical discipline than mothers who were not sexually abused during childhood. Jaffe et al. (2012) found mothers who have a history of CSA have been found to have a permissive parenting style. Specific to African American mother-daughter relationships, mothers are overly protective compared to mothers of other ethnicities ensuring daughters can survive within an oppressive culture with outcomes not necessarily negative (Skinner et al., 2011). African American mothers teach their children to manage and circumvent systematic racial and gender oppression rejecting internalization of stereotypes while maintaining a positive sense of hope and self-worth (Bean, Barber, & Crane, 2006).

Barriers to Seeking Therapy for African Americans

African Americans suffer more psychological distress than Caucasians due to personal experiences as well as exposure to racism, poverty, and violence; and have fewer social, psychological, and financial resources for coping with stress than Caucasians (Conner et al., 2010). The current research has highlighted multiple barriers towards psychotherapy experienced by African Americans preventing them from seeking treatment, arguably with greater challenges of prejudice, racism, discrimination and economic disparities due to cultural sensitivity, mistrust, and stigma-related barriers (Williams, Domanico, Marques, Leblanc, & Turkheimer, 2012). Malat, Purcell, and van Ryn (2010) noted many African Americans prefer counselors of their race, which pose a barrier in itself due to clinicians being underrepresented in the counseling field preventing this population of needed services. Marques et al. (2010) elucidated that some

African Americans limit or edit information to a therapist outside of their race for lack of understanding and mistrust, specifically with issues of domestic violence, rape, or CSA.

African Americans often have concerns about receiving inadequate treatment from a therapist outside their race (Williams et al., 2012). Perhaps one reason for this is older African Americans remember the treatment received during the segregation era from mental health professionals misdiagnosing, over medicating, and placing African Americans in long-term inpatient treatment facilities (Williamson, 2014) causing reasons for apprehension for them to seek help for mental health needs (Snowden, Hastings, & Alvidrez, 2009). Currently, the cost of treatment may also be prohibitive for some wanting treatment because of lower incomes and underemployment (Williams et al., 2012). Additionally, family, work, and transportation may overshadow the priority of treatment.

Awosan, Sandberg, and Hall, (2011) emphasized that African Americans desire privacy and talking outside of their family is considered taboo. As a response to past oppression, African Americans are mistrustful of sharing experiences outside the family that can damage their reputation (Hall & Sandberg, 2012). Williams et al. (2012) discussed stereotypes placed on African Americans creates mistrust in the ability of the therapist to remain unbiased providing services. Therapists are perceived as labeling African Americans crazy and having an illness (Hall & Sandberg, 2012). Hall and Sandberg (2012) conducted a qualitative exploratory study that indicated increased levels of mistrust and reporting low expectations for positive outcomes in therapy and towards the therapist.

Clement et al. (2015) discussed stigma-related barriers as shame, embarrassment, negative social judgment, mistrust with disclosure concerns and confidentiality, employment discrimination. Stigma related to mental illness reduces chances of African Americans help-seeking (Kovandžić et al., 2011). Stigma is defined by a sense of labeling or stereotyping, causing separation, and discrimination in a context resulting in social, economic, or political power being exercised to the detriment of another person (Clement et al., 2015). Stigmatization is considered one of the most significant barriers contributing to African Americans poor mental health care (Conner et al., 2010). These issues combined with economic disparities, pose additional barriers to treatment (Williams et al., 2012). Conner et al. (2010) highlighted that stigma places a mark on people hindering them from total social acceptance in society causing negative attitudes perceptions, attitudes, and beliefs.

Summary and Conclusions

As this chapter has highlighted, 15–30% of girls have experienced childhood sexual abuse (Finkelhor, 2010). According to the literature, as of result of CSA survivors may experience long-term psychological, behavioral, interpersonal and physical effects (Jong et al., 2015). CSA alters how survivors experience trust and cope with a violation of personal boundaries causing fear, distrust, and ambivalence (DiLillo, 2001). As Breiding (2015) pointed out, childhood sexual abuse can be perpetrated by family members, friends, or stranger. Negative stereotypes about African American female sexuality may serve as a barrier to disclosing their experience (Watson, Robinson, Dispenza, and Nazari, 2012). The literature discussed provided insight into how ACEs

can be prevented and how to minimize negative effects. A revelation from this review was the fact that little research had been performed on CSA prevalence rates among African American female survivors and much less on the possible relationship of CSA and their parenting. This research may further the studies conducted on the parenting of African American CSA survivors; which may, in turn, bring an increased awareness to the counseling profession and the development of interventions needed to address parental challenges. To address this gap noted in the literature the purpose of this research was to explore the lived experiences and perceptions of African American mother's parenting. The next chapter, described the methodology chosen to explore CSA survivors lived experiences and the analytic process applied to the data.

Chapter 3: Research Method

Introduction

In this research study, I explored the lived experiences of mothers who were sexually abused as a child. This chapter will outline my rationale for using a hermeneutic phenomenology as the method for researching this topic and my role as a researcher. Also, this chapter includes information on my participant selection procedures and methods for generating and analyzing data, as well as a discussion of ethical concerns.

Research Design and Rationale

One main question and three subquestions were used to guide this study. The main question was the following: What are the lived experiences of parenting for African American mothers who are CSA survivors? The following subquestions were designed to examine experiences further: How do African American mothers who are survivors of CSA describe their experiences raising children, including their parenting styles or strategies? What sources of resilience do African American survivors of CSA have in parenting?

Qualitative researchers aim to make understanding from data as the analysis progress (Creswell, 2012). The research design used in a qualitative study is developed by the primary researcher and shaped (as opposed to directed) by the methods used; it is receptive to participants and the context of the study (Maxwell, 2012). According to Maxwell (2012), qualitative researchers have to plan the pacing of procedures and techniques to be used as part of their methodology. They simultaneously collect and

analyze data, create and alter theory, expound on research questions, and recognize and address threats to validity (Maxwell, 2012).

Role of the Researcher

In hermeneutic phenomenology, the role of the researcher is similar to a signpost guiding readers to a fundamental understanding of the phenomenon and the specific research approach (Kafle, 2013). In an attempt to reveal the world as experienced by the participants through their lived experiences, I generated the best interpretation of the phenomenon maintaining the quality of the hermeneutic research in accordance with recommendations by Tuohy, Cooney, Dowling, Murphy, and Sixsmith (2013). As part of the researcher process, researchers recognize and consider their emotions throughout research specifically during analysis of the data (Cole, Couch, Chase, & Clark, 2015).

At the spark of my interest in this research topic, I was working as a therapist for committed and probated teens. During my time providing services in the home, I observed connections and disconnections between parents and their children. Some parents were loving and showed signs of endearment amongst their family while others showed no sign of an emotional bond. After daily observation of familial relationships, I began to identify with those mothers, labeled *helicopter parents*, who were constantly monitoring their children, frequently checking in, and being specific with whom their children visit if they allowed visits with friends at all. Helicopter parents are recognized as over focused and controlling parents who fail to make adjustments to allow their child autonomy as the child strives for independence (Schiffrin et al., 2014).

I was left with a desire to know more about the differences among parents, specifically African American mothers. African American mothers' experiences of being physically and sexually abused as children and their efforts to deter the same event from happening to their children intrigued me. My experience of being sexually abused as a child heightened a primordial awareness of wanting to survive and not be a statistic or stereotype amongst my community. I sought pastoral guidance. Many African Americans do not disclose experiences of physical and sexual abuse to the public, their family, and peers. At the time of my abuse discussing it was taboo. I am struck by differences in what I see as my own experience and what much of the literature says.

As a researcher conducting interviews, I was attentive and listened to participants as they shared their lived experiences. I was able to create a better understanding of the lived experiences of African American female mothers surviving CSA under the guidance and oversight of a seasoned dissertation committee. I first maintained awareness of my biases in an effort to produce authentic results. Next, I filled the existing gap in literature while promoting social competence among mental health professionals so that when mothers inquire for assistance their needs will be adequately addressed. I personally conducted all parts of the under the guidance of a seasoned dissertation committee; therefore, recognizing my own biases was crucial to the trustworthiness of the research.

My role as a researcher and survivor necessitated the identification of assumptions and biases at the onset of this study. I believe my experiences enhance awareness, knowledge, and sensitivity to the lived experiences shared in this study and

would assist in a positive rapport while working with participants. Although I made efforts to ensure relative objectivity, researcher's biases may shape the way one views and understands collected data and interpretation, as is the case with any research (Chenail, 2011). Throughout the research, I was open and respectful to participants' reflections of events, thoughts, and opinions while setting aside my experiences to understand those of the participants. I implemented bracketing to mitigate the potential harmful impacts of unacknowledged assumptions and possible emotionally challenging material related to the research in an effort to increase the rigor (see Tufford & Newman, 2012). Additionally, use of bracketing mitigated adverse effects of the research endeavor, facilitating deeper levels of reflection and multifaceted analysis and results across all stages of qualitative inquiry (Chan, Fung, & Chien, 2013; Tufford & Newman, 2012). I have worked with clients who have experienced trauma, so I have professional experience in hearing intense stories while maintaining a professional role. Though I did not be engage in any sort of therapy with participants, I thought it was important that they experience me as empathic and warm and not triggered or disengaged.

Methodology

Qualitative inquiry is one means of attending to a quest for meaning and understanding individuals' experiences (Merriam, 2002). This approach is intended to uncover perceptions and a range of behaviors that drive particular themes or issues (Ulin, Robinson, & Tolley, 2012). Qualitative inquiry provides data about the human side of an issue displaying frequently conflicting relationships, beliefs, behaviors, emotions, and opinions of individuals (Mack, Woodson, MacQueen, Guest, & Namey, 2005). It

utilized in-depth studies of groups of individuals to guide and support the development of theories with descriptive results opposed to predictive (Ulin et al., 2012). Researchers using qualitative inquiry are interested in understanding the meaning individuals construct, that is, the means by which individuals understand their reality and the experience they have of the world (Merriam & Tisdell, 2015). Therefore, qualitative approaches have a tendency to be based on acknowledgment of the subjective, experiential life of individuals and in depth descriptions of their whole experience (Patton, 2002). The most widely recognized attributes of qualitative inquiry include use of a natural setting, a focus on participants' interpretations of their experiences, the researcher serving as a key instrument, the inclusion of multiple data sources, and inductive analysis of data (Creswell, 2009). As a researcher studying in CSA survivor natural settings, I made attempts to make sense of and interpret the study phenomenon based on the meanings of survivors (see Denzin & Lincoln, 2005).

