

2004

Exploring Emotional Intimacy Among African American Female Survivors Of Childhood Sexual Abuse Who Utilize Black Church Support Services

Angela Oubre
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**Exploring Emotional Intimacy Among African American
Female Survivors of Childhood Sexual Abuse
Who Utilize Black Church Support Services**

by
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**Submitted in partial fulfillment
of the requirements for the degree
Doctor of Philosophy
Seton Hall University 2004**

Abstract

The purpose of this study was to examine emotional intimacy in the dating and marital relationships of African American female survivors of childhood sexual abuse (CSA) who utilize Black church/religious-community support services. This study proposed four research questions. The research questions concentrated on exploring the CSA experiences of African American women who utilize Black church/religious-community support services, including psychological effects that emerged during and after the abuse. The research questions also focused on the women's definitions and experiences of emotional intimacy in their most recent long-term dating and/or marital relationships, specifically in the domains of communication, trust, and disclosure. The women's use of specific support services in their churches and religious communities was investigated, since it was a factor that defined the population of African American female CSA survivors in this study. An ethnographic methodology was utilized in this study to collect data through semi-structured interviews. Data analysis consisted of cross-case and within-case analyses conducted by the primary researcher and a research team that included two graduate-level professionals in the field of psychology. Findings from the study revealed diverse experiences of CSA among the African American female survivors. Common themes emerged among the psychological effects experienced by the women. Resounding themes were evident in the challenges experienced by the women in establishing and maintaining emotional intimacy in their dating and/or marital relationships. Findings also implied that the African American female CSA survivors in this study used a wide range of support services in their churches and religious communities. Findings from this study fill a significant gap in literature exploring the

experiences of African American female CSA survivors. Furthermore, the findings provide direction for future research, provide information to the African American community about the effects of CSA among African American female CSA survivors, provide pertinent information for partners of African American female CSA survivors, and clinical implications for mental-health providers.

Acknowledgements

This Dissertation is dedicated to my mother, Dorothy Oubre, and my father, the late Maurice Oubre, who have provided me with infinite support throughout my educational process and supported me in fulfilling my goal of obtaining my doctor of philosophy in psychology.

I want to thank all of the people who supported my research on African American female survivors of childhood sexual abuse and assisted me through my dissertation process.

First, I thank God for giving me the courage, persistence and determination to conduct my research on African American female survivors of childhood sexual abuse, despite the belief that African American CSA survivors would be reluctant to share their experiences. I want to thank my dissertation committee chaired by Dr. Robert Massey. I thank Dr. Robert Massey for diligently guiding me through my dissertation process and encouraging me to follow through with my research interest. I thank Dr. Christie Eppler for her guidance and support throughout my dissertation process. Thank you for helping me to increase my knowledge on qualitative research methodology and increasing my appreciation of the qualitative research process. Thank you for your many words of encouragement, feedback, and patience. I thank Dr. Matsui for his time and commitment throughout my dissertation process. I also thank you for your words of encouragement and support.

Dr. Linda Cameron, thank you for believing in my research on African American women and the expertise and knowledge that you brought to my committee. Thank you for being an extraordinary support system and for you many words of encouragement. Thank you for introducing me to Dr. Karen Wells.

Dr. Karen Wells, I sincerely thank you for being on my dissertation committee. Thank you for your words of encouragement throughout this process. Thank you for believing in my research on African American women, the depth of your support has been amazing. Thank you for your time, commitment, and expertise. You were truly God sent!

This research would not have been possible without the courageous African American women who participated in this study. I thank all of them for their time, commitment and willingness to share their experiences. I also thank them for trusting me and allowing me to "give voice" to their childhood sexual abuse experiences.

I thank Dr. Kenya Humphries for her participation in my dissertation research process. Thank you for helping me to give voice to the women's experiences. Thank you for all your love and support.

Dr. Darryl Stevens, thank you for believing in me, recognizing my potential, and supporting my goals and dreams in the midst of obstacles. I truly appreciate all your efforts to assist in making my goals reality.

Family and friends, thank you for their patience, support and prayers throughout my dissertation process. I thank my mother for her unconditional love and support; you are truly amazing. Thank you for listening to me many nights and providing advice when I needed it. Thank you, Aunt Lea, for your many prayers, testimonies, and spiritual guidance. T.T., you have been a vital part of my support system. Thank you for your words of encouragement and efforts to alleviate any obstacles that I encountered throughout this process. Andrae, you have been an amazing friend and colleague over the years. And although we have been thousands of miles away from each other this past year, you've continued to be an anchor in my support system. Thank you for all those late night talks, your words of encouragement, and inspiration. Kenya, you are a wonderful friend. Thank you for constantly reminding me that this too shall pass, making me laugh, and helping me to keep a sense of humor through it all. Michelle, thank you for your unconditional support over the years. You and your family will always hold a special place in my heart. Rodney, thank you for your support. I thank all my other family and friends for supporting me throughout my dissertation process. Your support has been priceless.

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Chapter I

Introduction

Childhood sexual abuse (CSA) constitutes a significant public-health problem. Estimates indicate that there are at least 10,000 substantiated cases of childhood sexual abuse each year (U.S. Department of Health & Human Services Administration for Children & Families, 2001). Since the late 1970's, the growing prevalence of reported incidences of childhood sexual abuse has received considerable attention from researchers, mental-health professionals, community programs, and the legal system. Societal awareness has been a positive catalyst which has facilitated the emergence of childhood sexual abuse as a prominent issue of social concern. The increase in public awareness has fostered discussions and developments on the societal, political, and professional levels. Such discussions have led to the development and implementation of prevention programs within educational settings, treatment programs within communities, articles addressing CSA, videos for children and parents, and public reports of criminal trials (Bagley, 1990).

