

THE LIVED EXPERIENCES OF BLACK FAMILIES
SURVIVING CHILD SEXUAL ABUSE BY KNOWN PERPETRATORS

by

DANIELLE ILENE DUNKLEY

A Dissertation Submitted to the Faculty
in the Counselor Education and
Supervision Program of the College of
Professional Advancement
at Mercer University
in Partial Fulfillment of the
Requirements for the Degree

DOCTOR OF PHILOSOPHY

Atlanta, GA

2022

THE LIVED EXPERIENCES OF BLACK FAMILIES
SURVIVING CHILD SEXUAL ABUSE BY KNOWN PERPETRATORS

by

DANIELLE ILENE DUNKLEY

Approved:

| | |
|--|------|
| W. David Lane, Ph.D. Dissertation Committee Chair | Date |
| C. Peeper McDonald, Ph.D. Dissertation Committee Member | Date |
| Joseph Spinazzola, Ph.D. Dissertation Committee Member | Date |
| Tyler Wilkinson, Ph.D. Program Coordinator | Date |
| Karen Rowland, Ph.D. Chair, Department of Counseling | Date |
| Priscilla R. Danheiser, Ph.D. Dean, College of Professional Advancement | Date |

©2022

DANIELLE ILENE DUNKLEY

All Rights Reserved

DEDICATION

I am dedicating this body of work to my parents, Donnie and Erica, and my grandmother, Miss Ilene. Thank you for your love and support throughout my education. I will always keep you at the center of my inspiration for growth. Furthermore, this study is dedicated to those who have graciously shared their experiences of child sexual abuse. Your courage motivates me to continue exploring this research topic.

ACKNOWLEDGEMENTS

This experience of researching and writing about the Black experience of child sexual abuse by known perpetrators was very involved and at times arduous. I want to thank Dr. Lane for encouraging me to take the step of applying to this doctoral program. Thank you for also serving as my program advisor and dissertation committee chair. I truly appreciate your support. Thank you to Dr. McDonald, who encouraged me to gather a research team to assist with this process. It was the best decision of this study because it allowed for more support, encouragement, and insight. Thank you to Dr. Spinazzola for taking time out of your schedule to participate in this project outside of your various work duties. Thank you to my research team, Kelly, Tiana, and Karen. You are all very much appreciated, and I cannot thank you enough.

TABLE OF CONTENTS

| | Page |
|---|------|
| DEDICATION | iv |
| ACKNOWLEDGMENTS | v |
| LIST OF FIGURES..... | ix |
| LIST OF TABLES..... | x |
| ABSTRACT..... | xi |
| CHAPTER 1: INTRODUCTION..... | 1 |
| Background | 1 |
| Theoretical Foundation | 3 |
| Purpose and Rationale for Study | 5 |
| Research Question and Potential Implications..... | 7 |
| Definitions | 9 |
| Child sexual abuse..... | 9 |
| Perpetrators | 10 |
| Child sexual abuse discovery..... | 10 |
| Black families | 10 |
| Coping strategies | 10 |
| Limitations..... | 10 |
| Summary | 11 |
| CHAPTER 2: LITERATURE REVIEW..... | 12 |
| Child Sexual Abuse | 12 |
| Risk Factors | 12 |
| Disclosure | 13 |
| Barriers from Within..... | 14 |
| Barriers in Relation to Others..... | 14 |
| Barriers in Relation to Social World | 15 |
| Long-Term Impact | 16 |
| Female Survivors..... | 16 |
| Male Survivors..... | 18 |
| Mediating Factors | 18 |
| Resilience to Negative Outcomes..... | 19 |
| The Black Experience of Child Sexual Abuse | 22 |
| Defining Black..... | 22 |
| Black Socioeconomic and Cultural Considerations | 22 |
| Long-Term Effects on Black Individuals | 23 |
| Black Caregivers | 25 |
| Multigenerational Abuse | 26 |
| Disclosure in Black Communities | 27 |
| Healing in Black Communities | 29 |

TABLE OF CONTENTS (Continued)

| | |
|---|----|
| The Black Church | 29 |
| Summary | 30 |
| CHAPTER 3: DESIGN OF STUDY..... | 32 |
| Phenomenological Research Methods..... | 32 |
| Interpretative Phenomenological Analysis | 33 |
| Researcher as the Instrument..... | 33 |
| Participants | 34 |
| Ethical Considerations | 35 |
| Data-Collection Methods | 36 |
| In-Depth Interviews..... | 36 |
| Field Notes | 38 |
| Data-Analysis Methods..... | 38 |
| Making Thematic Connections..... | 38 |
| The Researcher as Analyst | 39 |
| Issues of Trustworthiness | 40 |
| Summary | 40 |
| CHAPTER 4: ANALYSIS..... | 42 |
| Child’s Vulnerability..... | 43 |
| Insufficient Supervision of the Child..... | 43 |
| Availability of a Trustworthy Parent or Caregiver | 45 |
| Lack of Education on Personal Boundaries | 47 |
| Transitional Households | 48 |
| Robbing of Innocence | 49 |
| Preserving the Family Unit | 50 |
| Matriarch’s Response | 50 |
| Family Secrets | 52 |
| Wearing a Mask..... | 55 |
| The Church | 56 |
| Journey to Healing..... | 58 |
| Cultivating Relationships..... | 60 |
| Together but Alone..... | 61 |
| Search for Acceptance | 63 |
| Gendered Responses | 64 |
| Strong Black Woman | 64 |
| Masculinity | 66 |
| Protecting their Men..... | 68 |
| Identity Formation | 70 |
| Summary | 73 |
| CHAPTER 5: DISCUSSION..... | 75 |
| Risk Factors | 75 |
| Disclosure Process..... | 76 |
| Impact of Abuse | 77 |
| Resiliency..... | 78 |

TABLE OF CONTENTS (Continued)

| | |
|--|----|
| Gendered Responses | 79 |
| Limitations | 80 |
| Implications and Future Research | 80 |
| REFERENCES..... | 82 |

LIST OF FIGURES

| Figure | Page |
|------------------------------|------|
| 1. Relational Distance | 61 |

LIST OF TABLES

| Table | Page |
|---|------|
| 1. Themes Across Transcripts of Black Survivors of CSA by Known Perpetrators..... | 43 |

ABSTRACT

DANIELLE ILENE DUNKLEY

THE LIVED EXPERIENCES OF BLACK FAMILIES SURVIVING CHILD SEXUAL ABUSE BY KNOWN PERPETRATORS

Under the direction of W. DAVID LANE, PhD

Child sexual abuse (CSA) within Black communities is understudied. Most studies have focused on quantitative data studying the psychological consequences of CSA. Furthermore, many studies do not explore the experience of Black CSA survivors of known perpetrators. This study used interpretative phenomenological analysis (IPA) to interview Black adults who have been sexually abused in their childhood by individuals within their family or who were closely associated with their family. Using semi-structured interviews, participants were asked to share about their experience as a CSA victim, their disclosure process, coping strategies, and the impact of CSA by known perpetrators on their family system. This study used Spaccarelli's (1994) transactional framework for understanding CSA outcomes. The transactional framework for studying how Black families experience CSA by known perpetrators highlight particular dynamics within Black families that contribute to the propagation of CSA, disclosure or nondisclosure of CSA, its impact on the Black family system, as well as cognitive appraisals and coping strategies utilized by this population. The research findings inform prevention and treatment efforts within Black communities. Findings of this study are specific to the participant group and are not generalizable to all Black families or survivors of CSA. Future research should seek to identify strategies for preventing CSA, eliminating barriers to disclosure, reducing negative impacts of CSA, and increasing resiliency within Black communities.

CHAPTER 1

INTRODUCTION

Child sexual abuse (CSA) continues to impact the lives of many families. There is great stigma and resultant silence that surrounds and propagates this form of abuse (Sekhar et al., 2018). This research study looked into CSA within families of African descent. More specifically, this qualitative research explored the experiences of Black families in the wake of CSA discovery with known perpetrators. The primary researcher is particularly interested in the experience of CSA within Black families due to personal affiliation with the Black community and counseling with this population. Using a transactional framework, this research not only informs the counseling community of abusive episodes, it also explores the impact of CSA on the survivor, their family, and their community (Spaccarelli, 1994). This research informs the clinical treatment of Black families experiencing CSA by allowing counselors to gain a better understanding of how CSA impacts Black communities.

Background

The Center for Disease Control and Prevention (CDC, 2020a) estimates that more than 1 in 3 women and about 1 in 4 men experience sexual violence in their lifetime. In regard to CSA, about 1 in 3 females are first raped between ages 11 to 17 and 1 in 8 report being raped before age 10. For males, 1 in 4 are first raped between ages 11 to 17 and 1 in 4 report rape occurring before age 10. It is estimated that at least 91% of CSA is perpetrated by someone known to the child or child's family (CDC, 2020b). CSA by known perpetrators likely occurs more frequently because the child is often groomed first, which allows for propagation of abuse. Grooming is the process of escalating events of inappropriate sexual behavior (Fontes & Plummer, 2010). The child then becomes inappropriately acclimated to the abuse and may become dependent upon or in some instances enjoy aspects of the relationship with the abuser (Fontes & Plummer, 2010). Other examples of contextual factors contributing to the perpetration of CSA in families include

psychological manipulation, coercion, coaxing, bribery, threats of harm, and threats of exposure (Tyagi, 2002). Thus, there are implicit factors that create an environment for ongoing abuse.

Trickett et al. (2011) performed a 23-year longitudinal study, which demonstrated how immensely CSA impacts the child, their subsequent children, their families, and their communities. Such abuse may lead to physical, psychological, and interpersonal effects. In particular, sexually abused female children were shown to exhibit:

earlier onsets of puberty, cognitive deficits, depression, dissociative symptoms, maladaptive sexual development, hypothalamic-pituitary-adrenal attenuation, asymmetrical stress responses, high rates of obesity, more major illnesses and healthcare utilization, dropping out of high school, persistent posttraumatic stress disorder, self-mutilation, *Diagnostic and Statistical Manual of Mental Disorders* diagnoses, physical and sexual revictimization, premature deliveries, teen motherhood, drug and alcohol abuse, and domestic violence. (Trickett et al., 2011, p. 453)

Other consequences include feelings of being bad, immoral, damaged, self-blame, confusion, shame, and low self-esteem (Perry-Burney et al., 2014). As the majority of CSA is committed by someone the abused child or abused child's family knows (CDC, 2020b), the family system and community are integral parts of the experience of CSA. The present study focused on abuse perpetrated by family members or close family acquaintances due to the high prevalence.

More specifically, this study focused on the lived experiences of Black families' discovery of CSA with known perpetrators. Tsuyuki et al. (2019) studied retrospective data on Black women, which demonstrated how adverse childhood experiences (ACEs) have contributed to early sexual initiation (11-12 years). Offspring born to abused mothers were at increased risk for child maltreatment and overall maldevelopment (Tsuyuki et al., 2019). Black children experience more ACEs than their White and Latinx counterparts (Maguire-Jack et al., 2020). The original ACE study demonstrated that it is more likely for Black individuals to experience one to three categories of adverse childhood exposures compared to White, Hispanic, and Asian

individuals' childhood experiences (Felitti et al., 1998). In fact, Black individuals are the least likely to have no exposure to ACEs compared to White, Hispanic, and Asian individuals (Felitti et al., 1998). Furthermore, non-Black families were 2.1 times more likely to start therapy for their child survivor of CSA within two months of referral (Lippert et al., 2008). There are great consequences for CSA in Black communities, which is the focus of the present study.

Theoretical Foundation

This study uses Spaccarelli's (1994) transactional framework for understanding CSA outcomes. Spaccarelli (1994) identified three tenets of the transactional framework. The first tenet states that survivors of CSA experience the abuse itself as well as changes in their family and community system. Additionally, Spaccarelli identified three categories of stressful events; they include the abuse, abuse-related events, and disclosure-related events. The abusive episodes vary in seriousness, frequency, duration, and coerciveness (Spaccarelli, 1994). Factors of abuse events include sexual exposure, use of coercion and denigration, and trust violation. With the assumption that developmentally inappropriate sex begets stress, Spaccarelli believed that repeated sexual abuse and serious forms of abuse causes the child more distress. Coercion may involve physical force, threats of physical violence, or psychological means, such as persuasion or suggesting rewards (Spaccarelli, 1994). Children are particularly vulnerable with these means of coercion, as perpetrators abuse their power in some form (Spaccarelli, 1994). Denigration occurs when the child is made to feel stigmatized and silenced with feelings of shame and guilt after incidents of sexual abuse (Spaccarelli, 1994). Furthermore, the child's basic sense of trust is violated, especially when the perpetrator is a member of the nuclear family (Spaccarelli, 1994). Severe violations of trust fundamentally disrupt healthy development (Spaccarelli, 1994). In summary, the risk for poor mental health increases with the rise in total abuse stress across abuse events, abuse-related events, and disclosure-related events (Spaccarelli, 1994).

The second tenet of the transactional framework states that the effects of the abuse are mediated by negative cognitive appraisals and problematic coping strategies (Spaccarelli, 1994). According to Spaccarelli (1994), there are four types of negative cognitive appraisals that have great significance in CSA: Perceived physical damage, negative self-evaluation, perceived threat to important relationships, and negative evaluations of others. The child may perceive themselves to be physically damaged in cases of invasive abuse, physical force, or threats of physical harm (Spaccarelli, 1994). The perception of physical damage leads to negative outcomes, such as sexual dysfunction, somatic complaints, and aggressiveness (Spaccarelli, 1994). Negative self-evaluation includes the loss of self-esteem and self-blame (Spaccarelli, 1994). The child may develop a negative self-evaluation if the abuser uses denigration, inducements, long duration of abuse, punishment or blaming the child, and when there is maternal distress (Spaccarelli, 1994). The child's negative self-evaluation would then lead to outcomes such as depression, anxiety, social withdrawal, and self-destructive behaviors (Spaccarelli, 1994). According to Spaccarelli (1994), the child may perceive harm or threat to significant relationships when the perpetrator makes threats that would disrupt the significant relationship or even harm the significant person, when there is interparental conflict or divorce, if there is out-of-home placement, and also when there is a loss of social contact. These stressors then lead to symptomatic outcomes such as depression and anxiety (Spaccarelli, 1994). The child may develop a negative evaluation of others after experiencing physical force or threats of physical force, broken promises and lies, unsupportive responses from trusted individuals, and negative adjudication events (Spaccarelli, 1994). The negative evaluation of others then leads to negative outcomes such as hostility, aggression, and social withdrawal (Spaccarelli, 1994).

In regard to coping responses, the child may utilize avoidant coping strategies or active coping strategies (Spaccarelli, 1994). Avoidant coping includes cognitive avoidance, such as detachment, distancing, and wishful thinking, as well as behavioral avoidance, such as avoiding the perpetrator or risky situations and running away from home (Spaccarelli, 1994). Spaccarelli

explained that avoidant coping is often associated with more severe forms of abuse and often puts the child at further risk for victimization. On the other hand, Spaccarelli stated active coping strategies include directly resisting the perpetrator, purposefully disclosing the abuse, seeking emotional support, finding an emotional release, and cognitive restructuring. These forms of coping are often interventions for treatment of CSA survivors. Certainly, utilizing a healthy and safe system to cope will reduce the likelihood of further victimization. The survivor's cognitive appraisals and coping strategies are also mediated by environmental variables, such as the parent-child relationship, and individual variables, such as personality and developmental level (Spaccarelli, 1994). Therefore, appraisal and coping responses to abuse impact mental health outcomes (Spaccarelli, 1994).

The third tenet further explains that the child's responses are transactional in nature (Spaccarelli, 1994). In other words, there are bidirectional influences between cognitive and behavioral responses and the child's environment, such as abuse-related stressors (Spaccarelli, 1994). Abuse-related events include family dysfunction, marital separation, loss of social contacts, and non-supportive responses to disclosure (Spaccarelli, 1994). Furthermore, Spaccarelli stated that the child's attributional style or cognitive composition before the abuse may independently or interactively affect their appraisal and coping responses. Particular attributional styles, such as helplessness and self-blame, would likely increase the child's risk for negative symptoms after exposure to abuse (Spaccarelli, 1994). Another moderator of abuse transactions include the child's developmental level. For example, adolescents better understand the implications of incest than early school-aged victims can understand. Overall, Spaccarelli's (1994) transactional framework helps to explain the nuances of CSA outcomes.

Purpose and Rationale for Study

The purpose of this study is to share the lived experiences of Black families in the wake of CSA discovery with known perpetrators. These perpetrators were relatives or close acquaintances of the family. CSA is often hidden and has significant barriers to identify as well

as disclose (Sekhar et al., 2018). In regard to consequences, researchers found that Black women abused by a family member are at greater risk for dangerous sexual practice and experiences in their lifetime (Lestrade et al., 2013). In addition, Cecil and Matson (2001) found higher rates of interfamilial abuse than intrafamilial abuse among adolescent African Americans, suggesting a need for better supervision of encounters with friends and others outside the family.

Black communities tend to rely on the church as a source of social support (Perry-Burney et al., 2014). Black churches become an extension of the family system, which then allows more access and influence over children. Therefore, even Black churches are susceptible to CSA (Perry-Burney et al., 2014). CSA perpetrated by Black church leaders have significant psychological consequences, such as self-blame, confusion, shame, feelings of being bad, immoral, damaged, and low self-esteem (Perry-Burney et al., 2014). Studies such as Perry-Burney et al. (2014) share how the Black church can have cases of CSA, however researchers do not provide personal accounts. The present study used direct accounts to create a greater context of CSA within Black family systems.

Davis (2017) found that poor maternal-child sexual health communication is a risk factor for HIV among African American women survivors of childhood sexual abuse. Davis (2017) noted that very few studies explore sexual health communication within African American families. Additionally, the CDC has recommended additional efforts to increase the understanding of risk and protective factors of childhood sexual abuse perpetration and victimization (cdc.gov). There are few studies that provide personal accounts to explore CSA in Black families. The present study helps counselors develop an understanding of experiences of Black families to provide foundation for targeted treatment and interventions with this population.

When discussing targeted treatment, it is important to understand the entire context of which Black families experience CSA by known perpetrators. From a sociopolitical context, Black adults' experiences of racial discrimination has a physiological impact, which is

moderated by ethnic-racial identity dimensions (Seaton & Zeiders, 2020). Depression symptoms in African American women were found to be highest for women who disclosed and reported high self-blame at the time of the first CSA incident (Sciolla et al., 2011). Therefore, the Black population has additional stressors impacting their response to their discovery of CSA by known perpetrators.

As Fontes and Plummer (2010) noted, disclosure of abuse is impacted by the victim's relationship with the perpetrator, level of acculturation, cultural values, and the family's position in society. Consequently, there are additional factors at play in the propagation, identification, and disclosure of CSA in Black families and communities. The CDC (2020b) calls for additional efforts in understanding the risk and protective factors of CSA perpetration and victimization. The present study sheds light on additional factors that are specific to Black families by using personal accounts as the primary source of data.