Hermeneutic Phenomenology

The movement of hermeneutic phenomenology has evolved in multiple directions under the guidance of philosophers, such as Heidegger, Gadamer, and Ricoeur (Jones, Rodger, Boyd, & Ziviani, 2012). Heidegger is one of the key influences who formulated the interpretive aspect of hermeneutic phenomenology (Jones et al., 2012). The authors noted, one of his significant contributions focused attention to the impact one's previous experiences, assumptions and preconceptions have on research. According to the authors, Heidegger believed setting aside one's assumptions and biases could only be partially achieved. However, Heidegger (1962) placed more emphasis on interpretation than other

areas of phenomenology that focus on providing a description of the essence of a phenomenon and the meaning derived from it. The hermeneutic cycle was used to generate the best interpretation of a phenomenon (Heidegger, 1962). Heidegger (1962) proclaimed Dasein is the essence of hermeneutic theory referring to an individual's capability to interpret their existence or being. The essential concept of interpretation is the link between mind, body, past experience, lived experience and social context (Jones et al., 2012).

Phenomenologists focus on individuals' perceptions of the world (Langdridge, 2007). It is defined as an approach, methodology, or philosophy to research (Sloan & Bowe, 2014) with an enigmatic view of experience (Smith et al. 2009). Phenomenology was found to be the methodology that best explored the experiences we wished to evoke from this study (Sloan & Bowe, 2014). Phenomenology in its numerous contemporary indications and historical introductions, continues making us careful to be primarily and insightfully mindful of our lives as well as our emotional, cognitive, embodied, and inferential comprehension are culturally, socially, politically, and existentially design (van Manen, 2014). Additionally, phenomenologists advise us that these developments themselves are dependably in peril of getting to be basic epistemologies, ontologies, and rationalities that should be bracketed, deconstructed, and substituted with more reflective depictions (van Manen, 2014). Hermeneutics is the interpretation of an observer used as an enhancement of phenomenology (Webb & Pollard, 2006) describing the lived experience (Sloan & Bowe, 2014). This approach prescribed to the researcher to interpret

participant's meanings connected to their experience (Sloan & Bowe, 2014); it is an attempt to unmask the *essence* of some experience.

Hermeneutic phenomenology has been utilized broadly by researchers to understand the essential nature of the lived experiences (Miles, Francis, Chapman, and Taylor, 2013; Tan, Wilson, & Olver, 2009). Those who use this methodology attests that individuals are as unique as their life stories (Miles, Francis, Chapman, and Taylor, 2013). Furthermore, researchers of hermeneutic phenomenology assumes people understand experiences according to its importance, furthermore, suggesting that experiential, pragmatic and intuitive understanding is more important than abstract theoretical learning (Standing, 2009). Implementing hermeneutic phenomenology, as an exploration approach, gave the best chance to give voice to the experiences found that CSA survivors had, in context to the study (Sloan & Bowe, 2014).

Participants

The population of participants for this study consisted of African American mothers age 18 years or older who experienced CSA. A purposive sample of eight to ten participants were accessed until saturation was reached from a populous southern state. Purposive sampling involved participant's willingness to articulate and convey their experience and feelings of a phenomenon (Bernard, 2011). Participants were invited to participate on Walden University's participant pool and through flyers placed in counseling agencies and local churches for additional access to the African American community (see Appendix A). Brief introductory information for the research was placed on flyers including researcher contact information. Participants were contacted for

telephone screening including an introduction to the researcher and research prior to the initial interview to ensure eligibility for this research (see Appendix B). Participants should have had therapy prior to research to ensure they have worked through the hurt of their experience in efforts to do no harm and retraumatize them. Participation were based on self-reports with only those reporting receiving professional counseling being included in this study. A debriefing handout with resources (see Appendix E) and a list of local counseling services were provided to participants in the event they experienced emotional distress or anxiety as a result of my interview with them (see Appendix F). Only participants meeting the following criteria were selected for this study: (a) 18 years old or older, (b) experienced CSA, (c) currently or have been a mother, (d) not currently in a state of crisis, and (e) have undergone therapy from a license professional.

Informed Consent

I explained and obtained informed consent from participants before the initial interview. Informed consent were reviewed with each prospective participant ensuring they understand their role of the research study. Informed consent outlined the purpose of the research, potential risk between participants and researcher, limitation to confidentiality, and participant's rights to participate or withdraw from this research study at any time. Participants were given the opportunity to ask questions about their involvement in the study. Participants were provided a signed copy of informed consent and they were stored on a password protected computer file. To ensure confidentiality, original signature forms were shredded.

Each participant was screened prior to interviews to ensure her suitability as a

participant for this research. The consent form delineated potential risks revisiting trauma associated with their lived experience (Langdridge, 2007). As interviews with survivors of CSA included delicate subject matter, there was a possibility of them feeling vulnerable or anxious after interviews. To lessen the risk of potential psychological or emotional harm during and after interviews, safety measures were being taken. For instance, before participation in the study participants were to acknowledge not being in a current state of crisis and required to have taken part in past treatment. A debriefing handout with resources (see Appendix F) and local counseling service information were provided to participants in case they experience emotional anxiety or distress during, or after, the interview (see Appendix G).

Ethical considerations

While conducting this research, I ensured all research requirements and ethical guidelines in accordance with Walden's University's Institutional Review Board (IRB) were followed as well as those outlined by the American Counseling Association (2014) in its ethical code of conduct. Information regarding researcher bias, informed consent, participant recruitment, data storage, and safety measures taken throughout research was outlined. Throughout the research, researchers must anticipate ethical issues that may arise (Creswell, 2009). Developing trust with participants, promoting integrity, and safeguarding against misconduct aimed in protecting participants (Creswell, 2009). While conducting research, researchers have an obligation to participants minimize bias, respect participants' rights, needs, and beliefs. Phenomenological studies solicit profound and sensitive answers extracting meaning from responses and opinions (Langdridge,

2007).

Therefore, the following were implemented to protect participant's rights:

1. Participants were advised of the voluntary nature to participate or withdraw from the study at any time.
2. Objectives were clearly articulated and defined to each participant
3. Each participant were provided informed consent to sign and return
4. Participants were provided detailed information on data collection methods.
5. Data was collected, monitored, and secured to ensure safety

Additionally, ethical risk to this vulnerable population was considered.

Participants for this research, were considered a part of a vulnerable population due to being sexually abused, having a history of suicide and/or mental health issues. Moreover, it was important to incorporate measures to protect participants from harm. These measures included privacy and confidentiality, disseminating information, findings following the completion of the research study and researcher competence. Maintaining privacy and confidentiality was essential during and after research for participants resisting disclosing information relating to their childhood sexual abuse (Powell, 2012). Safeguard measures included confidentiality disseminating research finding and protecting participants identities as well as properly storing data information with password securities (Tilley & Woodthorpe, 2011). Proper dissemination of findings ensured data findings were used effectively to promote positivity and taking exceptional consideration to guarantee that sharing the findings does not put participants at risk (Ennew & Plateau, 2004) Furthermore, researcher competence was demonstrated while

evaluating the phenomenon and any risks to participants to ensure participants were not re-traumatized by the research process (Zbikowski, Brüggemann, Wijma, Zeiler, & Swahnberg, 2012).

Confidentiality

Confidentiality was imperative to evolving and declaring private and truthful dialogue between researcher and participant (Wiles, Crow, Heath, & Charles, 2008). In a research context, confidentiality implies not sharing collected data provided by participants and presenting findings in an unidentifiable way through anonymity (Wiles et al., 2008). Issues concerning confidentiality was addressed prior to data collection. At which time, participants were provided informed consents, confidentiality agreements, and all participants identifying characteristics were changed.

Information provided by participants remains confidential in this research study without exception. There are ethical and legal obligations placed on researchers to protect and secure the confidentiality of information obtained by participants (Wolf et al., 2015). All recognizing components were modified, and pseudonyms were utilized all through the study to increase confidentiality and anonymity (Langdridge, 2007). All potential conflicts between protecting confidentiality and requirements to release information as a mandated reporter was explicitly communicated before beginning research. Mandated reporting information was provided during the informed consent process and outlined in the consent form.

Data Collection

Participants were invited to participate through flyers (see Appendix A). Additionally, snowball sampling/referrals were also screened for participation. Interested participants made initial contact via cell phone. During the initial cell phone contact, the parameters of my research were explained and discussed prior to arranging the first face-to-face interview. Participants and I identified a day, time, and location for the face-to-face interview. A protocol consisting of face-to-face interviews averaging 1.5-2 hours per participant were used to obtain data. Interviews were conducted to discuss and ask participants to reveal their experiences in detail. At the beginning of each interview, I reviewed and had participants sign an informed consent form. Each participant and I signed two consent forms one being provided to the participant after signed for their records. Each interview included four semi-structured open-ended questions allowing participants freedom to be comfortable and control the flow of the interviews (van Manen, 1990). A directive style of questioning was used if needed for participants to elaborate more on information provided. All face-to-face interviews were audio recorded using an MP3 digital record and microphone. Upon completion of interviews, all digital audio recordings were transcribed verbatim. A follow-up telephone interview was conducted to clarify responses if more details were needed. To ensure accuracy, participants reviewed transcribed information. All interviews were digitally recorded to increase authenticity. De-identified data will be maintained for a period of 5 years in accordance with the university's expectations.

Data Analysis

One of the most important steps in qualitative inquiry is data analysis (Leech & Onwuegbuzie, 2007). The focus of qualitative data analysis was transforming raw data via searching, assessing, perceiving, coding, mapping, investigating and depicting examples, patterns, topics and classifications in the data with a specific goal to interpret and give meaning (Ngulube, 2015). This was fairly because of the way that qualitative approaches generate significant measures of in-depth, contextually encumbered, and subjective data. (Byrne, 2001). Data analysis can distort the co-constituted significance mutually created in an experience (Schwandt, 2000). Structural and textural descriptions of transcribed data was created, continuously revisited, and revised. Therefore, hermeneutic interpretations were used, and I tried to ensure dialect utilized as a part of reporting findings were clear and recognizable to participants (Rosenblatt 2002) as a whole through the hermeneutic loop (Löwgren, Larsen, & Hoby, 2013).

van Manen (2015) theoretical approach to data analysis entails isolating phenomenal themes while rewriting and interpreting meaning. According to van Manen (2015) only phenomenological themes aggregate data quality in hermeneutic phenomenology. A hermeneutic loop was a method of observation that aided the temporary translation of the engagements (Löwgren, Larsen, & Hoby, 2013). Language is integral in hermeneutic interpretations (McManus Holroyd, 2007). Transcripts from digitally recorded interviews were the primary source for data analysis. I was supportive due to possible sensitivity of participants while interpreting experiences (Heidegger, Stambaugh, and Schmidt, 2010). Consequently, working together to accomplish

understanding regarding their lived experience and perceptions of the data analysis to reflect the process elicited (Schwandt, 2000).