In recent years a significant amount of research has been generated on the prevalence of childhood sexual abuse and its long-term consequences (Baynard & Arnold, 2000). Throughout the current literature CSA has been recognized as a social problem with a variety of negative consequences for female adult survivors. Estimates indicate that at least one in three women is a victim of childhood sexual abuse (Jones, Finkelhor, & Kopiec, 2001). Numerous clinicians and researchers have identified a wide range of symptomatology suffered by adult female survivors of childhood sexual abuse, including depression, anxiety, substance-abuse problems, and sexual dysfunction (Briere

& Runtz, 1993; Clay, Olsheski, & Clay, 2000; Jasinski, Williams & Siegel, 2000; Jumper, 1995; Painter & Howell, 1999; Thakkar, Gutierrez, Kuczen, & McCanne, 2000). Recently, however, investigators have begun to research the long-term impact of CSA upon other areas of adjustment, such as interpersonal functioning (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996; Pistorello & Follette, 1998). Interpersonal functioning has been studied in relation to parenting difficulties, as well as negotiating relationship and marital satisfaction.

Despite the social awareness that has emerged in relation to childhood sexual abuse and the wide range of psychological effects among female survivors, minimum attention within current research and literature has been directed towards researching the effects of childhood sexual abuse among African American female survivors. Throughout research literature, numerous researchers have examined the effects of CSA among female survivors, yet very few have utilized adequate numbers of African American female survivors in their samples (e.g. Brayden, Deitrich-MacLean, Dietrich, 1995; Finkelhor, Hotaling, Lewis, & Smith, 1990; Liem, O'Toole, & James, 1996). Consequently, African American women have been frequently underrepresented in sample populations within current studies as an ethnic group of women who struggle with histories and long-term effects of childhood sexual abuse.

Within the last few years, critical studies investigating the experiences of CSA among African American women have emerged within CSA literature. Dabney (1999) and Robinson (2000) explored the effects of childhood sexual abuse among African American female CSA survivors. These researchers have recognized African American female CSA survivors as experiencing a range of psychological effects, including

depression, anger, sexual dysfunction, substance abuse, and difficulties of emotional intimacy in their couple relationships. In light of the fundamental studies that have emerged within current CSA literature exploring the effects of CSA among African American female CSA survivors, further research is needed investigating the experiences of childhood sexual abuse among African American women.

In attempt to build on the current body of literature exploring childhood sexual abuse among African American female survivors, this study concentrates on emotional intimacy in the dating and marital relationships of African American female survivors of childhood sexual abuse who utilize Black church support services. Literature suggests that African American women who utilize support services within the Black church embody significant sources of strength and resiliency (Eugene, 1995; Frame, Williams, Frame, & Green, 1999; Matis, 2000; Williams, & Green, 1999) which may influence healing among African American female survivors of CSA. This study will also examine emotional intimacy among the African American female CSA survivors in relationship to the severity of the abuse. The severity of CSA has been noted throughout literature as significantly related to the degree of psychological effects experienced by victims (Heath, Bean, & Feinauer, 1996; Wyatt, Loeb, Solis, & Carmona, 1999); therefore, it is recognized as a vital dynamic in researching levels of emotional intimacy among African American CSA survivors.

Importance of the Study

Childhood sexual abuse within the African American community has received limited attention. Over the past few decades, researchers have conducted numerous studies on childhood sexual abuse (Davis & Petric-Jackson, 2000; DiLillo & Long, 1999;

Finkelhor & Browne, 1985; Liem, O'Toole, & James, 1996; Mennen, 1995; Ryan, 1998; Wyatt, 1990), yet very few studies have provided a great deal of information on African American female survivors of childhood sexual abuse, the impact of the abuse on the victims' lives, effective treatment modalities, and cultural factors which facilitate healing (Dabney, 1999; Robinson, 2000; Wyatt, Loeb, Solis, & Carmona, 1999). In addition to African American female survivors of CSA being underrepresented in previous research, there has been minimum attention directed to CSA and survivors of CSA within the African American community. Wilson (1994) indicated that childhood sexual abuse within the African American community has been tucked away and hidden, despite its prevalence. Fortunately, within recent decades, as the larger society has taken steps to move beyond the social secrecy of CSA, so has the African American community (Andrews, 1999; Wyatt, 1985; Wyatt, 2002). However, with an increase of disclosures of CSA within the African American community, there is also the need for further research exploring the long-term effects of CSA upon African Americans.

Emotional Intimacy

Difficulty in establishing emotional intimacy is one of the numerous psychological effects experienced by adult female survivors of childhood sexual abuse, including African American female CSA survivors. Emotional intimacy is often profoundly affected within the adult dating and marital relationships of female survivors of childhood sexual abuse. In current literature emotional intimacy has frequently been defined in relation to a CSA survivors' willingness to trust a partner and to develop and engage in open patterns of communication in a couple relationship (Hunter, 1991). DiLillo and Long (1999) maintained that emotional intimacy extends beyond one's

willingness to trust and communicate openly. It also includes one's willingness and ability to allow oneself to feel emotions, disclose personal information, confide in one's partner, discuss personal concerns, and develop flexible boundaries. For the purpose of this study, emotional intimacy will be defined as one's willingness to trust, allowing oneself to feel emotions, develop open communication, disclose personal information, develop flexible boundaries, confide in one's partner, and discuss personal concerns.