Research Question and Potential Implications

The research team used interpretative phenomenological analysis (IPA) to better understand: What are the lived experiences of Black families in the wake of child sexual abuse discovery with known perpetrators? IPA uses reflective inquiry to explore lived experiences (Peat et al., 2019). The principal researcher has chosen IPA over other qualitative methodologies because it was founded in experiential psychology and it focuses on a specific group's understanding of a major, shared life experience (Alase, 2017). The principal researcher developed a semi-structured instrument to interview Black adults, age 18 and older. Eligible participants identified as Black, African American, or of African descent and have experienced CSA by known perpetrators who were within or close with the survivor's family. Participants were recruited through counseling listservs, social media platforms, and the research team's trusted networks. The researchers used videoconferencing via HIPPA-compliant Zoom to record the interviews. Videoconferencing was the best way to connect with participants during the COVID-19 pandemic, while allowing participants to be in the comfort of their own home. Zoom

also allowed for participants to call in via phone, should they not feel comfortable with being on video or if they do not have access to a webcam and internet. The interview questions included:

1. What is your experience of childhood sexual abuse?
2. What did the disclosure process look like?
3. How has this impacted the family?
4. What were/are some coping strategies?
5. What are other significant events or memories related to the sexual abuse?

These questions helped participants expound on their experiences, feelings, beliefs, and convictions in regard to Black families' experiences of childhood sexual abuse by known perpetrators (Groenewald, 2004; Peat et al., 2019). The interviews were transcribed verbatim and analyzed using IPA.

IPA acknowledges that the researcher has a prior understanding of the phenomenon of study, which is used to inform the interview questions as well as the data analysis (Alase, 2017; Peat et al., 2019). This knowledge and preconceived understanding of the phenomenon was bracketed during the data collection (Alase, 2017). Furthermore, the data analysis used direct quotes from the interviews to identify thematic connections and further support the findings (Peat et al., 2019). The research team used weekly debriefing sessions to explore feelings, thoughts, and ideas related to the content of the interviews. The research team consisted of four researchers. This included the principal researcher, Black female doctoral candidate, two Black female master's level counseling students, and one White female master's level counseling and divinity student.

The researchers also utilized member checking of the transcripts and identified themes to add credibility to the study. Once the interviews were transcribed, the researchers sent the transcripts to the respective participant for review. Each participant had an opportunity to redact, change, or add to their transcript as they saw fit. This same opportunity was given to the participants when the researchers agreed on themes identified across transcripts. The

participants were asked to provide feedback on the identified themes, which further informed the final selected themes.

Given the nature of this study, the researchers provided participants with a list of mental health resources, to include mental health agencies, counselors, and support groups. Should a participant become triggered by the content of this research, they reserved the right to pause the interview or withdraw from the study completely. The researchers reviewed appropriate interview techniques to mitigate the stress associated with this research topic. As stated earlier, weekly debriefing sessions allowed the researchers to discuss the research process and any concerns that arose.

The findings of this phenomenological study help to highlight thematic factors within the Black family experience following revelation of CSA perpetrated by family member or close family acquaintance. These findings inform additional studies to better serve this population as it relates to the treatment of survivors of CSA and prevention of future abuse. There is potential for uncovering particular barriers to receiving treatment or even the disclosure of CSA within Black families and to appropriate authorities.

Definitions

There are three major terms that will be defined in this section: Child sexual abuse, child sexual abuse discovery, and Black families. This section helps to explain characteristics of the population and phenomenon that will be studied.

Child sexual abuse (CSA). Child sexual abuse is defined as “the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children” (Goodyear-Brown, 2012, p. 4).

Perpetrators. Perpetrators are individuals who commit CSA, as described above; perpetrators of CSA refer to individuals who prey on children for sexual gratification. This study focused on *known* perpetrators, which specifically refers to individuals who were within the child's family or had a close relationship with the abused child and/or the abused child's family. This group of known perpetrators included immediate family members, extended family members, and significant members in the child's community.

Child sexual abuse discovery. CSA discovery refers to the revelation of CSA within the Black family. This revelation may come from child disclosure or detection by an adult. The study explored this period to better understand the aftermath of CSA discovery within Black families.

Black families. Black families are defined as families of African descent. These families may have national origins in the United States of America, Latin America, the Caribbean, or Africa. This study specifies this group with *Black* to include individuals from all of these backgrounds. The study was limited to African American families, as this may have excluded immigrant families of African descent. According to the American Psychological Association (n.d.), authors are encouraged to use the word *Black* instead of African American when writing about people of African ancestry due to the variety of cultural backgrounds, ethnicities, and national origins.

Coping strategies. Coping strategies refer to the maladaptive responses as well as adaptive and resilient responses to CSA trauma. This study explored ways in which Black CSA survivors and their families cope, process, and heal after learning about CSA perpetrated by a family member or close family friend.

Limitations

The stigma of CSA possibly limited the number of individuals willing to participate in this study. However, recruiting via social media platforms, counselors and social workers, trusted referrals within Black communities of the research team, and using snowball sampling

made it easier to find appropriate and willing participants. Additionally, the stigma associated with CSA may have impacted the participants' openness during the interviews. Potential participants were provided with an informed consent outlining the research process, confidentiality, participant rights, and potential risks. The researchers also made sure to build rapport with each participant by first collecting demographical information and reviewing the informed consent. Developing rapport before beginning the main interview questions helped the participants feel more relaxed about the interview process (Alase, 2017).

As this study is qualitative in design, the findings may not be generalized to all Black families or the general population. Therefore, not all Black individuals will have the same salient themes in their experience of CSA by known perpetrators. This study adds to the clinical understanding of Black families' experience of CSA by known perpetrators and provide an additional narrative and greater context for the challenges within this population.

Summary

CSA is one of the ACEs that affect all populations in the United States of America (Felitti et al., 1998). The present phenomenological study helps counselors better understand the experiences of Black families following CSA discovery with known perpetrators. The principal researcher sought to study this population to identify themes within their experience that may lend to more targeted interventions in the treatment of Black CSA survivors and their families. This study shares the voices from a group that has been silenced in their adversity as well as their modes of resiliency. The following chapter provides a detailed literature review to further explain the necessity of understanding Black families' experiences following the discovery of CSA with known perpetrators.

CHAPTER 2

LITERATURE REVIEW

This chapter will present a summary of the literature on child sexual abuse and related factors. The author reviewed literature pertaining to the definition of child sexual abuse (CSA), risk factors, disclosure of abuse, long-term impact of abuse, and factors promoting resilience to negative outcomes. There is significant research on disclosure, treatment, and prevalence of CSA, as well as research on specific gender experiences and outcomes. However, there is little research on how Black family systems, in particular, are affected by revelations of CSA within their families. The qualitative approach to this present study allowed participants to share their unadulterated, lived experiences to allow for an exploration of underlying factors, such as those promoting disclosure, resiliency, and intergenerational sexual abuse within Black families.

Child Sexual Abuse

According to Goodyear-Brown, et al. (2012) child sexual abuse (CSA) is defined as the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children. (p. 4)

CSA includes three categories: Abuse events, abuse-related events, and disclosure-related events (Sciolla et al., 2011; Spaccarelli, 1994). Therefore, abuse includes the abusive episodes as well as the impact on the child's family and community (Spaccarelli, 1994). CSA is more likely to occur given particular risk factors, which suggests that particular children and family systems are more susceptible to CSA than others.

Risk Factors

Common risk factors for exposure to CSA include substance abuse by family or close family friends, poverty, low socioeconomic status, and family dysfunction, (Alaggia & Millington, 2008; Jeremiah et al., 2017; Leclerc & Wortley, 2015) as well as adolescence, and institutional settings (Mian & Collin-Vézina, 2017). Females are more vulnerable than males to sexual abuse and are more likely to be abused by strangers than are males (Assink et al., 2019; Martinello, 2020; Mian & Collin-Vézina, 2017). In a meta-analysis of CSA, researchers identified the following risk factors: Prior victimization of the child and/or family, prior victimization other than child abuse, prior or concurrent forms of child abuse in the home, parental history of child abuse victimization, interparental issues, parenting problems, non-nuclear family structure, family problems, such as social isolation, and child problems, such as chronic conditions (Assink et al., 2019). Mechanisms linking risk factors to CSA victimization include: Inadequate parental supervision of child's physical activity and internet activity, caregiver substance abuse impairment, parental overprotection, low social skills of the child, social isolation of the child, child delinquency or drug use, large family social networks, frequent changes in parental partners, frequent family moves, diminished conflict resolution skills, emotional deficits and negative cognitive mindsets, family disruption and adversity, and emotional deprivation (Assink et al., 2019).

Disclosure

Victim disclosure of CSA is dependent on the context of the abuse, including socioeconomic factors, the ability of the victim to recognize the incident as sexual abuse, their ability to speak to a trusted adult who will accept their account, threats from the perpetrator, their relationship to the abuser, and struggle with remembering the event (Jeremiah et al., 2017; Leclerc & Wortley, 2015; Martinello, 2020). Feelings of self-blame, guilt, shame, anxiety, dread, and terror also prevent CSA victims from disclosing the abuse (Back et al., 2011; Fontes & Plummer, 2010; Martinello, 2020). Victim disclosure of CSA is often delayed due to an adverse impact of reporting the abuse, particularly in cases of intrafamilial abuse (Wallis, 2021).

Disclosure is a grave concern because lack of disclosure not only prolongs the victim's suffering, it allows for the perpetrator to hurt other individuals (Jeremiah et al., 2017; Leclerc & Wortley, 2015). The ecological systemic lens provides a comprehensive context for these varied barriers to disclosure: Barriers from within, barriers in relation to others, and barriers in relation to the social world (Collin-Vézina et al., 2015).

Barriers from Within

According to Collin-Vézina et al. (2015), barriers from within the individual can prevent disclosure by means of (1) internalized victim-blaming leading to feelings of embarrassment, shame, isolation, alienation, dirty or infected, and altering how they identify themselves, (2) mechanisms to protect oneself, such as minimizing the abuse, telling oneself they could handle it, or repressing the memories, i.e., dissociation, substance abuse, and hypervigilance, and (3) immature development at the time of abuse, whereby the victim is ill-equipped to comprehend the situation. Female adolescent survivors of CSA were found to blame themselves for interparental conflict and exhibit more conduct problems the more they blame themselves for the abuse (Rancher et al., 2019). When abused by someone within the home, Leclerc and Wortley (2015) found that there was decreased disclosure, regardless of the victim's age. Conversely, disclosure was found to increase with victim age for those who do not live with the offender (Leclerc & Wortley, 2015). Immature development was observed in cases where survivors reported a lack of understanding of sexuality, confusion about the abuse, or fear of the potential outcomes of telling (Collin-Vézina et al., 2015).

Barriers in Relation to Others

Following the ecological systemic lens, barriers in relation to others act as a secondary layer of resistance (Collin-Vézina et al., 2015). The relational barriers include (1) violence and dysfunction in the family, which lead victims to prioritize the protection of others, (2) power dynamics allowing for manipulation by grooming and manipulation by threats, (3) awareness of the impact of telling, such as possible blame, anger, and rejection by confidant, or consequences

of reporting to authorities, and (4) a fragile social network, whereby victims do not have a confidant or trusted individuals are not equipped to receive the disclosure (Collin-Vézina et al., 2015; Fontes & Plummer, 2010; Jeremiah et al., 2017; Leclerc & Wortley, 2015). The expectation of the caregiver responding with violence can act as a barrier to disclosure (Fontes & Plummer, 2010). Power dynamics were particularly noted when the perpetrator held significant status within the family and/or community (Collin-Vézina et al., 2015). This is particularly concerning because most CSA is perpetrated by individuals close to the family (Wallis, 2021). Patterns of secrecy and containment were also noted in these families (Collin-Vézina et al., 2015). Victim disclosure is often reduced due to fear of offender retaliation, desire to maintain family structure, and even the receipt of special treats or privileges from the offender (Fontes & Plummer, 2010; Jeremiah et al., 2017; Leclerc & Wortley, 2015).

Greater support from the non-offending caregiver reduces delays in victim disclosure (Wallis, 2021). However, non-offending caregivers are found to be less supportive when the perpetrator is closely related to the family (Wallis, 2021). Lack of non-offending caregiver support may be due to the conflicting views of the perpetrator as “a loved one and as an abuser” (Wallis, 2021). In addition to communicating disbelief, lack of support also includes not discussing the abuse with the child, which may lead the child to feel ashamed (Wallis, 2021).

Barriers in Relation to Social World

In an even larger context are the social barriers to disclosure of CSA. These include (1) labelling, whereby there is a stigma attached to “victim” or a fear of being called “crazy”, (2) lack of sexuality discourse in respective communities resulting in lack of knowledge of appropriate sexual behavior and taboo of sexuality and sexual experiences, (3) lack of services available in mainstream education or information for available help, and (4) culture and time period, whereby there is an invisibility or silencing of sexual abuse in society (Collin-Vézina et al., 2015; Fontes & Plummer, 2010). Sexual scripts of male dominance make it difficult for boys to disclose sexual abuse due to encouragement of sexual activity with women, shame of sexual activity with

men, and the expectation of maintaining façade of strength (Collin-Vézina et al., 2015; Fontes & Plummer, 2010). In cultures where maintaining virginity until marriage is expected, losing one's virginity—even to sexual abuse—may be considered a disgrace (Fontes & Plummer, 2010; Tyagi, 2002). Leclerc and Wortley (2015) surveyed adult child sex offenders to identify predictors of victim disclosure. The researchers found that disclosure increased with the age of the victim if there was penetration involved, if the victim came from a non-dysfunctional family, and if the victim made an attempt to resist the abuse (Leclerc & Wortley, 2015).

Childhood disclosure of sexual abuse, rather than disclosure in adulthood, serves as a protective factor against mental illness (Easton, 2019). Therefore, it is particularly important for families and caregivers to provide an emotionally safe environment which allows for disclosure of detrimental incidents such as sexual abuse. Sciolla et al. (2011) encouraged future research to collect information on supportive and unsupportive responses to disclosure as well as the nature of the disclosure—voluntary or compulsory. The present research study explored the context of CSA disclosure and the subsequent family responses.

Long-Term Impact

Sexual abuse has the potential to impact the child physically, psychologically, and interpersonally (Alaggia & Millington, 2008; Jeremiah et al., 2017; Leclerc & Wortley, 2015; Trickett et al., 2011; Turner et al., 2017). Incest survivors were found to be significantly more depressed, alienated, inhibited, socially introverted, and more sensitive (Lundberg-Love et al., 1992). Sexual abuse increases the likelihood of maltreated children displaying clinically significant externalizing behavior problems (Yoon, 2018). CSA and family risk, such as parental psychopathology, parental illness, and domestic violence, and other forms of child maltreatment also compounds the risk of negative psychosocial impact (Fitzgerald et al., 2008; Turner et al., 2017).

Female Survivors

There has been significant research studying the outcomes of female survivors of CSA. In particular, sexually abused female children were shown to exhibit:

earlier onsets of puberty, cognitive deficits, depression, dissociative symptoms, maladaptive sexual development, hypothalamic-pituitary-adrenal attenuation, asymmetrical stress responses, high rates of obesity, more major illnesses and healthcare utilization, dropping out of high school, persistent posttraumatic stress disorder, self-mutilation, *Diagnostic and Statistical Manual of Mental Disorders diagnoses*, physical and sexual revictimization, premature deliveries, teen motherhood, drug and alcohol abuse, and domestic violence. Offspring born to abused mothers were at increased risk for child maltreatment and overall maldevelopment. (Trickett et al., 2011, p. 453)

In a demographically representative sample of women, CSA was associated with an earlier age of: Menarche, first sexual relationship, desire to have children, and first childbirth, as well as a lower sense of personal physical attractiveness (Vigil et al., 2005). Among female CSA survivors, more severe abuse, substance use, and lack of social support are risk factors for incarceration (Asberg & Renk, 2013). Furthermore, women incarcerated survivors of CSA experience more psychological symptoms of depression and posttraumatic stress and coping difficulties, as well as problematic family functioning when compared to college student women (Asberg & Renk, 2013).

The survivor's cognitive appraisals and coping responses to abuse impact mental health outcomes (Spaccarelli, 1994). In a sample of majority White, female undergraduate CSA survivors, Zinzow et al. (2010) found a positive correlation between self-blame and abuse frequency, duration, type, and age of onset. The duration, type, age of onset, and peer-perpetrated abuse were strong predictors of self-blame (Zinzow et al., 2010). Family blame, predicted by mother unavailability and peer-perpetrated abuse, was positively correlated with abuse duration, intrafamilial abuse, and mother unavailability (Zinzow et al., 2010). Family blame decreased with age of onset (Zinzow et al., 2010). Perpetrator blame, positively correlated

with abuse frequency and type, and negatively correlated with age of onset, was only predicted by age of onset (Zinzow et al., 2010).

Male Survivors

There is much less research on the experience of male survivors of CSA than there is for female survivors. Among males, CSA was found to promote development of many mental health issues as well as suicide attempts (Turner et al., 2017). Alaggia and Millington's (2008) phenomenological study illustrated the adult male survivor perspective of CSA. This group of men expressed long-term challenges regarding their gender roles, sexualization, responsibility in the abuse, anger and rage, and loss (Alaggia & Millington, 2008). On the other hand, O'Brian et al. (2019) were able to identify positive outcomes of increased desire to provide a healthy father-child relationship among men who were sexually abused as children. It should be noted that increased resilience is a potential outcome of trauma, even with CSA. The treatment process can build on the survivor's resilience and mitigate the aforementioned negative impact of CSA.

Mediating Factors

The survivor's cognitive appraisals and coping responses are mediated by environmental variables, such as the parent-child relationship, and individual variables, such as personality and developmental level (Spaccarelli, 1994). Therefore, there are bidirectional influences between the child's intrapsychic and behavioral responses and the child's environment. For example, Zinzow et al.'s (2010) findings suggest that family blame often occurs when mother is psychologically or physically unavailable, implying that mothers are often attributed with the responsibility. Researchers encourage future research aimed at understanding how abuse and familial factors contribute to attributional processes (Zinzow et al., 2010). The present study explored these factors through an IPA analysis of Black adult CSA survivors' reports.

In regard to response mechanisms, Spaccarelli (1994) outlined avoidant coping and active coping. Avoidant coping refers to denying or avoiding the reality of the abuse (Spaccarelli, 1994). This includes both cognitive avoidance and behavioral avoidance (Spaccarelli, 1994).

With cognitive avoidance, there is detachment, distancing, denial, and emotional suppression, which is often seen with serious sexual exposure, such as intercourse, and with coercion (Spaccarelli, 1994). Behavioral avoidance involves the child avoiding the perpetrator or risky situations, or in the extreme case, the child running away from home on their own accord and not as a result of family encouragement or rejection (Spaccarelli, 1994). Running away is common in cases of incest (Spaccarelli, 1994). Avoidant coping is negatively associated with resilience in sexually abused adolescents (Daigneault, et al., 2007). On the other hand, active coping consists of directly resisting the perpetrator, purposeful disclosure of the abuse, emotional support-seeking, and cognitive restructuring (Spaccarelli, 1994).

In terms of early intervention strategies, Sekhar et al. (2018) interviewed stakeholders on CSA and noted three particular categories to inform CSA screening: Early screening as young as kindergarten, confidentiality to mitigate setting of disclosure and challenges when perpetrator is known to the family, and refining the screening process during child education on safe touch. Therefore, negative impacts of CSA can be mitigated through intentional programs and intervention strategies. The early screening of CSA would reduce or even eliminate further victimization of the child and other possible victims (Sekhar et al., 2018). Awareness of the impact of disclosure on family systems, particularly when the perpetrator was known to the family, can help alleviate some of the challenges that arise after disclosure (Sekhar et al., 2018). Improving programs that are already in place will bolster the screening process to identify victims that would otherwise go unnoticed (Sekhar et al., 2018). Furthermore, treatment increasing prosocial skills and caregiver wellbeing are recommended to help lower externalizing behavior problems in maltreated children (Yoon, 2018).

