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Experiences of Adult Survivors of Child Sexual Assault as Parents Advising Their Children's Sexual Exploration

Neysa Rhodes
Walden University

Walden University

College of Social and Behavioral Sciences

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Neysa C. Rhodes

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Review Committee
Dr. Barbara Palomino deVelasco, Committee Chairperson, Psychology Faculty
Dr. Christopher Bass, Committee Member, Psychology Faculty
Dr. Victoria Latifses, University Reviewer, Psychology Faculty

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

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Abstract

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MA, Bowie State, 2010

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Abstract

One form of child abuse is childhood sexual assault (CSA). A gap in the literature exists concerning how adult survivors of childhood sexual assault (ASCSA) experience parenting their children during their exploration of sex. This descriptive phenomenological study was designed to explore the lived experiences of ASCSA parents helping their children explore sex. Attachment theory provided the conceptual framework. Data were collected from questionnaires completed by 5 participants recruited through websites offering supportive services to adults who experienced CSA. Gregorio's steps of phenomenological analysis were used to analyze the data. Results indicated two themes regarding the perception of parenting skills: insecure and overprotective. Parenting strategy themes were nonphysical punishment, communication, and overinvolvement. Support resources themes were none, signs, friends, and external comparison. Parental attachment themes were strained, indifferent, and mixed. Significant other attachment themes were good, strong, turbulent, and nonexistent. ASCSA parent-child attachment themes were complicated, best ever, and close. Findings may be used to develop practical and supportive interventions, strategies, and accommodations for ASCSA parents when talking to their children about sex.

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Dedication

I want to dedicate this dissertation to some significant people in my life. First, to my husband, Bobby, who had incredible patience and broad shoulders to cry on when I was frustrated having a bout of writer's block. He was my technical support, sounding board, and stress monster killer. In addition to Bobby's help, my children also provided encouragement and support. Thank you so much, Jonathan, Christopher, and Shawn.

Second, I would like this dissertation to be dedicated to my sister, Cynthia, who helped me to develop the concept and framework for this study. She provided an immense amount of service when designing the questionnaire for the survey.

Finally, this dissertation is dedicated to my mother, Karen. She provided feedback on my writing, a sounding board when I was stuck, and support when I had doubts about finishing a chapter or this study. Thank you all for everything you have sacrificed and have given to me while I walked this dissertation journey.

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I want to thank my family and friends for their encouragement, patience, understanding, and support throughout this process. I want to thank the websites, 1in6.org and HAVCOA.org, for their participation in disseminating the link to the study questionnaire. I would also like to thank the participants for their candor, for their willingness to share their insights, and for allowing me the opportunity to hear and share their experiences.

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Chapter 1: Introduction to the Study

Throughout life, people interact with their environment, and the experiences they have shaped how they see the world. These experiences can be positive eliciting feelings of pleasure and happiness. They can also be negative, creating feelings of fear or sadness. Some experiences can have a significant impact on the individual's life, which may influence the way they interact in future situations, or these experiences may have little or no noticeable effect on the individual. For example, an individual experiences a pleasurable response like the child is rewarded with a kind word or act from the parent. The child is more likely to continue to engage in the same behaviors in the hopes of reexperiencing the pleasure. Comparatively, if a child receives a negative or unpleasant response from the parent, they are less likely to engage in the same behavior. The experience a person has over their life influences their perceptions of future experiences and their world. Traumatic experiences have the potential to impact an individual's perceptions significantly.

Trauma occurs in a variety of degrees of severity. For example, an individual who is bitten by a dog may become frightened of all dogs or just the type of dog that bit them. In this case, the trauma experienced by the individual is both psychological and physical. The effects can be short term and easily overcome by the individual. For example, the individual bitten by a dog may develop a fear of a specific breed of dogs or all dogs. The extent of the fear response developed may be dependent on the severity of the interaction. For instance, a child who experiences a minor bruise from a dog bite may develop a small amount of fear of dogs demonstrated by their unwillingness to approach any dogs.

Comparatively, a child who has suffered a severe dog bite, which required hospitalization, stitches, and other medical interventions, may develop a great deal of fear and anxiety about dogs to the extent they are unable to be in the same vicinity with dogs. In each case, the trauma is similar; however, the severity of the trauma is different. Each child's response can be as different as the severity of the trauma (Center for Early Childhood Mental Health Consultation, n.d.).

The concept of trauma can be applied to the experience of a military service member who has experienced combat. The severity of the experience influences the severity of the individual's response. For example, the service member who has been on the front line of combat where they have killed or wounded the enemy, been shot at or wounded themselves, watched their fellow service members get wounded or killed in action, and seen noncombatants injured or killed may develop emotional and physical responses associated with the sights, sounds, and smells of the combat experience, which extends beyond the battlefield. Trauma can be unintentional, such as a car accident, or expected, such as the loss of a loved one. An individual can intentionally perpetrate trauma to another, such as bullying, abuse, murder, robbery, or rape (Center for Early Childhood Mental Health Consultation, n.d.).

Childhood abuse varies in degree of severity and type, encompassing physical, emotional, and verbal abuse. Although all forms of childhood abuse are heinous, perhaps the most vicious form of child abuse is the sexual assault of a child Barth, Bermetz, Trelle, & Tonia, 2013; Hornby, 1997; and Canton-Cortes, Cortes, & Canton, 2015). Child sexual assault (CSA) is not a new form of abuse. The use of children for sex has been

found in the histories of Greece, strict religious societies, and as a rite of passage from childhood to adulthood (Hornby, 1997; Seto, 2008). Grecian and Byzantine cultures utilized laws to regulate the use of children for sexual purposes (Seto, 2008). As societies evolved and interacted with other cultures, values, and beliefs about using children for sexual gratification changed. It was not until 1959 that children were provided with basic human rights and protections by the United Nations (Canadian Children's Rights Council, n.d.). There are many laws, task forces, and prevention methods that are addressing and attempting to reduce the occurrence of child sexual assault (Kingsley, 2001; United Nations Children's Fund [UNICEF], 2008). The prevalence of CSA has been reduced; however, it is difficult to get a precise measurement of CSA occurrences due to reporting limitations such as the abuse not being reported, legal inhibitors of research (i.e., duty to warn), accuracy in reporting by a child, child comprehension of victimization, and comparability of victimizations to older individuals (B. Oudekerk, personal communication, June 20, 2016). Even with these limitations, it has been estimated that 1 in 10 individuals have experienced CSA, and females are more likely to be victims of CSA (Dorahy &, 2012; Perez-Fuentes et al., 2013).

Given the prevalence of CSA, it is not surprising that it has been widely researched to understand the extent of the effects of CSA on the individual from the time of the initial assault throughout the victim's life. Research indicated the effects of CSA are immediate and long term, impacting psychological functioning, creating and maintaining of attachments to others, parenting styles and abilities, cognitive functioning, and emotion processing (Godbout, Briere, Sabourin, & Lussier, 2014; Perez-Fuentes et

al., 2013; Seltmann & Wright, 2013; Vrticka, Sander, & Vuilleumier, 2012). Each of these researched areas has provided a better understanding of the effects of CSA, as well as how each of these areas interacts with each other within the same individual.

Mental health refers to the psychological and emotional welfare of a person (American Psychological Association, 2013). To be considered to have good mental health, a person can be aware of their potential, manage daily stressors, be industrious in their endeavors, and contribute to their community. Trauma has the potential to disrupt good mental health. CSA is a traumatic event that has been shown to impact the mental health of the victim. Flett et al. (2012) and Rahm, Renck, and Ringsberg (2013) found that individuals with a history of CSA often suffered from drug or alcohol addiction, eating disorders, depression, post-traumatic stress disorder (PTSD), obsessive-compulsive tendencies, anxiety, panic disorders, higher stress levels related to life events, and higher reported physical symptoms of distress.

Cognitive functioning and emotion recognition are two mental components that occur within the structure of the brain. McGraw-Hill (2002) defined *cognitive functioning* as the processes of the brain in which information is gained and applied based on the knowledge gained through previous experiences. According to Duncan, Shine, and English (2016), emotion recognition is based on a person's understanding of facial expressions, tone of voice, and body language. Gould et al., (2012) found that early life stressors cause deficits in executive functioning, spatial working memory, and visual working memory. Contrary to Gould et al.'s findings, Feeney, Kamiya, Robertson, and Kenny (2013) and Ritchie et al. (2011) found that CSA survivors performed better on

global cognitions and immediate recall tasks. Both groups of researchers acknowledged that parenting practices experienced by the survivor and the passage of time might have impacted their findings. For example, negative parenting experiences such as parentification of the child have been linked to deficits in cognitive functioning (Augusti & Melinder, 2013; De Bellis, Woolley, & Hooper, 2013; Duncan & Shine, 2016; Dunn eta; 2016; Kenny, 2013; and Ritchie et al., 2011). Additionally, the passage of time from the abuse to the participation in the study provided an opportunity for the victim to resolve their experiences through therapeutic interventions. Cognitive functioning has been linked to abuse as it has the ability of a person to process emotional cues from others accurately.

Emotion processing is a cognitive function that occurs naturally and without direct action by the individual. Emotion processing is dependent on an individual's ability to accurately interpret facial expressions, tone of voice, and body language of other individuals. Generalized abuse has been linked to reduced reaction time in facial recognition tasks and inaccurate facial expression recognition (Germine, Dunn, McLaughlin, & Smoller, 2015; Nazarov et al., 2014; Nelson, Westerlund, McDermott, Zeanah, & Fox, 2013; Shenk, Putmsan, & Noll, 2013). Intellectual functioning impacts facial emotion recognition to a greater degree than the childhood maltreatment (Duncan & Shine, 2016). Additionally, mental health disorders (i.e., bipolar disorder, PTSD) associated with childhood maltreatment and CSA impact the victim's ability to recognize facial affect with the corresponding emotion accurately (Nazarov et al., 2014; Russo et al., 2015). Not only does CSA affect the mental health, cognitive functioning, and

emotional processing of the victim, it also affects their psychosexual health, parenting styles, and attachment formations.

Psychosexual health refers to how an individual views their sexuality and sexual behavior. Because there are often the negative feelings (i.e., shame, guilt, distaste) associated with being a victim of childhood sexual assault, the victim often carries those feeling into their sexual behavior and lifestyle choices Icard, Jemmott, Teitelman, O'Leary, & Heeren, 2014; Lacell, Herbert, Lavoie, Vitar, & Tremblay, 2012a; Staples et al., 2012; and Vaillancourt-Morel et al., 2015). For example, research has demonstrated that victims of CSA are more likely to engage in risky sexual behaviors that include sexual promiscuity, sexual addiction, avoidance of sexual encounters, and high-risk drinking behaviors (Icard et al., 2014; Lacell, Herbert, Lavoie, Vitar, & Tremblay, 2012a; Staples, Rellini, & Roberts, 2012; Vaillancourt-Morel et al., 2015). Engaging in this behavior increases the likelihood of the individual contracting HIV/AIDS or other sexually transmitted diseases, or experiencing unplanned pregnancies and premature births (Gregory, 2014; Lacell et al., 2012a; Love, 2014). In addition to the risky sexual behaviors exhibited in CSA survivors, there is also the physical component of sexual interactions. For instance, CSA victims report higher levels of physical complaints such as pain during intercourse, inability to achieve orgasms, loss of libido, erectile dysfunction, and body image distortions (Gregory, 2014; Love, 2014). Given the risky sexual behaviors and physical discomfort associated with sexual intercourse, there is an increased risk of improper attachment formation.

Attachment, according to Bowlby (1988), refers to the bonds created between a parent and child that are the foundation for the development of attachments later in their lives. How an individual develops their attachments is influenced by their previous experiences with others (Vrticka et al., 2012). Vrticka et al. (2012) found the basic forms of attachment to be secure, anxious-preoccupied, dismissive-avoidant, fearful/avoidant, or disorganized. For example, secure attachments are found in individuals who experienced a well-rounded childhood. Adverse experiences in childhood have the potential to damage attachment formation resulting in the development of anxious-preoccupied, dismissive-avoidant, fearful/avoidant, or disorganized attachments (Dempster, Rogers, Pope, Snow, & Stolz, 2015). The attachments formed in childhood affect the attachments formed in adulthood. For example, insecure parental attachments have been correlated with an increased risk of unwanted sexual experiences (Dempster et al., 2015; J. D. Jones, Cassidy, & Shaver, 2015). In addition to the increased risk of unwanted sexual experiences, childhood trauma has also been linked to the adverse effect on parenting styles in adulthood (De Calri, Tangini, Sarracino, Santona, & Parolin, 2015). In Chapter 1, I provide the background for the study, the research problem, the nature of the study, the objectives of the study, the research questions, the theoretical framework of the study, operational definitions, assumptions, scope and delimitations, limitations, significance, and a summary.

Background

CSA is a well-known and well-studied form of abuse. There have been numerous studies conducted on the long-term effects of CSA. Perez-Fuentes et al. (2013) found that

1 in 10 women have experienced CSA. Accurate numbers of individuals who have experienced CSA are difficult to obtain for a variety of reasons. First, CSA abuse is often not reported at the time of the assault. Second, the higher proportion of women who report having experienced CSA may be misleading because males are less likely to report their abuse than females (Dorahy & Clearwater, 2012). Another reason it is difficult to ascertain the prevalence of CSA is due to the limitations of researching with children. For example, the Bureau of Justice Statistics and the National Crime Victimization Survey combine all forms of sexual assault into a single category, they do not include respondents below the age of 12, and they do not include sexual assaults that occurred more than once. Finally, the definition used for CSA research varies depending on the researcher's discretion. For example, one researcher may define CSA in vague and generalized terms from exposure to penetration, while others may define it in stricter terms where they include only participants who suffered penetration during the assault. One thing that is constant in the research, regardless of the definition used, is the negative impact CSA has on the victim.

Perez-Fuentes et al. (2013) indicated that CSA victims are more likely to have psychopathology, internalizing behaviors, sleeping or eating disorders, and phobias. Commonly reported symptoms are feelings of shame, guilt, anger, hostility, and some externalizing behaviors (Perez-Fuentes et al., 2013). For example, victims of CSA were found to have demonstrated symptoms of major depressive disorder, PTSD, substance use disorders, and generalized anxiety disorder (Flett et al., 2012; Rahm et al., 2013). Emotional ramifications of CSA, such as shame and guilt, prevent the victim from

reporting the abuse or seeking help to resolve the emotions associated with the abuse (Young & Windom, 2014). In addition to the emotional fallout from the abuse, there are indications of the abuse causing emotional deficits. Emotional deficits include the inability to maintain and regulate emotions, to form lasting attachments, and to recognize emotional displays of others accurately. For instance, Young and Widom (2014) found that a history of CSA and child maltreatment predicted deficits in positive affect recognition. Additional research has indicated that individuals with a history of childhood maltreatment and psychological disorders like bipolar disorder and PTSD experience difficulty in accurately recognizing happiness, sadness, and fear (Nazarov et al., 2014; Russo et al., 2015).

In addition to understanding the effect CSA has on the victim, researchers have examined the role that supports provided to the victim has on the effects of CSA. Godbout et al. (2014) examined how the parental role of supporting the victim following the assault and how this support impacted the victim's future relationships. Parental support was found to be a protective factor against the negative outcomes of CSA (Godbout et al., 2014). Hernandez and Lam (2012) explored the perceptions of adult survivors of CSA regarding family functioning and parenting practices and found that the positive attention style parenting was preferable to corporal punishment. Hernandez and Lam also found that like the feeling of positive family functioning increases, so does the understanding of positive reinforcement parenting practices.

Schwerdtfeger, Larzelere, Werner, Peters, and Oliver (2013) explored the connection between maternal trauma, such as CSA or adult sexual assault, and parenting

styles and beliefs. Maternal interpersonal trauma increased the risk of children demonstrating precursors of affective diagnosis during toddlerhood; however, interpersonal trauma was not related to a particular parenting style (Schwerdtfeger et al., 2013). Seltmann and Wright (2013) examined the relationship between the severity of the CSA and later parenting outcomes. Seltmann and Wright found the only way CSA affected parenting styles was during depressive episodes of the parent.

Problem Statement

Researchers have examined parenting practices from the perspective of the CSA survivor. However, researchers have overlooked the parent-child relationship beyond the age of six. To date, researchers had not explored the parent-child relationship during varying developmental stages. Also, researchers had not explored ASCSA parents' experiences during their child's emerging sexual exploration. The lack of research in this area illuminates the lack of how CSA impacts the social aspect of the parent-child interactions and relationships.

Purpose of the Study

The purpose of this qualitative phenomenological study was to obtain an understanding of ASCSA parents' experiences regarding the emerging sexual exploration of their children. The phenomenon addressed in this study was the history of CSA and the interactions of ASCSA parents with their early adolescents. The exploration of the phenomenon occurred through open-ended questions in an interview format.

Using an open-ended interview approach provided the ability to gather rich information about the phenomenon being studied. I followed Wright, Fopma-Loy, and

Oberle's (2012) recommendation to focus on the experiences of participants to understand the phenomenon of parenting challenges for ASCSA parents. A qualitative methodology was used to obtain a better understanding of how ASCSA parents perceive and experience their child's exploration of sex.

Research Questions

Research Question 1: How do adult survivors of child sexual assault (ASCSA) parents experience their child's exploration of sex?

Research Question 2: What are the special challenges ASCSA parents face when their child enters the stage in life when they explore sex?

Research Question 3: How does the history of child sexual assault (CSA) influence the perceptions of the ASCSA parent-child relationship?

Research Question 4: What are the narratives of ASCSA parents when they have discussions about sex with their children?

Research Objectives

The first objective of this study was to explore whether ASCSA parents share common thoughts, ideas, or concepts when talking to their children about sex. Second, this study was intended to gain a better understanding of how ASCSA parents experience discussions of sexuality with their children. The third objective was exploring the effects of CSA on parent-child relationships. The final objective of this study was to develop new avenues of research to improve the quality of the ASCSA parent-child relationship. The exploration of the ASCSA parents' experiences was intended to provide a better understanding of the thought processes, emotional responses, and interactions in ASCSA

parent-child conversations about sex. Findings may provide professionals with a better understanding of the needs of ASCSA parents.

Theoretical Foundation

The theoretical basis for this study was Bowlby's (1988) attachment theory. Bowlby postulated that attachments are made based on the interactions the individual has with others, which influences future attachments. Bowlby argued that attachment behavior is innate, and early social interactions shape the attachments formed in later life. Disruptions in the attachment experience inhibit the formation of healthy attachments (Sloman & Taylor, 2015). I used Bowlby's theory of attachment to explore the effect CSA has on attachment formations.

Definitions

Adult survivor of childhood sexual assault (ASCSA): An adult (an individual over the age of 18) who has a history of childhood sexual abuse.

Age-appropriate education: The parent responding to the child's inquiry with age-relevant information (McGraw-Hill, 2002).

Attachment: Is the perception that the person is better able to cope with the world, thereby providing them with safety and security (Bowlby, 1988).

Avoidance: Is the individual changing the topic of discussion or delaying response to the child's inquiry (Merriam-Webster, n.d.).

Childhood sexual assault (CSA): Are the unwanted sexual interaction between an adult (older than age 18) and a minor child (under the age of 18) (The Free Dictionary, 2020).

Cognitive processing: Activities of the brain in which knowledge is gained and applied based on the knowledge gained through previous experiences (McGraw-Hill, 2002).

Derogatory: The response style of the parent, which presents sex in a negative tone (Merriam-Webster, n.d.).

Emotional processing: Are a person's interpretation of facial expressions, tone of voice, and body language (Duncan et al., 2016).

Overcompensation: The response of the parent to the child's inquiry with more information or graphic information than is warranted for the question (Merriam-Webster, n.d.).

Parent: An individual who gives birth, adopts, or provides care for another person (Merriam-Webster, n.d.).

Parenting: The act of providing physical and emotional support to a child (Merriam-Webster, n.d.).

Psychosexual health: Mental and physical changes that occur within an individual as they grow (Rutter, 1970).

Sexual exploration: Is the act of examining the similarities and differences between males and females, the biological understanding of the body process of procreation, and the examination of sexual orientation (Merriam-Webster, n.d.).

Sexual interaction: Are the behaviors, whether actual or insinuated, of physical interaction involving sex. These behaviors include displaying sexual organs, displaying

sexual photographs, fondling, rubbing against, and engaging in oral, vaginal, and anal intercourse (Merriam-Webster, n.d.).

Assumptions

There were many assumptions in this study. First, I assumed that ASCSA parents would be willing to participate in the study. ASCSA survivors may have been unwilling to respond to questions relating to their trauma for a variety of reasons (i.e., too painful). The next assumption was that ASCSA parents who participated in the study would share their experiences regarding their CSA history and their preadolescent children's exploration of sex. I also assume these shared experiences would appear on a continuum of approaches used to address their child's curiosity. I assumed this continuum would include avoidance, deflection, age-appropriate information provided, derogatory, and inappropriate or excessive information provided.

Scope and Delimitations

The scope of this study was limited to a small group of participants identified as being ASCSA parents and who had children who were exploring sex. The participants were asked to respond to a semi-structured questionnaire in which I explored their lived experiences of talking with their children about sex. Participant selection was a three-step process. First, the criterion-based selection was used to identify participants with a history of CSA. The second step was a selection based on the CSA severity type (low, moderate, and severe). The final step was the selection of four participants from each severity group through random selection. The criterion-based selection was used to ensure that only participants who had a history of CSA and had preadolescent children

exploring sex were included in the study. A random selection was used to reduce researcher bias in the analysis of the data. By using a randomizer program, the potential for researcher bias is limited. This is because each participant is given a number, then the randomizing program is directed to select a certain number of participants in a given range. For example, a total of 12 respondents are broken into four groups, and the randomizer is directed to choose a single participant from each group.