Few studies have examined emotional intimacy in the dating and marital relationships of female survivors of CSA. However, most recently, researchers have begun to explore CSA survivors' abilities to trust and communicate openly in their couple relationships. DiLillo and Long (1999) asserted that female survivors of CSA often experience difficulties trusting their partners in their relationships. They maintained that the breach of trust that CSA survivors experienced in childhood aggravates the impairment in their abilities to trust in their adult relationships with their partners. Dating and marital relationships may also be adversely impacted by CSA survivors' patterns of communication. Davis (1991) speculated that the forced secrecy of CSA during childhood may have become an ingrained pattern for them, resulting in less open and direct communication with their partners as adults. Furthermore, within studies that have focused on African American female CSA survivors, researchers have identified African American women with histories of childhood sexual abuse as experiencing difficulties of emotional intimacy in their dating and marital relationships (Dabney, 1999; Robinson, 2000; Wilson, 1994).

Such findings warrant further research on examining emotional intimacy among CSA survivors within their marital and dating relationships and the dynamics which help

to foster open and direct communication within their relationships. Essentially, trust and communication have been identified as prevalent areas of dysfunction among CSA survivors, and may negatively affect their adult dating and marital relationships. Yet, further research is needed to focus solely on specific domains of interpersonal functioning among female survivors of CSA. Emotional intimacy is a specific domain of interpersonal functioning which warrants further exploration, particularly among women in ethnic groups who are frequently underrepresented in samples within current CSA studies. Furthermore, there is a significant deficit in current knowledge on the impact of CSA upon the levels of emotional intimacy within CSA female survivors' dating and marital relationships.

Black Church Support Services

Within this study, the experience of childhood sexual abuse is examined among African American female CSA survivors who utilize Black church support services. Support services within the Black church play a very central role in the lives of African American women. Black churches have historically been located in the African American community and served the socioeconomic, spiritual, religious, and emotional needs of the majority Black congregation. Boyd-Franklin (1989) acknowledged the Black church as one of the most profound institutions available to African Americans when it comes to coping with a multiplicity of problems. The Black church is recognized as one of the first sources of help sought out amongst many African American communities (McAdoo & Crawford, 1991). Current literature examining the Black church as a source of help among the African American community has indicated that the extensive history of slavery, segregation, and discrimination has played a major role in the Black church

becoming a central force in the lives of many African American people (Frame, M.W., Williams, C.B., & Green, E.L., 1999). The Black church community is widely recognized as providing refuge from the overwhelming pains of society. The Black church is a community that encompasses spiritual and religious domains that feed the spirits of many African Americans through services such as sermons, prayer, spirituals, testimonies, various support groups, and counseling services. The Black church is often recognized as a therapeutic asylum and agent for African Americans, particularly African American women (Eugene, 1995).

Support services within the Black church are often utilized by African American women experiencing difficulties, rather than utilizing or seeking assistance from mental-health facilities (Neighbors, Musick, & Williams, 1998). This pattern of help-seeking is common among the African American community, because leaders within the church attend to African Americans spiritual needs in assisting them with their difficulties, while mental-health professionals are viewed as “antispiritual” and reluctant to utilize the client’s spiritual and religious resources in a therapeutic process. In addition to the “antispiritual” view that many African Americans hold of mental-health professionals, Boyd-Franklin and Lockwood (1999) noted that African Americans’ reluctance to utilize mental-health facilities is compounded by cultural suspicion and skepticism rooted in years of racism and discrimination.

Within Africentric literature, researchers have acknowledged the spiritual dimension of the Black church as positively addressing the spiritual and psychological needs of African American women (Brome, 2000; Krause & Tran, 1989; Randolph & Banks, 1993). The spiritual dimension of the Black church embraces spirituality as a

subjective experience of being connected to a higher power. It recognizes spirituality as an essential component of the heritage of African American women (Jackson, 1995; Newlin, Knaft, Melkus, 2002; Pargament, Smith, & Koeing, 1998; Robinson, 2000). Hence, the spiritual needs of African American women are frequently addressed through the diverse support services in the Black church, including sermons, prayer, and support groups. Such services within the Black church offer African American women spiritual guidance which may influence inner strength, peace, and resiliency in their daily lives (Boyd-Franklin, 1989; Jackson, 1995).

Essentially, the Black church has been frequently cited as a vital resource to the African American community, particularly in attending to the spiritual needs of African American women (McRae, Thompson, & Cooper, 1999). The diverse services within the Black church function to attend to the needs of those within the community. It serves as a source of empowerment, social support, and mutual help for many African Americans (Moore, 1991). Moreover, the historical and cultural dynamics of African Americans serve as indicators that the services within the Black church may influence healing of African American female survivors of CSA dealing with issues of emotional intimacy in their dating and marital relationships.

Definition of Terms

Childhood sexual abuse and emotional intimacy are key terms that will be consistently used throughout this study and therefore need to be clearly defined within the context the terms will be used. Within current literature, many researchers have provided broad definitions of childhood sexual abuse, encompassing acts such as being invited to do something sexual, experiencing genital or nongenital fondling, and

intercourse. Wasserman (1986) defined childhood sexual abuse as involving the caressing of a child's body, manipulating his or her genitals, and/or inducing the child to handle an adult's genitals. The National Center on Child Abuse and Neglect defined child sexual abuse as "contact or interaction between a child and an adult when a child is being used for the sexual stimulation of that adult or another person (Hymel & Jenny, 1996). Glasser and Frosh (1993) referred to child sexual abuse as the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent. Most of the definitions of childhood sexual abuse noted within literature embody the notion of an adult sexually manipulating a child. For the purpose of this study childhood sexual abuse will be defined as sexual contact, ranging from fondling to intercourse between a child below the age of 18 years (Russell, 1983; Wyatt, 1985) and a person at least five years older (Finkelhor, Hotaling, Lewis & Smith, 1989; Russell, 1986).