Resilience to Negative Outcomes

Resilience is known as psychological resilience or ego-resiliency; the capacity to adapt one's behavior to various situational contexts, of which is developed over time and not established by trauma (Philippe et al., 2011). Posttraumatic growth is impacted by posttraumatic

symptoms (i.e., psychological distress) and is highest with moderate levels of resilience (Kaye-Tzadok & Davidson-Arad, 2016). Resilience is thought of as a personality trait or cognitive schema (Philippe et al., 2011) developed by inner and outer resources (Marriott et al., 2014; Sanjeevi et al., 2018). Protective factors against psychological symptoms of trauma and adversity include social support and cognitive strategies (Philippe et al., 2011; Sanjeevi et al., 2018; Schaefer et al., 2018).

Social support from nonoffending caregiver, community, peers, religious membership, and competent parenting increase the child's resiliency (Marriott et al., 2014; Sanjeevi et al., 2018). Nonoffending caregiver support involves "believing the child, protecting the child, emotionally supporting the child, and obtaining resources for the child" (Wallis, 2021). Factors related to resilience include empowerment, approach coping, interpersonal trust, and less conflict within the mother-child relationship (Daigneault, et al., 2007). However, greater perceived family and friend support was not found to be a protective factor against the development of PTSD among women survivors of CSA (Wilson & Scarpa, 2014). Furthermore, perceived significant other support was found to be a risk factor for PTSD in women survivors of CSA (Wilson & Scarpa, 2014). In regard to religion, Catholic identity has both positive and negative impact on women's healing from CSA (Collins et al., 2014). However, Catholic women expressed that their faith was rarely addressed in psychotherapy (Collins et al., 2014). Institutional abuse, such as CSA perpetrated by clergy, have especially adverse outcomes whereby protective factors of education, social support, and age do not apply (Lueger-Schuster et al., 2014).

With respect to cognition, caregiver mental health, the child's temperament, higher cognitive ability (Philippe et al., 2011), and older age at onset of abuse increase the child's resiliency (Marriott et al., 2014). Additionally, self-enhancing cognitive reappraisals, disclosure and discussion of the abuse, choosing to not dwell on abuse, and orienting self to the future contribute to victim resiliency (Himelein & McElrath, 1996; Sanjeevi et al., 2018). Higher levels

of resiliency were negatively associated with depression, PTSD symptoms, and revictimization in adolescent girls (Tlapek et al., 2017). Personal mastery, i.e., sense of control over one's life circumstances and future, is associated with fewer depressive symptoms, better family functioning, and fewer physical health problems (King et al., 2015). As previously noted, CSA history is "associated with more depressive symptoms and poorer family functioning" (King et al., 2015). However, personal mastery attenuates these negative outcomes of CSA history (King et al., 2015).

Ego-resiliency mediates the relationship between childhood trauma and psychological symptoms (i.e., anxiety, depression, and self-harm behaviors), which lasts into adulthood (Philippe et al., 2011). However, this mediation is weaker when the childhood trauma includes physical abuse and sexual abuse (Philippe et al., 2011). An internal locus of control and external attribution of blame add to CSA adult survivor resiliency (Sanjeevi et al., 2018). More specifically, resilience to coercive sexual assault in adulthood for women survivors of CSA was strongly associated with high internal locus of control and positive coping (Walsh et al., 2007).

Resilience can be seen overtime, across domains of positive adaptation in spite of the presence of adverse symptomology (Daigneault, et al., 2007; Marriott et al., 2014). In a study comparing HIV-positive and HIV-negative women, higher resilience was significantly related to lower depressive symptoms and higher health-related quality of life (Dale et al., 2015). In one phenomenological study of male survivors, resilience involved therapeutic processing, finding a purpose, developing mutual empathy, increasing trust, deeper connections, reprocessing masculine identity, and acquiring a positive future outlook (Crete & Singh, 2015). Barriers to male resilience included self-hatred, insecurity, limited emotionality, negative coping, and masculine identity crisis (Crete & Singh, 2015). Among African American women, child abuse is negatively associated with intrapersonal strengths and suicide resilience, and intrapersonal strengths mediates the association between child abuse and suicide resilience (Kapoor et al., 2018).

The Black Experience of Child Sexual Abuse

As with any other race and cultural group, Black individuals experience CSA. Among female college students, more Black women reported CSA and severe forms of abuse than their Hispanic, Asian, and White counterparts (Ullman & Filipas 2005). Frameworks such as the interaction between internal and environmental variables (Spaccarelli, 1994) and the ecological model for barriers to disclosure (Collin-Vézina et al., 2015) allow counselors to conceptualize the mechanisms of the survivor's experience and responses to CSA. However, these are etic frameworks that do not capture the nuances of the emic perspective of Black individuals and their families. Therefore, the present study provided more depth in the understanding of the Black lived experience of CSA by known perpetrators. This study also highlighted the Black survivors' family systems. The family system within Black families include blood relatives and non-blood relatives, such as friends, neighbors, and others (Haskins et al., 2001). Important factors to consider in this study are the cultural components of the lived experiences of Black survivors of CSA, including characteristics of their caregivers, the disclosure process and ramifications thereof, and the healing process for these individuals and their families.

Defining *Black*

The researcher uses *Black* to reference people of the African diaspora in the United States of America (United States Census Bureau, 2020). There is a significant number of African descendants in the United States with families originating from the Caribbean and Africa and *Black* is considered a generic label for this population (Anglin & Whaley, 2006). According to Lee and Frazier (2102), people of the African diaspora include (1) those identifying as African American, citizens or residents who have origins in any of the Black populations in Africa; (2) those identifying as African Caribbean or West Indian American, Black people with origins in the Caribbean; and (3) those who identify as African, Black Africans who are recent immigrants to the United States (U.S.).

Black Socioeconomic and Cultural Considerations

Lee and Frazier (2012) have noted that economic disadvantage and social discrimination underly many of the psychological issues within this population. Black adults' experiences of racial discrimination have a physiological impact, which is moderated by ethnic-racial identity dimensions (Seaton & Zeiders, 2020). Therefore, it is important to take a multicultural perspective in the treatment of Americans of African descent (Tyagi, 2002). Treatment of Black individuals from a multicultural perspective should include an Afrocentric understanding of the importance of kinship, behavioral and emotional expressiveness, and holistic development (Lee & Frazier, 2012). A proposed framework includes development of rapport, pacing the counseling process, appropriate counselor self-disclosure, spirituality, racism-sensitive counseling, and psychoeducation (Lee & Frazier, 2012).

There are particular aspects of the Black experience that allow for the propagation of CSA. For example, in the Caribbean, a region populated by descendants of the African diaspora, family violence is seen as a legacy of the oppression of the colonial era (Jeremiah et al., 2017). In their 2017 study, Jeremiah et al. outlined the culture of silence in the communities of Grenadian women. Women shared how their families and communities were often aware of the CSA they endured, but the social and cultural norms prevented them from sharing their stories or getting help as children (Jeremiah et al., 2017). Furthermore, sexual abuse and family dysfunction were found to be comorbid in Black families (Leifer et al., 2004).

Long-Term Effects on Black Individuals

Researchers have studied the long-term impact of adverse childhood experiences and only few have focused on the Black experience of CSA. Tyagi (2002) studied women of color who survived incest and long-term impacts of the abuse included boundary problems, sexual dysfunction, lack of trust, anger, vulnerability, powerlessness, suicide attempts, self-mutilation, and lack of confidence. Furthermore, the oversexualized portrayal of racial minorities may be internalized by sexual abuse victims, which can lead to self-blame (Maritnello, 2020). In reviewing available research on Black individuals, the rate of CSA is disproportionately high

among Black people (Cecil & Matson, 2001). Black children are more likely than White and Hispanic children to display externalizing behavior problems that increase over time (Yoon, 2018). CSA and later victimization are also noted by Jeremiah et al.'s (2017) qualitative study on Eastern Caribbean women. The researchers found that women involved in treatment for domestic violence abuse from their partners were also CSA survivors (Jeremiah et al., 2017).

Felitti et al. (1998) define adverse childhood experiences as childhood abuse involving psychological abuse, physical abuse, or contact sexual abuse, or exposure to household dysfunction during childhood, such as exposure to substance abuse, mental illness, violent treatment of mother or stepmother, and criminal behavior in the household. Retrospective research on Black women demonstrated how adverse childhood experiences (ACEs) have contributed to early sexual initiation at 11 to 12-years-old (Tsuyuki et al., 2019). The original ACE study demonstrated that it is more likely for Black individuals to experience one to three categories of adverse childhood exposures compared to White, Hispanic, and Asian individuals' childhood experiences (Felitti et al., 1998). Furthermore, Black individuals were least likely to have no exposure to ACEs (Felitti et al., 1998). Therefore, it is important to continue studying treatment for the Black population.

In research of Black women with histories of intrafamilial CSA, age 8 was the average age of first CSA occurrence, which was most often sexual intercourse (Lestrade et al., 2013). This is concerning because severe forms of CSA are associated with significant psychiatric distress in adulthood (Sciolla et al., 2011). For example, when compared to a group of women who experienced *moderately severe* forms of CSA, women who experienced *severe* CSA reported greater overall depression and clinically significant levels of depression (Sciolla et al., 2011). Severe forms of CSA were classified as involving digital penetration, attempted rape, rape, oral copulation, and anal sex, whereas moderately severe forms of CSA involved fondling and frottage (Sciolla et al., 2011).

In a study on Black women in the U.S., researchers found that CSA was positively associated with early menarche and the likelihood of early menarche increased with higher sexual abuse incidents (Wise et al., 2009). Additionally, Black women reporting intrafamilial perpetration of CSA exhibited greater high-risk sexual behaviors than Black women who reported extrafamilial perpetration of CSA (Lestrade et al., 2013). Lamis et al. (2017) found a significant association between CSA and suicidal ideation in African American women, which may be explained by sexual revictimization within their intimate relationships. The connection between CSA and intimate partner violence has also been noted in other studies (Alaggia & Millington, 2008; Jeremiah et al., 2017).

Black Caregivers

CSA in Black families have a particular impact on the caregivers (Fong et al., 2017) who are often mothers or maternal grandmothers (Leifer et al., 2004). Caregiving by the grandparents is often common within African American families, particularly among low-income families (Leifer et al., 2004). Fong et al. (2016; 2017) studied the impact of sexual abuse discovery on caregivers and their families, where 73% of nonoffending caregivers identified as Black or African American and 77% of the children represented in their study identified as Black or African American. Results showed that caregivers experienced significant emotional and psychological distress (Fong et al., 2017). Particularly, caregivers experienced distress about the child, their parenting abilities, family members' actions and behaviors, recalling their own experiences of maltreatment, as well as feelings of guilt for not protecting their child, anger towards the perpetrator, internal anguish, shock, and devastation (Fong et al., 2016; Fong et al., 2017). In turn, these stressors impacted the caregiver's ability to support their children and most caregivers felt mental health services were necessary for their abused child (Fong et al., 2016; Fong et al., 2017). Fong et al. (2016) selected sexually abused children and their caregivers seen at a child advocacy center in Philadelphia, Pennsylvania without intentionally focusing on the experiences of Black families in the aftermath of sexual abuse discovery. Furthermore, Fong et

al. (2016) did not highlight experiences from victims who had a familial relationship to their perpetrators. Instead, they focused on the nonoffending caregiver's perspective of mental health services and their reactions to the abuse (Fong et al., 2016).

Many African American sexually abused children live in families with high conflict, physical, and emotional abuse (Cecil & Matson, 2001). Aspects of the mother's history and current behavior increases the risk of child's exposure to abuse (Leifer et al., 2004). Additionally, lack of positive regard in the grandmother-mother relationship was significantly associated with sexual abuse of the children (Leifer et al., 2004). Unsupportive families experience attachment disruptions between grandmother and mother and between mother and child, which contributes to intergenerational abuse (Leifer et al., 2004). Researchers found that the mothers of sexually abused children had more severe histories of childhood maltreatment, family dysfunction, and unhealthy relationships with their mothers (Leifer et al., 2004). Other challenges faced by caregivers include high levels of distress, posttraumatic stress disorder, depression, hospitalizations, suicide attempts, relationship losses, income reductions, additional government support dependence, employment disruptions, disruption of support networks, and residential changes (Fong et al., 2017).

Multigenerational Abuse

As most perpetrators of CSA are known to the victim, it is important to consider how CSA persists in communities and families (Alaggia & Millington, 2008; Jeremiah et al., 2017; Leclerc & Wortley, 2015). Child abuse, particularly CSA, has the potential of being perpetrated throughout the generations of a family due to a culture of silence (Jeremiah et al., 2017). In their qualitative study, Jeremiah et al. (2017) noted, "We consistently heard in the women's stories...that when the perpetrator was a family member, a culture of silence was imposed to protect the family honor" (p. 58). This is particularly damaging because the voices and needs of the victims are silenced and neglected. The lack of victim protection from family may lead to additional pain and trauma (Jeremiah et al., 2017). CSA survivors also shared that their family

chose not to confront the offender because of an acceptance of violence and abuse within the family (Jeremiah et al., 2017). Furthermore, most of the participants in the Fong et al. (2017) study were caregivers with a personal history of maltreatment. This is particularly informative because mothers who are also survivors of CSA have challenges with sexual health communication (Davis, 2017). Thus, there is a risk for multigenerational exposure to CSA in Black families due to the lack of sexual health education of Black youth.

Disclosure in Black Communities

Researchers found that African American mothers are two times more likely than Caucasian mothers to reject the child's report of sexual abuse (Haskins et al., 2001). Thus, it is important to consider Black attitudes toward CSA, as it may impact the detection of abuse and subsequent responses (Haskins et al., 2001). Studies on the family's response to disclosure of sexual abuse and its impact on the child's psychological functioning is particularly needed for servicing Black communities (Cecil & Matson, 2001). Tyagi (2002) found that factors affecting disclosure of incest among women of color include the importance of maintaining a good face, the scandal of losing their virginity before marriage, protecting family from shame, victim blaming, and silence and denial at the community level.

Limitations for research on disclosure of sexual abuse include lack of clarity on whether disclosure is: The act of telling someone or specifically alerting an authoritative body, restricted to the child reporting rather than including adults' report, and a single event rather than a fluid process (Brazelton, 2015). Black adults would report sexual abuse by a stranger, but they would use unofficial means to handle abuse committed by a loved one or friend (Fontes & Plummer, 2010). Furthermore, blame attribution impacts the person's attitude toward incest and CSA (Haskins et al., 2001). Haskins et al. (2001) found that African Americans blamed the victim the least, the offender the most, societal reasons second, and situational reasons third.

Underreporting in ethnic communities may be due to mistrust of social agencies, which means that many African American children suffering from CSA may not receive professional

assistance (Haskins et al., 2001; Singh et al., 2012). Additionally, reporting may be reduced if the perpetrator is also African American and there is fear of authority-involvement harming the family system (Fontes & Plummer, 2010; Haskins et al., 2001; Singh et al., 2012). Black women are further burdened by the expectation to be strong and the racial burden of protecting image of race if perpetrator is a Black boy or man (Fontes & Plummer, 2010). Black people are already excluded from mainstream America so reporting threatens the integrity of the family and community, leading to unwanted attention and further stigmatization against an already oppressed group (Fontes & Plummer, 2010). Black individuals may bypass official reporting and legal responses due to reporting costs (Fontes & Plummer, 2010). These costs include loss of privacy, loss of family support, loss of financial support and loss of in-kind resources when perpetrator is part of the family network (Fontes & Plummer, 2010). For example, the grandmother no longer babysits and the aunt no longer picks up children from daycare after a report of sexual abuse by another family member. Consequently, these losses may lead to homelessness, poverty, illness, and unemployment (Fontes & Plummer, 2010).

Cultural norms also impact the disclosure of child abuse, discovery from surrounding adults, and disclosure to authorities (Brazelton, 2015). In some cultures, such as the African American culture, there are negative attitudes and taboos on sexuality (Brazelton, 2015). This results in a cultural silence of communication on sexuality, limiting the opportunity for disclosure of sexual abuse (Brazelton, 2015). African American families desire to preserve the family (Tyagi, 2002), particularly against societal discrimination, migration, and poverty (Brazelton, 2015; Haskins et al., 2001; Singh et al., 2012). Each of these factors limit the disclosure of CSA due to fears of further exclusion from mainstream America (Brazelton, 2015). In other words, there may be grave consequences to disclosure, such as intrafamilial retribution, child removal by child protective agencies, or the child having to live with other family members (Brazelton, 2015). Sending the child to live elsewhere may produce feelings of punishment for the child and even silence further disclosure (Fontes & Plummer, 2010). Shame and guilt may

also contribute to lack of disclosure, which is common in many cases of CSA (Fontes & Plummer, 2010; Singh et al., 2012).

Healing in Black Communities

The African American experience of sexual abuse is compounded by issues of power, privilege, and oppression (Wilkins, 2007). Therefore, Black survivors of sexual abuse are particularly vulnerable to psychological distress due to the stressors of their marginalized status (Wilkins, 2007). Thus, it is important to consider the cultural context of the Black experience to identify risk factors and culture-specific strengths during crises (Haskins et al., 2001). For example, Black women utilize the resilience strategy of resisting racism and sexism, which, in turn, helps trauma recovery (Singh et al., 2012). Black survivors utilize various ways of coping, such as therapy, substance abuse, promiscuity, abstinence, vigilant parenting, and spirituality (Brazelton, 2015).

Family and peer support mediate the relationship between child physical and emotional abuse and social functioning in African American children (Lamis et al., 2014). However, only family support reduces the risk of impaired social functioning in African American CSA victims (Lamis et al., 2014). Women of color were found to cope with incest using positive reframing, feminist consciousness, goal setting, socio-political consciousness, and creative activities (Tyagi, 2002). Resilience strategies may also include understanding traumatic symptoms, externalizing racist and sexist stereotypes of African American women, negotiating family relationships and accessing community support, transforming religion and spirituality into a source of healing, reclaiming sexuality, and integrating multiple identities as a survivor (Singh et al., 2012).

The Black Church

In the African American community, the church has served as an oasis from slavery, social injustice, and other crises (Perry-Burney et al., 2014). In particular, rural African Americans demonstrate greater religious involvement than their urban counterparts (Perry-Burney et al., 2014). Religious faith aids African Americans in healing after trauma, such as

incest and CSA (Haskins et al., 2001). The African American church may also serve as a daycare, food bank, self-help meeting place, and clothing repository (Perry-Burney et al., 2014).

Therefore, the social support of the African American church creates a surrogate or extended family system (Perry-Burney et al., 2014).

Church is a source of silence as well as resilience (Singh et al., 2012). As within other ethnic communities, Black churches are not exempt from CSA (Perry-Burney et al., 2014). In a study of middle-class African Americans, churchgoers were found to hold attitudes that blamed the victim in cases of CSA (Haskins et al., 2001). Examples of African American church scandals include allegations of sexual abuse of four young men against Pastor Bishop Eddie Long of the New Birth Baptist Church in Georgia and gospel singer Darwin Hobbs surviving abuse by his stepfather, a church deacon. Both ethnic and religious factors impact CSA disclosure (Fontes & Plummer, 2010). Additional barriers to disclosure in these cases include fear of further abuse, concerns of privacy, worry of being blamed or not believed, shame or guilt (particularly when concerning a religious affiliate), and the male socialization to hide vulnerability (Perry-Burney et al., 2014). The present study explored both female and male survivors of CSA by known perpetrators, as well as their family systems.