Limitations

This study was designed as a phenomenological study to better understand the experiences of ASCSA parents during their child's exploration of sex. The sample size was small, which limited the generalizability of the results. Second, the results relied on self-reported data, which could not be verified or clarified directly with the participants. Next, results were limited to the respondents' ability to be fully engaged and able to articulate their experiences when recalling the events.

Additionally, there was the possibility that the recalled memories of CSA may have been inaccurate due to false allegations made by the respondent's parent to gain custody of the child. There was also the possibility the respondent may not have been truthful about their history of CSA. Finally, given the nature of phenomenological studies, there was the possibility of researcher bias influencing the analysis of the data. Reasonable steps were taken to minimize these limitations.

Significance

The importance of this study included adding to the literature on ASCSA's experiences with their children when the children are beginning to explore sex. The

literature review revealed a lack of exploration of ASCSA parents' experiences during the time of their early adolescent children's emerging sexual maturity. This study may increase forensic psychologists' understanding of the internal and external experiences of the ASCSA parent. Secondly, this study may help practitioners develop complementary treatment plans to help their ASCSA clients navigate psychological issues associated with CSA. Finally, this study may provide an increased understanding of parental interactions in the education of their children about sex.

Summary and Transition

This chapter provided a review of the study's purpose to gain an understanding of how ASCSA parents experience their child's exploration of sex. The chapter provided a summary of the current literature on the effects of CSA and the lack of research on the experiences of ASCSA parents during their children's initial exploration of sex. The lack of research in this area indicated a gap in knowledge for professionals working with CSA survivors. This gap may prevent the professional from understanding the effects of CSA on the individual. Additionally, this gap may prevent professionals from offering their clients every resource available to address their client's concerns.

In addition to providing an overview of the literature, I also presented the research questions addressed in this study.

I describe how a semi-structured questionnaire was designed to allow participants to provide their perspectives on their experiences as parents of children exploring sex. The number of anticipated participants was 12, four from each severity group of CSAs. The data were analyzed using Grigori's five-step method for descriptive phenomenology.

This chapter also included a description of the assumptions scope, delimitations, and limitations of the study.

This study was conducted to address the gap in the literature. To provide professionals who work with CSA survivors the opportunity to gain insight into the impact of CSA on clients and their relationships with their children. Findings may enable professionals to create programs to help the ASCSA parent navigate the stage of development when their children are exploring sex. Additionally, findings may assist professionals in helping ASCSA clients learn the skills to cope with the impact CSA on their lives.

Chapter 2 provides a review of the literature on the effects of CSA. In this chapter, the prevalence of CSA and the history of CSA are discussed. Most of this chapter covers the effects of CSA. A discussion is provided on the effects of CSA on mental health and cognitive and emotional processing. I also explain how a history of CSA affects the victim's psychosexual health, the formation of attachment, and parenting styles.

Chapter 2: Literature Review

Individual and collective experiences have a profound impact on a person's ability to function within their daily lives. For example, a child who witnesses a murder or domestic violence may develop fear, anxiety, or the inability to sleep. These symptoms may interfere with the child's ability to do routine activities such as playing outside away from a trusted caregiver, may compromise physical health, or may impede the ability to feel safe. This example of trauma demonstrates the impact on the child's psychological health. Trauma can come in many different forms, with just as varied psychological responses to the trauma. The American Psychological Association (APA, 2013b) defined *trauma* as a disturbing experience that causes an emotional response from the individual exposed to the event. Horrific events include a broad range of experiences such as accidents, natural disasters, war, severe illness, loss, and abuse (APA, 2013b).

Kira, Lewandowski, Somers, Yoon, and Chiodo (2012) and Perez-Fuentes et al. (2013) pointed out that trauma is the most common cause of distress in an individual's life, which manifests in psychological dysfunction. Kira et al. found that abandonment and personal identity trauma had an overall negative effect on the victim's psychological functioning. Yumbul, Cabusoglu, and Geyimci (2010) found that childhood trauma had a positive correlation with attachment styles and infidelity in adulthood. Childhood trauma appears to have long-term effects on the victim's psychological functions.

Although the APA provided a simplified definition of trauma and a relatively condensed list of events that are considered to be traumatic, the Center for Early Childhood Mental Health Consultation (n.d.) provided a more comprehensive list of

traumatic events that impact children. The Center for Early Childhood Mental Health Consultation list includes the APA list and also provides a breakdown of certain kinds of abuse children may experience, such as sexual assault. CSA has been widely studied from varying perspectives and schools of thought (Castro et al., 2014; Godbout et al., 2014; Perez-Fuentes et al., 2013; Seltmann & Wright, 2013; and Vrticka et al., 2012). This form of childhood trauma has been linked to the development of depression, PTSD, substance abuse, generalized anxiety, attachment formation, and a negative impact on parenting styles and behaviors.

The purpose of this literature review is to describe the effects of CSA, how these effects persist over the lifetime of the survivor, and how CSA affects the interactions between survivors and their children, especially when sensitive and delicate topics are involved, such as talking about sex. The experience of CSA has the potential to drive the perceptions the victim has about sex and sexual matters, which may affect their engagement in sexual relations and their ability to talk about sexual matters in a balanced and positive manner. To present the body of research pertinent to this study, I divided the literature review into four sections. Section 1 is a summary of the current literature and research of CSA. Next, I will cover the current research on attachment styles. The history of the current literature on parenting styles will be covered in the next section. The final part covered is the current direction on the distribution of sexual health education to children.

Childhood Sexual Assault

History of Childhood Sexual Assault

The use of children for sexual release is not a new concept or a new social problem. This form of ill-treatment has been occurring for centuries (Rhodes, 2010). The use of children for sexual gratification was not considered to be abuse in some cultures (Seto, 2008). For example, in ancient Greece, the use of children for sexual gratification was viewed as a mentoring or teaching relationship. Other cultures considered the use of male children for sexual release as a means of escape from rigid religious mandates. According to Hornby (1997), some tribal cultures viewed the use of children in sexual encounters as a rite of passage from childhood to adulthood. Most of these cultures had guidelines in place to protect children under the age of 12 (Seto, 2008). For example, the Grecian culture applied severe consequences for individuals who engaged in sexual activity with children under the age of 12. Others, such as the Byzantine Empire, established laws and regulations to govern adult-child sexual contact (Hornby 1997; Seto, 2008). The study of history indicates the differences in beliefs about and governance of the use of children for sexual gratification.

With post World War II globalization, the world became more aware of the extent of the use of children for sex and the adverse effects this practice was having on the victims. Societies and government agencies began finding ways to mitigate and eradicate this practice. The United Nations passed the first child protection act in 1959 (Canadian Children's Rights Council, n.d.). This law provided children with basic human rights and protections, which evolved to include sexual abuse. As societies became more aware of

the problem of CSA, they began creating laws, task forces, and prevention measures to reduce child sexual abuse (Kingsley, 2001; UNICEF, 2008). Although these actions have reduced the occurrence of child sexual abuse, it has not been completely eradicated.

Current Prevalence of Child Sexual Assault

The prevalence of CSA is problematic because reporting agencies combine all forms of sexual assault into a single category, thereby impeding the ability to understand the depth of the problem. Some organizations use a single class for sexual assault, which includes rape, incest, molestation, statutory rape, date rape, and lewd behavior (Bureau of Justice Statistics [BJS], 2015). The Bureau of Justice Statistics (BJS, 2015) only includes results of reported sexual assault for individuals ages 12 and up. This agency is unable to provide an accurate depiction of children who were assaulted below the age of 12 or if they were assaulted more than once. The National Criminal Victimization Survey is conducted annually to explore criminal victimization experienced by the respondents within the last 6 months (BJS, 2015). According to B. Oudekerk (personal communication, June 20, 2016), the National Criminal Victimization Survey does not include children under the age of 12 because of legal, ethical, and developmental concerns, which limits their data. Other reasons mentioned for not including children under the age of 12 are their ability to report victimization accurately, understand victimization, and compare victimization to older individuals. Additionally, the inability to obtain parental consent and the legal requirements to warn prevent the information from being held as confidential. These limitations prevent BJS and the National Criminal Victimization Survey from being able to measure the prevalence of CSA.

National reporting agencies provide a generalized overview of the prevalence of sexual assault; other researchers have set out to explore the particular level of prevalence of CSA. Barth, Bermetz, Heim, Trelle, and Tonia (2013) examined the prevalence of CSA worldwide and found that approximately 9% of females and 3% of males have been victims of CSA. According to Rahm et al. (2013), 58% of the population included in their study were assaulted before the age of 6 years. Of this subpopulation, 40% were assaulted more than once (Rahm et al., 2013). Perez-Fuentes et al. (2013) stated that 1 in 10 individuals experience CSA in their lifetime. CSA is more prevalent among females than males because of the possibility that males are less likely to report their abuse or define their experiences as abuse (Dorahy & Clearwater, 2012; Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2015; Townsend & Rheingold, 2013; Truman & Langton, 2015). Although these studies improve understanding of the prevalence of CSA, they have limitations. Rahm et al.'s definition of CSA was very broad, ranging from harassment to penetration. Moreover, Rahm et al. and Perez-Fuentes et al. did not take into account other factors such as frequency, severity, and time of onset of the abuse. Other types of trauma, previous mental health treatment, or the use of historical information inhibits inferences from being drawn from the data and generalizability of the results to the greater population.

Effects of Child Sexual Assault

Experiencing trauma is a possibility for any one person; experiencing deliberate trauma such as CSA is not a common occurrence in any one person's life. The prevalence of CSA cannot be accurately depicted due to the limitations previously presented.

However, the effects caused by CSA have been widely examined. Researchers have explored the effects of CSA on physical health, mental health, interpersonal outcomes, cognitive functioning, and emotion processing (Feeney, Kamiya, Robertson, & Kenny, 2013; Isohookana et al., 2016; Lamoureux, Palmieri, Jackson, & Hobfoll, 2012; Langton, Murad& Humbert, 2015; Murphy et al., 2014; Perez-Fuentes et al., 2013; Priebe et al., 2014; Rahm et al., 2013; Young & Widom, 2014). Additionally, the effects CSA has on psychosexual health, attachment, and parenting have been examined (Baumrind, 1971, 1980, 1994, 1997; Bowlby, 1988; Easton, Coohey, O'Leary, Zhang, & Hua, 2011; Karakurt & Silver, 2014; Nepple, et al., 2009; O'Leary et al., 2015; Singh, 2015; Sloman & Taylor, 2015). Each of these areas has an important function in the overall development of the individual and their interactions with others.

CSA effects on mental health. An individual who can recognize their potential easily copes with daily stressors is productive in work or school, and contributes to their community is considered to be mentally healthy. However, a person's mental health can be altered when the individual experiences a traumatic event such as CSA. The psychological impact of CSA has been examined from general mental health distress to specific disorders. Rahm et al. (2013) and Flett et al. (2012) examined the mental distress adults experienced following their abuse.

The participants of both of these studies were female with a history of CSA and psychological dysfunction. Flett et al. (2012) sample population was 961, whereas Rahm et al. (2013) sample population were 87. While the larger sample population in Flett et al. (2012) study provides more reliability and validity to their results, the restriction of the

psychological distress assessment from CSA prevents the results from being generalized to other populations. Additionally, the selection of participants from each study differed in that Flett et al. (2012) pulled their sample from the North and South Islands of New Zealand through a three-stage stratified method. Rahm et al. (2013) sample population was drawn from self-help groups for survivors of child sexual assault in Sweden. Both samples were comprised of self-identified victims of CSA participants. Both groups of researchers utilized an interview verification process to ensure the participants met the criteria for the respective studies.

Each study utilized different assessments to measure the psychological distress of the participants. All of the evaluations were self-report measures. Where they differ is Flett et al. (2012) used three different assessments to measure traumatic stress, psychological distress, and stressful life events. Rahm et al. (2013) used two assessments one to measure symptomology and impact of events. Additionally, this group evaluated the reason the participants chose to use self-help groups using a multiple-choice selection. Both studies included a question regarding the participants' experience with unwanted sexual contact as a child. However, Rahm et al. (2013) included additional questions regarding the age onset, the duration, the perpetrator information, and if the abuse was reported. The inclusion of this type of information enabled the researchers to link the age of onset, the duration, and the act of reporting to specific psychological distress. For example, participants who scored high on the Symptom Checklist-90-Revised had low psychological health, depression, obsession-compulsion, interpersonal sensitivity, and anxiety. Furthermore, the earlier the onset of abuse, duration, relationship

to the perpetrator, and frequency of the abuse was related to the severity of mental health distress. Comparatively, the exclusion of specific issues related to the abuse itself prevented Flett et al. (2012) from determining the specific nature of the psychological distress of the participants.

The findings for both of these studies were similar in several areas. For example, the majority of the participants reported the abuse was perpetrated by a family member, the abuse occurred before age six, and the abuse had not been reported (Flett et al., 2012; Rahm et al. 2013). Flett, et al. (2012) Rahm et al. (2013) found the participants suffered from drug or alcohol addiction, eating disorders, depression, posttraumatic stress disorder (PTSD), obsessive-compulsive tendencies, anxiety, panic disorders, higher stress levels related to life events, and higher reported physical symptoms of distress. The major difference between the two studies is that Rahm et al. (2013) participants only had a 13% composition of survivors of CSA compared to Flett et al. (2012) group, which was comprised of only survivors of CSA. The low percentage of CSA participants in Rahm et al. (2013) study limits the generalizability of the findings to other groups of CSA survivors. The study provides a possible glimpse of the potential effects of CSA on psychological functioning. Other studies have focused on specific disorders linked to having a history of CSA. Flett, et al. (2012) Rahm et al. (2013) studies demonstrated that survivors of CSA are more likely to present with co-morbid disorders, such as general anxiety disorder, substance use/dependence, major depressive disorders (MDD), PTSD, and specific phobias. The development of psychological disorders may be influenced by the support the victim received (i.e., family, friends, mental health and medical)

following the abuse; the frequency, duration, and severity of the abuse; presence of other forms of abuse (i.e., emotional, physical); and previous responses to challenging or stressful experiences (i.e., coping skills) (Aaron, 2012; Dorahy & Clearwater, 2012; Godbout et al., 2014; Musliner & Singer, 2014).

The general extent of CSA effects on a person's psychological functioning range from minimal dysfunction to extensive dysfunction; one such extensive dysfunction is posttraumatic stress disorder (PTSD). The Diagnostic and Statistical Manual of Mental Disorder-V ([DSM-V], APA, 2013a) defines PTSD as a condition that is caused by a traumatic event and can be accompanied by flashbacks, anxiety, uncontrollable thoughts about the event, avoidance, negative thought processes, and negative coping strategies. The extent or severity of PTSD related to CSA has been examined by multiple researchers, such as Robinaugh and McNally (2011) and Priebe et al., (2013). Robinaugh and McNally (2011) and Priebe et al. (2013) approached the study of PTSD from differing perspectives. For example, Robinaugh and McNally (2011) examined the association of PTSD with CSA through a lens of centrality, meaning they reviewed the extent to which the participants incorporated the traumatic event into their identity. Comparatively, Priebe et al. (2013) examined PTSD focusing on the single characteristic of intrusive thoughts comparing real-time experiences to retrospective reporting of experiences. Each of the studies relied on self-reported data. The findings of Robinaugh and McNally's (2011) study indicate the more an individual incorporates the CSA abuse into their identity, classifies it as a turning point, and its use as a benchmark for generating expectations about future events, the greater the severity of the PTSD.

Additionally, they indicate that the more the victim holds the traumatic event, the greater the psychological distress reported by the individual. Priebe et al. (2013) found similar results on the intrusion of thoughts experienced by the survivor of CSA. However, their results should be used carefully because of the data collection method used for tracking the intrusive thoughts was an electronic diary preset to remind the participants to record the intrusive thoughts experienced every two hours over twelve hours. Additionally, the purpose of this study was not to examine the effects of PTSD and intrusive thoughts but to determine which method of reporting (real-time or retrospective) captured the most occurrences of intrusive thoughts. Furthermore, the use of a reminding electronic journal may have caused more flashbacks to be reported than what was experienced by the participants or caused the flashbacks.

In addition to understanding PTSD and the relationship to CSA, other researchers have examined the long-term growth or reduction of PTSD symptoms. Similar to Robinaugh & McNally's (2011) study and Ullman (2014) wanted to explore how different domains in relationships impact the effects of PTSD. Robinaugh and McNally (2011) examined the personal characteristics of the individual, such as intelligence, self-esteem, and depression severity. Comparatively, Ullman (2014) explored personal characteristics as well as social characteristics, such as age, ethnic associations, education, social coping, adaptive coping strategies, and social response to the disclosure of the abuse. Self-esteem was found to have a negative association with the centrality of the event; however, the incorporation of the event is positively associated with PTSD and depression severity. Ullman (2014) found that age and ethnic minority associations were

related to greater growth in the reduction of PTSD symptoms. For instance, positive social support received positive supportive family, coping strategies, and perceived control over their recovery. Individual adaptive coping strategies and positive social response demonstrated greater growth than maladaptive coping strategies (Gibney & Jones, 2014). Social adaptive coping strategies and education are less associated with the reduction of PTSD symptoms. This study demonstrates the value of positive social support, maturity, and effective adaptive coping strategies in the reduction of PTSD symptoms for the survivor of CSA. Just as individual and social characteristics have been shown to affect the severity and duration of PTSD (Robinaugh & McNally, 2011; Ullman, 2014) caused by the CSA there is evidence that CSA affects cognitive functioning and emotion processing of the victim.

CSA effects on cognitive functioning and emotion recognition. Each day an individual interacts with other people, their environments, and events. A person develops thoughts and responses to the situation based on their observations of verbal cues, body language, and facial expressions. Cognitive functioning is activities of the brain in which knowledge is gained and applied based on the knowledge gained through previous experiences (McGraw-Hill, 2002). A person's cognitive functioning can be impacted by trauma (Augusti & Melinder, 2013; De Bellis, Woolley, & Hooper, 2013; Dunn et al., 2016; Hart & Rubia, 2012). Hart & Rubia (2012) conducted a literature review of neurological changes that occur due to experiencing childhood maltreatment. Hart and Rubia (2012) suggest that childhood trauma has an impact on memory, working memory, inhibition control, emotion processing, structural changes within the brain, reward

processing, and cortisol production changes. The majority of the studies reviewed had methodological limitations that inhibit the application of the results. For example, multiple studies did not control for nor assessed for comorbid disorders, use of medication to control symptoms of a disorder or used only children in the sample population. Within this literature review, the authors point out that there were specific correlations between CSA and neurological changes. For instance, executive cognitive functions, working memory, memory, attention, and emotional processing were some of the neuropsychological changes (Augusti & Melinder, 2013; Dunn et al., 2016; Hart & Rubia, 2012). Neurophysical changes include decreased hippocampus volume and changes in cortisol production (Hart & Rubia, 2012 and Trickett, Noll, & Putman, 2011). The changes observed in the brains of children who experienced maltreatment have been linked to PTSD, memory dysfunction, and executive function dysfunction.

There is some debate as to if CSA does affect the working memory, short-term memory, and long-term memory of the survivor. For example, Hart & Rubia (2012) indicate there is a link between CSA and impairment of short- and long-term memory, but this is dependent upon the severity and duration of the abuse. Dunn et al. (2016), however, did not find there to be a difference in either memory when compared with non-abused individuals. They did conclude that the age of onset of the abuse did affect the individual's ability to perform well on number recall. For example, if the abuse occurred before age six, their number recall was better than the non-abused comparison group; however, if the abuse occurred after age 14, their number recall was worse. Neither of these studies controlled for co-morbid disorders. Nor the inclusion of detailed

information regarding the exact nature of the abuse (Dunn et al., 2016; Hart & Rubia, 2012). These limitations have caused other researchers to examine the relationship between CSA, cortisol production, and cognitive functioning.

The body is comprised of a variety of systems, like the circulatory, sensory, and neurological. All of which work in tandem to maintain homeostasis within the person. Cortisol is a hormone that is used to regulate other body systems (Blocka, 2015). This hormone is often referred to as the stress hormone as it is released in response to a flight or fight trigger. Cortisol levels fluctuate throughout the day and lifespan. For example, Trickett et al. (2011) examined the production levels of cortisol for CSA victims across childhood into young adulthood. They speculated that the manufacture of cortisol would be affected by the abuse and the production would decrease over time. Trickett et al. (2011) indicate that early and severe stress triggers a high level of production of cortisol, which over time is suppressed. This suppression produces low levels of circulating cortisol, which has been linked to PTSD, antisocial behaviors, and physical problems. The authors found that by late adolescence and into young adulthood, the survivors of CSA demonstrated higher rates of physical health concerns, obesity, and premature births. A study conducted in 2015 by Suor, Sturge-Apple, Davies, Cicchetti, & Manning confirms and supports the impact of cortisol levels on cognitive function. In this study, they found that high and lower basal cortisol patterns were associated with reduced cognitive functioning by the age of 4. Their study focused on how adverse environments (i.e., low SES, family instability) impact the cortisol production on the cognitive operation of the participants. Even though they did not focus specifically on child abuse

or CSA, their findings support the negative consequences, and early life stress has on a person.