Emotional intimacy is a term which is infrequently used within current research literature. Most of the current researchers have addressed emotional intimacy within the context of interpersonal functioning, communication patterns, and issues of trust (Davis & Petretic-Jackson, 2000; Miller & Sutherland, 1999; Pistorello & Follette, 1998). Researchers who have used the term emotional intimacy have explained emotional intimacy in a similar context. Hunter (1991) referred to emotional intimacy as one's willingness to trust one's partner and develop and engage in open patterns of communication.

For the purpose of this study emotional intimacy will be defined as one's willingness to trust a partner, to allow oneself to feel emotions, to develop open

communication, to disclose personal information, to establish flexible boundaries, to confide in one's partner, and to discuss personal concerns (DiLillo & Long, 1999). This definition may expand throughout this study in exploring emotional intimacy in relation to the African American CSA survivors' definitions of this domain.

Research Questions

In the examination of emotional intimacy in the dating and/or marital relationships of African American female CSA survivors who utilize Black church support services, this study will investigate the following research questions:

- How do African American female CSA survivors who utilize Black church support services describe their experiences of childhood sexual abuse?
- How do African American female survivors of childhood sexual abuse who utilize Black church support services describe their experiences of emotional intimacy in their dating and/or marital relationships?
- How do African American female survivors of childhood sexual abuse describe their experiences of trust in their dating and/or marital relationships?
- How do African American female survivors of childhood sexual abuse describe their experiences of communication in their dating and/or marital relationships?

Summary

Childhood sexual abuse (CSA) is an intrusive act of violence which has received considerable attention within research and clinical literature and within social communities in recent decades. The heightened awareness of childhood sexual abuse within the public arena has facilitated an increase in research, treatment and prevention programs, and discussions of CSA within families and communities. CSA has emerged from an issue of social secrecy to a significant issue of social concern; however, very

limited attention has been directed towards the prevalence and the effects of CSA among African American women. African American women have been severely marginalized in the study of child sexual abuse. In recognition of the need to extend research on CSA to African Americans, this study will be focused on the specific group of adult African American female survivors of CSA who utilize support services in the Black church. In addition to the deficits in literature investigating CSA among African American women, limited attention has also been directed towards exploring the effects on emotional intimacy in the dating and marital relationships of female CSA survivors. In an effort to address such gaps within literature this study involves examining levels of emotional intimacy among African American female survivors of CSA who utilize support services in the Black church. This study also investigates the relationship between emotional intimacy and severity of abuse. Throughout literature, the severity of CSA is identified as being significantly related to various psychological effects of CSA with very little attention directed towards areas of interpersonal functioning, such as emotional intimacy. Within this study, emotional intimacy will be explored among African American female survivors of childhood sexual abuse who share similar experiences in relation to the severity of childhood sexual abuse.

Chapter II

Literature Review

Introduction

The prevalence of childhood sexual abuse (CSA) in the population at large constitutes a major societal problem. Research indicates that there is an estimated 903,000 confirmed cases of some form of childhood sexual abuse reported on a yearly basis (U.S. Department of Health & Human Services Administration for Children & Families, 2001). More specifically, researchers have suggested that females have frequently been the targets of acts of childhood sexual abuse (Frazier & Cohen, 1992). Cosentino and Collins (1996) estimated that approximately 20 million American women have been sexually victimized as children. A large portion of these women have been represented in samples within research studies as women of European descent, thus, minimizing the prevalence and impact of CSA on female survivors of diverse ethnic groups, including African American women.

In light of the minimal attention directed towards African American women within CSA research and literature, critical studies have emerged within current literature, which have acknowledged childhood sexual abuse as a phenomenon facilitating severe psychological effects in the lives of African American female CSA survivors (Roosa, Reinholtz, & Angelini, 1999). Dabney (1999) and Robinson (2000) investigated the psychological effects of childhood sexual abuse among African American women. These researchers have recognized African American women with histories of childhood sexual abuse as experiencing a wide range of psychological effects including low self-esteem, substance abuse, eating disorders, suicidal ideations, and

difficulties in interpersonal functioning. In attempt to expand the current body of literature concentrating on various dynamics of African American women with histories of childhood sexual abuse, this study is focused on emotional intimacy in the dating and/or marital relationships of African American female CSA survivors who utilize support services in the Black church.

Researchers have noted that the experience of childhood sexual abuse has rendered a broad range of detrimental psychological effects on adult female survivors (Koverola, Pound, Heger, & Lytle, 1993). Several researchers have associated CSA with a variety of effects that frequently manifest in adulthood including depression, anxiety, post-traumatic stress disorder, suicidal ideations, and substance abuse (Browne & Finkelhor, 1986; Dabney, 1999; Glasser & Frosh, 1993; Robinson, 2000; Runyon, 1998; Sgroi, 1988). Throughout the literature, researchers have suggested that elevated levels of depression are common among women who have been sexually abused during childhood (Alexander, 1993; Courtois, 1988; Wyatt & Newcomb, 1990). Robinson (2000) suggested that African American female CSA survivors experienced higher levels of depression than nonabused African American women. Stein et al. (1988) examined the effect of depression on adult female CSA survivors and found women with histories of childhood sexual abuse to demonstrate higher levels of depression than women without CSA histories. Similarly, Gorey, Ritcher, and Snider (2001) suggested that adult female CSA survivors exhibit greater depressive symptomatology than their nonabused counterparts. Furthermore, Painter and Howell (1999) recognized depression as one of the most commonly reported symptoms among adult female survivors of childhood sexual abuse. Additionally, researchers have acknowledged the severity of sexual abuse

experiences as influencing the increase of depressive symptoms in women with histories of CSA (Wyatt, Loeb, Solis, & Carmona, 1999).