Issues of Trustworthiness

In any exploration attempt, analysts are committed to justifying to the research group that they have done their due diligence establishing clear, rational descriptions of procedures collecting data, methodology and a clear depiction and translation of the data (Williams & Morrow, 2009). Qualitative trustworthiness was achieved by applying strategies to check the accuracy of findings (Ngulube, 2015). It allows researchers to describe qualities of qualitative terms outside of typically applied parameters (Given & Saumure, 2008). Trustworthiness also sometimes include self-disclosure of preconceptions of the research. This may include disclosing professional or personal experiences. A part of my trustworthiness included biases as I am a survivor of CSA.

To ensure trustworthiness of my research, I included triangulation and gathered detailed evidence to capture different aspects of the study phenomenon through interview questions (see Appendix D), notes, and audio recordings. I asked open ended unstructured questions to fully explore participants' lived experience (see Corbin & Strauss, 2014). Denzin (2012) explains that triangulation is an attempt to secure in-depth understanding of a phenomenon being studied. Data collection for this study included one-on-one interviews, note taking, and discussions with participants. I met with my dissertation methodologist and committee members to discuss the data collection and analysis process. Trustworthiness was determined by establishing credibility, transferability, dependability, and confirmability, as per Lincoln and Guba (2011).

Credibility

Credibility is the point at which the researcher examines the data through processes of reflecting, filtering, investigating, judging its pertinence and meanings eventually creating an essence and themes portraying the experience (Hoover & Morrow, 2015). It was secured in this study through peer debriefing, member checks (Loh, 2013). Through trustworthiness, credibility and authenticity validity was acquired (Creswell & Miller, 2000). Authenticity alludes to the reporting of experiences in a manner that maintains respect for the survivor and subject context by presenting all perspectives somewhat to arrive at impartial decisions (Creswell & Miller, 2000). Credibility was established through member checking by reviewing transcripts. Member checks were viewed as an important technique in establishing dependability because they gave the chance for researchers to distinguish their subjective biases and guarantee accuracy presenting participant's lived experiences (Kornbluh, 2015). Through this research process, my dissertation methodologist and committee member guided me through data collection and analysis to check credibility and trustworthiness. Data triangulation was a means to ensure credibility (Sargeant, 2012). Triangulation through numerous member checks and investigators produced a complete perspective of the phenomenon (Sargeant, 2012). Additionally, it was a process where final reports were reviewed by participants offering an opportunity to provide an alternative interpretation of their experience (Creswell, 2009). Credibility displayed an accurate picture of the CSA survivors experience (Shenton, 2004).

Transferability

Transferability demonstrated findings had applicability in a different context. Transferability provided adequate details on the subject matter to have the capacity to decide whether there were similarities among individuals or whether discoveries could legitimately be connected to the next setting (Shenton, 2004). In this study, transferability was addressed by providing sufficient data about CSA survivors. Transferability was tended by providing sufficient data about the participants, the setting, and myself for findings to resonate with another context (Hoover & Morrow, 2015).

Dependability

Dependability was demonstrated when data was consistent and could be replicated (Shenton, 2004). Researchers should strive to empower future researchers to repeat research (Shenton, 2004). During my research, my dissertation methodologist guided me through participant sampling, data collection, data analysis, and member checking. This study showed dependability with an audit trail. An audit trail included securing and maintaining transcripts, notes, and digital recordings (Lincoln & Guba, 2011). Accordingly, my dissertation methodologist examined my audit trail to determine if my coding, data analysis, and research is consistent. Dependability was achieved throughout this research by tracking the research process.

Confirmability

Confirmability is a level of neutrality or the degree to which data is presented by the participant and not by the researcher (Shenton, 2004). It was determined by linking data to their sources (Tobin & Begley, 2004). Confirmability was established by

connecting data, analytical procedures, findings and consistently following these procedures in the audit trail (Lincoln & Guba, 2011). Confirmability occurred through researcher reflexivity. Reflexivity is a term requiring a critical look at the researcher about how one's perception may influence the research (Thomas & Magilvy, 2011). Achievement of confirmability through reflexivity was checked through journaling as it relates to my thoughts, feelings, and understanding to the research. Discussions with my dissertation committee included biases I inadvertently may have included in the data analysis to add confirmability to my research. In phenomenological research, researcher's potential judgments, prejudices and biases are set aside with a method called bracketing (Creswell, 2009). Therefore, I made every effort not to influence the understanding of the phenomenon by the participants (Chan, Fung, & Chien, 2013).

Institutional Review Board (IRB)

The purpose of the IRB was to provide ethical decision making and ensure protection of human subjects. The IRB oversees and ensure all Walden University research complies with ethical standards and federal regulations. Prior to data collection, an IRB application was submitted for review and approval. An IRB review took place after the oral proposal, and formal notification of approval from the Office of Student Research Administration was received. IRB approval assures researchers are in full compliance with ethical research guidelines and minimizes potential risk to participations.

Summary

In this chapter, I presented the methodology of qualitative research which included my research design, participant sample, informed consent, ethical considerations, data collection process, data analysis, and trustworthiness. My research focused on the lived experience of African American mothers who experienced CSA using a hermeneutical phenomenological approach to gain personal knowledge from participants and interpret their responses on challenges in parenting they experienced. In the following chapter, provided the results of the data analyses in detail, addressing each research question.

Chapter 4: Results

Introduction

The purpose of this hermeneutic phenomenological research study was to explore and understand the lived experience of mothers who were sexually abused as a child. The study's purpose derived meaning from the perceptions of seven female survivors of CSA in the southeastern region of the United States. In this chapter, I describe the strategies I used to recruit participants, the setting, the data collection and analysis procedures, and results of this study. The intent captured the lived experiences regarding the individuals parenting and resilience with the purpose of developing a meaningful understanding of those experiences. The primary research question was, as follows: What are the lived experiences of parenting for African American mothers who are childhood sexual abuse survivors? The subquestions were the following:

1. How do African American mothers who are survivors of childhood sexual abuse describe their experiences raising children, including their parenting styles or strategies?
2. What sources of resilience do African American survivors of CSA have in parenting?

These research questions served as a basis for the development of semistructured questions for participants' interviews.

Setting

In this chapter, I describe the strategies I used to recruit participants for the study and collect and analyze data. I also present the results of the data analysis. The chapter

concludes with a discussion of data trustworthiness. There were no significant deviations that negatively affected the role or well-being of the participants, or the quality of the data and analysis. I implemented strategies to minimize researcher bias. All interviews proceeded as planned as described in the IRB documents approved by Walden's IRB on July 28, 2017.

Demographics

The research sample consisted of 7 women from the Southeast region of the United States. Participants ranged from 34-49 years of age. All participants had children, were affiliated with a religion, and employed. Five of the women were college graduates, and two were graduate students. Five participants were married, one was single, and one was divorced. All participants identified themselves as middle class. (See Table 1 for individual participant demographics with pseudonyms.)

Table 1

Participants' Demographic Data

Participant	Age	Marital status	Number of children	Education	Occupation	SES	Religious affiliation
Ashely	49	Single	3	College graduate	Therapist	Middle	Christian
Becka	49	Married	2	College graduate	Instructor	Middle	Believer
Kayla	42	Married	3	College graduate	Nurse	Middle	Christian
Amy	46	Married	2	Graduate student	Counselor	Middle	Christian
Sarah	34	Divorced	2	College graduate	Technician	Middle	Baptist
Bailey	34	Married	1	College graduate	Corrections	Middle	Christian

Tia	45	Married	6	Graduate student	Self-employed	Middle	Christian
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Note. SES = socioeconomic status

Data Collection

Semistructured interviews comprised the method of data collection in this study. I used a purposive, snowball sampling strategy to recruit eight participants to participate in these interviews. One potential participant declined to participate before her interview because she did not want to revisit her experience of CSA. Interviews were conducted either in person at a local library or via phone from my home office. Interviews ranged from 30-90 minutes in length. Most interviews, however, lasted between 30-45 minutes.

Each interview was digitally recorded on an Olympus digital recorder for later transcription. I manually transcribed each interview attaching a pseudonym to protect each participant's confidentiality. All of the transcribed interviews were saved in Microsoft Word format. During the interviews, I took minimal field notes so I could focus on the participants' stories and be in-tune with participants, due to the heavy emotional content. In these field notes, I captured nonverbal communication through observation. A log listing participants' names matched with pseudonyms was stored on a password-protected USB drive that I stored in a locked file cabinet along with transcribed interviews.

At a local library, I conducted three face-to-face interviews in a private conference room. Prior to the interviews, I explained the interview process to both face-to-face and phone stating that the interviews would be recorded and transcribed by me. I

reviewed the informed consent form with each participant and had her sign the form to indicate consent to participate in the research study.

Following each interview, participants completed a demographic questionnaire (see Appendix C) and were given a debriefing handout along with a list of local counseling agencies in case emotional distress occurred after the interview. The debriefing handout consisted of information related to self-care practices, resources, and information regarding contacting a mobile crises team if needed. No follow-up visits were scheduled, as it was determined by the IRB that they were not needed to avoid placing any unnecessary burden on participants, but each was provided the opportunity to receive a copy of the transcript and declined. Two participants did request a copy of the dissertation once completed.

I emailed informational letters and informed consents to the four telephone participants. This e-mail instructed participants to review and send back a signed signature page of the informed consent if interested in participating in the study. Once received, the primary researcher printed and filed all electronic copies of the informed consent signature page in a locked filing cabinet. Following retrieval of the signature page, I scheduled interviews with those participants and emailed a demographic questionnaire to complete and email back before their interview. All demographic questionnaires were received as instructed from each participant.

At the beginning of each interview, I explained the recording process in detail. At the conclusion of each interview, I explained to each participant that they would receive a debriefing handout as well as a list of local counseling agencies. This was the same

debriefing handout and list of counseling agencies that was provided to participants who participated in the face to face interviews. Before ending each call, I provided participants to provide any additional information and thanked them for their willingness to share and participate in this research study.

Participants

Seven African American mothers agreed to share their lived experiences for research purposes. Emerging from various backgrounds, each participant had a compelling story to share about parenting and resilience after CSA. While stories and perspectives are individually unique, all mothers share the common bonds of race, middle class socioeconomic status, spirituality, participation in therapy, and similar lived experiences. In conveying their lived experience, participants were candid and transparent. Participants' identities were replaced with pseudonyms to protect their confidentiality.