As previously stated, cognitive functioning occurs without prompting by the individual early life stress (ELS), traumatic stress, and perceived stress affects this innate brain function. According to Gould et al. (2012), the effects of early life stress on cognitive functioning have been explored previously with inconsistent results. They propose this is due to a failure to efficiently and clearly define ELS, especially when applying this theory to individuals with psychological disorders. Gould et al. (2012) study differs from the previous studies in that they use a comparison group of relatively healthy participants to compare to the deficits in memory, executive functioning, processing speed, and emotional processing often found in individuals with a history of childhood abuse. Additionally, Gould et al. (2012) included exclusion criteria for their sampling procedures. For example, participants with a lifetime diagnosis of psychosis or bipolar disorder or substance use diagnosis within the last six months were excluded. Similar to Trickett et al. (2011) suggests that having a history of CSA impacts cognitive functions. Gould et al. (2012) study demonstrated deficits in executive functioning, spatial working memory, as well as visual working memory.

Up to this point, the studies have covered ages from infancy to middle adulthood. Other researchers, such as Fenney, Kamiya, Robertson, & Kenny (2013) and Ritchie et al. (2011), only interested in the effects of childhood abuse on cognitive functions in later life. Fenney et al. (2013) wanted to understand how CSA affects the subjective and objective cognitive functions in older adults. Ritchie et al. (2011) study explored how

overall generalize childhood trauma affected the cognition of a geriatric group. Ritchie et al. (2011) predicted that participants with childhood abuse histories would have suffered damage to the cortical structures of the brain, which would persist throughout life and be associated with a lower cognitive function in late-life. Fenney et al. (2013) expected that the participants would demonstrate lower functioning in the global cognitive and immediate recall tasks. However, both Ritchie et al. (2011) and Fenney et al. (2013) found that the participants performed better than their non-abused counterparts. For example, CSA survivors performed better on global cognitive and immediate word recall task (Fenney et al., 2013). These studies did not demonstrate a reduction in cognitive functioning as hypothesized. These results are not surprising when the demographics of the sample populations are considered.

Both groups had a low percentage of participants reporting a history of CSA, 6.7% in the Flett et al. (2012), and 13% in the Ritchie et al. (2011) studies. Even with the participants performing better than expected, there was evidence that early life trauma did impact brain formation, which does impact the cognitive functions. For example, Ritchie et al. (2011) posit the possibility that child-rearing practices impacted the cognitive function. For instance, negative experiences such as parentification of the child or traumatic loss of a parent were more associated with cognitive function deficits. Comparatively, positive child-rearing practices and environments are critical to lowering the risk of cognitive dysfunction related to physical abuse and the protection of executive functions. Alternately, Fenney et al. (2013) speculate that time from the abuse to the timing of the study played an important part in their findings. Fennt et al. (2013) suggest

that the participants have had more time to reconcile the abuse through therapy or simply due to the passage of time.

Regardless of the amount of time that passes from the date of the abuse until old age, it appears the brain may be adversely affected. Researchers have demonstrated that when abuse occurs in early developmental stages of the individual's life, it alters the structure of the brain and chemical production which impairs the individual's cognitive abilities (Fenney et al., 2013; Gould's et al., 2012; Ritchie et al., 2011; Suor, Sturge-Apple, et al., 2015; Trickett et al., 2011). Cognitive functioning includes executive functions, memory, processing speed, and emotion processing and has demonstrated the previously abused occurs; these areas are affected, which is persistent over the lifespan.

Working simultaneously with cognitive functions is the emotion processing or emotion recognition process. Emotion recognition is primarily based on the person's interpretation of facial expressions, the tone of voice, and body language (Duncan, Shine, & English, 2016). Trauma affects the victim's psychological health, so does that same trauma affect their cognitive functioning and emotion recognition abilities (Fenney et al., 2013; Perich et al., 2014; Young & Widom, 2014). How does CSA affect the victim's emotion recognition functions?

Emotion recognition occurs seamlessly and without deliberate prompting by the individual. Childhood abuse has been linked to the reduced ability to accurately recognize emotions in others and the development of dysfunctional cognitive processes (Fenney et al., 2013; Perich et al., 2014; Young & Widom, 2014). Multiple researchers have examined the accuracy of facial emotion recognition in non-abused samples,

maltreated samples, adolescent populations, and adult populations (Germine et al., 2015; Nelson et al., 2013; Russo et al., 2015; Young & Widom, 2014). These researchers have studied emotion processing through neuroimaging, brain mapping, word association, and reaction time. Each of these researchers has attempted to understand the extent of the effect of childhood maltreatment on the victim's ability to identify facial emotion expressions accurately.

Communication occurs through a variety of formats, verbal, nonverbal, and written. How a person receives the information being conveyed is dependent upon their cognitive abilities to process the verbal components as well as the nonverbal elements. Facial expressions are one way in which humans communicate nonverbally (Germine et al., 2015; Nazarov et al., 2014). The ability to attribute mental processes to others then develop predictions or theories about others based on those attributions (Germine et al., 2015; Nazarov et al., 2014). According to Germine et al. (2015), there is limited information on the effects of childhood adversity and social outcomes for those individuals.

Additionally, Nazarov et al. (2014) found little information regarding the association between PTSD in adult victims and childhood maltreatment and theory of mind. Both authors used the theory of mind to support their exploration of how these individuals apply this process to social outcomes. Both Germine et al. (2015) and Nazarov et al. (2014) used a sample population with a history of childhood maltreatment, but each group obtained differing results. Germine et al. (2015) found that childhood adversity was associated with lower social affiliation but not with the ability to accurately

recognize facial emotion. Nazarov et al. (2014), however, found a direct association between the participant's ability to accurately judge interactions among individuals, especially when scenes or scenarios are related to everyday interactions. For example, the participants demonstrated having difficulty in differentiating between fearful and angry facial expressions or angry and neutral facial expressions. Even with the differences in findings, each study provided salient correlations between childhood maltreatment and the impact on the individual's social interactions and affiliations.

While each study utilized participants, who had a history of childhood maltreatment, one focused specifically on women with PTSD associated with childhood maltreatment (Nazarov et al., 2014), and the other had both male and female participants (Germine et al., 2015). Additionally, Germine et al. (2015) examined the effects of specific types of childhood abuse on social cognition and affiliation and facial emotion recognition. For example, parental abuse was robustly associated with social motivation, social affiliation, and theory of mind but not to facial emotion recognition, face identity discrimination, or facial recognition memory. Comparatively, Nazarov et al. (2014) found that their participants had slower reaction times in assessing complex mental states from salient facial expression. Both Germine et al. (2015) and Nazarov et al. (2014) studies demonstrate that childhood maltreatment impacts the victim's willingness and ability to seek interpersonal relationships. Other researchers have focused on mapping the brain impulses associated with facial recognition.

Advances in science have enabled researchers to take their research a step further. One way in which researchers have applied the newest scientific methods is by mapping

the brain and tapping into the areas of the brain believed to respond to specific stimuli (Nelson et al., 2013; Perich et al., 2014; and Shenk, Putman, & Noll, 2013). Both Germine et al. (2015) and Nazarov et al. (2014) used this technology to examine the accuracy in facial recognition as well as emotion recognition. Shenk et al. (2013) explored the interaction between childhood maltreatment and intellectual functioning. Nelson et al. (2013) examined individuals' abilities in facial emotion recognition that had experienced adversity in early developmental periods of their lives. The main difference between these two studies is that Nelson et al. (2013) study utilized a sample population of institutionalized children who did not necessarily have a history of childhood maltreatment. Comparatively, Shenk et al. (2013) used a sample population of adolescents with substantiated histories of childhood maltreatment. While the sample populations differ, the results of the studies contribute to the understanding of how the brain responds to facial emotion recognition.

Each of these studies was geared to explore aspects of the cognitive processes of individuals, utilizing brain mapping and facial recognition procedures. For example, Nelson et al. (2013) were interested if visual processing was linked to attention and inhibition control. Conversely, Shenk et al., (2013) were interested in determining if childhood maltreatment and intellectual functioning could predict the accuracy of facial affect recognition. Nelson et al. (2013) found that there was no difference among the three groups in the study in facial recognition of anger. However, all three groups had difficulty in recognizing fear in facial expressions.

Additionally, they demonstrated equal ability in recognition of neutral facial affect for the foster care group (FCG) and the never-institutionalized group (NIG). However, the group who were in the care as usual group (CAUG) demonstrated lower inhibition control and accuracy in recognizing fearful and neutral facial affect. Additionally, the authors found that the group of children placed in the high-quality foster care setting demonstrated improvement in facial affect recognition when compared to the CAUG group. Similarly, the participants in the Shenk et al. (2013) study demonstrated that childhood maltreatment was significantly related to the respondents' ability to recognize facial affect, specifically for fearful facial affect accurately. Additionally, the participants did not differ in facial affect recognition when examined by the maltreatment subtypes. There was a significant difference in accuracy when intellectual functioning was examined. For example, respondents with high intellectual functioning performed as well as their non-maltreated counterparts. The respondents with low intellectual functioning performed worse on the facial accuracy assessment than their counterparts. Both studies supported the theory that childhood maltreatment does negatively impact the victim's ability to recognize some facial affects correctly. Other researchers explore specific mental health disorders (Bipolar and PTSD) associated with childhood maltreatment and child sexual assault about their ability and accuracy in recognizing facial affect.

Previously in the discussion regarding the effect of CSA on the victim's mental health, two disorders were commonly found among the survivors, bipolar disorder (BD) and PTSD. It is widely known and understood that BD and PTSD negatively impact the

individual in a variety of ways, such as the ability to recognize facial affect accurately. Russo et al. (2015) specifically examined the relationship between childhood maltreatment and facial affect recognition in a sample of BD participants. Nazarov et al. (2014) reviewed the relationship between childhood abuse victims with PTSD and their ability to recognize certain effective words. Russo et al. (2015) and Nazarov et al. (2014) wanted to understand the depth of the impact childhood maltreatment has on the emotion-processing abilities of the victims.

Facial affect recognition is the process by which an individual processes nonverbal expression, which can be damaged through experiences of childhood abuse — specific mental health disorders associated with childhood maltreatment compound the victim's ability in facial affect recognition. For example, Russo et al. (2015) find that there were significant differences in facial recognition among BD patients who experienced emotional, physical, sexual abuse, and emotional neglect. Similarly, PTSD participants demonstrated weaker abilities in recognizing happiness, sadness, and fear (Nazarov et al., 2015). Russo et al. (2015) and Nazarov et al. (2015) found that the age of onset, the severity of the abuse, and the severity of the mental disorder impacted the participants to recognize facial affect or comprehension word cues in speech accurately. Russo et al. (2015) and Nazarov et al. (2015) findings reinforce the previously discussed research results in that childhood maltreatment regardless of the type does impact the victim's ability to process emotion affect and written word precisely. Additionally, childhood maltreatment impacts the cognitive functions of the victim in varying degrees depending on the severity, the time of onset, and the time of assessment.

To this point, CSA affects the mental health of the victim in a variety of ways and disorders. It has also been demonstrated that there is a possible link to the change of brain development of the CSA victim. Both mental disorders and cognitive functioning impairments affect the victim's interaction with others, which may, in turn, impact other aspects of the survivor's life. For example, if there are deficits in cognitive functioning, emotion processing, and mental health issues affecting the survivor, it stands to reason these issues will also impact psychosexual health, attachment formation, and parenting outcomes.

CSA effects on psychosexual health. Generally speaking, people interact with other people every day. Some of these interactions are casual, while others are intimate. It has related that CSA affects the cognitive functioning and emotional processing abilities of the survivor. This deficit leads to the potential for the survivor to have difficulty in creating and maintaining intimate relationships. The following section will focus on the psychosexual development of the CSA survivor.

What is psychosexual health and development? *Psychosexual development* involves both mental and physical changes that occur within an individual as they grow (Rutter, 1970). Physical changes include the production of hormones that influences the development of secondary sexual characteristics such as breasts, pubic hair, and testes. The development of gender-specific characteristics is affected by chemical changes within the body, which influence the development of secondary sexual features (Hines, 2011). Mental changes which occur before and during puberty is the development of interest in sexual activity, concepts of different genders and their respective sexual roles,

and the understanding of the creation of babies (Rutter, 1970). Environmental conditions, before and after birth, can impact the biological and psychological development of the individual (Hines, 2011). Previously it was demonstrated that CSA affects the production of cortisol and changes the structure of the brain. These changes influence the development of healthy sexual functioning.

The sexual functioning of a CSA survivor can be expressed in a variety of ways, such as health risk behaviors, sexual risk behaviors, somatic complaints, compulsive behaviors, and avoidance behaviors. Lacelle, Herbert, Lavoie, Vitaro, and Tremblay (2012a) examined the subgroups of CSA survivors to determine which of those groups were at greater risk for revictimization in later life. Lacelle et al. (2012a) proposed that CSA survivors who were exposed to multiple forms of childhood maltreatment would be at an increased risk for revictimization. Additionally, Lacelle et al. (2012a) predicted that the cumulative effect of CSA and other forms of childhood abuse would have more adverse sexual health outcomes compared to individuals with only CSA exposure or individuals who experienced childhood maltreatment. Lacelle et al. (2012a) findings indicate that women who have experienced CSA and other types of childhood maltreatment were more likely to engage in risky sexual behaviors, have more adverse sexual health, and have a higher negative sexual self-concept. This study demonstrates just a fraction of the effects of CSA on the psychosexual development of the victim.

Somatic symptom reporting is often found in conjunction with mental health disorders and with a history of abuse. According to the Mayo Clinic (2017), *somatic symptoms* are defined as physical responses to a traumatic event. For example, some

somatic symptoms may include shortness of breath, fatigue, generalized body pain, unresponsiveness to medical treatment, or unusual sensitivity to medicinal interventions (Mayo Clinic, 2017). Multiple authors have researched the extent and breadth of physical symptom reporting about the participants' abuse history to include CSA (Gregory 2014; Love, 2014; Sobański et al., 2014; Trickett, Noll, & Putnam, 2011). Trickett et al. (2011) conducted a 23-year longitudinal study on the effects of CSA on female sexual development. Trickett et al. (2011) findings indicate that over time the participants demonstrated deficits over a host of psychobiological domains to include maladaptive sexual development. Trickett et al. (2011) also found that CSA survivors are more likely to feel revictimized when seeking gynecological care for routine or maternity needs.

Additionally, Trickett et al. (2011) found that these survivors are more likely to have become teenage mothers and deliver their offspring earlier than their non-CSA abused counterparts. Gregory (2014) also found that CSA survivors were less likely to seek gynecological care due to the feeling of being revictimized. Additionally, Gregory (2014) found that having a history of CSA can trigger a painful physical reaction, cause avoidance of sexual contact, and receiving sexually related health care, as well as anxiety. Love, (2014) continued this line of research finding that female CSA survivors also report vaginismus (vaginal muscle spasm), painful sexual intercourse, loss of libido, fear of contracting sexually transmitted infections, inability to achieve an orgasm, and body image distortions. For male survivors of CSA, Love (2014) found they report erectile dysfunction, premature ejaculation, addiction to sex, inability to reach ejaculation, loss of sensation, and loss of libido. Each of these authors has adequately demonstrated that the

effects of CSA on psychosexual development are often reported through somatic complaints. The effects of CSA on psychosexual development also impacts other areas of sexual functioning. For example, Sobański et al. (2014) examined the cumulative effects of sexual trauma on sexual functioning and relationships of the participants finding CSA survivors were more likely to engage in meaningless or casual sexual behavior when compared to non-CSA counterparts. Other researchers, such as Lacelle et al. (2012b), Staples, Rellini, Roberts, (2012), and Vaillancourt-Morel, et al. (2015a) have examined the sexual avoidance or compulsive behaviors of CSA survivors. Each of these studies provides a new understanding of the psychosexual development of the CSA victim.

As previously discussed, avoidance of sexual encounters is linked to a history of CSA. Staples et al., (2012) hypothesized; the greater the abuse, the greater avoidance behaviors would be reported; the severity of the CSA and levels of avoidance would predict greater sexual dysfunction; there would be no relationship between no or low severity of CSA with avoidance or sexual functioning. A secondary purpose of this study was to conduct an exploratory analysis of the outcome of an individual who demonstrated both high avoidance and high approach characteristics. Staples et al., (2012) findings were mixed. For example, the interaction between the tendency to approach or avoid sexual encounters and the severity of the abuse was related to sexual arousal and orgasm functioning. Specifically, the greater the severity of abuse, the greater avoidance behaviors, and lower levels of orgasm functioning were reported. However, Staples et al. (2012) found that the severity of CSA alone did not impact avoidance or approach behaviors alone. Staples et al. (2012) found individuals who report greater severity of

CSA also reported having more sexual partners casually, rarely becoming emotionally involved with the sexual partner. Staples et al. (2012) speculate that the discrepancies found in their study may be due to a disruption in positive reward functioning in the brain during sexual intercourse. This study provides support for a positive relationship between approaching tendencies and greater sexual arousal functioning despite the lack of relationship between great severity and avoidance tendencies.

Other researchers explored similar characteristics of avoidance, approach, and sexual health outcomes with similar results. Lacelle et al., (2012a &b) speculated the greater severity of CSA would be related to greater adverse sexual outcomes, maladaptive coping strategies, and optimism would mediate the association between CSA and sexual health outcomes where CSA would be related to greater maladaptive coping strategies, these coping strategies and level of optimism would moderate the relationship between CSA and sexual health outcomes. Similar to Staples et al. (2012) study, their findings were mixed. As with Staples et al. (2012) study, the participants reported greater severity of sexual abuse were more likely to engage in risky sexual behaviors, to engage in sexual intercourse at an earlier age, and to have more sexual partners. Participants reporting moderate CSA (i.e., non-penetration) were found to have higher negative self-concepts than those with severe or non-CSA participants. According to Lacelle et al. (2012), their results did not support their hypothesis regarding reports of greater sexual health outcomes.

Additionally, avoidant coping strategies were not associated with CSA. However, there was partial mediation for emotion-oriented sexual coping strategies for moderate

severity of CSA and a negative self-concept. In other words, participants reporting moderate CSA engaged in sexually oriented behaviors to minimize the emotional association of their negative self-concept. In regards to optimism levels, they found a weak to moderate association between CSA and sexual health outcomes. Optimism did fully mediate the relationship between CSA and negative self-concept, as well as a partially mediated relationship between CSA and high-risk sexual behaviors.

Taking the previous studies, a step further, some researchers have explored the interaction of CSA, dyadic adjustment, and sexual behaviors. Vaillancourt-Morel's et al. (2015) study was designed to test a theory-based mediation model in which the relation between CSA and dyadic adjustment is mediated through adult sexual behaviors. They additionally wanted to examine a differential pathway hypothesis across genders. They found sexual compulsion and avoidance mediated the relation between CSA and dyadic adjustment for both sexes. Additionally, they found that having a CSA history of being associated with avoidance and compulsivity in sexual activity predicted lower couple change.

Each of the studies presented explored various aspects of CSA effects on adult sexual functioning. Two of the authors did not obtain the predicted outcomes regarding avoidance behaviors as a result of the CSA history regardless of the severity of the abuse (Staples et al., 2012; Lacelle et al., 2012a). However, they both discovered that increased sexual engagement was related to severity, used as a coping strategy to mitigate negative self-concepts and increased engagement in risky sexual behaviors. Comparatively, Vaillancourt-Morel et al., (2015) found the opposite in that both avoidance and increased

sexual compulsivity was related to CSA history. The main differences between each of the studies were the use of assessments not designed for assessing CSA (Lacelle et al., 2012a), adaptations of other instruments, translated or adapted tools (Vaillancourt-Morel et al., 2015), and varying sample sizes (Staples et al. 2012). Each of these differences could account for the variation in the results.

The sexual characteristics described above play an important role in the health and sexual behaviors of the CSA survivor. For example, six different groups of researchers have examined the relationship between having a history of CSA, sexual assault as an adolescent, and sexual assault as an adult and health risk behaviors of the victims. An additional six groups of authors have examined the relationship between sexual assault, child sexual assault, and other forms of childhood maltreatment histories and sexual risk behaviors of the victims. Each of these studies provides invaluable information regarding the effects of sexual assault, child sexual assault, and childhood maltreatment on the daily functioning of the survivor.

The effects of CSA on the mental health of the victim introduced the concept of substance abuse and addiction as possible outcomes for the survivor. Building upon this concept, the following discussion will focus on how the use of a substance as a coping mechanism resulting from the CSA affects the survivors' overall health choices. For example, a group of researchers found a link between methamphetamine use, CSA, HIV sexual risk behaviors (Hitter, 2016; Meade et al., 2012; Richter et al., 2014; Sarkar & Sarkar, 2005; and Schneider, Baumrind, & Kimberling, 2007). A year later, two other groups of researchers found similar results relating to hazardous alcohol drinking

behaviors and sexual assault histories (Littleton et al., 2013 and Jones et al., 2013). In 2014 three additional groups of researchers published studies on the association between alcohol use, marijuana use, sexual assault history, and health and sexual risk behaviors (). Icard, et al., (2014), Turchick & Hassija, (2014, and Walsh, Latzman, & Latzman, (2014} studies demonstrate the connection between CSA and risky health and sexual behaviors.

One can argue that using a substance legal or illegal can be for recreational purposes or as a way to self-medicate to alleviate emotional and psychological distress. In the following discussion, it will be demonstrated how the use of substances is linked to reducing the effects of emotional distress which is also linked to poor decision-making abilities, health, and sexual risk behaviors as a result of having experienced childhood maltreatment, CSA, and sexual assault.