Summary

There is vast literature on multiple aspects of CSA. This chapter outlined particular aspects of CSA occurrences, outcomes, treatments, and interventions. However, there is a gap in the literature pertaining to Black families' lived experiences following the discovery of CSA within their family system. The author was able to identify literature exploring characteristics of family systems around CSA disclosure and characteristics around Black family value systems, but not much on exploring experiences specific to Black families navigating CSA with known perpetrators. The present research study used a phenomenological approach to better understand the lived experiences of Black families after discovery of CSA perpetrated by family members or close family friends. This information informs treatment approaches and

interventions to put an end to CSA and its pervasive effects on Black individuals, families, and their communities.

CHAPTER 3

DESIGN OF STUDY

The primary aim of this study was to understand the experiences of child sexual abuse (CSA) within Black families. The researcher team utilized a phenomenological approach to describe how Black families navigate CSA perpetrated by individuals within or close to the family. Much of previous studies do not focus exclusively on the Black experience of CSA, especially from the perspectives of adult survivors of interfamilial abuse (see Assink et al., 2019; Collin-Vézina et al., 2015; Gekoski & Broome, 2019; Lueger-Schuster et al., 2014; Ullman & Filipas, 2005; Wallis, 2021). Therefore, the present study utilized interpretative phenomenological analysis (IPA) to further explore experiences from this group. This chapter will explain the purpose of using a phenomenological approach, specifically IPA, and the research benefits. The participants, recruitment methods, ethical considerations, data collection, and data analysis methods will also be discussed. Potential limitations and factors to enhance trustworthiness will be outlined.

Phenomenological Research Methods

Phenomenological research, originally developed by Husserl in 1931, has been subsequently elaborated by Moustakas and other qualitative methodologists (Alase, 2017). The purpose of phenomenological research is to capture the essence of the participants' reality by describing their subjective experiences as accurately as possible (Groenewald, 2004). Phenomenology is an exposition of a new realm of being or an experience that may have remained hidden (Landman, 1941). Therefore, phenomenology is an appropriate research method for the present study, as it is used for the understanding of social and psychological perceptions and experiences through the lens of people involved (Groenewald, 2004). Previous qualitative researchers have effectively used phenomenology to understand the multitude of issues regarding CSA (Alaggia & Millington, 2008; Gekoski & Broome, 2019; Tener et al., in press).

Interpretative Phenomenological Analysis

The research team for the present study was comprised of the principal investigator and three Masters-level students, forming a team of four people. The researchers utilized interpretative phenomenological analysis (IPA) to study Black families' experiences of CSA by known perpetrators. IPA is known as applied psychology, or psychology in the real world (Smith et al., 2012). The main objective of IPA is to explore the lived experiences of the research participants utilizing a participant-oriented approach (Alase, 2017; Tuffour, 2017; Peat et al., 2019). IPA was originally developed for experiential psychology research by using a reflective inquiry of the lived experience (Peat et al. 2019). In other words, it is meant for the examination of a specific group's understanding of a shared, major life experience (Alase, 2017). This research project explored Black survivors' experiences of CSA perpetrated by family or those close to their family, their coping strategies, and the impact of CSA on their family system.

The principal investigator chose IPA for the underlying commitment of this methodological approach to exploring and describing how participants make sense of their experiences (Tuffour, 2017). As explained by Back et al. (2011), IPA allows for the researcher to learn the participant's view of the world from an insider's perspective and is appropriate for a healthcare setting. The interpretative portion of IPA is informed by hermeneutics (Smit et al., 2012). IPA may be considered a double hermeneutic process, in that the researcher is making sense of the participant who is making sense of what happened to them (Smith et al., 2012). The present research focuses on mental health aspects of Black families' experiences of CSA.

Researcher as the Instrument

As stated by Landman (1941), phenomenologists do not seek to explain, but to describe the phenomenon. In the present study, the researchers are seeking to describe how Black families experience CSA by known perpetrators. Contrasting positivists, phenomenologists believe the researcher cannot detach from their own presuppositions (Groenewald, 2004). Given their knowledge of previous research on the topic and professional proximity to the topic, the

researchers noted their expectations and biases before the data collection process. The researchers also utilized journaling to promote reflexivity—awareness of experience—throughout the research process (Groenewald, 2004; Peat et al., 2019; Smith et al., 2012).

Unlike other phenomenological approaches, IPA encourages researchers to utilize prior understanding to inform what is revealed in the research process rather than to completely bracket preconceptions (Peat et al., 2019). The inclusion of the researchers' prior understanding is incorporated before and after data collection, but not during the data collection (Alase, 2017). In other words, the researchers practiced bracketing—putting aside past knowledge and presuppositions—during the interview process so that the participants' experiences are unadulterated and expressed entirely (Smith et al., 2012; Tuffour, 2017). The researchers' prior knowledge was utilized only to inform the interpretation of the data, with clear support from the participant interviews. The researchers combined hermeneutics of empathy with hermeneutics of questioning to understand the participants' experiences (Smith et al., 2012). Hermeneutics of empathy refers to the researchers adopting the participant's perspective (Smith et al., 2012). Hermeneutics of questioning refers to the researchers looking at the experience from a different angle and using questioning to make sense of the experiences (Smith et al., 2012). Together, hermeneutics of empathy and hermeneutics of questioning create an understanding of the phenomenon (Smith et al., 2012).

Participants

As this study sought to understand how Black families experience CSA by known perpetrators, potential participants were contacted via referral from various gatekeepers, opportunities as a result of researchers' contacts, and snowball sampling (Smith et al., 2012). Recruitment strategies also included emails to at least six organizations and offices, such as child advocacy centers in Georgia, community-based counseling agencies, and Department of Children and Family Services (DFCS) offices, as well as counseling listservs and social media platforms. The researchers used purposeful sampling rather than probability sampling to gain

better insight into the experiences of Black families that have encountered CSA within their family system (Alase, 2017; Groenewald, 2004). The proposed sample size for this research study was six to eight participants to allow for more detailed analysis of their accounts (Peat et al., 2019; Smith et al., 2012). IPA requires a homogenous sample to effectively explore a particular phenomenon (Smith et al., 2012). Hence, the small purposive sampling for the present research study. Selection criteria for participants were as follows: (1) must identify as Black, (2) must be a survivor of CSA, and (3) the perpetrator(s) of abuse must be a family member or an “extended” family member. In-person interviews were preferred, as they produce conversation turns, word dense transcripts, and field notes (Johnson et al., 2019). Researchers also offered video conferencing to account for scheduling conflicts, geographical concerns, and COVID-19 safety concerns. Participants were interviewed individually, and researchers only interviewed one CSA survivor per family unit. If multiple CSA survivors within the same family were identified during the screening process, the research team proceeded with the first family member contacted.

Ethical Considerations

This study was pre-approved by Mercer University’s Internal Review Board. The researchers provided prospective participants with an informed consent for their permission to record the interview and outline how the research data is securely stored and managed (Alase, 2017). The informed consent also outlined what to expect from the interview, likely outcomes of data analysis, and inform participants that transcripts was only seen by the research team and any data for wider use was edited for anonymity (Smith et al., 2012). Participant information and responses to the interview remain confidential. No identifiable information was stored with the data. The researchers stored all data on a password protected filing system and once the interviews were transcribed and analyzed, the recordings were permanently deleted from the researchers’ server. The researchers encouraged participants to allow 45 to 90 minutes for the interviews and ask if they would be open to follow-up interviews. The informed consent was

important for reducing suspicion and promoting honest responses from the participants (Groenewald, 2004).

The informed consent also noted that participation is voluntary, and participants were able to withdraw from the study at any time, up to the point in which data analysis begins (Smith et al., 2012). Additionally, the informed consent stated that participation in this study may produce some psychological distress. The research team was aware that with appropriate interviewing skills, there is minimal risk to adult participants who disclose their experience of prior trauma, and adult participants often report a positive experience after sharing about their prior trauma (Jaffe et al., 2015). Should a participant have experienced significant distress during an interview, they were reminded that they may pause or end their interview altogether. Moreover, the research team developed a list of resources for participant support, which was provided at the start of each interview (Smith et al., 2012). This list included culturally competent trauma counseling services, support groups, and emergency hotlines (Campbell et al., 2019).

Data-Collection Methods

In-Depth Interviews

Semi-structured interviews are the most common way to collect data within IPA (Alase, 2017; Peat et al., 2019; Smith et al., 2012). The researchers used this data collection method to allow the participants to share their experiences while guiding the topic of the interview (Peat et al., 2019). During the interview, the researchers used active listening techniques to demonstrate empathy and build rapport (Campbell et al., 2019). These interviews were conducted and recorded in person or via HIPPA compliant, web-based platforms. The researchers asked the participants the following interview schedule:

1. Acquaintance
 - a. Review signed informed consent.
 - b. What gender do you identify with?

- c. How old are you?
 - d. Please give me a name to use in place of yours.
 2. Please tell me about your experience of sexual abuse as a child.
 3. Did you share this experience with your parent/caregiver?
 - a. If no, how did you reach this decision?
 - b. If yes, when did you share this experience with your parent/caregiver?
 - i. If immediately, how did you reach this decision?
 - ii. What was their response?
 - iii. If delayed, how did you reach this decision?
 - iv. What was their response?
 - c. If you shared with multiple parents/caregivers, how did their responses differ?
 4. How would you describe your relationship with the perpetrator?
 - a. What was your relationship before the abuse?
 - b. What was your relationship during the abuse?
 - c. What was your relationship after the abuse?
 5. How has your experience of sexual abuse impacted you and your family?
 - a. How did you cope when the abuse occurred?
 - b. How did your family cope?
 - c. Did this experience change your relationship with your family?
 - i. In what ways?
 - ii. Did it change how you felt about your family in general, or particular family members?
 - iii. Did it change your family in general, or how specific family members treated you?
 - d. How do you cope now?
 - e. How does your family cope now?

6. Do you believe these experiences had any impact on your identity as a Black person?
Your families identity as a Black family?
7. Do you feel that any aspects of your experience of sexual abuse, your response to it and subsequent coping, or your family's response to it, is different in any way than it would be within a non-Black family?
8. Please tell me about any other significant events or memories related to the sexual abuse.
9. Review list of resources and next steps.

The interview questions were meant to direct the conversation towards the participants' experiences, feelings, beliefs, and convictions in regard to Black families' experiences of CSA (Groenewald, 2004; Peat et al., 2019).

Field Notes

The research team utilized field notes or memos in this study. Alase (2017) suggested that researchers take notes throughout the data collection process. The researchers dated these field notes or memos to serve as another form of data for later analysis (Groenewald, 2004). Phenomenological researchers are encouraged to record their field notes immediately after each interview to gather observations and make note of impressions of interaction with participant (observational notes), write understanding of theoretical concepts (theoretical notes), process the methods used (methodological notes), and summarize or review the field day (analytical memos) (Groenewald, 2004; Smith et al., 2012). However, Groenewald (2004) cautions researchers to refrain from prematurely categorizing the data or inserting researcher bias.

Data-Analysis Methods

Making Thematic Connections

The researcher team created profiles of each participant interviewed, using their selected pseudonym. This aided with informing the readers of the information sources and also identify idiosyncrasies in relation to the experiences described. The interviews were transcribed verbatim and analyzed in Microsoft Word. This allowed the researchers to use color-coding

systems to identify and categorize common themes within and across the interviews (Alase, 2017). IPA—an idiographic endeavor—studied the experiences of Black survivors of intrafamilial CSA in its own terms, through a detailed examination of each particular case (Smith et al., 2012). Therefore, the research team also explored the similarities and differences between cases (Smith et al., 2012). As this was a phenomenological research study, the data collected represents a perspective, rather than an entire population (Smith et al., 2012). In other words, the results from this study allow for theoretical transference rather than empirical generalizations (Smith et al., 2012).

The Researcher as Analyst

IPA encourages researchers to interpret accounts of the participants' lived experiences by clearly outlining the connections in the data (Peat et al., 2019). Thus, the researchers have the responsibility of interpreting the impact of CSA on the lived experiences of the participants (Alase, 2017). The researchers utilized the data analysis method outlined by Peat et al. (2019):

1. Read and reread the transcript of a single case,
2. note observations in the margin of the transcript,
3. chunk data on the observational notes of the case to start developing emergent themes,
4. consider connections among the emergent themes, and
5. bracket themes from first case and move onto the next case.

Peat et al. (2019) suggest repeating these steps to work through each case, then move to the next steps:

6. Identify any themes across cases and lastly,
7. interpret the entire data set to elicit the meaning of the experience.

When interpreting the data set, the researchers used existent theories and concepts to further explore the data. This included exploring the interaction between internal and environmental variables as outlined by Spaccarelli (1994), and the ecological model for barriers to disclosure as outlined by Collin-Vézina et al. (2015).

Issues of Trustworthiness

In qualitative research, the paradigms of credibility, transferability, dependability, and confirmability determine the quality of a research study's, trustworthiness (Golafshani, 2003). The use of audiotapes, verbatim transcripts, and direct participant quotes to confirm findings contributed to the trustworthiness of the study (Groenewald, 2004; Peat et al., 2019). The researchers participated in weekly peer debriefing to review data collection and data analysis. During each peer debriefing session, the researchers discussed the interview process, feelings, actions of participants, and general thoughts and ideas. The researchers also recorded emerging thoughts and ideas. Peer debriefing added to the study's credibility.

The researchers also incorporated member checking to underscore credibility. Member checking allowed participants to review their transcript for accuracy and/or withdraw any comments they do not want to appear in the public domain (Smith et al., 2012). Transcripts were sent to the respective participant for review within two weeks of the interview. Within one week of data analysis completion, each member received a list of themes identified by the research team to provide their feedback. This feedback was incorporated into the final list of emergent themes.

As this is a phenomenological research study, critical reflexivity helped to maintain the narrative of the participants. Kornbluh (2015) described critical reflexivity as a process in which the researcher identifies her own position of power and social identity in relation to research participants. The researcher used journaling to practice critical reflexivity. This also added to the trustworthiness of the research study. Journaling started from the acceptance of this proposal through completion of data analysis (Amankwaa, 2016).

Summary

This chapter explicates the research methodology for this study of how Black families experience CSA by known perpetrators. The principal researcher used IPA to guide this study because of its focus on the participants' experiences and incorporation of a constructivist

worldview. As discussed, the research team served as the instrument for data collection and data analysis. Furthermore, appropriate steps were taken to increase the trustworthiness of this study.

CHAPTER 4

ANALYSIS

It is important to give voice to those who have been silenced and made invisible. The researchers of this study provided Black adult survivors of child sexual abuse (CSA) by known perpetrators an opportunity to share their lived experiences. Nine individuals responded and the researchers were only able to use eight transcripts, as the ninth recording was not clear enough to provide a transcript and the participant was unwilling to sit for another interview. Each participant provided the researcher with a pseudonym to maintain anonymity. Once each recording was transcribed, participants were given an opportunity to member check their transcript for errors, add missing information, or redact unwanted information.

Using interpretative phenomenological analysis (IPA), the transcripts were coded for themes by each of the four researchers and then reviewed and recoded as a team. Salient themes were drafted into a list of emerging themes, which were analyzed for similarities and differences among the participants. The research team redefined the list of emerging themes and sent the final list to the eight participants for member checking again to ensure that the themes represented their lived experiences. Five participants approved of the list of themes, two provided detailed feedback explaining how each theme fit their experience or could be expanded, and two participants did not respond to requests for feedback. The feedback provided by the participants was used to further explore themes identified across transcripts. Researchers discussed uniqueness of each case, exploring how some themes may not have been readily understood or recognized by participants. As shown in *Table 1*, the eight superordinate themes identified were: Child's vulnerability, robbing of innocence, preserving the family unit, the Church, journey to healing, cultivating relationships, gendered responses, and identity development. Some of the themes also yielded subthemes, which further explained the highlights of participant experiences.

Table 1*Themes Across Transcripts of Black Survivors of CSA by Known Perpetrators*

| Superordinate Theme | Description |
|----------------------------|--|
| Child's vulnerability | Systemic factors that contributed to child exposure to sexual abuse |
| Robbing of innocence | Premature sexual development, altered perception of healthy relationships, and misjudgment from family and peers |
| Preserving the family unit | Concerted effort to protect the family against potential consequences of addressing abuse |
| The Church | Role of religion within the family and the individual's relationship with religion in adulthood |
| Journey to healing | Strategies for coping with the abuse in childhood and adulthood |
| Cultivating relationships | Difficulty trusting and connecting with people within and outside of family system |
| Gendered responses | Employment of the <i>Strong Black Woman</i> trope and/or an emphasis on masculinity for individuals assigned male at birth |
| Identity formation | Impact of trauma on individual's identity and sense of purpose |

Child's Vulnerability

Each of the respondents' stories highlighted a vulnerability that allowed for exposure to sexual abuse victimization. The context of their family systems and community engagement provided perpetrators with opportunities to abuse them as children. The child's vulnerability included subthemes of insufficient supervision of the child, lack of availability of a trustworthy caregiver, lack of education on personal boundaries, and transitional households. Together, these factors offered an environment in which CSA was more likely to occur and develop a perpetual cycle.

Insufficient Supervision of the Child

A primary component of each respondent's vulnerability to CSA was insufficient and inappropriate supervision, which led to perpetrator access to them as children. For each participant, the perpetrator gained access when the primary caregiver was absent. These initial events occurred in the family home, a community member's home, or in the vacation home. For one participant, Mia (she/her/hers), the perpetrator was her stepfather who was the primary

caregiver staying at home with the children. Again, shared names are pseudonyms provided by each participant.

And like it was like clockwork always he was like calling me over, telling me to lay in front of him, doing things to me as I got older and then leaving. And...I think that was just like it has happened so frequently to me was normal, but it was weird. Like I knew it was wrong. I knew that I was scared of it. He never had to threaten me or anything, it was just kind of like this, this thing that I've I don't know like I felt like I had to do because he was in a position of authority, you know. He was most of the time either the only one there, he was technically like our parent.

Mia was only 3 or 4 years old when the sexual abuse began. Her stepfather groomed her when he started living with the family and the abuse progressed from there. Mia's mother trusted the stepfather to supervise the children while she worked. This placed the stepfather in an authoritative role, creating more access to Mia and her siblings.

Eddie (he/him/his) was initially raped at age 5 or 6 by his great-uncle, which continued for years in his great-grandmother's home. Eddie was also raped by his mother's male cousin in that same home at age 5 or 6. Once Eddie was removed from the abusive home of his great-grandmother and reunited in an apartment with his mother, he was further victimized by older kids in his neighborhood. Eddie's revictimization occurred after school, as he was a latchkey kid – he went home from school alone and walked the halls of his apartment alone.

In Phoenix's (she/her/hers) case, she was sexually abused at age 3 or 4 by her male cousin one night on a family vacation and again by the Pastor's son in his home when she was 6 years old. In both incidents, Phoenix was in an unsupervised area outside of her personal home, but also around familiar people. Similar to Phoenix, Cheyenne (she/her/hers) was also abused by a male cousin during a family vacation. In Cheyenne's experience, she did not directly identify the perpetrator and has two suspects, her then 16- and 17-year-old cousins. Cheyenne was 13 years old at the time of the abuse.

In the case of Alexander (he/him/his), his mother entrusted his uncle to watch over him as she ran errands.