Elevated levels of anxiety have also been documented as frequently occurring among women who were sexually abused as children (Briere & Runtz, 1993). According to Dabney (1999) African American female CSA survivors reported feelings of anxiety when having flashbacks of their childhood sexual abuse experiences. Draucker (1989) asserted that cognitive aspects of sexual-abuse-related anxiety seemed to typically involve hypervigilance to danger in the environment, preoccupation with control, and the misinterpretation of interpersonal stimuli as dangerous and/or threatening. Briere (1984) indicated that female CSA survivors were significantly more likely than nonabused women to report anxiety attacks. Herman and Schatzow (1997) found that among fifty-three women sexually abused as children, fourteen experienced severe anxiety attacks. Abdulrehman and DeLuca (2001) also found evidence of greater anxiety among women sexually abused as children than among women with no history of abuse.

Childhood sexual abuse has been acknowledged as influencing long-term posttraumatic symptoms in adult female CSA survivors (Craine, Henson, & Colliver, 1988). According to Briere and Runtz (1993) post-traumatic stress disorder (PTSD) refers to certain enduring psychological symptoms that frequently occur in reaction to a highly distressing experience, such as childhood sexual abuse. Adult sexual-abuse survivors often experience flashbacks of the abuse, nightmares surrounding the abuse, intrusive thoughts and memories relating to the abuse, sleep disturbance, and poor concentration (Johnson, Pike, & Chard, 2001). Moreover, Christo (1997) asserted that nightmares with violent abuse-related themes are commonly associated with sexual-abuse-related PTSD.

Additionally, Cuddy and Belicki (1990) contended that sexually abused women have significantly more frequent nightmares than nonabused women.

Current researchers have also identified suicidal ideations and substance abuse as significant effects of childhood sexual abuse (Clay, Olsheski, & Clay, 2000; Jasinski, Williams, & Siegal 2000; Painter and Howell, 1999). Dabney (1999) explored the effects of childhood sexual abuse among 16 African American female CSA survivors and found that several of the participants experienced suicidal ideations during their adulthoods. Van-Egmond, Garnifski, Jonker, and Kerkhof (1993) studied the relationship between childhood sexual abuse and female suicidal behaviors in a sample of 158 participants who had previous suicide attempts and found that fifty percent of the participants reported a history of childhood sexual abuse. Bridgeland, Duane, and Stewart (2001) also indicated a strong positive relationship between a history of childhood sexual abuse and current suicidal attempts among an adult female population. Furthermore, Stepakoff (1988) suggested that females with histories of childhood sexual abuse demonstrate higher rates of suicidal behavior and suicidal ideations than their non-abused counterparts.

In regards to substance abuse, a number of researchers have found a strong relationship between childhood sexual abuse and later alcohol and/or drug abuse among women (Glover, Janikowski, & Benshoff, 1996; Jasinski, Williams, & Siegal, 2000). Several researchers have indicated that adult female CSA survivors often use alcohol or drugs to numb feelings, suppress feelings, and escape the pain associated with their experiences of childhood sexual abuse (Clay, Olsheski, & Clay, 2000; Hurley, 1990; Langeland & Hartgers, 1998; Peters, Wyatt, & Finkelhor, 1986). It has also been

suggested in the literature that adult female CSA survivors may use alcohol or drugs to relieve anxiety and to increase feelings of power and control (Spak, Spak, & Allebak, 1998). Robinson (2000) examined the effects of childhood sexual abuse among African American female CSA survivors and indicated a strong relationship between a history of CSA and substance abuse as a means of coping. Briere (1987) reported that adult female CSA survivors had ten times the likelihood of a drug-addiction history and two times the likelihood of alcoholism history relative to their nonabused female counterparts.

Jasinski, Williams, and Siegal (2000) asserted that women with histories of childhood sexual abuse had greater levels of alcohol use and binge drinking than women without CSA histories. Likewise, Epstein, Saunders, and Kilpatrick (1998) found alcohol use to be twice as high in women with CSA histories than women without a history of CSA. Furthermore, Glover Janikowski, and Benschhoff (1996) suggested that women in substance-abuse treatment reported more incidences of childhood sexual abuse than women in the general population.