Having an understanding of adult outcomes due to child abuse or CSA is beneficial in understanding and helping the survivor overcome the effects. However, having an understanding of the adverse effects of the CSA at earlier stages of development can be very beneficial in the development of early intervention programs to assist the survivor in coming to terms with their abuse. Jones et al. (2014) examined the interaction of internalizing and externalizing behaviors of adolescents who had been victims of CSA. Jones et al. (2014) predicted that CSA adolescents would engage in risky behaviors in early adolescence through increased internalization and externalization behaviors. Additionally, Jones et al. (2014) predicted that this link would operate differently, along with race and ethnicity. Overall, Jones et al. (2014) findings did not find a relationship between CSA and alcohol use or sexual intercourse. However, when

the data were evaluated based on gender, the results were quite different. For girls, CSA history influenced both risk behaviors through externalizing behaviors. For boys, this externalizing behavior was expressed through sexual acts.

Additionally, Jones et al. (2014) speculate that CSA may indirectly affect the initiation of alcohol use for boys. For girls, internalizing behaviors that may stem from a sense of betrayal and the stigma associated with CSA may inhibit the desire to risk involvement with peers, may escalate engagement in risky behaviors, more likely to appear in adolescence, and maybe persistent in later life. For example, in longitudinal studies exploring the impact over time of CSA researchers have found depression, substance use and abuse, suicidal tendencies, and relationship issues as adults (Feeney et al., 2013; Perez-Fuentes et al., 2013; Priebe et al., 2013; Rahm et al., 2013; Young & Widom, 2014).

Jones et al. (2014) study evaluated the internalizing and externalizing behaviors of adolescents who experienced CSA. Externalizing behaviors can be categorized as acting out, isolation, aggression towards self and others, poor academic performance, and regression, to name a few. Other researchers have taken this research a step further to explore the pathways from CSA and physical abuse to engaging in risky sexual behaviors. Walsh et al. (2014) specifically looked at how intrusive trauma-related symptoms impact alcohol use and engagement in risky sexual behavior in the emerging adulthood population. Walsh et al. (2014) speculated that traumatic-related intrusions would precede alcohol problems, which would, in turn, precede engagement in risky sexual behaviors. Walsh et al. (2014) findings indicate the most severe CSA victims

reported greater levels of alcohol problems and are more likely to engage in risky sexual behaviors. Gender differences were noted in that women had a stronger association between alcohol problems and the intent to engage in risky sexual behavior. Comparatively, men had stronger relationships between physical child abuse, traumatic-related intrusions, and alcohol problems. Walsh et al. (2014) were able to demonstrate that traumatic-related intrusions do predict the potential for the development of alcohol problems. Other researchers examined the relationship between childhood maltreatment and other substance use and abuse.

Meade et al. (2012) utilized a convenience sample of participants from local bars in Cape Town, South Africa; a) examine the prevalence of methamphetamine use by race and gender, b) comparison of meth users and non-users based on demographics, substance use, and interpersonal violence, c) examine the association between meth use and sexual risk behaviors, and d) to test if meth use mediates the relationship between CSA and sexual risk behaviors. Meade et al. (2012) found that meth users were more likely to report a history of CSA, to currently be involved in a relationship with intimate partner violence activities, and endorsing engaging in sexually risky behaviors. Most importantly, Meade et al. (2012) found that child abuse and CSA history are predictive of drug addiction and are at an increased risk of being revictimized as adults. Meade et al. (2012) study focused on adult outcomes of child abuse and CSA about the use of methamphetamine, engagement in sexually risky behaviors. Along similar lines, Icard et al. (2014) examined what if any mediation effects of problem drinking and marijuana use have on HIV sexual risk behaviors among heterosexual males. The primary purpose of

this study was to gain an understanding of causal paths through which HIV sexual risk behaviors, other sexual risk behaviors, substance abuse, and CSA. Specifically, Icard et al. (2014) wanted to determine if CSA and HIV sexual risk behaviors were mediated through problem drinking and marijuana use. Icard et al. (2014) observed that problem drinking and marijuana use did mediate HIV sexual risk behaviors, a significant indirect relationship between CSA, problem drinking, marijuana, and other risky sexual behaviors. These three factors were also associated with engagement in unprotected sex, which often were categorized as casual and often reported multiple partners. Marijuana use and problem drinking were not related to CSA experience and unprotected sexual encounters with a steady partner. Icard et al. (2014) also found that those participants reporting a history of CSA were more likely to engage in casual high-risk sexual encounters with multiple partners. Overall, Icard et al. (2014) demonstrate that problem drinking and marijuana use was significantly related to engagement in HIV sexual risk behaviors.

The two studies presented previously were conducted in South Africa, where racial and ethnic traditions are different from the United States. Littleton et al. (2013) set out to understand the potential mediating factors of adolescent and adult survivors of sexual assault and their health risk behaviors among an ethnically diverse group. Littleton et al. (2013) hypothesized the following; a) sexual victimization would be prevalent among all ethnic groups with Asian participants reporting less than European Americans, b) African Americans would be less likely to report binge drinking or impairment before the assault than European Americans, c) the prevalence of hazardous drinking would vary

among the groups with Asian and African American participants reporting lower rates, d) having a history of sexual assault would be associated with the likelihood of engaging in hazardous drinking and sexual risk behaviors, and e) the participants reporting higher levels of depressive and anxiety symptoms would mediate the relationship between sexual assault history and engagement in the two evaluated health risk behaviors. Littleton et al. (2013) did not speculate the outcome of the frequency of use of sex to regulate negative affect between the ethnic groups. Even though Littleton et al. (2013) focused on adolescent and adult sexual assault histories, the results did provide insight into the effects of sexual abuse on women from diverse ethnic populations.

The sample population in the Littleton, et al. (2013) study included Asians, African Americans, Latinas, and European Americans. Within this population, 12-21% of the participants reported a history of sexual assault. Littleton et al. (2013) first hypothesis regarding hazardous drinking behavior was supported, and there were no differences among the groups in using sex to regulate negative affect. In regards to the association between sexual assault histories Littleton, et al. (2013) found having a history of sexual assault was associated with the participants reporting higher levels of anxiety and depressive symptoms, reported more hazardous drinking and sexual risk behaviors. Together with the two symptoms significantly and partially mediate the association between sexual assault histories and dangerous drinking among European Americans. However, depressive symptoms alone did not mediate the relationship between sexual abuse and hazardous drinking behaviors. When Littleton et al. (2013) looked at anxiety symptoms, they found it mediated the relationship between sexual assault history and

hazardous drinking habits for Asians. Comparatively, anxiety did not mediate the same relationship for Latinas and African Americans. Both symptoms did mediate the relationship between sexual assault history and the use of sex to regulate negative emotional affect.

The previous paragraphs covered the general effect of the use of substances increases the risk for an individual to engage in risky sexual behaviors, which may expose them to contracting a sexually transmitted infection (STI's) or HIIV/AIDS. Researchers have examined the link between contracting HIV/AIDS and STIs with the individual having a history of being a victim of CSA (Latack et al., 2015; Pearson et al., 2015). Their findings support the hypothesis of CSA being directly linked to an increased risk for contracting STIs and or HIV/AIDS. Pearson et al. (2015) focused on the relationship between PTSD, CSA, and interpersonal violence (IPV) and HIV sexual risk behaviors among rural American Indian/ Alaskan Native women. The authors' found that women with a CSA and physical abuse history and meeting PTSD criteria reported greater rates of sexual risk-taking behaviors and IPV in the previous year. Pearson et al. (2015) demonstrated that the risk factors for engaging HIV sexually risky behaviors were linked to trauma exposure (CSA), PTSD, and engagement in binge drinking. The participants who experienced CSA are more likely to engage in binge drinking episodes, which often resulted in having unprotected vaginal or anal intercourse, which increased their risk of contracting HIV or STI's. The main limitation to Pearson et al. (2015) study is that the results cannot be generalized to other CSA women of different racial/ethnic backgrounds. Comparatively, Latack et al. (2015) determined that an individual reporting

a history of CSA more than doubles their likelihood to contract STIs or HIV/AIDS. This study includes both men and women across racial and ethnic boundaries providing generalizable results of adults with a history of CSA.

Finally, the impact of sexual abuse on health and sexual functioning of the victim may be dependent upon the severity of the injury. Turchick and Hassija (2014) examined how sexual assault may impact sexual functioning and gynecological issues in female college victims. Turchick and Hassija (2014) specifically were evaluating the relationship between sexual assault history, health risk behaviors, and sexual functioning. Turchick and Hassija (2014) hypothesized participants with sexual assault histories would report more frequent health risk behaviors, greater sexual dysfunction, and reduced sexual desire, especially for those participants with severe sexual abuse histories. Turchick and Hassija (2014) findings were consistent with other studies in that sexual assault records may be associated with increased risk-taking in healthy behaviors.

It should be noted that social desirability and past sexual experiences were significant covariates in their analysis. When Turchick and Hassija (2014) conducted the multivariate analysis engagement in sexually risky behavior, impulsive sexual behavior, lower levels of desire or libido, and inability to have an orgasm were associated with sexual assault history. Turchick and Hassija (2014) discovered that women who experienced unwanted sexual contact (i.e., groping) reported more dyadic sexual desire than those who had no history of sexual assault. This finding was minimal and did not demonstrate a trend across the different forms of sexual victimization included in the study. It does open the door for future research to determine if this finding can be

replicated. Turchick and Hassija (2014) increased our understanding of how sexual assault affects the sexual functioning of the victim. However, Turchick and Hassija (2014) results prevent generalization across the population of victims of sexual assault due to the sample population consisting of only women who experienced sexual assault after the age of sixteen. The cross-section nature of the study prevents the authors' from making directional or causal inferences from the data. Additionally, Turchick and Hassija (2014) did not evaluate the relationship status of the participants and the influence of that relationship on their sexual behavior.

When considering the impact of CSA on sexual functioning, health risk, and sexual risk behaviors, it is also important to contemplate the impact CSA, and psychosexual health has on the victim's relationship satisfaction as well as their relationship status. Four groups of researchers examined the sexual outcomes of adult survivors of CSA (ASCSA) based on their relationship status, satisfaction, and self-definition (Rellini, Vujanovic, Gilbert, & Zvolensky, 2012; Sobański et al., 2014; Vaillancourt-Morel et al., 2016a, 2016b). According to Vaillancourt-Morel et al. (2016b), how a victim defines their abuse impacts the outcomes of their sexual functioning. The categories of definitions associated with CSA research is self-defined and legally defined. These two categories give the impression of a simple process of defining the abuse, but that is far from the truth. The process by which a victim defines their abuse should be evaluated from a pre-trauma, peri-trauma, and post-trauma perspective, all of which are influenced by social dynamics (Vaillancourt-Morel et al., 2016b). For example, the severity of CSA abuse is often linked to self-defined sexual abuse. In respect to social

dynamics, how the victim perceives their abuse is partially influenced by their emotional reaction at the time immediately following the abuse and their current emotional processing as well as the reaction they receive upon disclosure of the abuse. When looking at sexual functioning post abuse, the self-definer is more likely to report more sexual distress than non-self-defining victims (Vaillancourt-Morel et al., 2016b). The study conducted by Vaillancourt-Morel et al. (2016b) was designed to evaluate retrospective and current reports of negative emotional responses to CSA in conjunction with higher sexual avoidance, and impulsivity would separate the self-defined from the legally-defined among a group of ASCSA.

The legal definition for CSA was derived from Canadian law, which clearly defined what acts or actions, the age difference between perpetrator and victim, and the incident(s) must have occurred before the age of 16 (Vaillancourt-Morel et al., 2016b). To preserve the purpose of the study, the authors' refrained from using words such as perpetrator, victim, and abuse when assessing for CSA history and severity. This method was employed to ensure the results would accurately separate the self-defined from the legally-defined category. Following the completion of the CSA history and severity assessments, the participants were asked a single yes or no question to determine if they either legally-defined or self-defined the experience as abuse. Vaillancourt-Morel et al., (2016b) result supported the previous research where self-defined ASCSA's reported they viewed the experience to be abusive. Within the sample population, 40.9% met the legal definition of being a victim of CSA; within that 40.9%, only 10.9% self-defined the experience as abuse. Vaillancourt-Morel et al., (2016b)suggest the remaining 30% of the

population did not view their experiences as abuse, which may mean these individuals did not seek help to address the sexual experiences. Perhaps indicating they were not impacted by the experience or possible leaving to be impacted by the negative effects which have been associated with CSA without understanding the cause of their psychological distress (Vaillancourt-Morel et al., 2016b).

Rellini et al. (2012) took previous research in childhood maltreatment and difficulties in emotion regulation and expanded our understanding of the effects of childhood maltreatment on sexual and relationship satisfaction based on the type of trauma. Rellini et al. (2012) predicted childhood maltreatment and difficulty in emotional regulation would be significantly associated with sexual and relationship satisfaction; severity of both variables would negatively impact sexual satisfaction, relationship intimacy, and expression of affection; and greater emotional regulation difficulties would interact with the effects of maltreatment on sexual and relationship variables. Rellini et al., (2012) findings partially supported their hypothesis that childhood maltreatment was negatively associated with sexual and relationship satisfaction and was positively associated with emotion regulation difficulties. When emotion regulation difficulty was evaluated independently, it did predict variance in sexual satisfaction in the context of age, relationship length, and childhood maltreatment severity. Contrary to Rellini et al., 2012 prediction, emotion regulation difficulties did not significantly predict intimacy or affection satisfaction .

Furthermore, childhood maltreatment severity did demonstrate a minimally positive predictor of intimacy and affection satisfaction. Finally, Rellini et al., 2012 did

not find evidence of an interactive effect between emotion regulation difficulty and childhood maltreatment severity with any of the criterion variables. Given the inconsistent findings Rellini, et al. (2012) conducted an evaluation of zero-order correlation, which indicated that low emotion clarity was negatively associated with sexual satisfaction, affection, and intimacy. Emotional response clarity appears to play an important role in sexual and relationship satisfaction. Whether the survivor engages in sexual activity as a means to negate the negative feelings they have about their self-concept or for other reasons, this requires the individual to create a bond of some sort with the other individual.

CSA effects on attachment. It is necessary to understand the theory of how attachments are formed. People interact with each other daily. Some interactions are casual, business-related, therapeutic, or intimate. These interactions can lead to the development of bonds or attachments. Some bonds are simple and loosely defined, whereas other ties are more complex and strictly defined. How these bonds or attachments are created, maintained, and broken is as complex as the creation of attachments. Many researchers have explored the formation of bonds as well as the destruction of those bonds (Bowlby, 1969,1988; Singh & Rani, 2013; and Sloman & Taylor, 2015). Bowlby (1969,1988) postulated attachments are made based on the interaction an individual has with others, which influences future attachments. Bowlby (1969,1988) suggests that attachment behavior is innate, and the early social interactions the child experiences shape the attachments formed in later life. The basis of this theory originated in object relations, where the belief was that attachment was formed based on

the need for food and procreation (Bowlby, 1988). Since its creation, this theory has been put through rigorous examination from various perspectives resulting in the belief that attachments are a necessity for safety and security. Individuals form attachments to others based on their perception that the person is better able to cope with the world, thus providing them with safety and security (Bowlby, 1969,1988).

According to Vrticka, Sander, and Vuilleumier (2012), there are basic types of attachments individuals have the propensity to develop based on their previous experiences; secure, anxious-preoccupied, dismissive-avoidant and fearful/avoidant or disorganized. Secure attachments are formed when the individual experiences positive interactions with the caregivers (Kim, Trickett, & Putnam, 2010; Hooper, Tomek, & Newman, 2012 and Vrticka, Sander, & Vuilleumier, 2012). Secure attachments are formed when the child is the recipient of appropriate parenting, such as an authoritative parenting style (Bowlby, 1969, 1988). This type of parenting has the child's emotional wellbeing in mind, the child is rewarded for desired positive behaviors with positive rewards and incentives to continue the desired behavior, and there is flexibility in the boundaries set by the parent (Morin, 2016). The formation of secure attachments in childhood is believed to carry over into other relationships as the child grows (Bowlby, 1969, 1988; Prather & Golden, 2009; Tarren-Sweeney, 2014; and Vrticka, Sander, & Vuilleumier, 2012). When the process of attachment development is negatively impacted by abuse, authoritarian, permissive, or neglectful parenting styles, the attachments formed during childhood can be anxious-preoccupied, dismissive-avoidant, or fearful/avoidant or disorganized (Vritcka, Sander, & Vuilleumier, 2012). Just like the formation of secure

attachment in childhood, the formation of the negative attachments can carry over into the child's adult attachments (Bowlby, 1969, 1988). This carryover of childhood attachment may impact adult attachment development.

Sloman and Taylor (2015) examined the effect childhood maltreatment has on the development of attachments. Sloman and Taylor's (2015) findings suggest that maltreatment in childhood inhibits the ability to develop empathy and increase aggression or engage in dominating behaviors. Vrticka, Sander, and Vuilleumier (2012) studied the attachment style of adults on their perceptions of emotionally full images to understand how the attachment styles of the participants influenced their ability to read emotions of others accurately. The avoidant attachment was linked to lower levels of positive responses to positive social images (Vritcka, Sander, & Vuilleumier, 2012). The anxious attachment was related to an increased emotional response to negative social images. The results indicate that poor attachment styles impact an individual's ability to read accurately, process, and respond appropriately to social cues (Vritcka, Sander, & Vuilleumier, 2012). This inability to answer to the social cues activates defensive strategies to help preserve the individual's defense activation system.

Dempster, Rogers, Pope, Snow, and Stolz (2015) found that insecure parental attachment increased a child's risk for unwanted sexual experiences. Dempster et al. (2015) found that avoidance attachment and permissive parenting styles were directly correlated with this increased risk. Other researchers have examined the impact of received parental attachment on the formation of adult attachments, parenting styles, parenting competencies, and parenting efficacy (Calvo & Bianco, 2015; Canton-Cortes et

al. 2015; De Calri et al., 2015; Jones, Cassidy, & Shaver, 2015, Reid, 2009). Consistent with Bowlby's attachment theory, adverse experiences in childhood do impact the formation of healthy attachments in adulthood found in these studies. Parental sensitivity and responsiveness are the core principle of attachment theory. The failure of the child to experience these aspects from their parents results in the development of insecure attachments, which in turn impact their relationships and attachments with their children (De Calri et al., 2015; Jones, Cassidy, & Shaver, 2015; Reid, 2009 and Ruscio, 2001).

Jones, Cassidy, and Shaver (2015) found a direct link between parental attachment styles, parental emotions, and parenting attitudes. Additionally, Calvo and Bianco (2015) found that parenting style influences how the individual experiences self-esteem in a parental role and parent-child interactions. High levels of attachment insecurity are related to lower levels of dyadic adjustment and satisfaction (Calvo and Bianco, 2015 and Prather & Golden, 2009). Lowered dyadic adjustment and satisfaction appear to impact the perception of self-efficacy of the individual, which also impacts their satisfaction with parenting (Calvo and Bianco, 2015).

Attachments are the foundation of any individual's life, whether it is in a casual setting or an intimate setting. They need to feel safe, secure, and to feel connected to others is a normal innate drive of an individual, according to Bowlby (1969, 1988). Attachments formed in childhood impact the attachments formed or avoided in adulthood. When a child is subjected to childhood, maltreat, regardless of the type, impacts the development of attachment formation (Bowlby, 1988 and Granot & Mayselss, 2012). The damage done to attachment formation in childhood impacts the

adult attachments formed, which crosses into intimate relationships with others and their children should they have them. How a person's parents their offspring may be related to the attachments formed and damaged in childhood. For example, an individual who has experienced CSA may have an inability to trust others with their person, much less have the ability to trust others to care for their child. The attachment formed in this example could be categorized as insecure or anxious attachment meaning when the parent is not with child they may engage in obsessive worrying behaviors (i.e., calling to check on them or watching them from afar), lack the willingness to allow the child out of their sight for any length of time which inhibits the child's ability to socialize and differentiate themselves from the parent, or even obsessively question the child about their interactions with others when the parent was not present (i.e., wanting to know every detail).

CSA effects on parenting. Parenting is as an individual who gives birth, adopts, or provides care for another person. Baumrind (1971, 1980, 1994, & 1997) spent a large amount of her career studying the interactions between parents and their children. Through Baumrind's (1971, 1980, 1994, & 1997) research, she determined there were three main types or styles of parenting; authoritarian, permissive, and authoritative. The authoritative parenting style is a method in which rules are implemented, and the child is expected to follow but allows for some exceptions to those standards (Baumrind, 1971, 1980, 1994, & 1997 and Morin, 2016). A parent who engages in this style of parenting is more likely to consider the child's emotional wellbeing, reinforce good behaviors through rewards and praise, and provide positive consequences to help maintain those desired

behaviors (Baumrind, 1971, 1980, 1994, & 1997 and Morin, 2016). On the opposite side of this style of parenting is the authoritarian style. Parents using this style are less likely to allow for exceptions to the rules in place; problem-solving activities exclude the children, and the use of punishments instead of positive reinforcements (Baumrind, 1971, 1980, 1994, & 1997 and Morin, 2016). The permissive parent does not provide much structure or discipline, are more likely to treat the child as an equal or a friend, and are less liable to utilize punishment or negative consequences for bad behaviors (Baumrind, 1971, 1980, 1994, & 1997 and Morin, 2016). Maccoby & Martin (1983) expanded Baumrind's parenting styles, adding the neglectful style of parenting. Finally, the uninvolved parent is neglectful, not meeting their child's needs, does not provide supervision or guidance, and tend to be oblivious to their child's actions and behaviors (Maccoby & Martin, 1983 and Morin, 2016).