Ashley. Ashley is a 49 year old single college graduate who is a mother of three children. She presented herself as confident with insight about her experience at the time of the interview. Ashley stated that she was excited about participating in the study and interested in the research findings, as she found the topic engaging for discussion. When asked how her CSA affected her as a parent she stated "I'm more cautious, vigilant, alert, observant, and more careful. I'm always looking and aware of what's going on around me and my children, my grandchildren." Ashley said that although her experience was negative, it has not adversely affected her life because it has made her more focused and aware of her surroundings. She stated due to the lack of trust she does not allow her

children to be alone with other adults. “Unless I know the parents and what they stood for,” she said they were not going to their house. Ashley referred to being an authoritative parent. She shared that she asked a lot of questions to ensure her children were not being touched and this was a common method used whenever they entered the home.

Consistently asking questions is something Ashley stated probably would not have been done if she had not experienced CSA. She emphasized that her relationship was close to her children and they had open communication, so that they could be honest and share themselves with her. She stated that she taught them to be independent, very vocal, and to “think [pause]-be thinkers.” Ashley described herself as a “good mother” who is nurturing and emotionally available but not as touchy-feely with her children as she is with her grandchildren. She mentioned wanting to be an active listener as the children stated to her that she does not listen well. Her reflections indicated that her source of strength to help her cope with her experience and parenting is her faith in God. She shared that after her CSA, she was promiscuous and normalized the behavior and later realizing what she was doing was not healthy. Ashley found establishing a solid basis in the church and God was important for her and her children, and she leaned on God to get her “through everything.”

Becka. Becka is a 49 year old married instructor with two children. At the onset of our meeting, Becka was very open and confident with herself and where she is in life. She voiced that her experience did not “impair her as a parent but more so made her a better parent.” Her experience has made her very aware and conscious as a parent of warnings and signs of abuse. Teaching her children to be conscious of others, sensitive

and aware of how they made others feel is also important to her. Becka admits she is a *hoverer*. As a parent, more so when the kids were young but even now the children know she will be there if needed. She said that her relationship with her children is good and open. Becka proclaimed, “They can trust me with their issues of life and I will help or point them in the right direction if it’s out of my scope.” Becka believed teaching them to be in touch with their mind, heart, and spirit--allowing them to be able to discern the good from evil—was a strategy she implemented that she might not have if she had not experienced CSA. “I am a nurturer but have taught my children to be strong and independent,” said Becka. She stated she care for her children “very deeply.” Her desire is to continue what she has built with her children and not let the business of life keep them from each other and “building more great memories.” Becka provided perspective on how allowing her children to be alone with strangers overnight with other children—their friends was her greatest challenge. She felt more comfortable allowing their friends to stay at her house. She emphasized that she made it through with her faith in God. “Jesus, the holy spirit leading me.” Becka spoke of her prayer and worship is how she received her breakthrough and the closer her relationship with God the stronger “I became in dealing with the issues and being able to talk about it”.

Kayla. Kayla is a 42 year old married college graduate. She has 3 children whom she has raised as a single parent for many years while suffering from Major Depressive Disorder. She appeared very optimistic and expressed her CSA experience as having a positive effect on her. Kayla elaborated that her CSA experience made her very attentive and aware of her surroundings. It opened her up to recognize nonverbal cues and look for

signs of abuse, if any, in her children. Kayla identified herself as an over-protective mom and who goes out of her way to put protective measures in place to make sure her children are safe. When asked specifically about her parenting style, Kayla replied “I’m somewhat old fashioned, firm but reasonable. The kids have to abide by my rules.” She spoke of her relationship with her children as having a very close bond. She expressed being very active in their lives, supportive of their dreams and encouraging them when they feel discouraged. Kayla expressed that she has frequent talks with her children. As a parent, Kayla emphasized that she is very nurturing and concerned with their well-being. She reiterated how much she loved her children throughout the interview. Kayla found being depressed and raising children to be difficult. Being a single parent, she had to work two jobs at times and desired to spend more time with her children. When asked about her greatest challenge as a parent, she stated being a parent and depressed were two major challenges she had to face. Kayla voiced her faith as being her source of strength and the means to making it through her CSA.

“When the bottom fell all the way out of my life I came to the realization that if Jesus is real then he was going to have to prove to me that he exists. I had exhausted all that I had so to me after my suicide attempt didn’t work I decided to try what I had always been taught but took what I had been taught to a whole new level in Christ. I cope by helping others. I cope by journaling. I cope with finding out how to forgive those who hurt me and took advantage of me as a child. I cope through prayer and relying on the Promises of God!”

Amy. Amy is a 46 year old married graduate student with 2 children. She appeared to be passionate about conveying her emotions about her experience and how she handles life now. Amy expressed that her CSA affects her by leaving her more guarded and very cautious in terms of who her children were able to spend time with when she was not around. Her experience impacted her ability to mother because she found it difficult to trust others and always thought people had a hidden agenda. She believes she is overprotective because she believes the worst in people. She desires to be less judgmental.

“After I left my abusive husband, I learned that my sons were exposed to things even in his care. So, if I could not trust him to ensure their well-being who could I trust.”

Amy expressed her assessment of her CSA lead her to become an overbearing parent leaving no room for excuses and wanting her children to succeed. Amy described her relationship with her children as transparent and close. She expressed that she loved her sons and believe they appreciate the sacrifices she has made for them. Despite transferring some insecurities onto her children, due to her lack of trust, she spoke of caring for her children in a nurturing way that cultivates strength, confidence, and a relentless spirit. Amy admits that trusting others has been her greatest challenge as a parent. Christianity, developing a relationship with Christ, has helped Amy to make it through her CSA. She shared that her faith and a cousin with whom she was raised as a sister are sources of strength. A competitive sport, track was also a source of strength identified as running in track was like running away from the pain any many ways

making Amy feel free. Another means of coping was ministering through song and helping others.

Sarah. Sarah is a 34 year old divorced college graduate with 2 children. Sarah was willing to participate but slow to share details in the beginning. She anticipated the interview opening up old wounds that she no longer wanted to suppress. Sarah believed her CSA made her become an overprotective parent. She admitted to not allowing her children to have sleepovers whether with family or not. She shared, “I’m timid about allowing my children to go places, because I can’t always be there—if I’m not there, I don’t think they’re going to be either.” Sarah expressed that she has a really close relationship with her children, and they have a lot of fun. They are an affectionate, fun-loving family, but her parenting style is firm. Sarah explained that the family operates their daily routine off of a strict schedule to maintain order. She expressed wanting to “be firm enough that they understand it’s not always playtime, but open enough that if something happens the children will always come to me.” Reflections indicated that her greatest challenge was when Sarah found out she was having a girl. “It was hard to face that she may face what I have one day—that was rough.” Sarah provided perspective on how she avoided her perpetrator to get her through her experience. She also asserted how she avoided her perpetrator and the experience “not necessarily for her” but from her brother. She elaborated more indicating that she hid her CSA from her brother and had to be “all smiles” as she shelters him and treat him like her own child protecting him from hurt. Sarah emphasized God and the church as being her source of strength to cope with

her experience and parenting. She discussed not only knowing God for herself but also exposing her children to religion and having them heavily involved in church activities.

Bailey. Bailey is a 34 year old married mother of one. She was initially slow to share details of her CSA, as she thought it would make her relive her entire experience. We spent some time just talking about current life situations and building rapport. After she began to feel comfortable, I began to ask some questions. When asked how she was affected by her CSA, she stated that she is very overprotective and guarded. She is more aware and “pays attention more to stuff people have not been sexually assaulted don’t see.” Bailey shared not allowing her daughter to go places where she cannot see her-be it stores or spending the night with people. Not allowing her daughter around others is a protective measure that Bailey stated she put in place after her assessment of her experience made her realize she birthed a daughter to understand her experience and how she could have been protected from abuse. She expressed having a daughter was her greatest challenge, as she feared having a girl after her CSA. She feared her daughter having to experience CSA. Bailey described her parenting style as lenient but strict when it is necessary to implement rules. She described her relationship with her daughter as being good with a good understanding. They are very affectionate and tell each other every day “I love you.” She expressed that she asks her daughter a lot of questions to make sure things are good, and this is something she may have not done if she had not experience CSA, but she wants to make sure to shield her daughter from this experience. Bailey expressed wanting her daughter to understand her when she asks questions without going into detail about sexual abuse or her experience, specifically. Outside

activities, such as band, cheerleading, track and Reserve Officer Training Corps (ROTC) are some outlets implemented as coping strategies to make it through. Bailey discussed God as being her source of strength as she asked him to “order my steps,” asking him to be her guide in life.

Tia. Tia is a 45 year old married graduate student with six children. Tia immediately expressed not wanting to live vicariously through her daughter. She discussed having a daughter being traumatizing for her due to her past CSA experience. She shared that she was sexually assaulted at the age of four and not wanting her daughter to experience that at her age of four. She voiced that her experience has made her vigilant about where her children stayed and who could stay over at her home. When asked if her CSA impacted her ability as a mother, she stated she did not know and “more than being affected by the sexual abuse I was more concerned with raising children who were Godly and could be productive.” Tia stressed always asking her children questions, including, specifically, “Has anyone touched your private parts?” Although there is a good relationship, Tia desires better, open communication with her children, as she feels it has been lost as they got older. If the children were allowed to do a sleepover, which was rare, questions were asked, such as, who are their parents, do they have any brothers, and so on. Tia described herself as a strict parent. She stated that if she had not experienced CSA, her children may have been allowed to be freer to stay places and her circle of friends would be wider. Although strict, she described herself as an affectionate, touchy feely (i.e., hugging and holding hands), and playful mom. Tia explained her greatest challenge was having a girl due to fear of her being sexually abused. She shared

that she adopted her daughter at a young age. Tia said she tries her best to protect her daughter from being abused by outsiders, those she formed relationships with as well as her own biological sons. Tia provided her perspective on how she made it through her experience:

“We didn't grow up in church, but I always had this notion of God or at least what I thought God was, and that really protected me. Really, not having a real sense of who he was but I truly believe that God was there and God was with me and I didn't know how and I didn't know when but I knew that everything will be okay. So, with no spiritual upbringing or no connotation of whatever that spirituality was a great protective factor for me was just knowing that once it wasn't going to be like this always and that was my hope.”

She shared that books were an escape for her as a child and emphasized her source of strength to help cope with her experience and parenting as prayer, church, and her church family as support.

Data Analysis

To derive meaning from semi-structured interviews, I employed van Manen's (1997) selective highlighting technique. With this method of data analysis, key phrases most revealing about the phenomenon are highlighted suggestive of thematic content.