Well, nobody knew anything at first and basically, he was having me participating in games. Playing house and stuff like that. Holding me, kissing me. And at the moment at the time I didn't think of it as being inappropriate, I thought I was playing a game we're playing house. I didn't have any I don't have any female siblings around so basically, I thought I was just pretending to be my mom or whatever (...) Like part of me thinks that happened for months, but it didn't. It was only for a few days. And basically, how it all ended—and there was no intercourse or anything like that—how it all ended: My mom was leaving me there with him and that's when we would play the games. And then she came home early one day, and she and she caught us.

A few of the abusers used play to encourage the participants to engage in sexual activity. Luckily, Alexander's mother discovered the abuse and was able to intervene. Alexander was 5 or 6 years old at the time of the abuse. His uncle was a teenager.

The abusers preyed on the participants by taking advantage of their access to the child. Each participant was in a situation whereby they perceived their caregiver was unsafe or unaware of the activities and predilections of the people in the child's sphere. Jessica (she/her/hers) was 4 or 5 years old when her male cousin (3 or 4 years her senior) began sexually abusing her. She believes her family would have controlled her relationship with the abuser and taken measures to avoid the situation if she disclosed sooner. However, there were other barriers that delayed her disclosure. Appropriate supervision of the child then leads to the availability of a trustworthy caregiver.

Availability of a Trustworthy Parent or Caregiver

There were various barriers in accessing a trustworthy parent or caregiver. These barriers include an absent father and a mother who is constantly working or incapacitated due to illness. Furthermore, there were some parents who did not sufficiently support the child when

they finally learned about the abuse. In other experiences, the individual did not want to upset their caregiver, which comments on the relational dynamic between the child and caregiver. For example, the following quote by Jessica describes her experience of sharing the abuse with her caregiver.

I did. After years because it still felt wrong and it felt like something I shouldn't have done, and it wasn't until I got older that actually told my mom. I never told my father (...) I don't have that kind of relationship with my father. Like, I mean now I feel like he may, he would want to know but back then I did not have that type of relationship with him where I felt like I could tell him that. Like, you know, or that was like his business because I just didn't feel like he was someone who you know raised me. But my mom I told her because there was an incident at school, with a school administrator who had been inappropriate with me and from there things just kind of snowballed. So I told her about what had happened with my cousin.

There were a couple barriers to disclosure in Jessica's narrative: (1) Jessica experienced guilt and wanted to hide it from her mother and (2) Jessica did not experience her father as a parent and felt it was not necessary to share with him. These barriers created conditions whereby Jessica continued to be at risk for revictimization. Jessica's barriers to disclosure aligned with Phoenix's experience: Phoenix developed guilt and fear at the thought of disclosing to her mother and experienced her father as emotionally unavailable.

Given that teachers are mandated reporters, which is meant to protect the children, the participants' experiences revealed the school system was also responsible for begetting CSA in some of these participants' lives. In the following quote, Mia recounted how her pleas for help were ignored by her school.

A number of people at school know that these things happened. Either because of things that you know behaviors or actions or things like that. And sometimes I mean I even told the teacher before, right. And I think that if I were White or of lighter skin, that

something would have been done. But no one ever reported it. I know between my sister and I people knew at the school. But no one's ever said anything. But I do think if it were, you know, if I were a different skin color then I think something would have happened.

Mia believes that her school did not act on her disclosure out of prejudice and neglect. This is particularly damaging because Mia and her sister disclosed their stepfather's sexual abuse multiple times to their mother, who did not take any notable action to protect them from him. Mia reported that these failures of the caregivers in her life taught her not to trust authority due to the abuse itself. Furthermore, a trustworthy caregiver also has the responsibility of educating their child on personal boundaries, which was not documented in these family systems.

Lack of Education on Personal Boundaries

Each participant shared about their awakening to the injustice they experienced. Many of the participants explained that their young age and familiarity with the perpetrator created confusion around the sexual abuse. These survivors were not educated on healthy boundaries and how to communicate boundary violations. With most accounts reporting the abuse began before age 9—some at the age of 3—the abuse was sometimes disguised as play and perpetuated through secrecy. Jessica and Phoenix reported the development of hyper-sexualized behavior, which led to revictimization. Jessica shared,

I guess it started from the age of like I would say, four or five. Up until like maybe like 12. Yeah, and then from there, it was just like other people. Like exes and you know, guys at school, whatever.

Jessica's cousin was between the ages of 7 and 9 when he started abusing her. Knowledge is power and if these individuals had a better understanding of their boundaries, they would have been less likely to fall prey to the trickery and coercion of their perpetrators. Cultural norms and religious taboos also contribute to the lack of discussion on healthy boundaries.

Phoenix withheld disclosure for years because she was afraid she would get in trouble for someone seeing her naked and touching her inappropriately. Phoenix, like other

participants, was not educated on what to do when someone violated her personal boundaries. Her exposure to sexual activity was disguised in play, which is similar to Alexander's experience. Phoenix explained how she came to understand that the lack of education on sexuality and female power led to situations whereby her body was disrespected.

I went through middle school and high school basically being hyper-sexual because I felt as though being a Black woman, being specifically a dark-skinned Black woman, being specifically a tall, dark skinned Black woman with nappy hair, who is of direct African descent, which I will be very specific in saying that. Having, you know, a direct line to your ancestry and knowing exactly where you come from is different from being a Black American/African American (...) The experience is different. And, you know, having to go through grade school being called an African booty-scratcher or being called fat or nappy headed or dark or monkey or any other thing, and then opening myself up to sexual experiences with young boys who aren't educated about sex, aren't educated about the female body, the female form. You know, it kind of inadvertently creates opportunities for more assault or more offenses against my body to happen (...) I would say that would be like my only regret in life only because I feel like that's—that was the beginning, that was the precipice to a life of being confused sexually, meaning not really standing in my power.

Not only did Phoenix's lack of education on personal boundaries create room for sexual assault and years of silence, it led to further victimization. Phoenix's experience was also unique among the group of participants, in that she experienced prejudice against her Ghanaian heritage. Phoenix was trained from a young age to use her body in her quest for love and acceptance. Phoenix experienced a perpetual cycle of boundary violations in her adolescence and young adulthood, which led to complex trauma.

Transitional Households

Another prevalent factor in the child's vulnerability to CSA was transitional households. Most of the participants moved frequently and sometimes lived in multigenerational homes. Frequent moves in childhood and having homes that included a variety of generations expanded perpetrators' access to the participants. This was also related to the mother having to work more often and an absent father. Alexis (she/her/hers) outlined what she could remember from her half-brother's abuse. She stated, "And it would be maybe every other night and we used to move a lot, so we would be in different houses and it'd be the same thing." Financial strife and housing insecurity created more distractions, which exposed these individuals to sexual abuse.

Robbing of Innocence

Premature exposure to sexual activity and the abusive nature of the exposure robbed the respondents of their innocence.

I feel like it like I hate to sound like stereotypical like, 'it stole my innocence,' but I really do feel like it did. Because—and the older I got the more I realized that innocence means like, you know, the way that you look at the world. And I feel like they robbed me of looking at the world the way a regular child would. And it damaged how I look at men also. Because now I feel like I have to provide some type of sexual favor to a man, in order to be interested in me. And that's—I'm now learning that that's not normal. Like that's not necessary, you know, for a successful relationship, you know. So [pause] lot of layers to that.

Jessica's perception of the world shifted; she expected sexual intimacy from her male counterparts and believed that to be central to a romantic relationship. Jessica also began wondering about other children's experiences, hoping that they were not being abused at home.

Additionally, once people learned of their abuse or their hyper-sexualized behavior, some of the respondents experienced verbal abuse and isolation. In many ways, they were made responsible for their abuse and their behavior was further scrutinized. Both Jessica and Phoenix are examples of hyper-sexualization leading to revictimization. They each spoke extensively of

unlearning hyper-sexualization to have healthier relationships. Jessica unlearned hyper-sexualization by processing her relationships in therapy, being in relationships where she learned sex was not the only expectation, and seeing examples of healthy relationships through her friends. Phoenix broke through the cycle of revictimization going to therapy and learning to embrace her power and sexuality.

In Remy's (they/them/their) case, they were slapped by their grandmother when she discovered the abuse. Remy was 10 years old at this point, their uncle around age 15. Their grandmother's initial response placed blame on Remy. However, their grandmother—and later their parents—was able to recognize Remy was a victim of abuse, which started at age 4.

Remy also reported that they started enjoying the sexual activity after a while. Remy became aware of their premature exposure when finally learning sex education in middle school. Remy's family later became critical of their general behavior. Alexander also experienced criticism following the abuse. Alexander's father attributed the abuse to Alexander's lack of masculinity, which led to a fixation on enforcing masculine-only behavior. The employment of masculinity will be further discussed in the section explaining *gendered responses*.

Preserving the Family Unit

The families of the participants responded to the abuse in ways that suggested a desire to preserve the family structure. In particular, the matriarch of the family set the tone for the family's collective response. Often times there was a history of generational abuse within the family system, which was maintained through family secrets. Furthermore, participants felt they were made to wear a mask or pretend to accept the conditions of their family dynamics. Each participant had a particular response to the family system's attempt at preserving the family unit. Overall, participants' shared experience of family preservation was supported through the subthemes of: *Matriarch's response*, *keeping family secrets*, and *wearing a mask*.

Matriarch's Response

The matriarch of the family was the mother of the CSA survivor, their grandmother, or even their great-grandmother. In some cases, the matriarch was understanding and compassionate towards the survivor. In other cases, the matriarch was unsupportive and enforced silence. In each family, the matriarch set the tone for the survivor's conceptualization of their abuse.

Mia's mother learned of the abuse when Mia and her sister informed her of their stepfather's behavior. Mia's mother was initially understanding and prepared to remove them from that environment. However, the sisters of the stepfather had a discussion with Mia's mother, which led to her choosing to stay in that environment. Mia and her sister continued to disclose the abuse over the years but there was no action taken to protect them from their stepfather. Based on Mia's account, her mother appeared to be more concerned about inappropriate sexual behavior with male peers than the sexual abuse happening in their home. Mia reported that she was not able to recognize her mother's failure to support her until she reached adulthood.

Eddie's abuse began when he was living in his great-grandmother's home. When his mother learned about the abuse, she attempted to garner support from the rest of the family to press charges. However, Eddie's great-grandmother and other family members did not want the perpetrator to go to jail. The family's refusal to take legal action against the perpetrator was in spite of there being multiple victims within the family and in the community. Older family members alienated Eddie and threatened him and his mother should they publicly disclose. Eddie experienced self-loathing until he was able to reconcile his experience of abuse with his strengths. Furthermore, his mother's support extended into her response to his memoir. Eddie experienced this support as motivation to continue telling his story.

In the cases of Alexis, Alexander, Jessica, and Remy their mothers were also concerned about their wellbeing. Alexis's mother informed her father about the abuse and together they took legal action against Alexis's half-brother. Alexander's mother took physical action against

Alexander's uncle and stopped communication with him. However, his mother resumed her relationship with the uncle years later. Jessica's mother brought her to therapy and apologized for not knowing so that she could protect her. Remy was 10 years old when their grandmother discovered the abuse and responded by slapping them. This inadvertently put blame on Remy, who was only 4 years old when the abuse began by their 9-year-old uncle. After processing the abuse, their grandmother brought the abuser's father to Remy's house to apologize to him. Remy was then expected to be the star child by their family, which limited their self-expression. Similar to Jessica, Remy's mother placed them in therapy to address their trauma.

Phoenix, on the other hand, felt ridiculed by her mother when she disclosed incidents of abuse. When Phoenix shared her experiences at age 12, her mother responded by saying, "...there's nothing I can do about it now, because all of this happened years ago." Phoenix shared that she felt blamed for the abuse, which propelled the low self-esteem that was already present. In Phoenix's case, her low self-esteem led to risky sexual behavior in adolescence and young adulthood.

Cheyenne had a unique experience within this group of participants. Cheyenne never disclosed her experience of molestation and it was never discovered. Cheyenne believes that her grandmother's focus on her sons set the tone for other generations to favor the males over the females. This led to Cheyenne feeling less likely to be supported if she chose to speak up about her assault. In many cases, the matriarch's response to the abuse led to the collective family response.

Family Secrets

Participants shared that their experiences of their abuse became part of their family secrets. Family secrets were sometimes discovered by younger generations, which created a sense of normalcy in these family systems. Alexander maintained that his uncle molesting him at age 5-6 was just another moment in the family pile of secrets. The secrecy was often

maintained by collective silence, which allowed for multigenerational abuse in some families.

Cheyenne recounted,

At one point, I thought about bringing it up to family. But each side of the internal struggle (to bring it up or not to bring it up), had valid reasoning...I didn't know at the time, why I wanted to disclose it like was I disclosing it because I thought someone else might be in danger of that and call it out, or point it out, or was I disclosing it because...I was in a bad place, and I just wanted to wreck things for people...like I was never really sure of that, and so I just kind of set it aside. But then the piece of me that feels a little guilty about it is because we talked about that whole family dynamic where you just pretend that everything is fine, like is there, somebody else that's been exposed to that or could be exposed to that were me not saying something is like opening the risk for others, so I just that internal struggle of to tell or not to tell.

Cheyenne recognized that she struggled with silence when she feared another family member could experience the same abuse. Cheyenne also noted a sense of rage when she stated she might have wanted to “wreck things for people.” Cheyenne’s thought process demonstrates how survivors experience a responsibility to preserve the family unit—or at least the façade of a unit—by remaining silent.

Alexis went through depressive spells because her abuse was not processed within her family.

Cause I, we didn't, I didn't grow up in an expressive family. My family was private. We didn't talk about a lot. A lot of my mother's friends didn't know that we were struggling so bad that we were going through it. 'Cause she just didn't talk about it. She never answered the door. She would always—we were private people, so nobody really knew anything. And she didn't like to talk about anything.

“My family was private,” also speaks to the sub-theme of the *matriarch’s response*, in that Alexis’s mother set the tone for the family. Alexis also spoke of recently discovering a family

history of CSA perpetuated by multiple uncles or family friends, who were often deacons at their church. It appears that Alexis's extended family also worked to keep family secrets of sexual abuse from younger generations.

Jessica's mother chose not to inform her cousin's mother about the abuse. Thus, the abuse remained a family secret. Per Eddie's report, his family was well aware of his uncle's predatory behavior and chose to keep it secret, to avoid disclosure to law enforcement. Eddie received threats from his family when they learned he wrote a book disclosing his experience of abuse. Eddie explained, "This was the response to my truth. And, 'How dare he?!' 'Who does he think he is?!' And the fact that I was so candid made their position and their opposition even more prevalent." Eddie pushed past the family's efforts to silence him—and other victims within the family—so that he may finally tell his story.

Eddie's experience of family silencing him plays into the cultural stereotype of Black families guarding their family from prying eyes. Cheyenne outlined how her experience played into this stereotype.

I feel like we fed into like the cultural stereotype...self-imposed. Or the cultural expectation, what happens in the House stays in the House like you don't air your dirty laundry ... Well, it just didn't happen like I feel like we fed into that stereotype we also fed into by like not feeling empowered to speak up because of that cultural expectation that you just you don't talk about those things, it was you know bad that it happened, but move on, we don't have time for that, like you, don't mess up the family dynamics don't you know don't stop the show like...It happened get over it move on don't talk about it, kind of thing. And I think that that is a. Self-imposed cultural expectation in Black households, or you just don't talk about stuff, and we fed into that.

Cheyenne summarized the silence and secrecy present in all of the narratives. These participants adopted the Black cultural stereotype of keeping family digressions secret in order to protect the

family system. Silencing the individual's experience of abuse forces them to use suppression, which often leads to maladaptive behaviors, emotional strife, and interpersonal challenges.

Wearing a Mask

The final component to preserving the family unit was the formulation and enforcement of specific roles that took the form of *wearing a mask*. Respondents described having to play a part in their family, keep a brave face, and mold themselves to the expectations of their family. For Eddie, that meant learning how to be a chameleon.

For me, this was a large part of identifying with my family my cousins because we all had this common experience with [great-uncle]. And today I wish I had been more personable and relatable as far as the honesty of the conditions and circumstances. That wasn't the case. So I learned how to you know be myself, as a chameleon in their presence. There's a lot of you know people pleasing tendencies that I've had to recover from because of you know my family relationships.

Eddie maintained the family dynamic by disguising his genuine experience and focusing on meeting others' needs. Furthermore, other survivors of his great-uncle's abuse assumed their role in preserving the family. Cheyenne was too embarrassed to open her eyes when she was being molested by an older cousin on a night of their family vacation. She was also afraid to disclose the abuse, which meant she had to continue operating as if everything was normal.

No everything just went on like normal and, but that was like our normal status, like our family modus operandus, or whatever you call it. Like, you just kept going when things happen like and like, especially on my mother's side, like you just pretended that things didn't happen, even when they did happen. So I didn't get any indication that anyone else knew that it happened, but I feel like I also did not give indication that anything happened because that's just what we did, like you just pretended that it didn't happen.

As with other participants, Cheyenne maintained her silence as a way to protect the family system. Mia stated, "My family likes to bury things. They like to play pretend." Jessica also

shared about ongoing family gatherings, where she continued to see her cousin and the family continued as if there was no harm done. Remy shared that they were forced to focus on music and Church, the only two activities deemed worthy by their family. They had to play the role of musical honor student to convince their family they were not limited by the abuse.

The Church

Religion, Christianity in particular, was used as a source of healing within the families of most participants. However, those that grew up in a religious household did not necessarily continue to engage religion in the way they were taught as children. In fact, they renegotiated their relationship with religion and God to better fit their needs. Eddie, Alexander, Alexis, Cheyenne, Phoenix, and Remy reported having religious families. These individuals experienced the Church as the institution that developed a foundational component to their family's belief system and extended community.

Eddie grew up in a devout Christian family, where attending church was an obligation. Eddie's religious journey became more personal and less performative when he experienced a truly welcoming congregation.

So growing up, the support that I most resonated with [was] within the Church, more so than in my family. (...) And by age eight was when I sang my first solo, 'Yes God is Real'. And me having the voice that I'm blessed to have that I still use to this day was a real part of that support system that we're talking about. Where I was from a child able to deliver a song that would move the entire congregation and I still have that gift to this day. But then it became a means of acceptance early on regarding who I am and what I can do. Because at those years I was so insecure I was so full of self-hatred, loathing. I did not have the words to say that to you, but it's a real part of my experience.

Eddie continues to engage Christianity today because he was able to experience Christian faith and community as a source of strength.

Alexander's family was religious, with a few ministers in his extended family. However, Alexander believes, "the people who are the biggest Christians, are the worst people in the family." Alexander believes these family members have the darkest secrets and cloak their indiscretions with faith and service. As a result, Alexander reported that witnessing some of the transgressions has pushed him away from the Church. He described his faith stating, "I believe there's a God, so on and so forth, but I'm not a Bible thumper."

Cheyenne explained that she identifies as a Christian, not a churchgoer. Her mother's side of the family was constantly participating in the Church, whereas her father's side was less involved in the Church.

Stay on the thread with the church stuff and then, specifically the Black church stuff I think that's an extension of Black culture like pretend it didn't happen kind of thing. (...) Like you don't have to pretend it didn't happen, you can acknowledge that it happened, and then (...) you pray about it and then Jesus magically fixes it and then you should be good. Right? [laughing] It's magically fixed, you should be good, and you should forgive, and you should move on (...) That's a huge issue with me and, in part, why I'm not that involved anymore there's other reasons too. Like I still identify as Christian... I just don't identify as a churchgoer anymore. (...) Like if even if you do share like it doesn't really go anywhere, except to the altar, you know. They pray and then, you know, move on...