How a person's parents their offspring is dependent on a vast number of factors. The genetics of self and child, own upbringing, experiences, and the personality of self and infant impact parenting styles and strategies. Socioeconomic status, cultural heritage, education, and traumatic experiences are also known to influence how an individual engages in parenting (Baker & Hoerger, 2012; Bornstein et al., 2011; Carr, & Pike, 2012; De Gregorio, 2013; Hernandez & Lam, 2012; Klahr, & Burt, 2014; Schueetz & Eideb, 2005; Szepsenwol et al. 2015; Uji, Sakamoto, & Adachi, 2014; and Ulbricht, et al., 2013). Klahr & Burt (2014) set out to understand the formation of parenting characteristics.

Klahr & Burt (2014) provide a comprehensive view of the etiology of individual differences in parenting approaches. Klahr & Burt (2014) accomplished this task by conducting a meta-analysis of studies completed on parenting from two perspectives, child-based designs, and adult-based designs. The authors intended to demonstrate how the variance of perceived parent warmth, negativity, and control was affected by additive genetics, dominant genetics, shared environment, non-shared environment, parental gender, child age, measurement error, and other collateral informants. Genetic influences accounted for 23-40% of the variance, and shared environment accounted for 27-39% when looking at the additive genetic, shared environment, and the measurement error of the studies (Klahr & Burt, 2014). When Klahr & Burt (2014) examined the parent designed studies on the additive genetic, non-shared environment, and measurement error was the best fit model for parental warmth, additive genetic, shared environment, and measurement error model was the best fit for control and negativity.

Klahr & Burt (2014) took these models and reduced them to produce the best fit model for each of the domains for control, negativity, and warmth. Non-shared environment and measurement error for warmth shared environment and measurement error for control and additive genetics and measurement error for negativity for the parenting domains. In this reduced model, genetics accounted for 28-37% of the variance, and non-shared environments accounted for 69-90% of the variance within the sample. In regards to parent gender, Klahr & Burt (2014) determined from the child-based designs that maternal genetic influences were greater on control and negativity; fathers exerted more influence in the shared environment; non-shared environments mothers were

associated with warmth and oversight, and fathers were more influenced by shared family characteristics. The source of information provided in the studies was examined, demonstrating that parental warmth and genetic influences were more prevalent in the child-based designs, whereas shared environments influences on warmth were smaller for child-based designs. Parent-based designs were not evaluated for influence due to varying age ranges of the children reported within them. Child-based design analysis indicated non-shared environment influences all three of the domains from childhood to adolescence (Klahr & Burt, 2014). The Klahr & Burt (2014) study demonstrates the influences exerted on parenting practices are as individual as the data collection method, the reporting of information sources, and the perspective of the participants of the included studies. The main weaknesses of this study are the use of previous research which have varying definitions of the construct, studies which covered varying degrees of developmental stages, a smaller amount of parent-based designs compared to the child-based designs, abusive or abnormal parenting was not examined, and basic caregiver practices were not explored. These issues limit the generalizability of their findings to individuals who have a history of child abuse or maltreatment.

Klahr and Burt (2014) explored the association of multiple parenting dimensions where perceptions of warmth were evaluated. The perception of experienced warmth from a parent has been linked to improved self-regulation, improved behavior of delayed gratification, improved interpersonal and academic adjustment, and increased trust and interactions with other individuals (Baker & Hoerger, 2012). In this study, perceptions of rejection and control were examined. The rejection was associated with shortfalls in self-

regulation, less ability to delay physical gratification, poor finical and academic skills, adjustment issues, poor interpersonal abilities, psychopathology, and increased levels of distrust of others. Control was associated with generalized matters in self-regulation, difficulties with appropriate levels in delayed physical gratification, increased somatic and neurological complaints, emotional and cognitive dysregulation, interpersonal issues, and increased levels of pleasure-seeking behaviors. It should be noted that Baker and Hoerger (2012) found that self-regulation mediates the parent-child interaction.

Other researchers, such as Katz, Maliken, and Stettler (2012) examined parental meta-emotional philosophy (PMEP) which suggests that parental beliefs, thoughts, and attitudes toward emotions guide the way socialize emotionally, express and regulate their emotions, and how they teach their children about emotions and emotional regulation. The guiding principle of PMEP is that attitudes, beliefs, and coaching abilities of the parent will shape the way their child grows emotionally. When parents demonstrate good levels of PMEP, their children have better self-control, lower levels of behavioral issues, better psychological adjustment, and better peer relationships. Comparatively, when PMEP is low, there are an increase in low self-control, increased levels of behavioral issues, low peer relationships, and decrease psychological adjustment. Katz, Maliken, and Stettler (2012) indicate that parent gender, the child's temperament, and the child's gender are possible moderators to the interaction between PMEP and the child's adjustment. Parental emotional competence mediates the relationship between PMEP and child adjustment.

Saritas, Grusee, and Gencoz (2012) took a look at the way warm and harsh parenting styles impact emotional regulation between mothers and adolescents. The maternal rejection was significantly the mediator with a direct effect on female adolescents, but no effect on males. Additionally, gender moderated the direct effects of maternal emotional regulation deficits on the adolescent females' emotional regulation deficits. This study demonstrates the impact of harsh parenting on the emotional abilities of girls. However, because this study was cross-sectional, it is hard for causalities to be created. Furthermore, because the study excluded fathers and relied on self-report measures, there is no way to be certain there were no other mediating or moderating factors influencing the results.

Each of the three less than optimal parenting styles influences the child's psychological, physical, and emotional health which some can be positive as seen with authoritative parenting style or negative as seen with authoritarian, permissive, or uninvolved parenting styles (Bano, 2015; Khaleque, 2015 and Lamb, 2012). These styles of parenting are most commonly associated with adults who have suffered childhood maltreatment (Bailey et al., 2012; Belt et al., 2012; Dempster et al., 2015; Ehrensaft, Knous-Westfall, Cohen, & Chen, 2015; Millings et al., 2012 and Moreira & Canavarro, 2012).

Childhood maltreatment encompasses a broad range of abuses to include but not limited to physical, emotional, verbal, sexual, and neglect. This history of abuse can impact the individual well into their adult lives, permeating into their relationships with peers and family. Turner et al. (2012) examine the expression of child trauma symptoms

within the family context and victimization. Parental conflict is related to inconsistent parenting practices, and sibling perpetrated abuse. Unstable or unsafe living environments were linked to neglect; children witnessing family violence, physical and sexual assault were related to emotional maltreatment, and all the negative variables examined were related to the displaying of trauma symptoms by the children. The Turner et al. (2012) study demonstrates that there is a cumulative linear relationship between the concept of safe, stable, and nurturing relationships with the kids and their caregiver and the level of trauma symptomology expressed by the children. The more factors children were exposed to, the degree of trauma symptoms displayed by them also increased.

Taking the concept of childhood risk factors for children. De Gregorio (2013) examined the impact of exposure to maltreatment in childhood through generations. Neuroimaging demonstrates a reduction in the brain function and development of children exposed to or the recipient of childhood maltreatment. This retardation of brain development impacts the social functioning of the brain, which carries over into adulthood. When the brain is altered, the individual demonstrates fewer expressions of affect, impaired interpersonal behaviors, altered fear responses, impulsivity, and increased expressions of aggression (De Gregio, 2013). Additionally, positive aspects of touch and ability to recognize positive emotional signals are impacted by the abuse received or observed, which later impacts the adult's interactions and functioning with their children. The implications from the De Gregorio (2013) study indicate that unresolved childhood issues can impact the interaction of the adult survivor with their children, causing a continuation of the abuse cycle.

Adult survivors of CSA parenting beliefs and feelings are influenced by the support and experiences they have following the abuse. For example, ASCSA parents who receive perceived supportive care and appropriate expression of affection and emotions are more likely to endorse positive parenting beliefs and practices (Hernandez & Lam, 2012). Comparatively, ASCSA parents report high scores for low-income family functioning and support are more likely to engage in one of the three parenting styles, as mentioned earlier, permissive, authoritative, and uninvolved.

Seltmann and Wright (2013) explored the moderating mediating factors which influence parenting competencies of ASCSA parents. Seltmann and Wright (2013) explored looked at three paths of interaction between the severity of abuse, partner support, depressive symptoms, and the influence they exert on the ASCSA's parenting abilities. The aspects of parenting included in this study were limit setting, communication, attachment, involvement, autonomy, and parental satisfaction. The main findings of Seltmann and Wright's (2013) study are that partner support, and depressive symptoms were good predictors of difficulties in limit setting, communication, attachment, involvement, and autonomy. The main limitation of Seltmann and Wright's (2013) study was the authors' used self-report measures, the sample was self-identified as ASCSA without verification, it was exploratory, and the sample population lacked ethnic and racial diversity.

Summary and Conclusions

Trauma can be classified in various categories and each type has varying effects on the individual. The effect of the trauma on an individual can be just as different as the

trauma itself. This chapter focused on a specific form of trauma, childhood sexual assault. Research has demonstrated the effects of CSA impact mental health, cognitive, emotion processing, psychosexual health development, attachment formations, and parenting practices (Easton et al., 2011; Feeney, Kamiya, Robertson, & Kenny, 2013; Murphy et al., 2014; Musliner & Singer, 2014; Perez-Fuentes et al., 2013; Priebe et al., 2013; Schneider, Baumrind, & Kimberling, 2007; Singh, 2015; Sloman & Taylor, 2015). Depression, substance abuse and addiction, and PTSD mental health disorders have been linked to the possible outcome of CSA. Lower cortisol production, cognitive functioning deficits, and facial recognition deficits are some physiological ramifications to CSA.

Regarding psychosexual health development, there are conflicting findings in avoidance and compulsive behaviors when a history of CSA is considered. One consistent finding is that the ASCSA will engage in risky sexual behavior, which is often in conjunction with substance abuse (i.e., alcohol, illicit drugs). In addition to these factors, there appears to be a relationship between CSA and creating healthy attachments. Hand in hand with attachment difficulties is the use of permissive, authoritative, and uninvolved parenting styles.

To date, there appears to be very little research on the experiences of the adult survivor parent, except O'Dougherty-Wright, Popma-Loy, and Oberle's (2012) study. In this study, the author set out to understand how the ASCSA experienced parenting from a female perspective. O'Dougherty-Wright et al. (2012) study covered broad areas of child-rearing experiences to include discussions about sexual matters with their children. This

study is designed to build upon their work specifically by exploring how the ASCSA parent experiences their role as an educator in discussions about sex.

Chapter 3: Research Method

The effects of CSA are complex due to the varying degrees of severity, individual responses, support provided (or not provided) following the abuse, and access to and utilization of resources by the victim. Because of the complex nature of the effects of CSA, a phenomenological approach was best suited to understanding the parenting experiences of the ASCSA parent. This phenomenological study was to gain an understanding of how the ASCSA parent experiences their interaction with their children when talking about sex with them. This approach was intended to capture these experiences through rich, descriptive accounts of the phenomenon of an ASCSA parent talking about sex with their preadolescent children. The findings from this study may provide an understanding of the impact of CSA on parenthood, its impact on parent-child relationships, and ways to minimize the impact of CSA on parenthood.

The review of the current literature demonstrated the complexity of CSA and the intricacy of the effects of CSA throughout the survivor's lifetime. Most researchers combined all types of sexual abuse into a single category, including all forms of childhood maltreatment; excluded the severity of the abuse; and used of recollected data (BJS, 2015; Feeney et al., 2013; Koivisto, Janhonen, & Väisänen, 2002; Perez-Fuentes et al., 2013; Young & Widom, 2014). Additionally, researchers examined the effects of CSA from a variety of perspectives, such as mental health outcomes, neurodevelopment outcomes, psychosexual outcomes, attachment results, and parenting outcomes (Augusti & Melinder, 2013; De Gregorio, 2013; Flett et al., 2012; Lacelle et al., 2012a, 2012b; Lindner, 2013; Singh, 2015). Except for O'Dougherty-Wright et al. (2012), researchers

failed to examine the experiences of parenting from the perspective of the adult survivor, particularly when faced with talking to their child about sex.

The phenomenological design is used by incorporating reasonable procedures to advance an understanding of individual experiences from the participants' perspective. The phenomenological methodology is used to understand the lived experience of a person, the essence of that lived experience, and the meaning participants place on that experience (Patton, 2002). Additionally, a phenomenological methodology is used to understand the shape and structure of the experience (Cerbone, 2014). Husserl (as cited in Tuohy, Cooney, Dowling, Murphy, & Sixmith, 2013) described this approach as being neutral in that presuppositions or assumptions are not included in the research. Even though Husserl helped to create phenomenology, he rejected the idea that logic could be understood from a psychological viewpoint; he did believe the experience of an individual has a structure that is independent of empirical facts (Cerbone, 2014). The primary objectives of Husserl's phenomenology define the fundamental structure of experience, including asking and answering questions about experience and achieving a contextual understanding of the experience (Cerbone, 2014). To achieve these objectives, Husserl delineated the necessary steps for conducting phenomenological research. First, the researcher needs to remove any preconceived ideas or knowledge about the experience. This removal of self-thoughts and ideas enables the research to prepare their mind to develop an attitude correctly oriented to the phenomenon and provides the opportunity to develop the necessary questions to answer the driving question of phenomenological research: how? (Cerbone, 2014). The second step is for the researcher

to determine the essence of the flow of the experiencing structure. The researcher must tune in to the information being given to gain an understanding of the essence of the data. The data includes the tone, the cadence, the words used, and the body language of the participant. At this stage, the researcher attempts to get a general sense of the experience (Cerbone, 2014). The third step occurs when the researcher removes any unnecessary information to isolate the essence of the experience or conducts eidetic reduction. These three phases, laid out by Husserl, set the foundation for phenomenological studies.

Since Husserl, other philosophers have taken the basic premise of phenomenology and applied it in different ways (Cerbone, 2014). Over time phenomenology has splintered into two distinct branches: interpretive and descriptive. According to Matua and Van (2015), interpretative phenomenology or hermeneutics is used to understand a particular experience, to interpret the experience, and to reproduce that clear understanding of the experience based on their interpretation of the data. In this approach, the researcher does not bracket their precognitions of the experience but rather incorporates those presumptions and biases into the findings (Tuohy et al., 2013). The removal of the bracketing requirement is believed to guide the inquiry into the experience. Interpretative phenomenology is best used when the researcher can conduct the interviews in person so that they can interpret the responses in real-time. The ability to understand the responses in real-time allows the researcher to ask follow-up questions to achieve clarification or to expand on the participants' answers (Tuohy et al., 2013). Comparatively, descriptive phenomenology is used to explore, analyze, and describe the experience (Fischer, 2010; Matua & Van, 2015). The transparent approach requires the

researcher to separate their suppositions of the experience from the research process. One premise of descriptive phenomenology is that the researcher describes the phenomenon without considering the sociocultural contexts of the participants. Descriptive phenomenology enables the researcher to provide information that is free of context and articulates the phenomenon as the participants experienced it.

I explored the shared experience of ASCSA parents helping their children in the exploration of sex. It was essential to isolate researcher bias, such as being a nonparent ASCSA. The selection criteria for this study included participants having a history of being sexually assaulted during childhood and currently parenting an early adolescent child who is exploring sex.

Research Design and Rationale

The primary research question of this study was the following: The first question is: How do adult survivors of child sexual assault (ASCSA) parents experience their early adolescent child's exploration of sex? Secondary to the central question was the following: What is the narratives of ASCSA parents when they have discussions about sex and intimacy with their early adolescents? The third issue explored in this study was the following: What are the special challenges ASCSA parents face when their child enters early adolescence? The central phenomenon of this study was exploring the experiences of ASCSA parents when their child begins to explore sex. This topic had not been examined, which called for an exploratory or descriptive research approach.

In this qualitative study, I used a descriptive phenomenological approach. According to Matua and Van (2015), the purpose of descriptive phenomenology is to

study, evaluate, and define the phenomenon. Descriptive phenomenology provides a thorough description of the phenomenon while preserving the richness, scope, and profoundness of the experience without preconception on the part of the researcher (Matua & Van, 2015). This approach relies on individuals who have experienced the same event; for this study, that event was being an ASCSA parent whose child had begun to explore sex. Participants' descriptions of the experience were analyzed to provide an in-depth accounting of that experience. In phenomenological research, following strict and systematic procedures was necessary if a true understanding of the experience was to be obtained. Giorgi (2011) modified Husserl's method for conducting pure phenomenological studies by adding two additional steps. Giorgi's method provides clear guidelines for the researcher conducting this type of research. When the steps are followed properly, the researcher will be able to identify the essential themes of the phenomenon being evaluated (Hunter, 2016; Koivisto et al., 2002).

Advantages Over Other Methods

The main advantage of using the descriptive phenomenological approach is that there is little literature on the experiences of ASCSA parents. Because there is limited information regarding this phenomenon conducting exploratory research is appropriate. For example, using an interpretive phenomenological approach that seeks to understand the experience without the bracketing, the researcher interprets the data based on their prior knowledge, which is then supported by the data. Given the lack of research on this phenomenon, using a descriptive approach would provide more information regarding the possible trends which ASCSA parents may experience during their child's development.

Role of the Researcher

The research question drives the type of investigation method to be conducted, which in turn drives the role the researcher will play in the study. In addition to the kind of research being conducted, other considerations guide their role within it, such as; accessibility to the selected population, time constraints, or funding availability. This study sought to examine the experiences of ASCSA parents through their eyes, thoughts, and feelings; thus, a descriptive phenomenological approach was used. This method requires the researcher to remove, to bracket off their presumptions and conceptions about the experience (Giorgio, 2011). It is recommended by some that the literature review of the topic to be delayed until after completion of the study itself (Wojnar & Swanson, 2007). The premise behind this recommendation is that the lack of prior knowledge of the topic enables the researcher to achieve transcendental bias, thus keeping the results pure and free from researcher bias. Others, such as Patton (2002) or Creswell (2009, 2013, & 2014), indicate it is not possible for the researcher to completely remove their prior knowledge of the topic before conducting the study. Instead, they suggest the author incorporate into the report a section that addresses the possibility of researcher bias. I attempted to describe the experiences of the ASCSA parent to achieve this end; the researcher needed to examine and remove any presumptions about the phenomenon. To accomplish this task, I utilized the use of a journal to record my thoughts throughout the study. My entries covered the entire span of the research, including before, during, and after data collection, and analysis.

Research Questions

Research Question 1: How do adult survivors of child sexual assault (ASCSA) parents experience their child's exploration of sex?

Research Question 2: What are the special challenges ASCSA parents face when their child enters the stage in life when they explore sex?

Research Question 3: How does the history of child sexual assault (CSA) influence the perceptions of the ASCSA parent-child relationship?

Research Question 4: What are the narratives of ASCSA parents when they have discussions about sex with their children?

Participants

According to Giorgi (2011), Phenomenology is an attempt or method for investigating the configurations of consciousness and the kinds of things that manifest themselves to consciousness. My study explores the experiences of the ASCSA parent as they help their child or children navigate sex exploration. The chosen population for this study is ASCSA parents with children no younger than nine years of age. The purpose of this population selection is to fully describe the experiences the ASCSA parent encounters during their children's exploration of sex. Each participant will have shared the same experience of talking with their children about sex. The selection of this population is specific so that the description of the phenomenon will accurately reflect the experiences of the ASCSA parent.

Sampling

The sampling strategy for the ASCSA study was a three-step process. Criterion based sampling requires the potential participant to meet specific criteria to participate in a study (Patton, 2002). The first steps engaged the criteria-based sampling method to ensure the respondents shared the history of CSA, were parents, and currently have a child or children exploring sex. The second step in the sampling process is selective or purposeful selection. The respondents who meet the criteria for inclusion in the study were sorted into groups based on CSA history severity. The categories of severity were low, moderate, and severe CSA abuse. The definitions of the three types followed Fergusson's et al. (2013) classifications; low severity included individuals who experienced CSA before the age of 18 which did not involve physical contact (i.e., unsolicited sexual propositions, public masturbation, indecent exposure); moderate severity included individuals who experienced CSA before the age of 18 which involved physical contact without penetration (i.e., genital fondling), and high severity included persons who had experienced CSA before the age of 18 which involved physical contact resulting in penetration (i.e., vaginal, anal or oral sex). Each of the completed questionnaires was code as 1= low severity, 2=moderate severity, and 3= high severity. The purpose of this coding was to determine if the experiences reported differed across the different categories. The final selection of participants will be by random selection. The random selection pulled three completed questionnaires from each of the three categories of severity. The random selection process utilized the Research Randomizer (https://www.randomizer.org) to generate the selection numbers, which corresponded to

the numbers assigned to each completed questionnaire. The questionnaires to be selected are based on the number of categories, with the chosen numbers per set and the total number of questionnaires being considered in that set. This process was repeated for each category to generate three random questionnaires per category.

The participants were recruited through online websites dedicated to providing resource support to victims of CSA. Two organizations, HAVOCA.org and 1in6.org, were contacted via electronic mail to obtain permission to place a link to the interview on their website to recruit potential participants. HAVOCA.org was selected because they provide services in the prevention of sexual assault, helping to change social policy, and covers a broad range of sexual assault. The second organization, 1in6.org, was selected because it catered to the male survivor of sexual abuse and increased the likelihood to obtain male participants. Additionally, the questionnaire was distributed through Facebook.com.