Essentially, over the past few decades there has been a significant increase in literature documenting the epidemiology of childhood sexual abuse in female survivors (Ferguson & Mullen, 2002; Sinclair, 2001; Tzeng & Schwarzin, 1990; Zuravin & Fontella, 1999). However, few researchers have investigated the difficulties that adult female CSA survivors experience in relation to interpersonal functioning. Most researchers who have explored interpersonal functioning among adult female CSA survivors have examined it in relation to adult female CSA survivors' parenting skills and abilities to assume parental roles (Alexander, Teti, & Anderson, 2000; Bass & Davis, 1988; Baynard, 1997; Blume, 1990). Within current literature, interpersonal functioning

among adult female CSA survivors has also been heavily studied surrounding the domains of sexual intimacy and sexual dysfunction (Leiblm & Rosen, 2000; Metson & Heiman, 2000; Metson, Heiman, & Trapnell, 1999). Nevertheless, limited research has emerged on the relationship between adult female survivors of childhood sexual abuse and their experiences of emotional intimacy in their dating and marital relationships. Those researchers who have explored emotional intimacy among female CSA survivors in their couple relationships have suggested that a history of CSA negatively impacts female survivors' willingness to trust, as well as their capacities to engage in effective communication (Briere, 1992; Dabney, 1999; Follette & Pistorello, 1995; Herman, 1992; Robinson, 2000). Such findings imply that female CSA survivors may experience significant difficulties in developing and sustaining emotional intimacy in their couple relationships. Furthermore, the limited body of literature exploring emotional intimacy among female CSA survivors in their dating and marital relationships indicates the need for further exploration of this domain.

Within this investigation, the psychological effect, emotional intimacy, is explored among African American female CSA survivors who utilize Black church support services. As noted within Africentric literature, support services within the Black church have historically served as powerful sources of strength and healing for African American women. Support services, such as women's groups, sermons, prayer, and spirituals have been acknowledged within Africentric literature as effectively addressing the spiritual and religious needs of African American women. Hence, the utilization of support services in the Black church may aid in the emotional and psychological healing

of African American female CSA survivors who utilize support services in the Black church.

Childhood Sexual Abuse and African American Women

This study is focused on the population of African American women with histories of childhood sexual abuse who utilize support services in the Black church in attempt to expand the limited body of literature which concentrates on African American female CSA survivors' experiences of childhood sexual abuse. Additionally, the concentration on African American female CSA survivors was influenced by the prevalence of myths held in the African American community regarding childhood sexual abuse. A historical myth which has permeated the African American community includes the notion that childhood sexual abuse does not happen to African Americans (Wilson, 1994). African Americans tend to uphold the unspoken rule that there will be no tolerance of childhood sexual abuse in the African American community. Some live by the unspoken rule, yet unfortunately some neglect to recognize that not all others do the same.

Another myth which lingers in the African American community is that African American women are strong enough to handle the psychological effects of childhood sexual abuse without supportive assistance. African American women have been conditioned to be strong and told that they can handle anything put upon them. Such myths may encourage African American women to deny their feelings and emotions related to their experiences of childhood sexual abuse.

In this study I plan to use the voices of African American women to narrate their experiences of childhood sexual abuse and create an awareness of the psychological

effects that impact African American female CSA survivors. In the findings, I will explore the voices of African American female CSA survivors directly in relation to how they narrate their cultural experiences of childhood sexual abuse and emotional intimacy in their dating and/or marital relationships. Additionally, the stories of these women's experiences of childhood sexual abuse and emotional intimacy will be used to examine some beliefs about childhood sexual abuse that exist in the African American community.

Although underrepresented in research studies, a significant number of female CSA survivors are African American women. According to Wyatt, Loeb, Solis, and Carmona (1999) the last decade of sexual victimization research confirms that for African American women, child sexual abuse is fairly widespread and underreported. Current researchers suggest that African American women are less likely to report these incidents to police and social service agencies than their European counterparts (Wyatt, 1990; Wilson, 1994). Lindholm and Wiley (1986) also found that African American women were less likely to report histories of sexual abuse than Anglo or Latina women. Yet, despite the underreporting of histories of childhood sexual abuse among African American women, CSA continues to be a major social problem producing various psychological effects within the lives of African American females. Because of the prevalence of childhood sexual abuse within the African American community, it is essential that researchers continue to make substantial efforts to address and explore the psychological effects of CSA on African American women. Hence, this study represents an attempt to fill a deficit within current literature by addressing the psychological interpersonal effect of emotional intimacy among African American female CSA survivors who utilize Black church support services. Moreover, findings from this study

may have significant implications for the readers' awareness of African American female CSA survivors' experiences of childhood sexual abuse and emotional intimacy.

Childhood Sexual Abuse and Emotional Intimacy

In examining African American female CSA survivors' experiences of childhood sexual abuse, I found it pertinent to investigate their CSA experiences in relation to psychological effects, such as emotional intimacy. Emotional intimacy has received limited attention within current literature. Focusing on a psychological domain associated with childhood sexual abuse which has been relatively ignored by researchers may aid in increasing researchers' awareness of this domain and assist African American female CSA survivors in gaining a better understanding of how CSA histories impact the development of emotional intimacy in dating and/or marital relationships.

Emotional intimacy is one of the numerous psychological areas that are frequently affected in the dating and marital relationships of female CSA survivors. Throughout literature, emotional intimacy is often defined in terms of interpersonal functioning, encompassing the domains of trust, communication, disclosure, connectedness, and boundaries (Adams-Westcott & Isenbart, 1996; Mullen, Martin, Anderson, Romans, & Herbison, 1994; Stewart, 1991). In this study, emotional intimacy is defined according to DiLillo and Long (1999) as one's willingness to trust a partner, to allow oneself to feel emotions, to develop open communication, to disclose personal information, to establish flexible boundaries, to confide in one's partner, and to discuss personal concerns. The various domains of DiLillo and Long's conceptualization of emotional intimacy will be addressed within the context of the dating and marital relationships of African American female CSA survivors.