Cheyenne's explanation of her relationship with the Church demonstrates how victims of CSA feel unprotected, unsupported by their community. Cheyenne also explained that the Church culture reinforced her suppression of the assault, given the notion that prayer and love heal all things. However, Cheyenne and other survivors seek retribution, resources, and interventions that address survivor needs and prevent further perpetration of sexual abuse within their communities and their families.

The Church was also an emotionally charged place for Phoenix, who experienced her second incident of sexual abuse with the pastor's son. Phoenix recounted,

The second incident happened when I was six. After my parents' divorce, me and my two siblings were living with my mom. And we went to this church for a certain Bible study every Wednesday night. And there was a female pastor, and she had a son, and they lived in our neighborhood. So sometimes, we would go and visit her because my mom is a very religious person. There was this one specific incident where we were playing hide and seek. And my little brother went to hide, and the pastor son pulled me into the closet, and he made me perform oral sex on him.

Phoenix, as with other participants, experienced CSA in an environment she assumed was safe. In this particular case, her abuse was also tied to her experience of religion. Phoenix expected her mother to confront the pastor after her disclosure. However, her mother did not make it a point to do so. Her mother's inaction produced resentment.

Remy and Alexis also grew up in Christian households where going to church was mandatory. Remy was pushed to remain active in the Church during their childhood, particularly after discovery of their abuse. Alexis shared, "I mean, my mother, was extremely religious. She had a Bible in her hand all the time." Alexis attended church with her family every Sunday, throughout her childhood and adolescence. Neither Remy nor Alexis endorsed religious practice in the present stage of their adulthood.

Journey to Healing

The participants varied in their coping strategies in childhood and adulthood. However, a common theme emerged from their coping methods: Much of the participants shared about delving into their academic work and getting involved in extracurricular activities in their childhood. Other participants spoke of how their abuse led to hyper-sexualized behaviors. For Eddie and Remy, their extracurricular activities revolved around the Church. Eddie continues to engage in the Church and is involved in multiple ministries supporting other men. Eddie also wrote a book on his experience, which he believes he was ordained to write.

Both Remy and Jessica's parents put them in multiple rounds of therapy to address the psychological impact of their abuse. Jessica explained that her initial therapy experience was specifically designed to help her restructure her memories of the abuse, so they are not as emotionally charged. Jessica's healing process included a period hyper-sexualization in adolescence and young adulthood, similar to Phoenix's experience. Jessica continues to engage in therapy today. However, her focus is not on her sexual abuse history. Phoenix also reported going to therapy. Her current focus is to resolve childhood trauma and family dynamics.

On the other hand, Cheyenne's method of coping varied over the years. She explained that she, "compartmentalized it...and try not to think about it" as well as using food for comfort. As she grew into adulthood, Cheyenne reported shopping helped her feel better. Cheyenne noted, "it mostly it was just suppression (...) I suppressed it...it didn't happen, so that allowed me to be able to function around family and not think about it for years."

Alexis employed compartmentalization and repression to cope with her experience of intrafamilial sexual abuse. Alexis was finally able to address some of her trauma when she moved away from her family for college.

I just started going to therapy. I got outta the house with my family. Um, you know, and college opens you up, made you think a lot more. So I think that's what it was because I think also in college is where I realized that I also didn't have a lot of memories of my childhood cause I already had a very traumatic childhood besides that fact, um, we moved a lot growing up.

Alexis also developed a narrative that allows her to forgive her half-brother. Alexis focused on her half-brother's family conflict and ongoing life struggles. This is similar to Jessica, Eddie, and Alexander's responses, whereby they eventually forgave their abusers. Jessica developed sympathy for her cousin's academic challenges that led to behavioral issues in his adolescence and adulthood. Eddie recognized that his uncle was reenacting his own abuse. Alexander assumed his uncle's behavior was part of his sexual developmental process.

As Alexander's immediate family had conflict, he turned to alcohol. Eventually, he focused on creative outlets, such as photography. For Mia, she fixated on her academic performance and also engaged in activities at school. Phoenix outlined a complicated path to healing. She leaned on her sexuality to find connection and validate herself.

You know, after high school, I would say that I took a step further, and I really embraced my sexuality, but it was in a way that still wasn't healthy because I wasn't addressing all of the nasty things that were said to me--all of the trauma from blaming myself for the childhood things that happened to me. Blaming myself for failed romantic relationships, my image, the way that people view me. And my reputation was somehow my fault, but the way that it spiraled out of control wasn't necessarily my fault, but I was blaming myself anyway.

Phoenix endured self-blame because her experiences of sexual abuse led to risky sexual behavior. Phoenix shared that she eventually learned to stop shaming herself and find a healthy way to embrace her sexuality.

Most individuals chose to move away from their hometown, often in pursuit of a college degree. Moving away for college is a common experience for many young adults. However, it has particular significance for this group, a group of Black CSA survivors. Moving away for college allowed participants to create distance from their abuser and family system when that form of protection was not provided. Participants were able to better process their experiences and heal once they moved away from home.

Cultivating Relationships

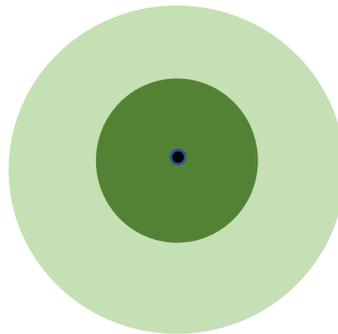
As with most cases of interpersonal abuse, participants often detailed relationship issues within their family system and outside of their family. They described the challenge of trusting others enough to form a healthy and open connection. Most participants tied the challenge of connecting to their history of abuse. Each of the female identifying participants noted their difficulty with forming healthy relationships, particularly romantic relationships. For those who

identify their problem with connecting to others, they describe a relational distance even with people they claim they are close with (see *Figure 1*). Cheyenne explained,

...there's like an outer court and inner court and like almost nobody gets into the inner court, but I'll let people in the outer court because that's what's expected in order to look normal and healthy in life.

Additionally, most participants discussed their search for acceptance following their experiences of abuse. Thus, in the process of *cultivating relationships*, participants' narratives revealed the subthemes of *together but alone* and *search for acceptance*.

Figure 1
Relational Distance



Note. This figure is presented in color. The dot in the middle of the figure represents the individual's true self at their core. The dark green circle represents the level at which the individual allows people to learn about them while still not fully allowing their true thoughts, emotions, and experiences to surface. The light green circle represents the individual's outer shell, which is upheld in relationships where there is minimal-to-no trust present. IPA is a joint product of the researcher and researched (Smith et al., 2012). Thus, this schematic representation of relational distance was born out of participants' explanations of their challenges with cultivating relationships.

Together but Alone

Each participant outlined how they show up in significant relationships. Mia claimed that she was close to her family growing up. However, she further explained, "I would say we were together but completely alone." Mia developed her relational style based on the example of her family. Mia stated, "I keep everybody at a distance emotionally because the trust isn't there." She lived in a home with her mother, abusive stepfather, and three siblings. She and her older

sister made attempts at sharing their experiences of abuse with their mother, but there was no action taken to protect them. Mia learned over the course of her childhood that she had to stand on her own and find other ways to defend herself. The failed protection from her mother and the aberrant abuse of power from her stepfather led Mia to no longer trust others, particularly those in authority.

Alexis outlined how her experience of CSA led to challenges connecting with others, particularly with men.

I realized that I did, like I said, after going to therapy that I also, I do hold a certain type of anger towards men. As far as getting close to somebody being one around somebody, because, you know, that's your brother, that's like one of the first men, you know, your brother and your father. And so that kind of, I didn't realize it, but that kind of formed the way I looked at men growing up. As far as, you know, what they look like, what they dressed like, how they talked to you, the tones, the coercion, always assuming that somebody's out to get the worst out of you, different things like that.

Alexis developed the belief that men cannot be trusted, which led to anger towards men. Alexis's realization of underlying anger would have continued to go unchecked if she did not process in therapy. Now Alexis has the awareness of her anger towards men and she is able to challenge her responses and assumptions.

It is important to note that both Alexander and Eddie are in their early 50's, compared to five other participants in their mid to late 20's. Additionally, Cheyenne, 48-year-old woman, outlined how she would disclose part of her experience to support other individuals when she was in a ministering role. It appears that older individuals of this cohort have been able to take on mentorship roles, whereby they support other individuals enduring life challenges. This is their way of connecting to people in spite of their reluctance to vulnerability. Eddie was able to use his faith to allow him to connect to other people and find healthy relationships within his

family system. Alexander made it his mission to support youth, as he did not have a healthy relationship with his father.

Other factors leading to challenges trusting others are revictimization, ongoing exposure to the abuser within the home or at family functions, and additional forms of abuse. These compounding factors were experienced in some combination by each of the participants. Mia, Eddie, and Alexis identified physical abuse within their family system, particularly from the sexual abuser. Alexander also experienced emotional abuse from his father. Remy experienced bullying from their peers, often related to their gender expression. Phoenix was also bullied, whereby she was targeted for presumed promiscuity and physical attractiveness based on her ethnicity. Phoenix was able to outline her history of sexual revictimization within her family and with her peers.

Search for Acceptance

Participants also commented on their search for acceptance through relationships with their peers and family. Alexander's narrative outlined how his father's rejection significantly impacted him following the discovery of his abuse. Alexander explained that he used his experience with his father to help him become a better father for his own children and a mentor to young adults. Eddie also detailed how he uses ministry to mentor men on self-acceptance, vulnerability, and empowerment. Eddie is able to use ministry as his vehicle because he found acceptance within the church at a young age, when he did not accept and love himself. Phoenix noted that she used romantic relationships to feel loved and accepted.

And then I was using—still in college—using romantic relationships, as a way to validate myself in a way to prove to myself that I needed to be loved or that I was deserving of love, and that was not the right way to go about it.

Jessica had a similar experience to Phoenix, in that she used sex and romantic relationships to validate herself. Both Jessica and Phoenix believed it was the only way to engage with men.

Remy's search for acceptance originated within their family system. Remy explained that they were often subjected to criticism, shame, and restriction.

So I feel like unfortunately I have been kind of pegged as the Cinderella I've always been the Cinderella my family. But I really feel like the abuse exacerbated it because we got caught and because, like I don't know like I can't say for sure, but like I feel like other members of my family have been abused by this person ... For it to come out the way that it did, and for me to be the person that I am and be affected by that, my relationship with my family has always just kind of been like. I've just always felt like the one who just had to like compensate and do so much to be seen and to be accepted, and that is that spilled over into a lot of different relationships.

Remy's experience following the discovery of his abuse led him to focus on pleasing his grandmother and parents. Remy lost his identity in this process, as he yearned for the acknowledgement and acceptance of his family. As with other survivors, Remy's experience within his family system transferred into people-pleasing tendencies and boundary crossings in future relationships.

Gendered Responses

The responses to each survivor's abuse included a gender-based undertone. Some of the women respondents spoke of their employment of the *Strong Black Woman* trope. Participants also outlined how their mother or the matriarch of the family responded, which often aligned with the strong Black woman trope. Individuals also described differences in the treatment of males and females within their families. For two of the individuals who were assigned male at birth, their narratives demonstrated how their families enforced masculine behaviors. Thus, the superordinate theme of *gendered responses* to CSA also yielded subthemes of the *strong Black woman*, *masculinity*, and *protecting their men*.

Strong Black Woman

Some participants shared how they learned to maintain a brave face and proceed in spite of all the challenges created by their abuse. Mia shared how she was socialized to remain strong and it led her to also assume that response from other people experiencing their own set of challenges.

Also, I think it's kind of unspoken that you know things happen to Black women. And we're just going to be strong and we're just going to push through and we're going to work it out and it doesn't really matter as much. Like I know that's definitely my mom's mentality. And a lot of things over the years—it's funny—but many things she'll be like, 'Why do you always try to be White?' ... And like, 'I'm not trying to be White, I'm trying to be a whole person and acknowledge the things that are going on.' But okay, if you think that's really what it is. So it is very difficult, but I do think it's something that, you know, it's kind of pervasive in the Black community.

Mia learned how to be strong from her mother, the matriarch of her family. Being strong in the Black community has also meant suppressing traumatic experiences to maintain course. Mia mentioned, "...we're just going to push through and we're going to work it out..." However, these issues of CSA were not addressed, and other survivors show CSA is still propagated within the community. The toughness that was historically necessary and socially bound insulates trauma and abuse within Black families, without fully addressing the promoting factors or impact of the trauma.

The strong Black woman has to take care of her responsibilities, which often means supporting the family, and refrain from showing the emotional impact of their sacrifices. Eddie's mother took it upon herself to remove him from the abusive home of his great grandmother, in spite of having to work without sufficient childcare. Alexander's mother became a single parent, which led to financial strife during Alexander's childhood. Alexander described his mother having to return Christmas presents or not purchase any present and privately cry in her room. Alexis became a strong Black woman by pushing aside her trauma to help her half-brother raise

his children. Alexis did not name herself as the strong Black woman, but her pursuit of supporting family, particularly her male abuser, speaks to this identity. Remy's grandmother also embodied the strong Black woman persona. She was the clear matriarch of the family, whereby her home was where the family often congregated, and she led the apology for the cousin's abuse.

Masculinity

Alexander, Remy, and Eddie shared their relationship to masculinity following their abuse. Gender was also tied to sexuality for these individuals and their families. Alexander's father became resentful towards him, often suggesting Alexander was not masculine enough. Alexander recounted his father's response after discovering Alexander's teenage uncle was sexually abusing him:

...and then my dad my dad came in. He instantly went on attack on me. It was, you know, he started being verbally abusive to me and like blaming me for the scenario, even though I was what five or six. Which I think in hindsight was probably the worst part of it was his reaction versus [mother's reaction] (...) And then it just it started a string of verbal abusive things from him. Like anything I did that wasn't man enough or boyish enough. He would call me soft, sissy, things of that nature (...) If I would be playing with my action figures or something. You know, if I wasn't being tough or breaking stuff or anything like that, he would just be really judgmental of everything. And my relationship with him it bothered me because I wanted to be close to him. But it kind of helped, all of that helped me. Because what I've learned as I got older is he taught me how to not be.

Alexander took his father's criticism to heart, which was the largest impact of his narrative. Alexander continuously searched for a father figure and eventually became the father he always wanted by supporting his own children and other youth. In Alexander's reflection on his relationship with his uncle prior to the abuse, he suggested that his behavior as a 5 or 6-year-old could trigger his uncle to sexually abuse him. Alexander also attributed his uncle's deviant

behavior to a sexual developmental process for adolescent males. However, this assumption suggests Alexander believes sexual deviance and abuse is commonplace within his community. This is a dangerous assumption, as it leads to permission for further perpetration of CSA.

Remy was assigned male at birth and now identifies as non-binary. Remy reported that their family denied them the opportunity to engage in activities considered feminine, such as theatre. Remy shared how this limited his ability to truly explore their interests and discover their potential. Remy believes that their abuse led to his parents' divorce.

I think that was kind of like the catalyst for I don't I will I don't I really can't say for sure, but I definitely do think that, like that was a big determining factor for like my parents' divorce. Just because, like I grew up in a very Christian household. So you know anything dealing with it, especially not only because it was abuse, but it was like abuse from a male to male, you know. I'm saying it's like it was that situation where it was like, Okay... even though this is abuse in general, this is like homosexual abuse, so this is even worse. And so that I thought was like some subliminal way like a driving wedge between like my parents in the way that the divorce played out.

At school, their peers degraded them for any behavior or expression deemed feminine. Remy also noted that the bullying behavior was prevalent with their Black peers: "I really hated being Black because it was all the Black boys who used to tease me about being 'gay' and 'acts like a girl', and I was forced to be in spaces with them, because I was Black." Remy's experience of gender expression prejudice felt limited by their identity as a Black Christian individual.

Eddie shared that he learned about the generational abuse within his family, whereby there are multiple instances of "male on male dominance". Eddie explained that his uncle was also abused, which taught his uncle to abuse others. Eddie also shared, "...I have other male cousins that were victims of my uncle but they're not willing to talk about these things." When the sexual abuse goes unchecked and the family maintains silence, it sets the groundwork for future abuse. Eddie understood this and uses his ministry to educate and support others.

Phoenix also spoke about the lack of education of men and the socialization of masculinity. In reflecting on her identity as a Black woman, she made notes explaining how her experience of Black womanhood is impacted by men, especially Black men.

And the responsibility is always shifted from men to women. Not addressing men and why they have aggressive behaviors, hello? Why do they believe they can overpower a woman? Maybe because of social conditioning that says men are stronger than women. Why do men feel like it's okay to overpower a woman sexually? Maybe because young boys are taught that they have to be dominant. They have to be tough. They have to be rough and aggressive. "Let boys be boys." It all builds up to this predatory behavior as they get older and it's so frustrating to me because whenever the topic of sexual assault, human trafficking, sex trafficking comes up, again, the responsibility and the blame is always shifted to women—that they need to get weapons, take self-defense class, etcetera. (...) And why is not the narrative and the intensity directed towards men? (...) So why is the education and conditioning not geared towards men? (...) As a Black woman (...) I already know I'm not going to be protected.

Phoenix's explanation of toxic masculinity and how it impacts her identity as Black woman is related to the Black women's role of protecting Black men.

Protecting their Men

Part of the matriarch's role is to protect the men in the family, which is then adopted by other women of the family. Both Alexis and Jessica developed sympathy for their abusers' experiences of life challenges. Alexis supported her half-brother by helping with his children. She forgave his behavior due to the history of family discord, and his development of substance abuse and legal charges. Jessica forgave her cousin's behavior as he had limited opportunities.

His life has not turned out very well. And on that—and this is why this is also confusing to me and I hate it because I grew up in a much more forgiving environment than he did. And so, like, I was able to make mistakes that he wasn't. Like so like, you know, with

education, like I could like go in and out of college and you know be fine. He you know he went to college, but he didn't do what he needed to do. So he, you know, dropped out of college. And like now like his life, he has like an excessive number of children, and he is like a heavy drug user, and the family kind of looks at him in a bad light. And makes me feel bad because, like I said, I grew up in a more forgiving environment.

Jessica and Alexis shared how their abuser needed support during and after the disclosure of abuse. Their emotional response to their abuser's life circumstances is also connected to the Black woman's conditioning to protect Black men, particularly their family.

Mia's step-aunts convinced her mother to stay in the home as she gathered their things to leave after the first disclosure. Mia was not privy to their conversation, as she was only 8 or 9 years old at the time. However, the conversation led her mother to keep her children in the abusive home, under the supervision of their sexually abusive stepfather. Mia's mother continued to refrain from taking action to shield her children after multiple disclosures. Her inaction speaks to the level protection that Black men have received in many family systems. Similarly, Eddie's family shielded the abusive great uncle instead of taking action to protect Eddie and other victims within their family system and community.

Cheyenne described her family treating their boys and men as princes, which made her even more uncertain about receiving support if she were to disclose her experience of sexual abuse.

But growing up, the dynamic in our family—and maybe this is partially why I wasn't comfortable saying anything—is the boys are the princes and the girls are the workhorses. And the boys could do no wrong. And the boys were the favorites, and you know the girls were the workhorses; and my brother was her obvious favorite. (...) She didn't treat me poorly, she just treated him better.

Cheyenne's mother adopted the grandmother's preference for her male children. Cheyenne noticed this difference in treatment, which contributed to her silence. Cheyenne still has not disclosed the abuse to her family.