Sample Size

Unlike quantitative research, qualitative research does not have a specific or golden number of participants required for the study. For example, an individual conducting a case study may use only a single participant (Creswell, 2009, 2013, & 2014). The nature of phenomenology studies is the generation of data through various sources such as interviews, journals, and narratives. (Patton, 2002). According to Mason (2010), for this type of study as few as five participants, up to 25 participants are considered to be appropriate sizes. Determining the needed sample size is dependent upon the intent of the research. My study looked at how ASCSA parents experienced

their interactions with their children when talking about sex. The purpose of this study is to gain in-depth descriptions of this experience, which made it difficult to pinpoint a precise sample size necessary for this study. Saturation is the goal of qualitative data that can occur in a single participant (i.e., case study) or require many participants to reach that level. This study selected a minimal sample size of six to a maximum size of twelve. The rationale behind these numbers was to keep them even division of the three severity categories.

Data Collection

The type of research being conducted drives the collection of data. For example, using a qualitative approach, the researcher may use items where the participant rates the situation using a Likert scale or use a multiple-choice type instrument where the researcher has preselected and coded the responses. In qualitative research, the researcher is not looking for change or influence; they are looking for understanding and descriptions of a phenomenon. Since the phenomenon explored, the experiences of ASCSA parents have required a questionnaire to be created. The instrument was designed to elicit rich details regarding their experiences as an ASCSA parent talking about sex with their child. The instrument is a semi-structured questionnaire providing the participant with the opportunity to express their experiences in their own words (see Appendix B). The instrument was distributed through surverymonkey.com Surveymonkey.com provided a link to the questionnaire which was circulated to the selected websites of HAVOCA.org and 1in6.org. The data contained in the questionnaire was encrypted and stored on an external locked hard drive. Each completed survey was

printed for analysis, divided into three groups, and numbered 1-100 based on the severity index of the abuse. All printed documents and handwritten analysis were stored in a combination lockbox separate from the external hard drive.

Data Analysis Plan

The analysis of the collected data utilizes Giorgo's (2011) five-step process, which is well suited for descriptive phenomenology. The steps for Giorgio's process is as follows: a) engage a mental phenomenological attitude, b) read the data to get a general idea of the whole experience, c) reduction of the data into meaningful units, d) transformation of original data into psychological concepts, and e) determination of the structure of the experience from a psychological perspective.

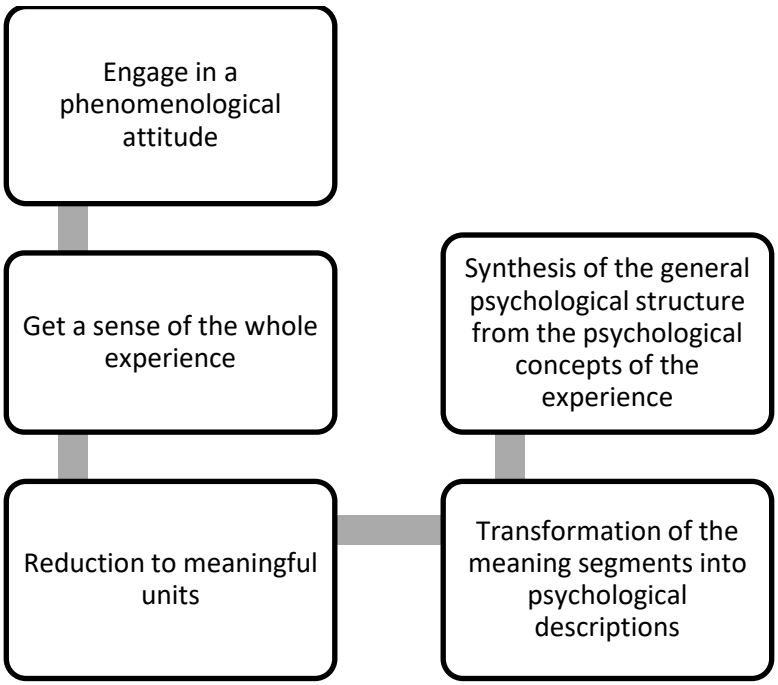

Figure 1. Giorgio's descriptive analysis model.

The first of the process, engaging in a phenomenological attitude, refers to the researcher setting aside or bracketing their prior knowledge, presumptions, and bias about

the phenomenon before and while reading the data (Finlay, 2014 &Giorgio, 2011). The researcher needs to engage bracketing if they are to understand the experience from the perspective of the respondent. The data is read to get a general sense of experience while keeping this attitude at the forefront. In effect, the researcher places themselves in the shoes of the respondent; at this point, the data is not being analyzed for specific themes or trends. The third step in Giorgio's (2011) process is reading the data again, still with a phenomenological attitude, marking meaningful units within the text. Meaningful units are determined when there is a significant shift in meaning (Giorgio, 2011). This step helps to reduce significant amounts of text into smaller, more manageable parts. The fourth step taken was to transform the meaningful units into sensitive psychological expressions. During this step, the data was looked at while engaging in creative variation exploration, meaning the data is converted into terms or phrases which do not change the meaning of the data (Giorgio, 2011; Patton, 2002). The final step taken was to construct a description of the experience based on the reductions performed in the previous two phases. This structure is intended to describe the psychological aspect of the shared experience, meaning it describes how the individual's name and expresses the shared experience (Giorgio, 2011). See Appendix C for the spreadsheet used to follow Giorgio's analysis method.

Issues of Trustworthiness

Producing quality in qualitative research is not as simple as it is in quantitative studies. Quantitative research is designed to measure the relationship between variables, which relies on the use of numerical data which can be analyzed and inferences are

drawn based on the numerical results (Creswell, 2009, 2013, & 2014). Qualitative research, on the other hand, does not look at the relationship between variables. Qualitative examines the why, when, where, and who of a phenomenon (Leung, 2015). Since qualitative research does not rely on numerical information, it is necessary to develop an appropriate protocol to ensure the results produced are trustworthy. The accepted measures for determining the trustworthiness of qualitative research are credibility, transferability, dependability, and confirmability (Henry, 2015; Houghton, Casey, & Shaw, 2013; Leung, 2015; & Noble & Smith, 2015).

Credibility

This aspect of trustworthiness refers to the believability of the results of qualitative studies. Creditability relies on two processes of the research and demonstration of that creditability (Leung, 2015). The first aspect, the research process, has to be conducted in a manner that is clear, precise, and free of ambiguity. The research process has to be described in such a manner that others can replicate the study, which obtains similar results. The second aspect, demonstration of creditability, can be accomplished in a variety of ways; prolonged engagement/persistent observation, triangulation, peer debriefing, and member checking. My study utilized triangulation and peer debriefing to ensure the creditability of the results.

Triangulation is used to confirm the data and to check that the data is complete (Leung, 2015). There are multiple ways in which a researcher can employ triangulation to demonstrate creditability, the method used in this study data source triangulation. According to Carter, Bryant-Lukosius, DiCenso, Blythe, and Neville (2014), data source

triangulation comprises the collection of data from different types of participants to obtain varying perspectives and validation of the data. Data sources can be generated through interviews, groups, or documentation (Carter et al., 2014 and Hopf et al., 2016). I used a semi-structured interview to produce data from different ASCSA parents with varying degrees of CSA severity, which was disseminated through the internet. Each response was sorted based on severity, coded, and then compared to determine convergence. Convergence coding was based on the themes found in each grouping. According to Farmer, Robinson, Elliott, and Eyles (2006), convergence coding involves the meaning and interpretation of topics, as well as the frequency and prominence of themes that are supported by consistent examples within the text. The convergence coding scheme used is displayed in Table 1.

For the theme to be considered triangulated for each of the three severity groups, three of the four respondents had to have an agreement in meaning and supporting direct quotes from the original responses. Three of each severity group was used for triangulation to demonstrate the creditability of the overall study. Convergence coding was used to triangulate the convergence for the severity groups. This process was repeated to determine if the convergence was uniform throughout the analysis. This approach helps to support the creditability of the results of the study.

Table 1

Triangulation Protocol

Step	Activity
1. Sorting	Each data source was sorted based on the severity of CSA
2. Convergence coding	Each data source was then coded for themes and then compared to determine the degree of convergence of a) meaning and prominence and b) provincial coverage and specific examples of each theme Characterization of degree and type of convergence used the following categories of concurrence or non-concurrence of themes
Convergence coding scheme	
Agreement	There is full agreement between the data sources on both features of comparison
Partial Agreement	There is a partial agreement between the data sources on one of the two features of comparison
Silence	One source covers the theme, whereas the other source is silent on the theme
Disagreement	There is a disagreement between the sources on both features of comparison
3. Convergence assessment	The review compared segments for a global assessment of the degree of convergence or disagreement
4. Completeness assessment	Comparison of the nature and scope of the themes over all the sources to ensure complete coverage of the aligned themes and to recognize key differences in analysis
5.Researcher comparison	Utilize another researcher/peer review to examine the results to clarify interpretations of the findings, determine agreeableness on the triangulated findings, and to determine the way disagreements will be addressed
6. Feedback	Obtain feedback from stakeholders or peers for review and clarification of any unclear findings or triangulations

Transferability

Transferability refers to the ability of the findings to be applied to another similar situation while maintaining the meanings and inferences after the completed study (Casey & Murphy., 2013). The method used to confirm transferability in this study was the use of think descriptions. These thick descriptions require the researcher to adequately describe the original context in such a manner the reader can conclude the applicability of the findings to specific similar situations. The use of raw data, such as direct quotes from the participants, is often used to demonstrate transferability (Case & Murphy, 2013). An alternate method to support transferability is to provide selections from the researcher's field journal. I did not utilize fieldwork involving observations of the participants, so transferability has been supported through the use of think descriptions.

Dependability

Similar to the concept of reliability found in quantitative research, dependability refers to the constancy of the data. In other words, dependability can be established by tracking the decision process of the researcher during the analysis phase of the study. According to Casey and Murphy (20009), using an audit trail is one method for which the dependability of the study can be established. This study utilized a two-step process to generate the audit trail. The first step was the use of a journal to record the thoughts, reactions, and rationale for the decision made during the analysis of the data. The second phase used was that the data was uploaded in NVivo 11 to be evaluated. NVivo 11 is a computer-based program that allows the researcher to upload text-based information, which can be coded in-vivo, examined for word frequency, text search, and coding

queries (QSR International, n.d.). Also, different types of diagrams can be created from the data, such as charts, word clouds, and comparison charts. The NVivo 11 program generates a record of the decision process used during the analysis process, which can be exported in Word or Excel formats.

Confirmability

The final aspect of creating trustworthiness in qualitative research is confirmability. Confirmability refers to the accuracy of the data, meaning how well the research transcribed the information gathered during the study. For example, face-to-face interviews are usually conducted during qualitative research, which often utilizes the use of audio and video recordings. This data collection then has to be transcribed from one format to a word or text-based format. This process is time-consuming and has the potential to have the data transferred to be incomplete or corrupted. I utilized a computer formatted questionnaire, which required the participants to type in their responses. Manual entry by the participants minimizes the chance for transcription errors found in using audio/video formats. This process allowed the researcher to copy and paste directly into the Convergence Coding Matrix and NVivo 11, thus minimizing the potential of erroneous transcriptions.

Ethical Procedures

In addition to ensuring the findings of the study are trustworthy, the research must be conducted ethically. This study was completed with the approval of the Walden University Institutional Review Board. The participation in the study was completely

voluntary and was not provided with any compensation for their participation. The link to the questionnaire was distributed via HAVOCA.org and 1in6.org websites.

Each participant was provided with a description of the study which outlined the purpose of the study, the use of the data, potential benefits and risks for their participation, how the data would be stored, protected, and destroyed, and contact information should they want to receive the findings of the study. Informed consent was obtained by electronic acceptance before participating in the study. The informed consent included the researcher's rights and responsibilities and their rights and responsibilities.

All interview data were digitally stored in an external password-protected hard drive. All data printed for analysis was secured in a locked safe in the researcher's home. Each participant was asked to select a unique identifier to track their completed questionnaire. At no point were the participants asked to divulge their real names or other personally identifiable information in which the data could be linked to them. Access to the data is restricted to me, and all data will be destroyed five years following the completion of the study and according to university and customary research protocol.

Summary

In this chapter, the research design, methodology, trustworthiness, and ethical consideration for this study were described. The purpose of this study was to obtain descriptions of how ASCSA parents experience parenting their children during their exploration of sex. I engaged in a descriptive phenomenological study to better understand their experiences. I acknowledge that the identified phenomenon for this

study has both personal and professional relevance, which required careful attention to possible researcher bias.

In this chapter, I laid out the methodology for this study to ensure the appropriate participants were selected that would provide the best representation of the ASCSA parent. Participant selection emphasized the necessity for criteria-based and random selection protocol. The enlistment of the twelve participants was conducted to select four participants for each of the severity groups identified (i.e., low, moderate, and high). The recruitment procedure used for this study was through specific websites, RAINN.org, and 1in6.org. The data gathered using the accepted demographic protocol with the exclusion of personally identifiable information and the use of participants chosen unique identifiers.

The data analysis plan used Giorgio's (2011) five-step method to descriptive phenomenology. The data was acquired through a computer-based semi-structured questionnaire. Giorgio's method was selected to provide the participants with a great sense of autonomy and security. The questionnaire was guided by the central research question: How do adult survivors of child sexual assault (ASCSA) parents experience their early adolescent child's exploration of sex?

Issues of trustworthiness were addressed, as well. I utilized several methods to address issues of creditability, transferability, dependability, and confirmability to ensure the results from the study were free of bias, accurate, and replicable. In addition to addressing issues of trustworthiness, I also addressed ethical considerations. These

considerations included informed consent, confidentiality, use of results, and data storage and security.

Chapter four will present information regarding the findings of the study. This information will include the setting, participant demographics, data collection and data analysis procedures, and proof of trustworthiness. In addition to the procedural descriptions, I will present the results of the study with supporting graphs and diagrams.

Chapter 4: Results

The purpose of this descriptive phenomenological study was to gain a better understanding of how ASCSAs experience parenting when their children are exploring their sexuality. The phenomenological approach provided the opportunity for the participants to use their own words to describe their experiences. The phenomenological approach was designed to elicit detailed descriptions of the ASCSA's parental experiences. The social change implications of this study include gaining a better understanding of how the participants view their parenting skills, how their abuse impacts those skills, and how their relationship with their children is impacted.

This chapter presents the findings of the interviews. Results indicated the perceptions and experiences of the ASCSA parents regarding educating their child about sex. Data were collected via an online questionnaire. Open-ended questions were used (see Appendix) to encourage the participants to respond in their own words with as much detail as they were comfortable disclosing. The questionnaire was created on Surveymonkey.com, and a link was created to place it on various websites. The link to the questionnaire was placed on websites, some of which provide support and resources to adult survivors of childhood (1in6.org; HAVOCA.org; Facebook.com).

Data collection can be conducted by many different methods depending on the type of research being conducted. If this study had been quantitative, I would have used a different type of questionnaire, which would have included specific choices for each question. Because this study was qualitative, a different format was used to collect the data. The instrument used in this study included open-ended questions. Open-ended

questions allow the participant to provide as much or as little information as desired (Creswell, 2009, 2013, & 2014). The data were analyzed to identify the themes that emerged from the information provided by the participants.

The following research questions provided the foundation for the questions asked in the questionnaire:

1. How do adult survivors of child sexual assault (ASCSA) parents experience their child's exploration of sex?
2. What are the special challenges ASCSA parents face when their child enters the stage in life when they explore sex?
3. How does the history of child sexual assault (CSA) influence the perceptions of the ASCSA parent-child relationship?
4. What are the narratives of ASCSA parents when they have discussions about sex with their children?

Before data collection, each participant was provided with written informed consent, which thanked them for their participation in the study. Additionally, participants were provided with a list of their rights, how the information gathered would be used, how long the data would be kept, and how the data would be destroyed once the specified time had elapsed. Each participant was asked to provide an alias for tracking purposes and was offered the opportunity to provide an email address to receive a copy of the study.

The questionnaire was distributed via a link placed on multiple websites that provide resources to victims of sexual assault, including childhood sexual assault. The

questionnaire consisted of seven questions about their CSA history, including four questions about their parenting skills and three questions regarding their perception of their attachment with their child. Nine questions addressed their sexual education experiences.

Population

The population was defined as ASCSA parents who have children in the home between the ages of 9 and 18 who are exploring sex. The recruitment of participants took approximately seven months. I certified that the participants met the selection criteria for the study by including questions addressing specific areas. First, participants had to answer "yes" to two questions: one addressing their history of CSA and one addressing whether they have a child in the home who is exploring sex.

Nine individuals attempted to participate in the study. Four of the nine participants were disqualified for the noncompletion of the questionnaire. Of the remaining five participants, all reported being assaulted at the age of 18 or younger. All of the participants were caucasian females, 20% were 25-34 years of age, and 80% were between the ages of 35 and 44. The marital status of the participants was 60% married, 20% divorced, and 20% single. The participants' education level was some college (40%), high school diploma (20%), or bachelor's or master's degree (40%). Every participant had a child in the home who was exploring sexuality; 60% of the children were female, and 40% were male.

Sixty percent of the participants reported that the abuse started between the ages of 5 and 9, and the abuse ended between the ages of 13 and 18. The remaining 40%

reported that the abuse began and ended between the ages of 9 and 18. Only 40% of the participants reported telling someone about the abuse. All of the participants reported that the abuse involved physical contact resulting in penetration (i.e., vaginal, anal, or oral sex). When asked about the perpetrator of the abuse, 80% reported the abuser to be an immediate family member. The remaining 20% indicated the abuser was a friend of the family. All of the participants reported receiving mental health services due to the abuse they received.

Data Collection

The type of research being conducted drives the collection of data. Using a quantitative approach, the researcher may use items in which the participant responds using a Likert scale, or may use multiple-choice questions in which the researcher has preselected and coded the responses. In qualitative research, the researcher is not looking for change or influence; they are looking for understanding and descriptions of a phenomenon. Because I explored the phenomenon of ASCSA parents' experiences when parenting children who are exploring their sexuality, an open-ended questionnaire was needed. The instrument was designed to elicit rich details regarding participants' experiences as an ASCSA parent talking about sex with their child. The instrument was a semi-structured questionnaire providing the participant with the opportunity to describe their experiences in their own words (see Appendix B). The link to the questionnaire was placed on websites, some of which provide support and resources to adult survivors of childhood (1in6.org; HAVOCA.org; Facebook.com).

Survey Data

The questionnaire included open-ended questions that allowed the participants to provide information that was directly tied to their experiences as an ASCSA parent. Because the questionnaire was administered online, the information provided by the participants ranged from one-word answers to paragraphs. There were no audio or visual data collected from the participants.

Data Analysis

To organize and analyze the data collected via semi-structured questionnaires, I used Giorgi's (2011) methods and processes to descriptive phenomenological research. I attended to the process of placing myself into a mental phenomenological attitude. The mental phenomenological attitude required me to set aside my prior knowledge, presumptions, and bias about the impact of childhood sexual assault has on parenting attitudes, attachments, and education of sexual matters to the survivor's child(ren). The next step I took was to read each of the participant's responses as a whole, keeping the phenomenological mentality in place to gain an understanding of the explored topics from their perspectives. The third step I took was to read each data sets individually, writing out the points that appeared to be of importance to each of the topics explored. During this portion of the analysis, I wrote notes about the notes and the direction I saw the responses were taken. Additionally, I looked for similarities among the five participants and discrepancies with each and as a whole group.

Results

Perceptions of ASCSA's Parenting Skills and Abilities

Starting with the participants' beliefs of their parenting skills and abilities, 80% of the respondents described their skills and abilities as being either insecure (40%) or overprotective (40%). The remaining 20% described their skills and abilities as "Quite laid back, open, fair," indicating a positive view of their skills and abilities. When asked about their experiences as an ASCSA as influenced by their parenting skills and abilities, the responses ranged from no impact to the desire to break the cycle of parenting they had experienced. For example, Hip-Hop stated they had no experiences that have supported their parenting. Whereas, Just Me stated, "I ve tried to be the opposite parent to the parents I had." Oceans Away stated, "my experiences directly affected my thoughts and reactions…. has helped me to try and support her choices and be there for her…not encouraging or dismissing or forbidding, to allow her to come to her own decision, to be happy about herself and her body ultimately." The two main themes presented for perceptions of parenting skills and abilities was insecurity and overprotectiveness. Over 80% of the participants indicated that their experiences of CSA had a direct impact on their parenting skills and abilities.

Experiences of Being an ASCSA Parent

Concerning their application of parenting strategies, 40% stated they used communication as the primary form of discipline. Red stated, "Open communication, talking. We don't use physical discipline;" 40% used restriction as a discipline tool, Just Me specified, "punishment includes no technology, grounded, and earlier bed time," and

20% stated they are very involved with their child. Hip-Hop stated they were very involved in their child's life but did not indicate what that phrase encompassed. Proud Mom, on the other hand, described their approach as "Do[ing] a background check on their friends' parents." When asked about the support networks or resources they utilize in parenting 40% indicated they used no forms of support or resources, 20% looked to other parents to compare their actions with their children to their practices, 20% utilized friends as support or resources for parenting, and 20% stated they look at signs for guidance but did not elaborate on what those signs exactly were. The two common themes which emerged were the use of non-physical discipline and talking with their child about their behaviors. Proud Mom stated they "do a background check on their friends parents," this anomaly did not address their parenting strategies specific to their child's behavior.