Stage one of data analysis involved a careful reading and rereading of each transcript, reinforcing participant's verbal accounts and triangulating the data. I gathered the transcripts from all seven participants together on a poster and examined them as a

whole. Significant segments and phrases were highlighted; in doing so, I began to identify themes. During this process, I considered the meaning of each highlighted portion of text as initial themes emerged from the rich and descriptive responses provided. Comments noted in the left-hand margin on large sticky notes included phrases, key words, and links to comments made through the course of the interview and minimal interpretation to preserve the integrity of the participant's experience. The process of identifying similar concepts in the participant's responses was repeated with each of the seven interview transcripts.

The second stage entailed noting emerging themes on middle size sticky notes on the right-hand margin as I continued to read, write, and rewrite reducing all textual data until essential themes emerged which were defined uniquely to the phenomenon of African American mothers who experienced CSA. Using my initial comments noted on the left-hand margin, I attempted to reflect and pull together a broader level of significance (Langdrige, 2007).

The third stage involved listing the subthemes on a small sticky note in the order they appeared during the interview session to be able to identify commonalities better. I noted the categories and themes as I organized and examined the similarities and differences among them. As I immersed myself in the data, it became apparent that I could cluster together similar categories. Throughout this process, I reviewed the entire transcript to ensure emerging themes were consistent with the words and meanings of the participants.

During the final stage, subthemes linked to the data were placed under the appropriate essential theme to ensure I was staying close to the data. To determine which themes came from which participant, pseudonyms were placed on each highlighted interview. A table of the essential and subthemes were created to organize better the data collected. Through the process of free imaginative variation, I identified essential themes. van Manen's (1997) concept of *free imaginative variation* uses the researcher to verify whether a theme is essential to the phenomenon or rather incidental adding no meaning to the phenomenon. The goal of this process was to stay as close as possible to the meaning of the participant's phenomenon. I identified and collaborated with my dissertation chair on themes based on how the data reflected the purpose of the study and the relevance of the research.

I conducted in-depth, semi-structured interviews to explore the lived experiences of African American mothers who are survivors of CSA. In total, I manually analyzed all the transcriptions of the interviews identifying four essential themes and ten subthemes. (Table 2 lists a summary of these themes). A detailed discussion of each theme in the result section follows it. The coding did not specifically identify any themes of womanist theory, such as oppression, racism, sexism, or classism but the analysis revealed them imbedded in many of these experiences. Adopting the womanist approach, I recruited and selected a purposive sample of seven participants who share similar life experiences. Through a womanist lens, I am able to interpret and honor participants experiences and resilience.

Evidence of Trustworthiness

As discussed in Chapter 3, Lincoln and Guba (2011) stated qualitative trustworthiness is accomplished by applying methods to check the accuracy of findings. To establish trustworthiness, I implemented several strategies to maintain credibility, transferability, dependability, and confirmability in my research study. Trustworthiness begins with self-disclosure of assumptions of the exploration of the phenomena that may be part of the researcher's experience, which I incorporate in chapter 3. Further methods implemented to ensure trustworthiness in my study included interview procedures, the transcription and storing process, manual coding and member checking.

Credibility for my hermeneutic phenomenology research occurred through interview protocol, triangulation method, and a detailed description of my study included in this chapter. To ensure credibility, interview procedures with each participant included my demographic questionnaire, digital audio recordings, and a manual transcription of each audio-recorded interview. I manually transcribed each interview verbatim for coding and data analysis. Triangulation was achieved after the completion of the data collection process. Triangulation entailed asking my dissertation chair to review transcripts, themes, and subthemes. I also used minimal field notes collected as a second input of data to confirm. Feedback provided from my methodologist established validity by analyzing participants' responses.

Transferability was supported through rich descriptions obtained from participants that adhered to the research question. This enables readers to understand my interpretation and reporting of the findings. These rich descriptions included themes

derived from data and field notes which provide parameters from transferability. A discussion of the limitations of the study further added transparency to the scope of transferability in the study. Based on the delimitations of this study, results will not be transferable to all populations.

Dependability in my study includes multiple data checks to improve the accuracy of the data. Upon completion of my interview and coding, my methodologist and I reviewed themes analyzing consistency across the data collection to ensure findings can be repeated. I recruited eight participants but conducted seven interviews. All interviews were audio-recorded generating reliable transcriptions of the data. Each interview followed the research question to ensure data collected accurately answered the main and sub-questions.

Confirmability of my research was obtained through careful documentation of coding the data, reaching saturation, and the development of themes. Confirmability involved findings being based on participant's responses while I remain mindful about potential bias and engage in self-reflection in efforts not to skew participants' perspectives of their CSA experience. This was achieved by reading and rereading interviews for accuracy and an audit trail recording all steps were taken and information gathered regarding decisions made about the study. I also used triangulation by asking my dissertation chair to review transcribed interviews for an additional perspective and method to strengthen the confirmability of the study. My dissertation chair, examined my audit trail to determine that my coding, data analysis and research was consistent. The audit trail also was reflexive providing me the opportunity to outline my interest in CSA.

Results

There were four essential themes that emerged from participant's narratives: being a protective parent, impact of abuse, coping, and desires. Four essential themes comprised ten subthemes as shown below in Table 2. Quotes were selected to illustrate the corresponding themes/subthemes. Subthemes will be discussed in more details following the table.

Table 2

Essential Themes and Subthemes

Essential themes	Subthemes
Being a protective parent	Impact of abuse, bonding; parenting style, parenting challenges
Negative impact of CSA	Difficulties with trust, efforts to protect
Coping	Avoidance, spirituality,
Desire	Desire to help others; desires for the children

Being a Protective Parent

Impact of abuse. All mothers reported a similar impact to their experience causing them to be more vigilant of their surroundings and the people around them. Mothers shared that their heightened awareness of warning signs of abuse implemented additional measures taken that may not have been if they had not experienced CSA. Ashley, Becka, Kayla, Amy, and Bailey specifically stated that they are more cautious and aware of what is going on around them and their children. Ashley said she is “a little more cautious, a lot more cautious, more vigilant and a lot more careful. Always looking. Being aware of what’s going on around my children.” Becka stated, “my abuse has made

me very aware and a cautious parent, conscious of warning signs of abuse.” Similar to Ashley, Kayla explained her CSA experience has made her “attentive, cautious and aware of her surroundings.” Alongside the others, Amy expressed being affected by her experience and being “more guarded and very cautious.” Reminiscent of Amy’s response, Bailey shared being “more guarded, very protective, and paying attention to stuff that people have not been sexually assaulted don’t even see.” Compared to the others previously noted, Sarah stated her CSA has made her over protective with her children and Tia used the term hypervigilant. Sarah also reported teaching her children the scientific words for body parts to ensure no confusion if ever touched inappropriately. While others asked frequent questions whenever their children had been away from them such as “has anyone touched you, did anyone mess with, or tried to make you do any inappropriate-something you did not want to do”. Ashley admitted to asking her children every time they walked into the door “did somebody touch you” or she made the comment “let’s talk.” According to Kayla her negative experience had a positive effect:

“I believe my experience with sexual abuse had actually a positive effect on me as a parent because it made me very attentive to my children and most definitely aware of their surroundings. Because of my experience, I would not leave my children with just anyone because of my experience was from family. As a parent, I knew how to look for signs as well as nonverbal cues in my children.”

Bonding. All mothers interviewed described themselves as nurturing parents displaying affection towards their children. Becka, Ashley, Bailey, and Tia stated they

have a good relationship with their children with open communication and honesty. Specifically, Tia expressed, “Ahh, my relationship with the kiddos is good.” She expressed showing affection by being “very touchy-feely and a playful mom.” As opposed to Tia’s response, Ashley shared “I have a good relationship with open communication with my children, but we are not a huggy, touchy, kissy, feely people. Now that may have been due to having them after my sexual abuse experience. I am that way now with my grandchildren.” Ashley further proclaimed, “I am a good mother and emotionally available whenever my children need me.” Becka pointed out that she has a “good, open relationship with my children. They can trust me with their issues, and I will help point them in the right direction if it’s not out of my scope. I care for my children very deeply. I am a nurturer but have taught them to be strong and independent.” Resembling the other participants, Bailey said, “I have a good relationship with a good understanding of my children. I’m very affectionate and tell my daughter every day I love you and you are beautiful.” Kayla and Sarah proclaimed very close bonds and being active in their children’s lives. In more detail, Sarah asserted:

We have a lot of fun. We do a lot of stuff together, and we do a lot of game nights, and where everybody participates in everybody's activities. So, if my son is playing basketball everybody's playing basketball. If my daughter is doing something everybody's doing it.

The mothers reported being very active in their lives within and outside the home, participating in extracurricular activities and church. Some reported that the affection shown might not have been displayed to them by their parents, but they show affection to

their children as a sign of endearment to let their children know that they are supportive and available to them. A few mothers reported not receiving the same from their parents, making it more difficult for them to handle their sexual abuse as children. Kayla indicated “I ask my children a laundry list of questions and it’s things that I wish I could have said as a child to my mom and dad but was too afraid.” Mothers reported telling their children they love them daily as well as displaying affection through hugs, kisses, talking and listening. According to Becka, she is a nurturer but still taught her children to be strong and independent. Tia described her relationship with her children as:

“Ahh, my relationship with the kiddos is good. Well, they are grown. I have a 21-year-old, this is going to sound weird but parents understand you don't have a favorite because they are all your favorite, but you love them so differently. So, I speak about my first born and my voice goes up on this. I was thinking about my relationship with him recently. The bible calls the first born the son of your strength and he truly is that for me. So yeah, I absolutely love him. So, my middle son Isiah who was kind of the beginning of my own spiritual walk. His name is Isiah and it means the Lord is my help and salvation and that one needs the Lord and his help and salvation. He absolutely keep me on my knees, but he is the child who is most like me. So yeah, he is me outside of myself. God bless that one. I pray for his future wife. God bless her, please come get him and don't return him to my house. And then, my daughter who is 16 and who was adopted is absolutely amazing. I am

just amazed at her resilience and strength. If I had a biological daughter, I pray that child would be like her because she is a blessing to me.”

Parenting Style. Each mother described their parenting style differently but arrived at the same place. Mothers were found to be *helicopter parents*- “overprotective” hovering over their children always knowing their whereabouts and placing restrictions on where they could go and limitations on alone time with some individuals. Three mothers stated being firm in their parenting but fun loving. Amy expressed being liberal with restrictions:

“I have incorporated some parenting techniques that were used when I was a child. However, both of my sons are different so the same techniques did not work for both. We have all been through a lot and I am not saying I did everything right; considering what we have overcome but I believe they are good young men.”