Within current literature, researchers have begun to examine the relationship between childhood sexual abuse and subsequent interpersonal functioning in adult female survivors (Davis & Petritic-Jackson, 2000). Moreover, researchers have recently directed attention to the interpersonal functioning of female CSA survivors in adult couple relationships (DiLillo & Long, 1999), specifically concerning the various domains of emotional intimacy. Sub-domains of emotional intimacy, such as trust, communication, and disclosure have been recognized as significant areas of difficulty in the dating and marital relationships of CSA survivors. Several researchers have recognized CSA survivors' difficulties in trusting their partners as negatively affecting their experiences in adult couple relationships, particularly since trust plays a predominant role in the development of such relationships (Briere, 1992; Finkelhor & Browne, 1985; Maltz & Holman, 1987). Dabney (1999) examined dating and marital relationships among African American female CSA survivors and found that the survivors' history of sexual abuse significantly hindered their feelings of safety, trust, and emotional closeness in their couple relationships. Robinson (2000) also investigated couple relationships among African American women with histories of childhood sexual abuse and implied that the survivors experienced difficulties trusting their partners.

Adams-Westcott and Isenbart (1996) explored couple relationships among female CSA survivors and indicated that survivors' distorted ideas about trust often interfered with their experiences of intimacy, expressions of emotional closeness, and connectedness with their partners. Furthermore, Davis and Petritic-Jackson (2000) suggested that female CSA survivors may have difficulties exhibiting minimal defensiveness and sense of safety in their dating and marital relationships because of the

intrusive violations during their childhoods. Cole and Putnam (1992) also acknowledged CSA as an invasive violation during a survivor's childhood which may distort basic beliefs about trust and emotionally significant people, resulting in distrust, insecurity, and suspiciousness in adult intimate relationships. Consequently, their difficulties demonstrating trust significantly impact their abilities to establish emotional intimacy in their couple relationships.

Other researchers, such as DiLillo and Long (1999), examined levels of trust among female CSA survivors and nonabused women in couple relationships and found female CSA survivors to exhibit significantly lower levels of trust than their counterparts. According to Johnson-George and Swap (1982) low levels of trust among CSA survivors may signify problems confiding in others and believing that others are credible and honest. Lack of trust in the dating and marital relationships of female CSA survivors may also manifest from feelings of vulnerability and fear of future abuse in their intimate relationships. According to Courtois (1979) 79% of female CSA survivors reported feelings of fear, mistrust, and a sense of betrayal which affected their functioning in their intimate couple relationships.

Davis and Petrlic-Jackson (2000) indicated that some survivors are extremely fearful and distrustful of men, women, and relationships which tend to manifest in their active avoidance of relationships. While many female CSA survivors experience distrust in their dating and marital relationships, consequently impeding the development of emotional intimacy in their couple relationships, others may trust partners prematurely. Some survivors continuously seek out relationships in an attempt to find relationships not characterized by fear and mistrust or they may make hasty attempts to establish

emotional intimacy by placing trust in partners prematurely, rather than building trust incrementally over time (DiLillo & Long, 1999). Finkelhor and Browne (1985) suggested that betrayal issues associated with CSA often manifest in poor judgments of whom the survivor can or should trust, or it may lead to a desperate search for a redeeming relationship. Ultimately, the powerful experience of betrayal resulting from CSA may impact survivors' interpersonal trust in varying ways, including a survivor's potential to develop healthy intimate couple relationships.

In addition to trust, emotional intimacy also encompasses the domain of communication in couple relationships. Communication is a significant dynamic of emotional intimacy that presents a realm of difficulties in the dating and marital relationships of female CSA survivors (DiLillo & Long, 1999). Dabney (1999) indicated that African American female CSA survivors experienced difficulty disclosing personal information in dating and marital relationships. Dabney (1999) suggested that personal disclosure may be inhibited among African American female CSA survivors because of the survivor's sense that she is unworthy of being in a healthy relationship.

Davis (1991) speculated that because many female CSA survivors were forced to conceal abuse as children, secrecy may have become an ingrained pattern for them, resulting in less open, direct communication with their partners in couple relationships. Evidence of difficulties in open and direct communication among female CSA survivors is documented throughout current literature. DiLillo and Long (1999) examined the domain of communication among female CSA survivors and found female CSA survivors to report poorer communication than nonabused women in their couple relationships. Reported communication difficulties among female CSA survivors

included low levels of disclosure and empathy, as well as greater frequency of aversive interactions and poor conflict management skills (Schumm, 1983).

Researchers, such as Mullen, Romans-Clarkson, Walton, and Herbison (1994), have investigated the communication patterns of female CSA survivors in adult couple relationships. Mullen, Romans-Clarkson, Walton, and Herbison found that 23% of survivors reported they had “no meaningful communication” with their partners in their dating and marital relationships whereas only 6% of nonabused women indicated the same. Mullen, Martin, Anderson, Romans, and Herbison (1994) also indicated that women with a history of abuse were significantly more likely than nonabused women to have difficulties confiding in and discussing personal concerns with their partners.