ASCSA's Use of Support Networks and External Resources

The third area explores with the participants is their use of support networks and external resources, which has helped them in parenting. The majority of the participants stated they did not use any form of support network or external resources to help them parent their children. One participant, Oceans Away, stated, "I talk to other parents to gauge how they parent as my own experiences of being parented are mixed. I find I will consult many people to confirm/validate my judgement I suppose. I use the Internet for advice on various things and to research whatever the issue is." Red uses her partner, friends, and occasionally her parents for support. In this section of inquiry, a single

participant, Proud Mom, stated she looked and used signs to help her parent her child. It is unclear as to what she was referring to regarding looking for signs.

Perceptions of Relationships with Parents, Significant Others, and Child

We explored through the participants' responses how they perceived their relationships with their parents, their significant others, and with the child, they were helping to explore sex. This aspect of the inquiry provides rich detail on their interpersonal relationships with their parents, significant others, and children.

Relationship with parents. The relationship between a child and their parents go through many changes as the child grows up. The purpose of this inquiry is to determine how the adult child having experienced childhood sexual assault perceive their interpersonal relationship with their parents. First, we looked at their perception of the parent adult-child relationship 60% of the participants indicated their relationship with their parents was strained. Red, Oceans Away, and Hip-Hop used terms such as okay, sometimes strained, strained but not open, superficial communication, and stressed. Twenty percent felt their relationship was mixed. For example, Proud Mom specified her relationship with her dad to be "strong but not so much with her mother." The final 20% indicated the parental relationship to be indifferent. Specifically, Just Me stated their relationship to be "neither here or there."

Relationship with significant others. As an individual grows, matures, and gain new experiences, their relationships with their parents, friends, significant others, and children are affected either positively or negatively. This study examined the way the participants perceived their relationships with their significant others. Four themes

emerged from the data; good, strong, turbulent, and non-existent. The majority of the participants (40%) perceive their relationship with their significant other to be good or really good. A single participant, Oceans Away, described their relationship as turbulent. She stated, “It’s been a turbulent marriage. I struggle with intimacy and push him away. We have major communication issues from both sides and I still put walls up with him and find it hard to trust and open up.”

Relationship with the child. Relationships between a parent and child can change from minute to minute. The relationship changes depending on the situation and circumstances of those interactions. This aspect of the study explored how the parent sees their relationship with their child during the moment when they were discussing sex and sexual matters. Three themes emerged from the responses; close, best ever, and difficult/standoffish. Forty percent of the participants viewed their relationship with their child to be difficult. The remaining participants indicated they saw their relationship to be good.

Perceptions and Experiences of Talking to Child About Sex

The initial reaction of the parent. The initial reaction to finding out your child is interested in sex can naturally cause surprise and concern for the parent(s). For the ASCSA parent, it may cause a more visceral reaction based on their history of child sexual assault victimization. In this study, I saw the expected response of surprise and concern for the parent. Additionally, it was discovered that shock, fear, worry, and panic were common themes among the ASCSA respondents. The shock was the most common response from the participants. Panic, worry, and fear occurred in equal measure.

Discovery of their child's interest in sex. The age a child begins to show interest in sex and sexual matters can vary from child to child and family to family. In this study, the ages of the children discussed were between the ages of 8-14; there was one discrepant response in which the participant stated the child had not been born yet. The majority of the children were direct in talking to their parents about sex. For example, Hip-Hop's child asked: "Why people kiss?" Another direct approach by the child regarded if their parent had had sex before marriage or by telling the parent they were transgender. Only two parents discovered their child's interest by discovering condoms and adult videos. However, each respondent had similar responses to discovering their child was interested in sex. Shock, fear, and panic were the three main themes of this line of query. Hip-Hop stated that they were "unable to respond so I changed the subject." Proud mom did not confront the child, just monitored what they were doing on the computer. Red stated that "no action or discussion, he didn't share with us that he was sexually active." Oceans Away comparatively kept the information they provided to their child medical and factual information.

Child's responses to their parent. How a person responds to a situation can largely be based on how the situation occurred. For example, Red did not approach her child about their interest in sex and later felt "shut out" when they attempted to reach out and have the discussion. The majority of the parents felt the child was okay following the discussion. As expected with Red's lack of response to her child lead to the withdrawal of the child from the parent. Just Me stated that their child's response was "typical."

Afterthoughts and feelings of the ASCSA parent. Given the nature of the discussion of sex often elicits different feelings from a parent, the parent how has survived childhood sexual assault, this could draw out more intense feelings. For example, Just Me felt panic and fear when her child expressed interest in sex. Following their discussion, Just Me stated that their history of CSA mad them feel more nervous about talking to their child about sex. Hip-Hop stated they felt "uncomfortable" and believes their history with CSA had a "negative" impact on how they handled the discussion with their child. There were similar responses made by Red in that they felt "pushed out, and as if my child assumes, I would be judgmental or punitive." Oceans Away used factual information to hide "my own embarrassment."

Recommendations from the participants. Parents often share experiences with other parents, so the participants were asked what they would tell other parents in similar situations. The three main themes were extracted from the data. First, calm and honesty when talking with their children about sex. Second, open and educational. Thirdly, the use of peer support and one's therapy. The remaining two participants' responses were slightly different. The first indicated strength to be important when talking with their children about sensitive topics. Moreover, the final participant was "unsure" what they would offer as advice to other ASCSA parents.

Summary

In summary, the data indicates several consistent perceptual themes among this sample pool. Perceptions of parenting skills were split between insecure and overprotective. Views of how their history of CSA affects their parenting skills and

abilities was overwhelmingly that of significant effect. Parenting strategy themes were split three ways in non-physical punitive punishment, communication, and overinvolvement. Support resource viewpoints were divided into four ways none, signs, friends, and external comparison. Interpersonal relationships were explored in three areas parental, significant others, and child attachment. The themes that developed for parental attachment were strained, indifferent, and mixed. Significant other attachment themes discovered were good, strong, turbulent, and non-existent. Parent-child attachment themes were difficult, best ever, and close.

Regarding the exploration of the participants' perceptions of their child's interest and discussion about sex. The themes uncovered for demonstration of interest in sex was direct majority questions, and minority were indirect. The participants' reaction to their child's interest in sex was shocked, worry, panic, and scared. The themes which emerged in how they handled the situation were avoidance, factual/ medical information, and direct responses. The child's responses somewhat mirrored the reaction of the parent. The main themes were avoidance, vague response, and insecurity. The majority of the participants reported feeling anxious, guilt, and good about their handling of the discussion. I explored the participants' perception of how their history of CSA impacted their response to their child. Anxiety, uncomfortableness, negative, and embarrassment were the four main themes that were extrapolated from the responses. Finally, I looked at the recommendations these survivors would offer to other ASCSA parents facing the same situation. Openness/honesty, peer support/ personal therapy, and strength were the main ideas derived from the data. In chapter five, I will discuss how these themes relate

to the literature currently available. Additionally, I discuss the meaning of the data, implications for future research, and limitations of this study.

Chapter 5: Discussion, Conclusions, and Recommendations

A thorough review of the current literature on the effects of childhood sexual assault (CSA) over the lifespan of the victim revealed a gap. This gap was the lack of understanding of how ASCSA experiences conversations with their children about sex. O'Dougherty-Wright et al. (2012) briefly addressed the subject of ASCSA parents talking about sex with their children. I used a descriptive phenomenological approach to determine whether there were similarities among the survivors when it came to talking to their children about sex.

Secondary to the shared themes of the ASCSA parent, I sought to understand how ASCSA parents experience discussions of sex with their children. The tertiary purpose of this study was to add to the current body of literature, specifically on the effects of CSA and parent-child relationships. The fourth objective of this study was to promote new avenues of research to improve the quality of the ASCSA parent-child relationship. Exploration of the ASCSA parents' experiences was intended to improve understanding of the thought processes, emotional responses, and parent-child interaction in conversations about sex. This increase in knowledge may provide professionals with a better understanding of the needs of the ASCSA and a more focused understanding of their ASCSA clients.

I used an open-ended questionnaire hosted through websites that offer support and resources to survivors and victims of child abuse. Both HAVOCA.org and 1in6.org were used to reach the target population of ASCSA. The questionnaire was distributed via Facebook.com to broaden the search for ASCSA parents. Participants were selected using

criteria of being an ASCSA and being a parent of a child between the ages of 9 and 18. This recruitment process resulted in nine respondents, but only five provided completed questionnaires. These participants were ASCSA and were currently having discussions about sex with their children whose ages ranged from 8 to 14.

Giorgio's (2011) five-step process is well suited for descriptive phenomenology. The steps for Giorgio's process are as follows: (a) engage a mental phenomenological attitude, (b) read the data to get a general idea of the whole experience, (c) reduce the data into meaningful units, (d) transform the original data into psychological concepts, and (e) determine the structure of the experience from a psychological perspective. I followed these steps to identify themes from the data analysis.

How the ASCSA participants viewed their parenting skills and abilities, two main themes emerged: insecure parenting and overprotective parenting. Regarding the relationship between the ASCSA and their parents, three themes emerged: strained, mixed, and indifferent. Regarding the relationship between the ASCSA and their significant other, most participants reported that their relationship was good. The other themes associated with significant other relationships were strong, turbulent, and nonexistent. ASCSA parent-child attachment themes were the following: difficult and best ever.

The next area I explored was how the survivors experienced their child's interest in sex. The themes related to the initial reaction from the parent were shock, worry, fear, and panic. Parents discovered their child's interest in sex using direct and indirect methods. Direct methods included child questioning: "Why do people kiss?" or "Did you

have sex before you married dad?" Indirect approaches were the discovery of condoms and videos and interest in transgender topics. Next, I explored how the survivor responded to their child's interest. The main themes that emerged were avoidance, medical/factual information, and direct responses. Continuing with the same line of inquiry, I examined how the child responded to their parents' responses. The themes that emerged were avoidance, vagueness, insecurity, and education. The parents were asked how they felt during the interaction with their child's curiosity, and the themes that emerged were guilty and good. Following up on how parents felt during this interaction, I asked them how they perceived their CSA history affecting their reactions and responses to their children. Fear, anxiety, supportive, and no reaction were the themes that emerged from the data.

The final area examined in this study was the support the survivors used to navigate parenting their children. Six themes emerged as resources the survivors used to support their parenting skills and abilities: peer support, self-therapy, openness, honesty, strength, and unsure. Most of the participants reported positive resources to use when facing challenging parenting issues, such as talking to their children about sex. A single participant indicated they had no idea what resources they could use or what is available to them as an ASCSA.

I wanted to examine how the participants would advise other parents with a similar history. Each participant was asked what they would tell other ASCSA parents to help them navigate their discussion with their children about sex. Most of the participants used positive terms to advise other parents in this similar situation. Strength, calm and

honesty, openness, be educational, use of peer support, and seek their therapy were the main responses. A single participant stated they were unsure of what advice they would provide to other ASCSA parents.

Descriptive phenomenological studies are designed to explore a phenomenon through the voices of the participants. The responses provided by the participants are transitioned into psychological terms, and then inferences are drawn based on the data. The following section provides the interpretation of the responses based on the theories of attachment and parenting styles applied in this study.

Interpretation of the Findings

Attachment

Attachment, as described in Chapter 2, is made based on the interaction an individual has with others, which influences future attachments (Bowlby, 1988). Vrticka et al. (2012) noted that the basic types of attachments individuals have the propensity to develop based on their previous experiences are secure, anxious-preoccupied, dismissive-avoidant, fearful/avoidant, or disorganized. Sloman and Taylor (2015) suggested that maltreatment in childhood inhibits the ability to develop empathy and increases aggression or the likelihood to engage in dominating behaviors. Vrticka et al. (2012) identified the attachment style of adults based on their ability to read the emotions of others accurately. Dempster et al. (2015) found that insecure parental attachment increased a child's risk of unwanted sexual experiences. Dempster et al. also discovered that avoidance attachment and permissive parenting styles were correlated with an increased risk of being victims of sexual assault. J. D. Jones et al. (2015) found a direct

link between parental attachment styles, parental emotions, and parenting attitudes. Additionally, Calvo and Bianco (2015) found that parenting style influences how the individual experiences self-esteem in a parental role and parent-child interactions.

ASCSA parental attachment. Throughout the responses from the participants, the overwhelming attachment theme to their parents was avoidant. The avoidant behavior expressed by the participants supports the understanding that CSA affects the attachment formation described by Bowlby (1988). The trauma experienced by the participants resulted in poor attachment formation with their parents with one exception. Proud Mom described her relationship with her father as "strong," which indicated that the attachment was secure. Proud Mom's descriptions of her parental relationships indicated she is closer to her father than her mother, indicating an insecure attachment with the latter. Four of the five participants described their relationship with their parents as avoidant, fearful, insecure, and anxious.

ASCSA significant other attachment. As described previously, attachment formation occurs in childhood and is continuous throughout the life of the individual. The attachment formation the participants formed with their parents influence their future attachments. This study found that attachments to other adults are impacted by the history of childhood sexual assault and parental attachment. For example, Oceans Away indicated an avoidant attachment to her parents and an insecure attachment to her significant other. Her avoidant attachment is demonstrated by her response to the request of please describe how you see your relationship with your significant other "It's been a turbulent marriage. I struggle with intimacy and push him away. We have major

communication issues from both sides and I. still put walls up with him and find it hard to trust and open up."

Contrary to previous studies that indicate poor attachment formation in adulthood following childhood abuse, three participants, Red, Just Me, and Proud Mom, describe their relationships with their significant others as being "Really good," "Strong," and "Good" indicating secure attachments. Oceans Away was the only participant to indicate an insecure attachment to their significant other. Of all the participants, Oceans Away seems to be the most forthcoming in her responses to the survey.

ASCSA child attachment. Bowlby (1696, 1988) postulated that attachments are formed based on the experiences an individual has during their lifetime. It has been stated that child abuse causes a deformation of the attachment formation of an individual (Sloman & Talyor, 2015). As demonstrated, the parental attachment of the participants was mostly negative attachments. The attachment to significant others was mostly positive, indicating a complete reversal of attachment formation. When looking at the attachment formation between the ASCSA and their children, we see a similar pattern of positive attachment. Two of the five participants reported their relationship with their children to be "tense" or "distant" indicating avoidant attachment. The remaining three participants believed their relationships with their children to be "close" or "very close," indicating secure attachments. However, it should be noted that Oceans Away reported that at times her relationship with her child is "mixed" due to her child being diagnosed with Autistic Spectrum disorder (ASD). This diagnosis can impact the parent-child relationship.

Parenting

Baumrind (1971, 1980, 1994, & 1997) determined there were three main types or styles of parenting; authoritarian, permissive, and authoritative. Each of the three less than optimal parenting styles influences the child's psychological, physical, and emotional health which some can be positive as seen with authoritative parenting style or negative as seen with authoritarian, permissive, or uninvolved parenting styles (Bano, 2015; Khaleque, 2013 and Lamb, 2012). These styles of parenting are most commonly associated with adults who have suffered childhood maltreatment (Bailey et al., 2012; Belt et al., 2012; Dempster et al., 2015; & Ehrensaft et al., 2015). To understand the parenting strategies employed by the participants, we first look at their childhood experiences with childhood sexual assault, then their own experiences of parenting by their parents, and finally, we will examine the resulting parenting strategies used by the participants.

ASCSA childhood experiences. A multitude of studies on the maltreatment of children has been conducted over the years. The impact of this maltreatment has on parenting strategies. (Bailey et al., 2012; Belt et al., 2012; Dempster et al., 2015; and Ehrensaft et al., 2015). In regards to child sexual assault the long-term effects have been widely studied (Easton, et al., 2011; 1988; Feeney et al., 2013; Perez-Fuentes et al., 2013; Priebe et al., 2013; Singh, 2015; & Sloman & Taylor, 2015). I examined the frequency and severity of the CSA of the participants.

Sixty percent of the participants experienced sexual abuse over an average of 13 years. The remaining 40% experienced sexual assault for approximately nine years.

Every participant reported their abuse to involve physical contact resulting in penetration (i.e., vaginal, anal, or oral sex), which is the most severe form of sexual abuse. The perpetrators of the abuse were immediate family members, which include; father, mother, brother, and sister at the rate of 90%. A single case reported a neighbor to be the abuser.

Additionally, a single participant reported multiple abusers to include immediate family members and friends of the family. Severity and frequency have been shown to impact the victim more intensely than those who experience less traumatic sexual abuse (Easton et al., 2011; 1988; Feeney et al., 2013; Perez-Fuentes et al., 2013; Priebe et al., 2013; Singh, 2015; and Sloman & Taylor, 2015). These authors found that ASCSA individuals have difficulties with mental health issues, cognitive functioning deficits, avoidant and compulsive behaviors, creation of healthy attachments, and negative parenting styles. Additionally, parenting strategies used on the individual impacts their parenting strategies in the future.

ASCSA parenting experiences. In this study, I did not specifically examine the parenting experiences the participants had been exposed to as children. Some of their responses to questions about their parenting tactics, their attachment to their parents, and their attachment to their children indicated there might have been some negative experiences. For example, Just Me stated, “I ve tried to be the opposite parent to the parents I had.” This statement implies Just Me did not agree with or feel the parenting strategies used by her parents to be positive experiences. The less than positive parenting experiences is further supported by her description of her relationship with her parents as

being “Neither here or there.” Finally, her description of her relationship with her child as being “very close” further supports the impression of negative childhood experiences.

Red, Oceans Away, Hip Hop, and Proud Mom respond that one can infer that their childhood experiences with their parents to be adverse. Except for Red and Proud Mom, Just Me, Oceans Away, and Hip Hop indicated their relationship with their children to be good or close. Indicating they changed their parenting approach based on their childhood experiences. Red and Proud Mom’s responses indicate they did not alter their parenting strategies based on their childhood experiences. This conjecture is supported by their responses to questions regarding their attachment to their parent and their children. Red indicated her attachment to her parents to be varied “sometimes stained,” which indicates an anxious/avoidant attachment to her parents. Then looking at her responses to her relationship with her child, she indicated it to be “difficult, he does not talk or share much of his life.” This response is indicative of an avoidant attachment to Red, which is very similar to Red’s attachment to her parents.

Proud Mom indicated her relationship with her parents to be both secure (father) and avoidant (mother). She is the only participant to differentiate between their parents. Her attachment to her significant other presents as secure; however, the attachment to her child appears to be avoidant, much like Proud Mom’s attachment to her mother. The data shows that the participants either emulate their own experiences in their own lives, such as Proud Mom and Red. Alternatively, they attempt to parent differently than their upbringing, as demonstrated by Just Me, Oceans Away, and Hip Hop.

ASCSA parenting strategies. Parenting styles are the strategies used by parents with their children to obtain the desired behavior or action from the child. These styles are as varied as the attachment styles previously discussed. There are three main types or styles of parenting; authoritarian, permissive, and authoritative (Baumrind, 1971, 1980, 1994, 1997). There is a consensus that childhood maltreatment possibly impacts their parenting styles and strategies (Baker & Hoerger, 2012; Bornstein et al., 2011; Carr, & Pike, 2012; De Gregorio, 2013; Hernandez & Lam, 2012; Klahr, & Burt, 2014; & Ulbricht, et al., 2013). I specifically examined how ASCSA parents perceived their parenting styles by looking at their skills, knowledge, and abilities. The data showed that there was almost an even split between authoritarian and authoritative parenting styles. A single participant, Red, initially presented as authoritative, but further information disclosed demonstrated more of a permissive parenting style.

Authoritative parenting, which rules are implemented, and the child is expected to follow but allows for some allowances to those standards (Baumrind, 1971, 1980, 1994, & 1997; Morin, 2016). A parent who engages in this style of parenting is more likely to consider the child's emotional wellbeing, reinforce good behaviors through rewards and praise, and provide positive consequences to help maintain those desired behaviors (Baumrind, 1971, 1980, 1994, & 1997; Morin, 2016). Red described her parenting approach as "Quite laid back, open, fair; Open communication, talking. We don't use physical discipline," which indicates authoritative parenting where the child's thoughts and feelings are considered. However, later in the questionnaire, when she was asked about how she discovered her child was exploring sexual behaviors, her response

presented more of a permissive parenting style. For example, when asked to describe her reaction to her discovery, her response was “Difficult, I was a bit shocked. I didn’t want to know details.” These responses are consistent with avoidant behavior often seen in ASCSA individuals. When asked what action she took with this discovery, she responded, “No action or discussion, he didn’t share with us that he was sexually active.” Presenting more of a permissive style of parenting. Red’s parenting style may fluctuate between permissive and authoritative.

The remaining four participants were equally split between authoritative and authoritarian. Authoritative parenting is the most flexible and positive form of parenting. This style allows for flexibility to the rules; the child is invited and encouraged to participate in family discussions. Oceans Away and Just Me indicated this style of parenting by various responses. For example, Oceans Away stated she does not use physical punishments and actively encourages her child to talk with her about anything. When her child began to show interest in sexual matters, Oceans Away used an educational approach using storybooks and child encyclopedias. Additionally, Oceans Away took the opportunity to explain to her child about the differences between right and wrong touches. She also used this conversation to encourage her child to wait for the right time to have sex.

Just Me initially presents herself as an authoritarian style parent. She describes herself as being “overprotective, paranoid, and very loving. She indicated she wants to be a different parent than what her parents were, which indicates she had a less than desirable childhood. In her response to the disciplinary strategies used, her response

indicates more of an authoritative approach to parenting. Just Me uses restriction loss of use of favorite things, but does not use any form of punishment in which interferes with "family time."