Becka shared:

“I am the *Jet* parent. I fly high and give them their space now as adults but taught them discernment and having the realization to recognize when something is wrong. I hovered more when they were younger. But, they know I can be there ASAP at the drop of a dime if they need me to intervene.”

Parenting Challenges. While having children prompted positive change, it also presented parenting challenges. Several women described being fearful of having daughters due to fear of not being able to protect them from abuse. The thought of having a daughter was a challenge in itself. Bailey expressed:

“For a long time, I said I didn’t want any kids, I’m never having no kids, and I did everything in my power to not have any kids. I was two months pregnant still taking my birth control pill when I found out I was pregnant. My whole thing was why I can’t get a boy but then you know over the years I’ve come to understand that she was given to me as a little girl for me to understand that there were ways that I could have been protected.”

Another mother, Sarah expressed feeling the same as Bailey. Ashley contended farther stating with a big pause... “one of the greatest challenges would be not to let what happened to me affect my children. For me to be emotionally available, be a good mom and not let stuff that happened to me spill over into their lives. You know so just keeping that separate. I never had thoughts about how I was going to parent, I just do.”

Additionally, Kayla asserted,

“The greatest challenge as a parent would be to have lived through the abuse but suffered with Major Depressive Disorder and still raising my children with depression. Yes, I survived but it has been a long hard road. Another challenge was having to raise them alone with no help

from their father. It was very difficult with me being depressed and trying hard to be the best parent that I could. It was hurtful to see their dad throw away money partying, women, alcohol, and drugs and the children would need necessities at home. That and depression was two of the major challenges I faced.”

Negative Impact of Childhood Sexual Abuse

Difficulties with Trust. A few mothers recognized that they implemented protective behaviors due to their lack of trust since experiencing CSA. Kayla shared her sense of trust since experiencing CSA:

“I found it very difficult to trust others and always thought people had a hidden agenda. I believed if someone was nice to me it wasn’t genuine kindness that wanted something from me. There have been times that I have thought the same thing about my children. I attribute this thought process to the abuse I endured. I believe that I have transferred some insecurities to my children as a result of my childhood abuse. I believe I have always been overprotective of my sons because I always believed the worst in people. After I left my abusive husband I learned that my sons were exposed to things even in his care. So, if I could not trust him to ensure their well-being who could I trust.”

All mothers reported having trust issues with friends, family members, and strangers. While most reported having been sexually abused by family and friends that were like

family it posed a significant threat towards current relationships and leaving their children alone with family and friends. All admitted that it is their lack of trust that causes their decision not to allow their children to participate in sleepovers or family gatherings or some extracurricular activities without their presence. Sarah declared, “I guess with certain extracurricular activities I would be kinda timid about doing because I can’t always be there, and if I’m not there I don’t think they are going to be there either.” According to Amy,

“I found it very difficult to trust others and always thought people had a hidden agenda. I believed if someone was nice to me it wasn’t genuine kindness that wanted something from me. There have been times that I have thought the same thing about my children. I attribute this thought process to the abuse I endured. I believe that I have transferred some insecurities to my children as a result of my childhood abuse. My greatest challenge is trusting others.”

Efforts to Protect. As I completed my research, I found that all the mothers shared a commonality to implement efforts to protect their children. The mothers were fearful of what might happen to their children because of their experience of CSA. The fear they carried within them allowed only certain people around their children and placed limitations on where their children could go. Kayla and Ashley discussed preventing their child from contact with particular family members because the family member was also the perpetrator of sexual abuse upon the mother. Ashley’s reflections indicated she were cautious, vigilant and more focused since being sexually abused by

her father. She shared being “extreme” with her protective measures, not allowing freedom as most children received and constantly questioning her children’s every move and those around them due to her sexual abuse perpetrated by her father. Some mothers mentioned educating their children about CSA and trying to protect their children by preventing them from being alone with men and not allowing sleepovers. “The way I taught them their body parts...I didn’t teach them little cut words or code words. I taught them the scientific words for it so that if someone touched their private parts and they tell somebody and I’m not there for whatever reason you know exactly what they are talking about. It’s know figuring it out” (Sarah).

Another described her efforts to protect her child from being abused by completing checkins with parents if she allowed a sleepover:

“My children won't allowed to really go over anybody's house unless I knew the parent and I had a conversation with the parent. I had to know what the parent stood for. Well, I hope most parents would be like this anyway, but for me I had to know where they're going, I had to know who they were with and you know actually if they would go somewhere else while visiting. As soon as they walked in the door I'm having a conversation with them. What happened, did anybody touch you, did anybody say anything wrong to you? You know as soon as they came home that was standard and they got use to that (Ashley).”

Many mothers reported feeling worried about their children being abused and discomfort leaving them with family, friends, and people in their friend’s circle. One

mother reported being afraid of the possibility that her relationship partner may sexually assault her daughter. “While in relationships, it was a challenge ensuring the relationships that I was in you know that my children would not have been abused by those relationships. This was a concern of mine”. (Tia)

Coping

Avoidance. Although the mother’s past cannot be changed, they found ways to manage their CSA in ways where it no longer could dominate their life. Those mothers who suffered sexual abuse discussed carrying deep wounds that needed healing for them to move forward in their lives. Several mothers reported avoidance as their way of coping with their experience. “It was kind of one of those things where you tell, but then you get in trouble. So, it was kind of like I had to put it in the back of my mind and leave it there.” (Bailey). “I avoided that particular person at all cost.” (Sarah). Ashley detailed,

“For me, it is sad to say but it just became the norm. You know, like it happened. Oh, well, whatever and you move on at least I thought I was moving on in a healthy manner, but as I got older I realized that what I was doing was not so healthy. I wasn’t overly promiscuous but my mentality was like a man. In the back of my mind there's always an arterial motive. Okay, what do you want, oh you want sex? If that's what you want just say it. Let's do it and get it over with and move on. I made that make sense in my mind it was okay. The man’s mentality was thinking I'm going to get what I can get from you or whatever I want and its usually just sex and when I'm tired of you I move on. No

feelings attached to it and that was okay. I didn't realize at first until I got a lot older, but I would migrate towards people that were not available to me. Either they were married or in a relationship, but whatever they were not available to me, and that was my way of protecting me, so I thought so when they walk out when they do whatever there's no surprise because they weren't mine anyway.”

Although not highlighted as a salient theme, a few mothers mentioned confronting their problems, being good parents, having good communication, and setting boundaries was a part of the coping process. One mother mentioned reading and using books as a mean to escape when she first started being sexually abused.

Spirituality. All mothers reported their biggest coping strategy as the use of their spirituality. Although mothers described their religious affiliation differently such as a Believer, Christian, or Baptist, all mothers reported their resilience as was a reflection of their faith. The mothers indicated that they prayed, talked to God, and attending church. Becka believed prayer and worship in the church is how she received her “breakthrough”. Becka further explained, “the closer I developed my relationship with God the stronger I became in dealing with the issues of my abuse and being able to talk about it. Ashley acknowledged:

“I mean without God I'm nothing so that has been my source of strength. My kids grew up in the church. They were those kids that go to sleep in the back of church because we were there all day you know two and three services a day. Setting that foundation for them was very

important so I leaned on my faith to get me through everything. Actually, to teach me how to learn to forgive my perpetrators to. I never was really that hard on myself. You know through my faith and through growing I learned that some of the things I thought I was doing that we're healthy and positive were not so much. So, you know, I'm human so I don't beat myself up too hard that stuff to catapult me into my destiny basically. I think the biggest thing of my faith was being able to actually have a conversation with my dad and be able to get beyond what he did and actually have relationship with him. I use my faith to get me through now. I lean on my faith and my beliefs to get me through everything.”

Desires

Desire to Help Others. Mothers discussed their desires to increase their family bonds, be supportive, maintain constant communication with their children, and help others. Kayla stated, “I cope by helping others.” A few mothers who were hesitant at the onset of the interview expressed wanting to participate in the research to help other mothers, women who had similar experiences as they. They shared wanting to end this taboo thinking and be able to share their stories and help one another. Ashley, mentioned her interest in the research was to allow others to hear her story and be free to tell their own. As a therapist herself, she emphasized “knowing the importance of coping after a traumatic experience and not allowing it to define you as a person.” Through snowball sampling, the mothers showed support for one another forming a community, realizing

how they were helping each other cope to display resilience and a level of self-awareness and self-parenting awareness. Becka specified,

“At this point, my desire is just to continue what we have built and don't let the business of life keep us from each other and continue to bond and build more great memories.”

Desires for the Children. Mothers shared their desires for their children. They stressed their desires for their children to be independent and not allowing their mothers' experience to be their experience. Tia discussed how she “prays for her children's future and desires them to be understanding of others and protective of their siblings”.

Ashely expressed a desire for her children to be independent, think on their own, and to be vocal.” Becka shared her desire for her children to “maintain a relationship with God and be able to discern the good from evil.” Kayla stated her desire for her children to “chase their dreams and encourage them when they feel discouraged.” Similar to Becka, Sarah also expressed her desire for her children to maintain a relationship with “God and the church.” Akin to Becka and Sarah, Tia proclaimed her desire for her children to have “a spiritual foundation more than what I had.” Quite the opposite of the other participants, Bailey's desire is for her daughter to know she is “beautiful and always loved.”

Summary

Data was gathered through semi-structured interviews with a sample of seven African American female mothers from the Southeast region who experienced CSA. Interviews were conducted either face to face at a local library or through telephone

interviews conducted at a home office. All interviews were digitally recorded and transcribed verbatim. In my research, I discovered four themes preventive measures, support, motivation, and faith. I was able to answer the main research question and the sub-questions.

For the main question, *What are the lived experiences of parenting for African American mothers who are childhood sexual abuse survivors?*, I found that participants took a negative experience and reacted positively from it in their parenting. Participants' experience left them resilient in their efforts to raise their children. After coping with their experience, participants displayed a positive attitude towards adjusting to their life and being a parent, relying on their spirituality, and being supportive of others who shared a similar experience. When answering sub-question 1, *How do African American mothers who are survivors of childhood sexual abuse describe their experiences raising children, including their parenting styles or strategies?*, I discovered that participants found challenges in raising their children as a result of trying to prevent abuse from happening to them. The mother's implemented strategies that were investigative constantly asking questions and monitoring their children whereabouts, friends, and family members. Lastly, in answering sub-question 2, *What sources of resilience do African American survivors of CSA have in parenting?*, I realized that participants' faith in God and their spiritual practices going to church and praying instill resilience in them to move forward in their lives as well as raise their children the best they know how. Participants found an inner strength to motivate themselves to develop and maintain good

relationships with their children and display positive affection and support where it may have been lost in their lives as a child.