Phoenix also has a family that upholds their men and boys more than their women and girls, naming the females as servants.

There's so much being an African woman again, because this is a separate experience than being African American or Black. You don't question men. My mom told me when I was around 16 years old, that women are here to serve men, and of course I disagree. I vehemently disagree with her, but I've seen, in my own family, men get away with serial cheating, physical abuse, all this stuff. And it's like men get a free pass. (...) I see it, a lot of men perpetuate trauma, or they commit these crimes--which that's what they are--crimes. Battery is a crime, physical and sexual assault is a crime, and it's like, it gets swept under the rug. And I really hate that there's this common joke that everybody has that creepy uncle. That shouldn't be normal. You shouldn't have family members that make you uncomfortable or make your children uncomfortable--to the point where you have to tell your girls to cover up.

Phoenix's experience of gender roles differs from Alexis's experience, in that the traditional Ghanaian culture forbids questioning men. Consequently, this shields men from accountability for their transgressions. Furthermore, it creates a cultural norm of excusing the "creepy uncle" and propagates generational abuse.

Identity Formation

Each participant's identity was shaped throughout the abuse and into adulthood. There is a common theme of an emerging identity as each participant reflected on the impact of the abuse and identified the life they want to live. Participants discussed their identity based on gender, race, ethnicity, religion, and sexuality. Some of the participants are still discovering their

identity. For most of the participants, their experience of sexual abuse and the resultant consequences also shaped their sense of purpose.

Mia self-identified as a person who does not have role models. She explained, “I never really looked up to people and I always thought like you know just as much as you're doing good you're probably also doing something that you shouldn't be doing.” Mia explained how this is founded in her mistrust of others as a result of her trauma. Mia also explained her mask of strength portrayed through an avoidance of emotionally charged disclosure. Mia’s continued attempts at guarding herself from any vulnerability aligns with the strong Black woman trope.

Much of Phoenix’s narrative commented on the intersection of multiple identities and how she reached a point of empowerment. Phoenix struggled with feeling attractive in her childhood and adolescent years. She adopted a hyper-sexualized outlook for social acceptance. As she grew into adulthood, Phoenix was able to shed the hyper-sexualization and work towards self-acceptance and self-empowerment as a tall, dark skin, bisexual, Black African woman. Phoenix shared, “And as an adult, I'm truly navigating and trying to reclaim my sexuality and reclaim who I feel that I truly am, and what has been muted or muddled by societal expectations and norms.”

Remy continues to explore their identity into their twenties. Remy explained that their identity development was stifled after discovery of the abuse.

...the trajectory of my life, just when a certain type of way, because I think that after the abuse came out like my parents really like they already really held me tight, but they helped be like grip like choking tight, to the point where it was like. I wasn't able to express yourself in a way, where you know I felt like I could really be me. I've never got to that point and I'm still trying to figure out who that person is now.

As an adult, Remy is finally in a place where they can discover themselves without the limitations of family or peers. Remy shared that they were not fully aware of their Black identity growing up. Remy discussed how their peers assumed they were of mixed race due to their fair

complexion. Remy's focus was more on how they were perceived in the feminine-masculine classification. Remy identifies as non-binary, and they are still exploring their sexual orientation.

In Cheyenne's response to the impact of her abuse on her identity as a Black individual, she highlighted the intersection of her gender identity and racial identity. Cheyenne recognized the role of patriarchy and how it creates a stronger impact on her identity as a woman than as a Black person. This is also tied to her family's treatment of their men as princes. Cheyenne grew up in the Church and became a minister in adulthood. However, she no longer identifies as a churchgoer and only maintains that she is Christian.

Alexis believes there was a greater impact on her gender identity than on her racial identity. However, Alexis also noted that Black women are often "labeled as strong". Alexis has a conflicted perception of her experience and does not fully acknowledge the totality of her identity. Alexis has recognized that her mistrust of men is connected to her experience of abuse. Conversely, Alexis maintained that she is guarded from the full weight of the trauma because she does not remember much of the abuse. Her narrative suggests she is still in the early stages of processing the impact of her CSA experience.

Jessica emphasized that the abuse stole her innocence. Enduring the sexual abuse changed the way Jessica saw the world. It also damaged how she viewed relationships with men. Jessica now realizes that sexual favors are not the cornerstone of a relationship, only supplemental. Jessica explained that she is unlearning the hyper-sexual behavior programmed through her experiences of sexual abuse. Jessica clarified that she no longer lets the abuse define her identity.

Alexander's narrative focuses on the impact of his father's ill response to discovering his abuse. His father's mistreatment prompted him to find father-figures in other relationships and taught him the mistakes to avoid as he became a father himself. Alexander also feels he has moved past the sexual abuse experience. He explained that he chose not to let it break him.

It happened. I've gotten over it. I have my rules that apply towards it. You know, I don't let it break [me]. I refuse to do that. You know, and I'm here so and everybody can't say that. (...) We're all built differently. And I just keep doing what I have to do to try to try to help anybody that I can help that's going through it.

Alexander now advocates for survivors, particularly young adults.

Eddie has chosen a role of mentorship for other individuals experiencing challenges in their lives. Eddie also embraces Christianity and uses ministry to reach others. During his childhood, Eddie played a role in his family. He had to perform such that he did not disturb the façade of peace and love. When he was old enough, Eddie was able to escape the façade and abuse within his family. Eddie took charge of his life, moving from acquiescence to autonomy. Eddie also redefined his relationship with church. In spite of his family's attempts at quelling his voice—and even use of physical threats—Eddie told his story through writing. Eddie was able to self-identify as a survivor of CSA through his family's resistance. Eddie stated that he feels empowered to end the generational cycle of sexual abuse by disclosing his experiences and thus, breaking the silence.

Summary

Each participant provided a unique perspective of their experience as a Black survivor of CSA perpetrated by a family member or family friend. Collectively, their narratives intersected at common points: Vulnerabilities in the family system, premature sexual development altering the child's understanding of healthy relationships, protecting the family from consequences of disclosure, utilization of the Church community and doctrine, coping with the abuse, the issue of mistrust in various relationships, toxic masculinity and the strong Black woman trope, and personal growth. As trauma remains part of each of their narratives, these participants continue to grow and respond based on their experiences. Eddie shared, "And while I am better today, I don't want to create the scenario that I'm better to that extent because I can still have moments.

I can still be triggered.” These survivors are actively striving to survive their abuse and transcend their legacies of abuse.

CHAPTER 5

DISCUSSION

This study sought to explore how Black adults survived child sexual abuse (CSA) perpetrated by people known to or within their families. Eight participants' narratives revealed how they were vulnerable to CSA as children, robbed of their innocence, molded to preserve their family unit, grew up in the Church, journeyed to healing, cultivated relationships, experienced/lived gendered responses to their abuse, and formed their identities. These superordinate themes across the participant narratives helped to illuminate potential risk factors, their disclosure process, the impact of their abuse, resilience, and gendered responses within Black communities.

Risk Factors

Extant literature suggests common risk factors for CSA across races and ethnicities, which include: Prior victimization of the child and/or family, prior victimization other than child abuse, prior or concurrent forms of child abuse in the home, parental history of child abuse victimization, inter-parental issues, parenting problems, non-nuclear family structure, family problems, i.e. social isolation, and child problems, such as chronic conditions (Assink et al., 2019). Most of these general risk factors were supported by the narratives provided by the participants of the present study. It is difficult to ascertain if there was prior victimization of the survivors and/or their families because it was not disclosed in their interviews. However, multiple individuals reported concurrent forms of child abuse in the home, various family problems, non-nuclear family structures, and child problems. Leifer et al. (2004) found that sexual abuse and family dysfunction were comorbid in Black families. Family dysfunction was only mentioned in three participant narratives of their experiences of CSA. This does not mean that there was not family dysfunction in the other participant families, as it was not explicitly addressed in the interview schedule.

Disclosure Process

Previous studies on CSA often discuss the disclosure or discovery of abuse. Common barriers to victim disclosure of abuse include failure to recognize events as abuse, victim's fears, ability to speak to a trusted adult who will accept their account, relationship to the abuser, and difficulty remembering the event (Jeremiah et al., 2017; Leclerc & Wortley, 2015; Martinello, 2020). Also, feelings of self-blame, guilt, shame, anxiety, dread, and terror prevent CSA victims from disclosing the abuse (Back et al., 2011; Fontes & Plummer, 2010; Martinello, 2020). These barriers were present in this group of accounts on CSA experiences within Black family systems. An additional barrier revealed by Cheyenne's case was an inability to confirm the identity of the perpetrator.

Brazelton (2015) acknowledged that cultures such as the African American culture hold negative attitudes towards sexuality, which creates a cultural silence of communication around sexuality. As seen within these participant narratives, the cultural silence around sexuality limits disclosure of abuse. This was particularly evident within Eddie's family system, whereby he and various other family members experienced intra-familial sexual abuse. Tyagi (2002) also found factors that limit disclosure of incest among women of color. These included the importance of maintaining a good face, the scandal of losing their virginity before marriage, protecting the family from shame, victim blaming, and silence and denial at the community level (Tyagi, 2002). Fontes and Plummer (2010) noted that Black women are burdened by the expectation to be strong and protect the Black image when abusers are Black males. Each of these factors were noted in participant accounts or endorsed through their discussion of emergent themes.

These barriers to disclosure could be explained by the model outlined by Collin-Vézina et al. (2015), which denoted barriers from within, barriers in relation to others, and barriers in relation to the social world. Based on the shared lived experiences, barriers from within participants included failure to recognize the events as abuse and limiting feelings, such as fear, guilt, or shame. Barriers in relation to others were identified by silencing from the abuser, lack

of access to a trusted adult who will accept their account, and power dynamics in the abuser relationship, whereby the abuser was a person of authority or held a favorable position in their family and/or community. Barriers in relation to the social world include cultural negative attitudes towards sexuality, protecting the family from shame, and widespread silence and denial at the community level. Participants discussed how these various levels of barriers contributed to their delay in disclosing the sexual abuse, and for some participants, never disclosing the abuse.

Impact of Abuse

Participants of this study shared how their experiences of CSA impacted them. For Alexander, he believed his father's response to discovering his abuse was more impactful than the abuse itself. The experiences shared within this study are reflected in the literature describing long-term challenges regarding gender roles, sexualization, responsibility in the abuse, anger and rage, and loss (Alaggia & Millington, 2008). The loss described by participants was a loss of innocence, which led to premature maturation of sexuality and a distorted understanding of healthy relationships. Sciolla et al. (2011) found women who experienced severe forms of CSA reported greater levels of depression than women who experienced moderate forms of CSA. Other research found that the extent of exposure to CSA (no CSA, non-contact CSA, contact CSA without attempted or completed sexual penetration, and contact CSA with attempted or completed sexual penetration) was associated with increased rates of major depression, anxiety disorder, suicidal ideation, suicidal attempt, alcohol dependence, and illicit drug dependence (Fergusson et al., 2013). The findings of the present study include various factors that increased the negative impact of CSA on the participants. For example, Cheyenne experienced one incident of molestation and was still greatly impacted by her experience of abuse. This is likely due to the added factor of not being able to identify which of her cousins was the abuser. Cheyenne had to continue engaging in family functions knowing that someone sexually abused her, leading to an even greater sense of mistrust. This later affected her ability

to engage in intimate relationships. CSA was also found to be associated with decreased age of onset of sexual activity and increased number of sexual partners (Fergusson et al., 2013). This speaks to the hyper-sexualization and sexual risk-taking behaviors described by some of the participants in the present study. Lestrade et al. (2013) found that Black women survivors of intrafamilial CSA engaged in more high-risk sexual behaviors than women who experienced extrafamilial CSA. Given the multitude of negative impacts of abuse, it is important to discuss resiliency factors that promoted healing among these participants.

Resiliency

Survivor resiliency developed as the participants learned how to continue their lives during and after their experiences of sexual abuse. Extant literature suggests that self-enhancing cognitive reappraisals, disclosure and discussion of the abuse, choosing to not dwell on abuse, and orienting self to the future contribute to victim resiliency (Himelein & McElrath, 1996; Sanjeevi et al., 2018). Participants of the present study struggled to develop many of these resiliency factors until they reached adulthood. As adults, Alexander and Jessica both choose not to dwell on their abuse and instead to orient themselves towards the future. Phoenix and Eddie, who both struggled with self-loathing in their childhood, developed self-enhancing cognitive reappraisals, which promoted their healing. As explained by Spaccarelli (1994), their cognitive reappraisals were mediated by environmental variables and individual variables. For Phoenix, she received information from her familial and school environment that convinced her she needed to use her body and sexuality to be accepted. Eventually, Phoenix was able to overcome this by reframing some of her beliefs about love and her worth. O'Brian et al. (2019) identified the positive outcome of an increased desire to provide a healthy father-child relationship among men who were sexually abused as children. This finding is supported by Alexander's narrative. For Alexander, becoming a supportive and noteworthy father was his life's mission. Alexander also extends this into his support for youth in general, which is similar to Eddie's life work.

A better reflection of childhood and adolescent resiliency within this group of participants is explained by social support from non-offending caregivers, community, peers, religious membership, and competent parenting (Marriott et al., 2014; Sanjeevi et al., 2018). Some participants, such as Mia and Phoenix, never received support from their non-offending caregiver. Others, such as Eddie and Jessica, felt supported by their non-offending caregiver and were able to find peace after their disclosure of the abuse. Remy expressed that they are still discovering themselves. They may have been more at peace if their family would have allowed them to engage the theatre community in the way that they desired. Eddie found solace in the Church once he became part of a congregation that encouraged him to use his gift of singing. Eddie continues to engage the Church, as he was able to relate in a supportive manner. Again, the coping strategies used by each participant were mediated by environmental variables as well as individual variables (Spaccarelli, 1994).

Gendered Responses

A common subtheme across transcripts was the *Strong Black Woman* trope. Employment of this trope influenced both female participants and the matriarchs across all participant families. In some ways, the strong Black woman is seen as resilient. In other ways, the façade of strength prevents individuals and their families from truly addressing pervasive issues. This finding is congruent with Watson and Hunter (2016), who found simultaneous advantageous outcomes of self-efficacy and unfavorable implications for self-care among African American women who endorsed the strong Black woman schema. Participants in Nelson et al.'s (2016) qualitative study defined the strong Black woman through five characteristics: Independent, taking care of family and others, hardworking and high achieving, overcoming adversity, and emotionally contained. These characteristics are congruent with the narratives provided in the present study. Furthermore, Harington et al. (2010) found that trauma exposure and distress predict greater internalization of the strong Black woman ideology among African American women.

Continuing with the theme of gendered responses to trauma, masculinity was another component highlighted in participant narratives. Black masculinity has a history of reinforcing hegemonic masculinity and heteronormativity (Young, 2021). Furthermore, there is a history of homophobia in Black churches (Ward, 2005). Emphasis on hegemonic masculinity and heteronormativity was prevalent in the present narratives of participants assigned male at birth. The participants did not explicitly state the connection between Black masculinity and the Black Church. However, the connection is evident when dissecting the transcripts of these participants.

Limitations

By default, interpretations made from this qualitative study are limited to the experiences of the selected participants. The data for this study was collected during the COVID-19 pandemic and a reawakening of social justice movements, which may have impacted the participation, interactions, and interpretation of this study. Any conclusions drawn from this study must be carefully chosen for discussions of other Black adult survivors of CSA by known perpetrators. Additionally, interpretative phenomenological analysis (IPA) is a double hermeneutic approach, whereby the researchers make sense of the participants making sense of their lived experience (Smith et al., 2012). In other words, the conclusions drawn herein reflect the understanding of the research team based on their reading and rereading of the transcripts.

Implications and Future Research

Given the findings of this study, there are implications for counseling standards that would impact counselor education and training. The experience of child sexual abuse within Black family systems and communities is tied to ethnic and racial challenges, strengths, and principles. Counselors need to be aware of the interplay between the Black experience and how CSA may be perpetrated and addressed within Black communities. The family dynamics of the Black family system particularly impact how CSA is experienced in the Black community. Multicultural competence of this sort will also inform the measures that are taken to provide

treatment for Black CSA victims and their families, as well as the identification culturally appropriate resources to end generational cycles of CSA. Furthermore, the *2016 Council for the Accreditation of Counselor Related Educational Programs (CACREP) Standards* state that counseling curricula should explicate the importance of multicultural counseling competence. Meeting this standard includes teaching counseling students how the characteristics of Black communities, such as the strong Black woman ideology and masculinity, may impact Black families' responses to CSA.

This study of Black adult survivors of CSA by known perpetrators reviewed the lived experiences of eight individuals. Using IPA, eight superordinate themes were found across narratives: Child's vulnerability, robbing of innocence, preserving the family unity, the Church, journey to healing, cultivating relationships, gendered responses, and identity formation. These themes helped to explain how CSA was perpetrated within Black family systems and how Black individuals and their families responded to the abuse. Based on the themes identified in this present study, it is imperative that caregivers in all settings of Black communities receive more training and support to prevent CSA, intervene in suspected cases, and prevent revictimization. Along with education and support for caregivers, Black children would benefit from education on relational boundaries and how to retrieve help after experiencing a boundary violation. Counselors can support this effort by training caregivers on appropriate language to use when explaining boundaries and reinforcing healthy boundaries in their natural systems. Counselors may support Black children by providing developmentally appropriate boundary education. The results of this study merit further exploration through both qualitative and quantitative methodology, as well as larger-scale methodological approaches. Future research should seek to identify strategies for preventing CSA, eliminating barriers to disclosure, reducing negative impacts of CSA, and increasing resiliency within Black communities. Additionally, updated research on the dispositions of Black individuals is warranted.