The remaining two participants, Hip Hop and Proud Mom presented their parenting style as more like an authoritarian. Both described their parenting as being "overprotective or protective." Hip Hop describes her relationship with her child as "very involved," but did not provide any details on her discipline strategies or how she interacts with her child. Proud Mom described her discipline strategies for her child as "do background checks on her friends' parents." She did not explain how or what types of punishments or rewards given to the child for their behavior, but it does demonstrate the length and intensity Proud Mom takes to protect her child. When responding to questions regarding her child's exploration of sex, Proud Mom discovered her child had been looking up videos on sex, and her response to the behavior was to increase the supervision of the child while using the computer. She did not indicate if they had any discussion about what the child had been viewing. She indicates that their relationship was estranged or distant. Many of Proud Mom's responses were vague and ambiguous, making it difficult to see her parenting style truly. However, the overprotectiveness, background checks, and avoidant relationship indicate an authoritarian approach to parenting.

Removing my previous knowledge of CSA and the effect was required for the interpretation of the data. Following the steps laid out by Gregorio (2011), I read the data initially in its entirety, forming no options or thoughts. I engaged in a phenomenological

attitude setting aside my personal experiences and expectations. I reviewed the data from the perspective of the participants. This initial reading is to gain a generalized understanding of the whole experience. Next, I reviewed the participant's response breaking them down into meaningful units, followed by transforming these units into psychological terms or descriptions. Finally, these psychological terms are synthesized to show the psychological structure of the experience. The psychological structure of the experiences of ASCSA parents covered several areas. First, their attachments to their parents, significant others, and children. Next, their parenting experiences as a child and as an adult. The majority of the participants demonstrated insecure attachment to their parents, mixed attachments to their significant others, and their children. Parenting strategies were found to be between permissive, authoritative, and authoritarian. All of which is consistent with previous studies on the effects of CSA.

Limitations of the Study

Researchers attempt to make their studies as strong and reliable as possible to provide accurate information to the public. There are limitations to the study which cannot be avoided; this is true for this study. Phenomenological studies do not require a specific sample size for it to be valid (Mason, 2010). This study has a small sample size of five valid and completed questionnaires. For the reason of the small sample size, I cannot suggest the findings to be applied accordingly to all ASCSA populations; thus, the findings of this study are constrained to this group alone. Even with this constraint, there is validity in the themes pulled from the data, which may help direct further and larger studies.

My study was designed to be distributed through various websites that provide resources and supportive services to victims of abuse. The distribution relied on individuals accessing the website, and this following the link to the questionnaire. The placement of the link was dependent upon the web page owner's placement within their site. So, it is possible that because the placement of the link was not highly visible to the site user. Additionally, I designed the study to provide the participant with as much anonymity as possible I was unable to conduct follow up interviews with the participants. The lack of the ability to conduct follow up questions limited the depth of descriptive material from the participants.

The initial time frame for the questionnaire to be available on the chosen websites was 30 days; however, due to the low response rate, the data collection time was extended and an additional 30 days. It was hoped that enough respondents would participate that the sample selection could be randomized and divided into the three severity groups described in chapter three. This goal was not achieved. Given the lack of responses, the five qualifying participants were used in the analysis. There was no division of severity since all the respondents reported the most severe form of CSA. The findings of my study are limited to this group alone.

A final limitation of my study is the fact that all of the participants had received some form of mental health services to address their childhood sexual abuse. It is unknown if the participants received mental health services for other forms of child abuse, such as emotional, physical beyond the reported child sexual abuse. These services, however, mild or intense they may have been possibly influenced the findings

of this study. Additionally, the reception of mental health services was not examined as to its timing. The services may have been provided after the victim reported the abuse or later in life. As described in chapter two, the support received following the reporting of the abuse can influence the overall mental health wellbeing outcome.

Recommendations

This study demonstrated many common themes about parenting and attachment. There are a few recommendations for future research. Furthermore, the provision of mental health services that can be provided to ASCSA. First, given the distribution method of the study, it is recommended that future studies into this phenomenon should be done face to face. The change in presentation of the questions would provide deeper details into the experiences of the ASCSA participant because it would allow the researcher to read body language, conduct follow up questions, and obtain clearance from the participant on their responses. This face-to-face interaction would provide the researcher with a deeper and more vivid data for analysis.

Secondly, a larger sample size may be appropriate to help understand the experiences of the ASCSA parent and allow those findings to be generalized to the ASCSA population as a whole. Using a larger sample size would enable the researcher to potentially examine the theme across all three severity groups of CSA survivors. A larger sample would also enable us to gain a broader view of the parenting experience the participants have received during childhood and as practiced as an adult parent. Finally, a larger sample size would help us better understand how mental health services impact the parenting outcomes from the perspective of the time of delivery of mental health services.

The third recommendation is to improve the questionnaire to cover the experiences of the ASCSA participant dealing with how they viewed their parent's approach to discipline. Examination of their parent's approach to parenting and what of those approaches the ASCSA parent incorporates into their parenting strategies. What parenting approaches the ASCSA uses can be accomplished by doing face to face interviews where the researcher has the ability to ask to follow up questions or to ask the participant to expand on their responses. Improvement of the questionnaire in other areas such as obtaining a description of the abuse, age of onset to the age of secession, specific instances of ASCSA and significant other interactions, ASCSA parent-child interaction dealing with the exploration of sex and other types of interactions such as dating or education involvement.

The final recommendation for future research examines the impact of the ASCSA's marital status on the parent-child relationship. They are specifically looking at how a single ASCSA parent perceives their parent-child to how a couple where one of the members is the ASCSA individual perceives their relationship with their child.

Implications

The implications drawn from this study are numerous. First, the attachment formation can either follow previous attachments or divert to the opposite, depending on the individuals will power and determination. Just Me indicated her attachment to her parents to be insecure, but her attachment to her child to secure. Alternatively, Red indicated her parental attachment to be anxious and avoidant and her attachment to her child to avoidant. The main difference between Just Me and Red is that Just Me

experienced abuse from more than one perpetrator. Hip Hop had an insecure attachment to her parents but reported a secure attachment to her child. Similar to attachment formation, parenting strategies can mirror previous experiences or diverge in a different direction.

Parenting strategies, the second implication to this study, demonstrates the similarities and differences of learned behaviors in parenting approaches, and the individua's ability to change and do something different than what has been previously experienced. While this study did not deeply explore the participants' experiences with parenting as children, but their responses to the attachment questions allow me to infer their experiences with their parents as children. For example, Just Me expressed her relationship with her parents as neither "here nor there." This implies an insecure or avoidant attachment to her parents. Which in turn implies parenting strategies used on Just Me to be either permissive, authoritarian, or neglectful. Just Me's parenting approach to her child to authoritarian. In this example, the participant appears to have followed in her parent's footsteps in parenting strategies. Oceans Away, on the other hand, demonstrated a fearful/avoidant attachment to her parents, which I can infer that the parenting strategies used on her as a child to be authoritarian. Her attachment to her child was described as secure, where open communication and interactions are used instead of physical punishments. This description infers that Oceans Away uses authoritative parenting approach which, as described in chapter two, has the child's emotional wellbeing in mind, the child is rewarded for desired positive behaviors with positive

rewards and incentives to continue the desired behavior, and there is flexibility in the boundaries set by the parent (Morin, 2016).

The final implication of this study is the application of mental health services. All the participants endorsed receiving some form of mental service in their lifetime. The use of mental health services may have helped the participants to resolve some of the issues associated with childhood sexual assault. This finding supports the belief that the reception of mental health services can help mitigate the psychological fall out from childhood abuse.

Conclusion

This phenomenological study intended to gain a deeper and meaningful understanding of the parenting experiences of ASCSA when their child begins to explore sex. The goal of this study was to determine if there are common themes among ASCSA parents in the areas of parenting, attachment, and provision of sex education to their child. This study provided valuable results in all three areas I set out to understand.

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Appendix A: ASCSA Questionnaire

Qualifying Questions

1)Where you ever sexually assaulted, or were a victim of unwanted sexual attention as a child prior to the age of 18?

2) Do you have any children currently between the ages of 9-18?

Demographics

1. What is your gender?
    a. Male
    b. Female
    c. Other
2. What is your race/ethnicity?
3. What is your marital status?
    a. Married
    b. Single
    c. Divorced
    d. Widowed
4. What is your age?
5. What is the highest level of education you have reached?
    a. High school
    b. Some college
    c. Bachelor's degree

d. Master's degree

e. Doctoral degree

6. How many children do you have between the ages of 9-18?
7. What are their ages and genders?

CSA History

1. Where you ever sexually assaulted, or were a victim of unwanted sexual attention as a child prior to the age of 18?
2. At what age did the abuse start?
3. At what age did the abuse end?
4. Did you report the sexual abuse?
    a) Yes
    b) No
5. Which category best describes your childhood sexual assault?
    a) Did not involve physical contact (i.e. unsolicited sexual propositions, public masturbation, indecent exposure)
    b) Which involved physical contact without penetration (i.e. genital fondling),
    c) Which involved physical contact resulting in penetration (i.e. vaginal, anal, or oral sex).
6. Which category best describes the perpetrator of the assault?
    a) Immediate family member (Father, mother, brother, sister)
    b) Extended family member (Uncle, Aunt, Cousin, Grandparent)

c) Friend of the family (neighbor)

d) Other authority figures (Coach, teacher, Priest, minister)

e) Stranger

f) Other (Please specify)

7. Have you ever received mental health services (counseling, therapy) to address your history of childhood sexual assault?

a) Yes

b) No

Descriptive Questionnaire

Parenting Skills and abilities

1. Please tell me about how you see yourself, your beliefs in yourself, as a parent.
2. Can you please describe experiences you have had that have supported you as a parent?
3. Please describe for me strategies you use to enhance your parenting skills and abilities.
4. What resources have been most beneficial to you as an adult survivor of childhood sexual assault in parenting your children?

Attachment Perceptions

1. How would you describe your relationship with your parents or guardians?
2. Please describe how you see your relationship with your significant other.

3. Thinking about your children, specifically, the one who is showing an interest in learning about sexual matters, how would you describe your relationship with this child?

Sex Education Experiences

For this portion of the survey please think about a time when your child asked about or demonstrated an interest in learning about sexual matters.

1. At what age was your child when this event occurred?
2. Think back to that moment... what was your initial reaction? Please describe that experience in as much detail as you can remember. How you felt, what you thought, where you were, what you were doing.
3. Please describe what your child asked or how they indicated an interest in learning about sexual matters.
4. Please describe in as much detail as possible your response to your child. What you said to them, what information you provided to your child, what action you took.
5. How would you describe your child's response to the information or action you provided for them?
6. Following the discussion with your child about sexual matters, how would you describe your thoughts and feelings?
7. How would you describe the influence of the childhood sexual assault your survived has when talking to your children about sex?

8. Considering your experiences as a survivor of childhood sexual assault and as a parent what would you provide another survivor to help them through this stage of their child's life?

Is there anything else you would like to add that you feel is important?

Appendix C: Participant Response Conversion

Red

Question	Original Response	Contextual Conversion	Psychological Conversion
PSA-1	Quite laid back, open, fair	Passive;	Permissive/Authoritative
PSA-2	My partner, friends, some support from parents	Support network	
PSA-3	Open communication, talking. We don't use physical discipline	Shared interaction	Authoritative
PSA-4	I haven't found any	Resource deficient beyond family, partner, and friends	Deficient

AP-1	Okay, sometimes strained	Varied interaction	Anxious-avoidant
AP-2	Really good	Close to partner	Secure
AP-3	Difficult, he does not talk or share much of his life	Estranged; distant	Dismissive/avoidant
SEU-1	14		
SEU-2	Difficult, I was a bit shocked. I didn't want to know details	Stunned	Avoidant behavior; suggestive of permissive parenting
SEU-3	We found condoms	Proactive behavior of the child	Practical behavior
SEU-4	No action or discussion, he didn't share with us that he was sexually active	Ignored the child's behavior	Avoidant behavior; suggestive of permissive parenting
SEU-5	No response	Avoidant behavior to finding	Avoidance; permissive

		the condoms left no way for the parent to gage the child's reaction	
SEU-6	We have tried to talk since, I feel pushed out and as if my child assumes I would be judge mental or punitive	Little too late; distance prevents interaction between the parent and the child; perceives the lack of interaction is due to the child's belief the parent to be disapproving	Impression the parenting style is more along the lines of authoritarian parenting or permissive based on questions SEU-2; SEU-4

		or disciplinary	
SEU-7	I am concerned about consent and enjoyment for them	Worried about the legal aspects of sexual intimacy, and the enjoyment of both parties	Permissive
SEU-8	Peer support, books, but I feel the most helpful thing is ones own therapy so that we can aim to have an objective view of our children's experiences not	Education; peers; individual therapy	

	colored by our own		
SEU-9	No Response		

Parenting Skills and abilities (PSA); Attachment Perceptions (AP); and Sexual Education (SEU)

Oceans Away

Question	Original Response	Contextual Conversion	Psychological Conversion
PSA-1	I worry that I'm getting it wrong all the time. I think I am overprotective and over aware as a result of what I experienced and probably too controlling and give too many	Open yet strict; supportive but fearful for them;	Authoritative parenting;

	boundaries, but also supportive of their choices and problems as I want them to be self confident and happy and comfortable with the themselves and their choices		
PSA-2	My eldest child recently came out as transgender. Due to my own past I immediately worried that something had	Fearful; paranoid; self-blame; willing to talk	Secure attachment

happened to her

to

make her not

want to be a girl

anymore I was

so worried I

hadn’t protected

her and had let

her down as my

own mother had

that I beat

myself up and

suffered all

sorts of

problems. I

eventually

confronted her

and asked if

anything had

happened but

she assured me

nothing had.

But my
experiences
directly affected
my thoughts
and reactions.
This is just one
example, there
are many more.
In
supporting me
as a parent
though I feel
that what I
experienced has
helped me to try
and support her
choices and be
there for her to
explore this, not
encouraging or
dismissing or
forbidding, to

	allow her to come to her own decision, to be happy about herself and her body ultimately		
PSA-3	I have avoided smacking as I feel when a parent smacks it is the parent that loses control. I tend to use time out to give both parties time to cool off and think. I have used removal of toys etc. for short periods or	Open communication; age appropriate punishment for unwanted behavior;	Authoritative

	grounding now they are older. I try to encourage them to be open about their problems and not be silent or bottle things up as I did in the hope they will never feel the need to self harm or try to commit suicide as I did		
PSA-4	I talk to other parents to gauge how they parent as my own experiences of being parented	Insecure of own parenting style;	External validation

	are mixed. I find I will consult many people to confirm/validate my judgement I suppose. I use the Internet for advice on various things and to research whatever the issue is		
AP-1	A little strained as an adult, quite surface level, not very open with them but we socialize and chat about day to day stuff etc.	Superficial;	Fearful/avoidant

AP-2	It's been a turbulent marriage. I struggle with intimacy and push him away. We have major communication issues from both sides and I still put walls up with him and find it hard to trust and open up.	Emotional; difficulty in communication; insecure	Insecure attachment
AP-3	Mixed over the years. This child has ADHD, ASD and has given challenges from day one. I am immensely	Mixed interaction; psychological difficulties inhibits the formation of attachment (ASD);	Secure

proud of what
my child has
achieved and
despite being on
the autistic
spectrum shows
an amazing care
and concern for
others and is
really
thoughtful in
certain
aspects, which I
hope we have
had some input
in creating. My
child has seen
my acceptance
of her as ‘him’
this year and
my support
and I have seen

	as a result such a growth in their self confidence, self worth and self belief, which has been very rewarding. Our relationship is the best it has ever been at the moment.		
SEU-1	8		
SEU-2	We bought some children's mini encyclopedias and one was where do babies come from and of course that was the one	Calm; use of educational material	Authoritative

chosen as a
bedtime story.
My child wants
to be a doctor so
any medical
books have
been of interest
and the book
was factual
which suited.
The
thought of
where and how
babies come out
had the biggest
affect and put
off the desire to
explore.
Recently my
child has started
asking
questions about

	how you tell if someone fancies you and the more social side of sexual attraction as ASD affects interpretation of intentions etc and picking up subtleties and they have social anxiety.	
SEU-3	Think I've covered that	Referred to SEU-2
SEU-4	Kept it factual and tried not to show my own embaressment	Honest; realistic;

SEU-5	I feel my child was too young but they were insistent so it was kept factual and medical which seemed appropriate at the time	Age appropriate responses used;
SEU-6	Worried about whether it was right to let them know so young and how it would affect them	Afraid; concerned of the appropriateness of providing information at such a young age
SEU-7	Probably made me more awkward and I think I played more emphasis on	Protective approach; focused more on the right/wrong touches;

	ensuring people didn't touch or do anything my child felt uncomfortable with and trying to put them off exploring sexually, maybe more so than a parent who hasn't had such experiences	encouraging them to refrain from engaging in sexual activity; CSA HX influenced her interaction
SEU-8	Try to be open and give as much information as you feel you can and that you feel your child can cope with. It's hard to	Age appropriateness; supportive; let them lead the discussion; encourage them to think before they act; feel comfortable

	know how they will receive it. Wait for their prompts maybe. Encourage them to be confident in the choices they have and that their body is theirs and only theirs and they should never do anything that makes them feel uncomfortable.	with their decisions; if it feels uncomfortable, they should not follow through with their decision	
SEU-9	Be bold and open, children respond to honesty and openness I think	Honest; open;	Authentic; prepared

Parenting Skills and abilities (PSA); Attachment Perceptions (AP); and Sexual Education (SEU)

Just Me

Question	Original Response	Contextual Conversion	Psychological Conversion
PSA-1	Over protective, paranoid and very loving	Suspicious; shielding;	Insecure attachment
PSA-2	I ve tried to be the opposite parent to the parents I had	Break a cycle of parenting style;	
PSA-3	Punishment includes no technology, grounded and earlier bed time. We have family time and that’s	Appears to use age appropriate punishments; physical punishment not detected or reported	

	very important to me		
PSA-4	My friend	Small support network; parents excluded from it	
AP-1	Neither here nor there	Ambivalence;	Avoidant
AP-2	Good	Decent; alike	Secure
AP-3	Very close.	Possible enmeshment;	
SEU-1	10		
SEU-2	Panic. Sitting in the living room watching the telly	Fear; dread;	

SEU-3	I was asked if I had had sex before marrying her dad	Premarital sex curiosity	
SEU-4	I said yes considering you're ten! She then asked if I was in love when I had sex for the first time. I asked her why and she said just because	Response is conflicting it seems as though the response was no based on the remaining portion of the sentence referring to the child's age; deflection	Avoidant
SEU-5	Typical	Characteristic stereotyped; implication	Deflective response with the

		the child responded like any other child	lack of clear description
SEU-6	Panic, fear	Dread; alarmed;	Anxiety
SEU-7	It's made me more nervous	Anxious; hx compounded the anxiety	Anxiety
SEU-8	Stay calm. Be discreetly honest	Cool; appropriate responses based on the child's age;	
SEU-9	Be bold and open, children respond to honesty and openness I think	Open minded; fair; honest	

Parenting Skills and abilities (PSA); Attachment Perceptions (AP); and Sexual Education (SEU)

Hip Hop

Question	Original Response	Contextual Conversion	Psychological Conversion
PSA-1	Overly protective	Shielding; defensive	
PSA-2	None	No support from friends or family	
PSA-3	Stressed	Strained	Avoidant attachment
PSA-4	None	No supportive events, networks, or resources	
AP-1	Stressed	Strained	Insecure attachment
AP-2	None	Single	

AP-3	Close	Interactive; trusting; open	Secure attachment
SEU-1	9		
SEU-2	Shock..scared	Taken aback; afraid	Anxious
SEU-3	Asked why people kiss	curiosity	Normal interest
SEU-4	Unable to really respond so I changed the subject.	Deflection	Avoidance
SEU-5	Seemed ok	Appeared fine	Stereotypical response; lack of descriptive words
SEU-6	Worried and unprepared	Apprehensive;	Anxious
SEU-7	Negative....very uncomfortable	Painful;	Avoidant

SEU-8	Still not sure	Lack of knowledge of available resources to them or to others	Uninformed of available resources
SEU-9	No	No further input	

Parenting Skills and abilities (PSA); Attachment Perceptions (AP); and Sexual Education (SEU)

Proud Mom

Question	Original Response	Contextual Conversion	Psychological Conversion
PSA-1	A strong person and I am a protective mom	Defensive	
PSA-2	Always be honest		
PSA-3	Do a background check on their friends parents	Paranoid	Authoritarian
PSA-4	Signs	Unclear to what is meant by their response	
AP-1	Strong with my dad. Not so much with my mom	Secure with father; insecure/avoidant with mother	
AP-2	Strong	Secure	Secure
AP-3	Stand offish	Insecure	Avoidant

SEU-1	Not born yet		Respondent appeared to misunderstand what the question was asking
SEU-2	Scared. I wanted to die, So I could get away	Fear; Anxious	Avoidant
SEU-3	She looked up videos online	Indirect curiosity	Avoidant/insecure attachment and authoritative parenting
SEU-4	Supervised what she did online	Increased supervision	Authoritative
SEU-5	Nothing. Was fine	No response from the child	Avoidant

SEU-6	Good	Okay	Discrepant to initial response to the child's exploration;
SEU-7	Worried	Apprehensive	
SEU-8	The strength	Courage	
SEU-9	No		

Parenting Skills and abilities (PSA); Attachment Perceptions (AP); and Sexual Education (SEU)