In this chapter, I described the data collection and analysis procedures I used in conducting my investigation. Chapter 5 will include the conclusion of the study based on the findings discussed in Chapter 4. Chapter 5 will also include a discussion and recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

I used a qualitative, hermeneutic phenomenological research approach to explore the lived experiences of African American mothers who are survivors of CSA. The purpose of this study was to illuminate the impact of African American mothers' experience of CSA within the context of parenting. In this chapter, I synthesize the findings into the current body of literature on the study topic. The research allowed me to explore lived experiences, human behaviors, and everyday living in parenting after CSA and make interpretations of the findings. This chapter includes a discussion of the results, including my interpretation of the findings; the limitations of the study; recommendations for further research; a consideration of the study's implications; and a conclusion to the study.

Interpretation of the Findings

Participants in this study discussed their experiences as mothers who had survived CSA. In my analysis, I identified four descriptive themes: being a protective parent, negative impact on CSA, coping, and desires. In the following paragraphs, I will synthesize the findings presented in Chapter 4 with pertinent literature identified in Chapter 2.

Theme 1: Being a Protective Parent

Participants who were survivors of CSA laid the foundation for their parental and personal frames of reference. The theme *being a protective parent* included discussion of mothers' reactions, bonding, parenting style, and parenting challenges. Whitaker et al.

(2014) found that unhealthy behavioral responses to childhood adversity can be reactivated in parents providing care to their children. All seven mothers in the study reported being cautious and aware of their surroundings and of warning signs of abuse since becoming a parent. Participants reported not allowing their children to be left alone with some individuals regardless of established relationships or family ties. All of the mothers proclaimed their lack of trust with others and not allowing sleepovers, questioning their children's friends and families if allowed to visit, and constantly hovering over their every move to ensure protection. Currie and Widom (2010) emphasized that children subjected to sexual abuse are at increased risk for behavioral, social, interpersonal, and psychological functioning issues. Rao et al. (2010) found higher rates of depression. My research findings aligned with those of these authors. Participant Kayla stated, "it has been a long hard road suffering from major depressive disorder and still raising my children with depression, but yes, I survived. It was difficult trying to be the best parent that I could with depression." The mothers stated that they relied on their spirituality to cope with their emotional distress after CSA.

Similar to Whitaker et al.'s (2014) finding, Ashley shared she had an unhealthy behavioral response that was demonstrated through her promiscuity being with married men or other men in relationships and using sex as an outlet to her pain. Her response to sex was, "If that's what you want just say it, let's do it and get it over with." Ashley found as she "grew older and wiser" she grew out of this mentality, and, rising above the "Jezebel" stereotype, she no longer allowed it to control her or her image. She emphasized how this negative experience had a positive effect on her and enabled her to

develop into the “strong black woman she is today helping others as a therapist” and enhancing her level of protection towards her children and grandchildren by teaching them through her experience to be aware of perpetrators and their manipulation to obtain control.

My results contradicted a vast majority of the findings of my literature review pertaining to child-rearing. Contrary to Dixon, Browne, and Hamilton-Giachritsis’s (2009) research findings that CSA survivors have poor parent-child relations, lack parenting skills, have poor emotional control, and lack knowledge, the mothers in my research were all educated in emotional control of their life through the guidance of their spirituality, and each identified herself as a “good mother” who emphasized nurturing. de Jong et al. (2015), indicated that women who experienced CSA often have a permissive parenting style. The majority of the mothers in my study reported having a permissive parenting style. Participants mothers identified themselves as having the following parenting styles:

- Ashely: “authoritative,”
- Becka: “hoverer,”
- Kayla: “old fashion with rules that they must abide by,”
- Amy: “liberal with restriction,”
- Sarah: “firm,”
- Bailey: “lenient but strict-allowing some freedom in certain situations but strict on rules,” and
- Tia: “strict.”

While my results contradicted much of the literature, some findings remain consistent with those of other researchers. For instance, multiple seminal works, such as those by Cross (2001) and Ruscio (2001) have demonstrated various challenges that mothers of sexual abuse experience, including difficulties trusting others with their children and insecurities about parenting abilities. As mentioned earlier, the seven mothers who participated in my research described challenges related to trusting others with their children and insecurities about parenting. These early CSA experiences led them to have insecurities about raising daughters, in particular. Tia, Bailey, and Sarah spoke at length about their fear of raising a daughter. They all shared a fear of their daughters being touched, as they had experienced CSA themselves and were fearful of not being able to protect their daughters from abuse. According to recognized standards, my participants were good, protective mothers.

Theme 2: Negative Impact of Childhood Sexual Abuse

While this study did not directly ask participant mothers to discuss the impact of their CSA, other than how it pertained to raising children, it is interesting that, in their interviews, all mothers shared similar reactions to their CSA experience. The theme “negative impact of CSA” includes discussion of mothers’ difficulties with trust and efforts to protect their children. When asked if their CSA had affected them, all seven mothers in the study said “yes.” Trust was an issue for most participants as their perpetrators were family members. Amy reported her sons being “exposed to things while in family care” and “if you can’t trust them, who can you trust!”

Due to a lack of trust, mothers reported using strategic methods to protect their children. Aligned with a report by Skinner et al. (2011), based on past experiences of abuse and historical factors previously discussed, African American mothers have heightened fears compared to mothers of other ethnicities about ensuring that their children can survive within an oppressive culture and have outcomes that are not necessarily negative. This is consistent with my findings. Many mothers in my study said they had become better parents as a result of their CSA and the impact of the abuse changed their lives. African American mothers teach their children to manage and circumvent systematic racial and gender oppression rejecting internalization of stereotypes while maintaining a positive sense of hope and self-worth (Bean, Barber, & Crane, 2006). My research is consistent with that of Schiffrin et al. (2014) in that my participants were helicopter parents – that is, overly-focused and controlling parents who fail to make adjustments towards their child autonomy as they strive for independence. Reflecting back on her CSA, Becka stated “I am the *Jet* parent, I fly high and give them their space now as adults but taught them discernment and having the realization to recognize when something is wrong.” While on the surface Becka talks about giving her kids space, she describes intently watching over them in an effort to keep them out of harm’s way. Though the impact was different across different participants, each were impacted some way by CSA—the ramifications of the negative impact of CSA manifest in their present relationships with their children to date.

Theme 3: Coping

The theme *coping* included discussion of mother's avoidance and spirituality. Wekerle, Wall, Leung, and Trocmé (2007) expounded upon a *conspiracy of silence* preventing atrocities from being discussed, resulting in amplified feelings of isolation, loneliness, and mistrust. This is consistent with stories my participants shared. For instance, Kayla stressed mistrust and isolation due to her perpetrator being a family member. She discussed that she wished she was able to communicate what happened to her with her family. Kayla indicated, "it was kind of one of those things you tell then you get in trouble." All of the participants in my study recalled that the instances of CSA were not discussed. Sarah stated she found herself avoiding her perpetrator that was a family member at all costs. She never mentioned her CSA to anyone and she "had all smiles, so they didn't know what was going on."

Goodman, Joyce, and Smith (2011) highlighted that survivors frequently blame themselves for the abuse incapable of recognizing what happened as not their fault specifically when the perpetrator is a trusted adult. This is not consistent with the experiences of my participants. Not one of my seven mothers spoke of blaming themselves for their CSA. Only one mother, Ashley, touched on the subject stating, "I never was really that hard on myself. You know through my faith and through growing I learned that some of the things I thought I was doing that we're healthy and positive were not so much. So, you know, I'm human, so I don't beat myself up too hard on that stuff to catapult me into my destiny basically." I think this demonstrates insight into knowing that it was not her fault and eventually learning to overcome the negative outcomes that were

related to the CSA. I believe Ashley's spirituality along with knowledge obtained through education and trainings in the mental health field contributed to the difference in findings. Additionally, King (2010) discussed experiencing denial, or repressed memories negated the feelings about the impact of abuse. Becca claimed "for years I didn't even remember the experience. It came back to me well in my twenties. I feel that the Lord kept it from me until he knew I could handle it. It was definitely my faith in God."

African American women survivors of CSA develop resilience strategies to negotiate stressors (Mwendwa et al., 2011). All the mothers in my study found their spirituality as their source of resilience. I employed a womanist theoretical framework in the design and analysis of my study. In this framework, themes of mothering, nurturing, and survival in efforts to regain power and a desire to move forward (Rivers, 2015) were important. The lived experiences of my participants were consistent with these themes, as they demonstrated resilience. Womanist theory allowed participants to articulate their perception of their experience. Participants endorsed a womanist concept of resistance to oppose their CSA at various points in their lives (i.e., mentally, physically, emotionally, spiritually). From a womanist lens, the mothers used their experience to develop survival skills such as those intimated by Banks-Wallace (2000). Engaging in dialogue with others with similar experience, the mothers build a community of support validating their experience, expressing concern for one another and taking responsibility for changing their circumstance.

Wadsworth and Records (2013) emphasized the most females do not share their experience of CSA, as they adapt by demonstrating a culturally approved persona as

"strong." According to research concluded by Tsuruta (2012), it is conceived that African American women appear emotionally strong, resisting all forms of oppression. The lived experiences of the mothers in this study elucidate previous research on strong African American women by propounding their conceptualization of what it means to them to be a strong African American woman and mother. For the participants in this study, much of the meaning of their experience is being strong in their faith—trusting God for resilience and to bring them through adversity. Coping was an important theme for all of my participants and faith in God was paramount within that.

Theme 4: Desires

All seven of my mothers who participated in this research maintained a positive sense of hope and self-worth, which is consistent with assertions made by Bean, Barber, and Crane (2006). No previous research has discussed desires for this population of women who had experienced CSA. My research found seven women who discussed their desires to increase their family bonds, be supportive, maintain constant positive communication with their children, and help others. For example, even after hesitation at the onset of the interviews, Bailey expressed wanting to participate in the research to help other mothers--women who had similar experiences and are parents. She hoped to decrease their fear and anxieties around parenting specifically a daughter. The mothers shared efforts to end taboo thinking as defined in Chapter 2 and be able to share their stories and help each other. Ultimately, the theme of desire is an understudied salient component of the experiences of women who are survivors of CSA.

Limitations of the Study

This study provided valuable in-depth data describing the lived experiences of African American mothers; however, this study has several limitations. Given the sensitive nature of the research question and the inclusion criterion that participants had to have undergone therapy from a licensed professional, it was difficult to recruit participants for this study at first. The demographics of the participants and willingness to disclose has a direct bearing on the nature of the lived experiences recorded. Marginalized population, such as African American mothers who experienced CSA and have undergone professional counseling are difficult to access; limiting the sample size. Recruiting African American mothers was challenging, at best, due to cultural sensitivity to negative stigmas as discussed in Chapter 2.