REFERENCES

- Alaggia, R., & Millington, G. (2008). Male child sexual abuse: A phenomenology of betrayal. *Clinical Social Work Journal*, 36(3), 265–275. <https://doi.org/10.1007/s10615-007-0144-y>
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to good qualitative research approach. *International Journal of Education & Literacy Studies*, 5(2), 9-19.
- Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity*, 23(3), 121-127.
- American Psychological Association. (n.d.). *Racial and Ethnic Identity*. <https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/racial-ethnic-minorities>
- Anglin, D. M. & Whaley, A. L. (2006). Racial/ethnic self-labeling in relation to group socialization and identity in African-descended individuals. *Journal of Language and Social Psychology*, 25(4), 457-463. <https://doi.org/10.1177/0261927X06292770>
- Asberg, K., & Renk, K. (2013). Comparing incarcerated and college student women with histories of childhood sexual abuse: The roles of abuse severity, support, and substance use. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(2), 167–175. <https://doi.org/10.1037/a0027162>
- Assink, M., van der Put, C. E., Meeuwse, M. W. C. M., de Jong, N. M., Oort, F. J., Stams, G. J. J. M., & Hoeve, M. (2019). Risk factors for child sexual abuse victimization: A meta-analytic review. *Psychological Bulletin*, 145(5), 459–489. <https://doi.org/10.1037/bul0000188.supp>
- Back, C., Gustafsson, P., Larsson, I., & Berterö, C. (2011). Managing the legal proceedings: An interpretative phenomenological analysis of sexually abused children's experience with the legal process. *Child Abuse & Neglect*, 35(1), 50–57. <https://doi.org/10.1016/j.chiabu.2010.08.004>
- Brazelton, J. F. (2015). The secret storm: Exploring the disclosure process of African American women survivors of child sexual abuse across the life course. *Traumatology*, 21(3), 181-187. <https://doi.org/10.1037/trm0000047>
- Campbell, R., Goodman-Williams, R., & Javorika, M. (2019). A trauma-informed approach to sexual violence research ethics and open science. *Journal of Interpersonal Violence*, 34(23-24), 4765–. <https://doi.org/10.1177/0886260519871530>
- Cecil, H. & Matson, S. C. (2001). Psychological functioning and family discord among African-American adolescent females with and without a history of childhood sexual abuse. *Child Abuse & Neglect*, 25, 973-988.
- Center for Disease Control and Prevention. (2020, January 17). *Preventing Sexual Violence*. <https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html>

- Center for Disease Control and Prevention. (2020, March 20). *Preventing Child Sexual Abuse*.
<https://www.cdc.gov/violenceprevention/childabuseandneglect/childsexualabuse.html>
- Collin-Vézina, D., De La Sablonnière-Griffin, M., Palmer, A. M., & Milne, L. (2015). A preliminary mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse. *Child Abuse & Neglect*, *43*, 123–134.
<https://doi.org/10.1016/j.chiabu.2015.03.010>
- Collins, C., O’Neill-Arana, M., Fontes, L., & Ossege, J. (2014). Catholicism and childhood sexual abuse: Women’s coping and psychotherapy. *Journal of Child Sexual Abuse*, *23*(5), 519–537. <https://doi.org/10.1080/10538712.2014.918071>
- Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP standards*.
- Crete, G., & Singh, A. (2015). Resilience strategies of male survivors of childhood sexual abuse and their female partners: A phenomenological inquiry. *Journal of Mental Health Counseling*, *37*(4), 341–354. <https://doi.org/10.17744/mehc.37.4.05>
- Daigneault, I., Hébert, M., & Tourigny, M. (2007). Personal and interpersonal characteristics related to resilient developmental pathways of sexually abused adolescents. *Child and Adolescent Psychiatric Clinics of North America*, *16*(2), 415–434.
<https://doi.org/10.1016/j.chc.2006.11.002>
- Dale, S., Weber, K., Cohen, M., Kelso, G., Cruise, R., & Brody, L. (2015). Resilience moderates the association between childhood sexual abuse and depressive symptoms among women with and at-risk for HIV. *AIDS and Behavior*, *19*(8), 1379–1387.
<https://doi.org/10.1007/s10461-014-0855-3>
- Easton, S. (2019). Childhood disclosure of sexual abuse and mental health outcomes in adulthood: Assessing merits of early disclosure and discussion. *Child Abuse & Neglect*, *93*, 208–214. <https://doi.org/10.1016/j.chiabu.2019.04.005>
- Davis, S. K. (2017). The relationship between HIV, maternal childhood sexual abuse survival, and parental sexual communication among African American women 18-24. *Journal of Health Care for the Poor and Underserved*, *28*, 24-32.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *14*(4), 245-258.
- Fergusson, D. M., McLeod, G. F., & Horwood, L. J. (2013). Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. *Child Abuse & Neglect*, *37*(9), 664–674. <https://doi.org/10.1016/j.chiabu.2013.03.013>
- Fitzgerald, M. M., Schneider, R. A., Salstrom, S., Zinzow, H. M., Jackson, J., & Fossel, R. V. (2008). Child sexual abuse, early family risk, and childhood parentification: Pathways to current psychosocial adjustment. *Journal of Family Psychology*, *22*(2), 320–324.
<https://doi.org/10.1037/0893-3200.22.2.320>

- Fong, H., Bennett, C., Mondestin, V., Scribano, P., Mollen, C., & Wood, J. (2016). Caregiver perceptions about mental health services after child sexual abuse. *Child Abuse & Neglect*, *51*, 284–294. <https://doi.org/10.1016/j.chiabu.2015.09.009>
- Fong, H., Bennett, C. E., Mondestin, V., Scribano, P. V., Mollen, C., & Wood, J. N. (2017). The impact of child sexual abuse discovery on caregivers and families: A qualitative study. *Journal of Interpersonal Violence*, 1-27. <https://doi.org/10.1177%2F0886260517714437>
- Fong, H., Bennett, C., Mondestin, V., Scribano, P., Mollen, C., & Wood, J. (2020). The Impact of child sexual abuse discovery on caregivers and families: a qualitative study. *Journal of Interpersonal Violence*, *35*(21-22), 4189–4215. <https://doi.org/10.1177/0886260517714437>
- Fontes, L., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse*, *19*(5), 491–518. <https://doi.org/10.1080/10538712.2010.512520>
- Gekoski, A., & Broome, S. (2019). *Victims and survivors' own stories of intrafamilial child sexual abuse*. Cambridge Scholars Publishing.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, *8*(4), 597-607.
- Goodyear-Brown, P. (ed.). (2012). *Handbook of Child Sexual Abuse*. John Wiley & Sons, Inc.
- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, *3*(1), 42-55.
- Harrington, E. F., Crowther, J. H., Shipherd, J. C., & La Greca, A. M. (2010). Trauma, Binge Eating, and the “Strong Black Woman.” *Journal of Consulting and Clinical Psychology*, *78*(4), 469–479. <https://doi.org/10.1037/a0019174>
- Haskins, D., Piedmont, R., Greer, J., & Eanes, B. (2001). African American attitudes toward incest and child sexual abuse. *Journal of Religion & Abuse*, *2*(3), 51–80. https://doi.org/10.1300/J154v02n03_04
- Himelein, M., & McElrath, J. (1996). Resilient child sexual abuse survivors: Cognitive coping and illusion. *Child Abuse & Neglect*, *20*(8), 747–758. [https://doi.org/10.1016/0145-2134\(96\)00062-2](https://doi.org/10.1016/0145-2134(96)00062-2)
- Jaffe, A. E., DiLillo, D., Hoffman, L., Haikalis, M., & Dykstra, R. E. (2015). Does it hurt to ask? A meta-analysis of participant reactions to trauma research. *Clinical Psychology Review*, *40*, 40–56. <https://doi.org/10.1016/j.cpr.2015.05.004>
- Jeremiah, R. D., Quinn, C. R., & Alexis, J. M. (2017). Exposing the culture of silence: Inhibiting factors in the prevention, treatment, and mitigation of sexual abuse in the Eastern Caribbean. *Child Abuse & Neglect*, *66*, 53-63. <https://doi.org/10.1016/j.chiabu.2017.01.029>
- Johnson, D. R., Scheitle, C. P., & Ecklund, E. H. (2019). Beyond the in-person interview? How interview quality varies across in-person, telephone, and skype interviews. *Social Science Computer Review*. <https://doi.org/10.1177/0894439319893612>

- Kapoor, S., Domingue, H., Watson-Singleton, N., Are, F., Elmore, C., Crooks, C., A., Madden, A., Mack, S., Peifer, & Kaslow, N. (2018). Childhood abuse, intrapersonal strength, and suicide resilience in African American females who attempted suicide. *Journal of Family Violence, 33*(1), 53–64. <https://doi.org/10.1007/s10896-017-9943-2>
- Kaye-Tzadok, A., & Davidson-Arad, B. (2016). Posttraumatic growth among women survivors of childhood sexual abuse: Its relation to cognitive strategies, posttraumatic symptoms, and resilience. *Psychological Trauma, 8*(5), 550–558. <https://doi.org/10.1037/tra0000103>
- King, A., Wardecker, B., & Edelstein, R. (2015). Personal mastery buffers the effects of childhood sexual abuse on women's health and family functioning. *Journal of Family Violence, 30*(7), 887–897. <https://doi.org/10.1007/s10896-015-9728-4>
- Kornbluh, M. (2015). Combatting challenges to establishing trustworthiness in qualitative research. *Qualitative Research in Psychology, 12*, 397-414.
- Lamis, D., Wilson, C., King, N., & Kaslow, N. (2014). Child abuse, social support, and social functioning in African American children. *Journal of Family Violence, 29*(8), 881–891. <https://doi.org/10.1007/s10896-014-9639-9>
- Landman, M. (1941). Socrates as precursor of phenomenology. *International Phenomenological Society, 2*(1), 15-42.
- Leclerc, B. & Wortley, R. (2015). Predictors of victim disclosure in child sexual abuse: Additional evidence from a sample of incarcerated adult sex offenders. *Child Abuse & Neglect, 43*, 104-111. <https://doi.org/10.1016/j.chiabu.2015.03.003>
- Lee, C. C. & Frazier, K. N. (2012). Counseling people of the African diaspora in the United States. In Lee, C. C. (Ed.) *Multicultural issues in counseling: New approaches to diversity*. (4th ed., pp. 37-51). American Counseling Association.
- Leifer, M., Kilbane, T., Jacobsen, T., & Grossman, G. (2004). A three-generational study of transmission of risk for sexual abuse. *Journal of Clinical Child and Adolescent Psychology, 33*(4), 662-672. https://doi.org/10.1207/s15374424jccp3304_2
- Lestrade, K. N., Talbot, N. L., Ward, E. A., & Cort, N. A. (2013). High-risk sexual behaviors among depressed black women with histories of intrafamilial and extrafamilial childhood sexual abuse. *Child Abuse & Neglect, 37*(6), 400–403. <https://doi.org/10.1016/j.chiabu.2013.01.007>
- Lippert, T., Favre, T., Alexander, C., & Cross, T. (2008). Families who begin versus decline therapy for children who are sexually abused. *Child Abuse & Neglect, 32*(9), 859–868. <https://doi.org/10.1016/j.chiabu.2008.02.005>
- Lueger-Schuster, B., Weindl, D., Kantor, V., Knefel, M., Glück, T., Moy, Y., Butollo, A., & Jagsch, R. (2014). Resilience and mental health in adult survivors of child abuse associated with the institution of the Austrian Catholic Church: Resilience and mental health in adult survivors of institutional child abuse. *Journal of Traumatic Stress, 27*(5), 568–575. <https://doi.org/10.1002/jts.21958>

- Lundberg-Love, P., Marmion, S., Ford, K., Geffner, R., & Peacock, L. (1992). The long-term consequences of childhood incestuous victimization upon adult women's psychological symptomatology. *Journal of Child Sexual Abuse, 1*(1), 81–102. https://doi.org/10.1300/Jo70v01n01_06
- Maguire-Jack, K., Lanier, P., & Lombardi, B. (2020). Investigating racial differences in clusters of adverse childhood experiences. *American Journal of Orthopsychiatry, 90*(1), 106–114. <https://doi.org/10.1037/ort0000405>
- Marriott, C., Hamilton-Giachritsis, C., & Harrop, C. (2014). Factors promoting resilience following childhood sexual abuse: A Structured, Narrative *Review of the Literature*. *Child Abuse Review, 23*(1), 17–34. <https://doi.org/10.1002/car.2258>
- Martinello, E. (2020). Applying the ecological systems theory to better understand and prevent child sexual abuse. *Sexuality & Culture, 24*(1), 326–344. <https://doi.org/10.1007/s12119-019-09629-z>
- Mian, M. & Collin-Vézina, D. (2017). Adopting a public health approach to addressing child sexual abuse and exploitation. *Child Abuse & Neglect, 66*, 152–154. <https://doi.org/10.1016/j.chiabu.2017.02.035>
- Nelson, T., Cardemil, E. V., & Adeoye, C. T. (2016). Rethinking Strength: Black Women's Perceptions of the “Strong Black Woman” Role. *Psychology of Women Quarterly, 40*(4), 551–563. <https://doi.org/10.1177/0361684316646716>
- O'Brian, J., Creaner, M., & Nixon, E. (2019). Experiences of fatherhood among men who were sexually abused in childhood. *Child Abuse & Neglect, 98*, 104177. <https://doi.org/10.1016/j.chiabu.2019.104177>
- Peat, G., Rodriguez, A., Smith, J. (2019). Interpretive phenomenological analysis applied to healthcare research. *Evidence Based Nursing, 22*(1), 7–9.
- Perry-Burney, G., Thomas, N. D., & McDonald, T. L. (2014). Rural child sexual abuse in the African American church community: A forbidden topic. *Journal of Human Behavior in the Social Environment, 24*(8), 986–995. <https://doi.org/10.1080/10911359.2014.953413>
- Philippe, F., Laventure, S., Beaulieu-Pelletier, G., Lecours, S., & Lekes, N. (2011). Ego-resiliency as a mediator between childhood trauma and psychological symptoms. *Journal of Social and Clinical Psychology, 30*(6), 583–598. <https://doi.org/10.1521/jscp.2011.30.6.583>
- Rancher, C., Jouriles, E., Johnson, E., Cook, K., & McDonald, R. (2019). Self-blame for interparental conflict among female adolescents who have been sexually abused. *Journal of Family Psychology, 33*(8), 982–987. <https://doi.org/10.1037/fam0000539>
- Sanjeevi, J., Houlihan, D., Bergstrom, K., Langley, M., & Judkins, J. (2018). A Review of child sexual abuse: Impact, risk, and resilience in the context of culture. *Journal of Child Sexual Abuse, 27*(6), 622–641. <https://doi.org/10.1080/10538712.2018.1486934>

- Schaefer, L., Howell, K., Schwartz, L., Bottomley, J., & Crossnine, C. (2018). A concurrent examination of protective factors associated with resilience and posttraumatic growth following childhood victimization. *Child Abuse & Neglect*, *85*, 17–27. <https://doi.org/10.1016/j.chiabu.2018.08.019>
- Sciolla, A., Glover, D., Loeb, T., Zhang, M., Myers, H., & Wyatt, G. (2011). Childhood sexual abuse severity and disclosure as predictors of depression among adult African-American and Latina women. *The Journal of Nervous and Mental Disease*, *199*(7), 471–477. <https://doi.org/10.1097/NMD.0b013e31822142ac>
- Seaton, E. K., & Zeiders, K. H. (2020, May 18). Daily racial discrimination experiences, ethnic–racial identity, and diurnal cortisol patterns among Black adults. *Cultural Diversity and Ethnic Minority Psychology*. Advance online publication. <http://dx.doi.org/10.1037/cdp0000367>
- Sekhar, D. L., Kraschnewski, J. L., Stuke, H. L., Witt, P. D., Francis, E. B., Moore, G. A., Morgan, P. L., & Noll, J. G. (2018). Opportunities and challenges in screening for childhood sexual abuse. *Child Abuse & Neglect*, *85*, 156–163.
- Singh, A. (2013). Resilience strategies of African American women survivors of child sexual abuse: A qualitative inquiry. *The Counseling Psychologist*, *41*(8), 1093–1124. <https://doi.org/10.1177/0011000012469413>
- Smith, J. A., Flowers, P., & Larkin, M. (2012). *Interpretative phenomenological analysis: Theory, Method and Research*. Sage Publications.
- Spaccarelli, S. (1994). Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review. *Psychological Bulletin*, *116*(2), 340–362. <https://doi.org/10.1037/0033-2909.116.2.340>
- Tener, D., Newman, A., Yates, P., & Tarshish, N. (in press). Child advocacy center intervention with sibling sexual abuse cases: Cross-cultural comparison of professionals' perspectives and experiences. *Child Abuse & Neglect*, in press.
- Tlapek, S. M., Auslander, W., Edmond, T., Gerke, D., Voth Schrag, R., & Threlfall, J. (2017). The moderating role of resiliency on the negative effects of childhood abuse for adolescent girls involved in child welfare. *Children and Youth Services Review*, *73*, 437–444. <https://doi.org/10.1016/j.childyouth.2016.11.026>
- Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development and Psychopathology*, *23*, 453–476. <https://doi.org/10.1017/S0954579411000174>
- Tsuyuki K, Al-Alusi NA, Campbell JC, Murry D, Cimino AN, Servin AE, et al. (2019) Adverse childhood experiences (ACEs) are associated with forced and very early sexual initiation among Black women accessing publicly funded STD clinics in Baltimore, MD. *PLoS ONE* *14*(5): e0216279. <https://doi.org/10.1371/journal.pone.0216279>

- Tuffour, I. (2017). A critical overview of interpretative phenomenological analysis: A contemporary qualitative research approach. *Journal of Healthcare Communications*, 2(4), 1-5.
- Turner, S., Taillieu, T., Cheung, K., & Affi, T. O. (2017). The relationship between childhood sexual abuse and mental health outcomes among males: Results from a nationally representative United States sample. *Child Abuse & Neglect*, 66, 64-72. <https://doi.org/10.1016/j.chiabu.2017.01.018>
- Tyagi, S. (2002). Incest and women of color: A study of experiences and disclosure. *Journal of Child Sexual Abuse*, 10(2), 17-39. https://doi.org/10.1300/J070v10n02_02
- Ullman, S., & Filipas, H. (2005). Ethnicity and child sexual abuse experiences of female college students. *Journal of Child Sexual Abuse*, 14(3), 67-89. https://doi.org/10.1300/J070v14n03_04
- United States Census Bureau. (2020, October 16). *About race*. <https://www.census.gov/topics/population/race/about.html>
- Vigil, J., Geary, D., & Byrd-Craven, J. (2005). A life history assessment of early childhood sexual abuse in women. *Developmental Psychology*, 41(3), 553-561. <https://doi.org/10.1037/0012-1649.41.3.553>
- Wallis, C. (2021). Non-offending caregiver support in cases of child sexual abuse: An examination of the impact of support on formal disclosures. *Child Abuse & Neglect: The International Journal*, 113. <https://doi.org/10.1016/j.chiabu.2021.104929>
- Walsh, K., Blaustein, M., Knight, W., Spinazzola, J., & van der Kolk, B. (2007). Resiliency factors in the relation between childhood sexual abuse and adulthood sexual assault in college-age women. *Journal of Child Sexual Abuse*, 16(1), 1-17. https://doi.org/10.1300/J070v16n01_01
- Ward, E. G. (2005). Homophobia, hypermasculinity and the US black church. *Culture, Health & Sexuality*, 7(5), 493-504. <https://doi.org/10.1080/13691050500151248>
- Watson, N. N. & Hunter, C. D. (2016). I Had to Be Strong: Tensions in the Strong Black Woman Schema. *Journal of Black Psychology*, 42(5), 424-452. <https://doi.org/10.1177/0095798415597093>
- Wilkins, E. J. (2007). Using an IFS informed intervention to treat African American families surviving sexual abuse: One family's story. *Journal of Feminist Family Therapy*, 19(3), 37-53. https://doi.org/10.1300/J086v19n03_03
- Wilson, L. C., & Scarpa, A. (2014). Childhood abuse, perceived social support, and posttraumatic stress symptoms: A moderation model. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(5), 512-518. <https://doi.org/10.1037/a0032635>
- Wise, L., Palmer, J., Rothman, E., & Rosenberg, L. (2009). Childhood abuse and early menarche: Findings from the Black women's health study. *American Journal of Public Health*, 99(S2), S460-S466. <https://doi.org/10.2105/ajph.2008.149005>

- Yoon, S. (2018). Fostering resilient development: Protective factors underlying externalizing trajectories of maltreated children. *Journal of Child and Family Studies*, 27(2), 443–452. <https://doi.org/10.1007/s10826-017-0904-4>
- Young, A. A. (2021). Black Men and Black Masculinity. *Annual Review of Sociology*, 47(1), 437–457. <https://doi.org/10.1146/annurev-soc-091620-024714>
- Zinzow, H., Seth, P., Jackson, J., Niehaus, A., & Fitzgerald, M. (2010). Abuse and parental characteristics, attributions of blame, and psychological adjustment in adult survivors of child sexual abuse. *Journal of Child Sexual Abuse*, 19(1), 79–98. <https://doi.org/10.1080/10538710903485989>