Participants were from the Southeast region of the United States spanning across a two-hour difference in distance. All of the participants in the study were educated; five undergraduates and two graduate-level and were early-middle-aged mothers; five participants were in their forties, and two were in their thirties. With the exception of one participant being single and never married and one who was currently divorced, all other participants were currently married. Also, all participants had graduated from college and working. Lastly, counselors should use caution in expecting that these themes will be true for participants who are of different demographics than those described in this study. Though I anticipate the results are transferable, especially in light of the consistency of my findings with womanism and African American mothers in general, the factors of education, age, and previous counseling experience are important considerations.

Based on the findings from the study, I have a number of recommendations for future research studies. These recommendations are addressed in the next section.

Recommendations

Based on the strengths and limitations of this study, some recommendations are proposed for future research. First, additional phenomenological studies should be conducted to examine resilience among mothers who experienced CSA. As illuminated in Chapter 2, there was a significant gap in the qualitative literature regarding the lived experience of parenting for African American female survivors of CSA. The prevalence rates of CSA are high, particularly for African American mothers: for example, Stone (2007) found that one in every 4 African American females are victims of CSA. Further, it has been established that those who experienced CSA often experience distress within the context of parenting. Research has only recently begun to examine the impact of CSA on African American mothers. The majority of research regarding the interpersonal functioning of CSA has either been quantitative or from a survivor's perspective of a different ethnicity. As a result, it is recommended that more qualitative research is done from the perspective of African Americans to further explore the perceived impact of CSA on parenting. My research found participants to be good mothers as this contradicted previous research and should serve as a call to action.

Second, while a number of quantitative studies have been disseminated over the past several years, yet very few phenomenological studies have been conducted on transgenerational trauma affecting African American belief system, customs, and values (Winbush, 2010). Generally, speaking, more studies should be examining the

phenomenon of continuous and serious effects through suppressed and marginalized groups of African Americans after sustaining traumatic psychological and emotional that continues to impact inequality, racism, and oppression today (Winbush, 2010).

Additional research should also explore the silencing experienced by African American mothers, stereotypes and controlling images that remain as indicated by participants in my research.

Third, future research endeavors should explore the mental health correlates of CSA, survivors' resilience and spirituality in coping with trauma. Studies conducted over the past several years have shown that African American female survivors experience significantly high rates of depression, anxiety, impulse control, low self-esteem, suicide, drug use, HIV, cancer, heart disease, and diabetes as a result of being sexually abused as a child. Moreover, relatively few qualitative and mixed method studies have been conducted that factor African American females use of spirituality in coping with their CSA.

Lastly, it is also recommended that future research extend the sample to include participants of a more diverse background who have not yet received mental health counseling. Research on this population should focus on those who receive pastoral counseling, given the emphasis placed on faith as a source of resilience.

Implications

A number of implications emanate from the study's findings with regard to positive social change. This study adds to the knowledge base of qualitative research concerning the parenting of African American female survivors of CSA. This study was

undertaken, in part, because of the significant gap found in qualitative literature pertaining to African American mothers who experienced CSA. While the findings from this study will not eliminate CSA, having a better understanding of the impact of CSA on African American females can raise awareness around interpersonal problems experienced by survivors as well as their family and the community. These findings can also serve as a foundation for tailoring targeted intervention strategies that employ the strategies of resilience demonstrated by survivors of CSA.

To date, very few phenomenological studies have been conducted on the lived experiences of parenting for African American female survivors of childhood sexual in general and on their resilience and faith, in particular. Moreover, the intrapsychic and sociocultural factors impacting mothers have not been examined from a hermeneutical phenomenological standpoint. As mentioned in previously, African Americans are a hard to reach population to conduct empirical research due to cultural factors as well as social injustices as described in Chapter 2. Generally speaking, the African American population have difficulty trusting others and maintain a level of secrecy that surrounds the African American culture and community (Wosu et al., 2015).

This study has potentially broad implications for social change. For instance, the findings from this study may aid in decreasing the level of stigma attached to sensitive issues such as parenting, depression, and suicide to name a few. Findings from the study may convey implications for the mental health profession. Mental health professionals may distill the study's findings to develop culturally relevant interventions, better support services for the prevention of adverse long-term effects of CSA, and promote resilience

more effectively. Finally, mothers who are survivors of CSA may benefit from the study by being supportive of resilience, sharing nuances among parenting, coping and informing culturally-competent practices to others.

In the same vein, findings from this research study have the potential to engender positive change for African American women who experience CSA. On an organizational level, a mutual collaboration between mental health counselor and counselor educators and supervisors can train counselors on specific information and strategies to reduce the incidence of mental health issues, substance abuse, and suicidal behaviors among CSA survivors. A clinical and pastoral partnership has the potential to increase African American female survivor's utilization of clinical counseling, as knowledgeable and clergy may be open to referring survivors to mental health professionals.

Conclusion

In this research, I undertook a womanist, hermeneutic phenomenological approach. It was difficult to find past research that was qualitative in nature and includes both African American mothers and experiences of CSA. The majority of the previous research focused on the perspectives of other ethnicities who have experienced CSA. The major contribution of this research is the inclusion of African American mothers who experienced CSA and their parenting. Participants provided rich, detailed data that illuminated their parenting experiences in light of being survivors of CSA. Consistent with previous findings, these African American mothers experienced distress in the areas of parenting and trust. However, it became apparent that their faith sustained these mothers through difficult times.

This research has moved me deeply. Throughout the research process, I became more resolved with the findings. The impact of CSA on parenting has been great; however, participants hold their faith as their resilience to make it through. Each participant's journey has been motivated and characterized by her faith as a means of healing for her as a woman and as a parent.

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Appendix A: Participant Recruitment Flyer

**Research Participants Wanted****Are you a childhood sexual abuse survivor?**

If you are an African American female who is a parent and has experienced childhood sexual abuse, you are invited to participate in a research study entitled Experiences of Parenting for African American Female Survivors of Childhood Sexual Abuse.

I am a Walden University doctoral student looking for participants who meet the following criteria:

- 18 years old or older
- Experienced childhood sexual abuse
- Currently or have been a mother
- Not currently in a state of crisis
- Have undergone therapy from a license professional

If so, you are invited to participate in the study.

For more information, or to participate in the study:

Please contact the researcher, Chelsea Sharpe, LPC

Email: redacted

Phone: redacted

The results of this study will be included in a dissertation for a PhD in Counselor Education and Supervision from Walden University

Appendix B: Introduction Conveyed in Telephone Screenings to Participants

Dear Prospective Participant,

I am a student at Walden University where I am completing a Doctoral of Counselor Education and Supervision Degree with a Specialization in Trauma and Crisis. I am currently conducting a research study entitled “Experiences of Parenting for African American Female Survivors of Childhood Sexual.” The study’s purpose is to explore the lived experiences and perceptions of African American mother’s parenting. Your participation will involve an interview. Informed consent and confidentiality forms are attached. I sincerely request and invite your participation.

Sincerely,
Chelsea Sharpe

Appendix C: Demographic Questionnaire

Thank you again for your participation in the interview. Your responses are valuable to the study in that they will help counselors understand additional treatment modalities to help surviving mothers who experienced childhood sexual abuse. In addition to the interview, please take 5 minutes to complete the demographic questionnaire below. Once you have completed this questionnaire, please return it to Chelsea Sharpe prior to leaving today.

How would you describe yourself on the following?

- Age _____
- Marital status _____
- Number of children _____
- Education _____
- Occupation/Employment status _____
- Socioeconomic status _____
- Religious Affiliation _____

Thank you!

Appendix D: Interview Questions

1. How does your childhood sexual abuse experience affect you as a parent?
2. Has your childhood sexual abuse experience impacted your ability to be a mother? If so, in what way?
3. How would you describe your relationship with your child/ren?
4. Does your experience cause you to implement more efforts to protect your children now or at some point being a parent? If so, in what ways?
5. How do you describe your parenting style, what kind of parent are?
6. Are there any particular strategies you use due to your childhood sexual abuse that you probably would not use if you had not been abused? If so, what are they?
7. How do you care for you child/ren?
8. As a survivor of childhood sexual abuse, describe your greatest challenge as a parent?
9. If any, what would you like to improve in your relationship with your child/ren?
10. How did you make it through your childhood sexual abuse experience?
11. What was your source of strength?
12. Have you used spirituality and/or spiritual practices as a source of strength to help you cope with your experience and parenting? If so, how?

Appendix E: Debriefing Handout

Thank you for participating in this very important research study. Your participation is greatly appreciated.

Talking about your experience of childhood sexual abuse could cause you distress.

Common stress responses could include anger, depression, fear, and anxiety. If your needs are not an emergency, please follow up with your current counselor to help you work through your emotions. You may contact me if you would like me to provide an overview of the interview contents to your counselor to provide greater understanding of your participation in the research study. If you do not currently have a counselor, you may also refer to your insurance plan's directory for counselors in your network.

Self-care practices may be beneficial in helping you cope with your emotional distress.

Some

Self-care practices include: Journaling, Listening to music, Exercise, Expressive art activities such as drawing, photography, or spending time with family and friends.

Here are some additional self-care resources you may find helpful:

<https://www.rainn.org/articles/self-care-after-trauma>

<http://www.thehotline.org/2016/03/5-self-care-tips-for-abuse-and-trauma-survivors/>

<http://www.wgac.colostate.edu/healing-from-childhood-sexual-assault>

If you find that your level of distress requires immediate assistance, you may contact your local Mobile Crisis Team.

Appendix F: List of Counseling Services Provided to Participants

Should you experience any emotional distress as a result of our interviews, below is a list of local counseling services.

Advantage Behavioral Health Systems
250 North Avenue
Athens, Georgia 30601
Phone: (855) 333-9544
Website: <https://www.advantagebhs.org>
Fee: No charge

Samaritan Center for Counseling and Wellness
455 N Lumpkin Street
Athens, GA 30601
Phone: (706) 369-7911
Website: www.samaritanega.org
Fee: sliding scale (dependent upon income)

Vereen Counseling, LLC
Email: cvereen@vereencounseling.com
Website: www.vereencounseling.com
Fee: sliding scale (dependent upon income)

Athens Center for Counseling and Play Therapy
485 Huntington Road #197
Athens GA 30606
Phone: (706) 363-3352
Website: www.athenscenterforcounselingandplaytherapy.com/
Fee: \$80/hour; however, subsidy may be available

Georgia Crisis and Access Line (GCAL)
Phone: 1-800-715-4225
Website: www.mygcal.com
Mobile Crisis Hotline 24/7