A review of literature examining the emotional intimacy of CSA survivors in their dating and marital relationships implies that the interpersonal violation of CSA has a severe impact on the interpersonal functioning in the intimate couple relationships of adult survivors (Briere, 1992). The sense of loss, trust, and betrayal in a survivor’s childhood frequently carries over into their adult dating and marital relationships (Davis & Petric-Jackson, 2000) creating a heightened sense of distrust and ambivalence about establishing emotional closeness and vulnerability. Jackson, Calhoun, Amick, Maddever, and Habib (1990) assessed female CSA survivors’ emotional intimacy and found that college-aged incest survivors experienced more problems trusting in the area of dating than their nonabused counterparts. Harter, Alexander, and Neimeyer (1988) also found female CSA survivors to report significantly poorer adjustment in their dating and marital relationships than women without a CSA history. Furthermore, current literature investigating emotional intimacy among female CSA survivors suggests that difficulties

in establishing and maintaining emotional intimacy in marital relationships often results in divorce or separation from their partners (Hotelling, Lewis, & Smith, 1990). Hence, many researchers have reported that fewer sexually abused women get married, and those that do marry typically have higher rates of divorce than their nonabused counterparts (Mullen, Romans-Clarkson, Walton, & Herbison, 1988; Van Buskirk & Cole, 1983).

Essentially, a review of literature focused on emotional intimacy among female CSA survivors in their dating and marital relationships leads to the conclusion that very few empirical studies have systemically investigated this domain (DiLillo & Long, 1999). Consequently, the absence of detailed studies focused primarily upon survivors' relationships with their partners has resulted in a significant deficit in current knowledge of the impact of CSA upon a vital aspect of female survivors' interpersonal functioning. The domains of trust, personal disclosure, and open and direct communication have been acknowledged by some researchers as serious areas of difficulties for female CSA survivors in their couple relationships (Courtois, 1979; Davis, 1991; Davis & Petrlic-Jackson, 2000). Yet, minimal attention has been directed towards the difficulties that many female CSA survivors experience in developing and maintaining emotional intimacy in their marital and dating relationships. Distrust, fear of disclosure, and difficulties in communication are reoccurring difficulties experienced among female CSA survivors in their couple relationships. Briere (1992) acknowledged that the experience of such difficulties may be understandable as responses of a child to an abusive situation; however, the difficulties appear to increase in severity as they manifest within the survivor's adulthood and interfere with daily and adult interpersonal functioning. Moreover, researchers have implied that the interpersonal difficulties that female CSA

survivors experience in their couple relationships have been reflected in their increased rates of divorce and their decreased their rates of marriage in comparison to their nonabused counterparts (Mullen, Romans-Clarkson, Walton, & Herbison, 1988).

African American Women and Black Church Support Services

With a personal awareness of the historical prominence and influence of the Black church within the African American community, particularly in relation to African American women, I found it relevant to explore the experience of childhood sexual abuse not only among African American female CSA survivors, specifically among African American women with histories of CSA who are actively involved in support services in the Black church. Since the period of slavery, the Black church has been a central force in the lives of African American women who hold strong spiritual beliefs and/or religious affiliation. It has been recognized as providing African American women with a strong sense of emotional support, social support, and spiritual support (Wiggins & Williams, 1996; Williams & Green, 1999). As an African American woman, I am profoundly aware of the influence of the Black church in the lives of African American women. Within my life and in the lives of many African American women in my family, the various support services in the Black church, such as sermons, women's groups, and Bible study have provided us with a strong sense of spiritual support, as well as assisted us in managing adversity in our lives. Hence, African American female survivors of childhood sexual abuse who are involved in the use of support services in the Black church may have greater access to support systems, exposure to different coping mechanisms, and hold spiritual and/or religious beliefs which may aid them in their healing processes.

The Black church is the most organized, visible, and nurturing institution in the African American community (Wiggins & Williams, 1996). It was formed during the period of slavery to function as a place of spiritual worship, as well as a resource of emotional support for African Americans (Quarles, 1964). During slavery, the Black church also served as a place of solace and protection for slaves attempting to escape the oppression of the South (Hines & Boyd-Franklin, 1996). Since the period of slavery, the Black church has evolved into a powerful source of empowerment, mutual help, and social change within the lives of African Americans (Moore, 1991). More importantly, within the lives of African American women, the Black church has provided a realm of support services which have assisted in addressing adversities and maintaining mental health.

Black churches have had a longstanding tradition of actively uplifting and empowering African American women by addressing their social needs, emotional needs, and providing a safe haven for the expression and validation of their experiences (Caldwell, Greene, & Billingsley, 1994; Gilkes, 1980; Morris & Robinson, 1996). Historically, Black churches have addressed the social and emotional needs of African American women through various venues in the Black church, including church services and sermons, testimonies, spirituals, prayer, and various support groups. These support services within the Black church have offered African American women a means for the expression of spirituality and worship, as well as a strong sense of community (Moore, 1991). Specifically, Broman (1996) implied that African American women have been found to utilize prayer and prayer groups within the Black church to cultivate physical, interpersonal, and emotional well-being. McRae, Thompson, and Cooper (1999) also

noted that prayer is a widely used form of coping for African American women when confronted with serious personal problems. Prayer, sermons, testimonies, and support groups also offer a means for expressing sufferings and coping with adversity (Brashears & Roberts, 1996; McAdoo & Crawford, 1991; Moore, 1991; Taylor, Thorton, & Chatters, 1997). Additionally, sermons and spirituals rooted in biblical themes have been recognized as facilitating healing and psychological well-being in the presence of adversity (Wiggins & Williams, 1996). Moreover, according to Neighbors, Musick, and Williams (1998) it is the informal help and support (i.e. prayer, sermons, spirituals, and sense of community) provided within the Black church that has been extremely important in alleviating distress within the lives of African American women.

Traditionally, the Black church has offered a realm of mutual-aid support groups, which have provided African American women with a sense of belonging, role models, interpersonal learning, and safe environments in which to share and express ideas and feelings (McRae, Carey, & Anderson-Scott, 1998). Hence, women's support groups within the Black church have evolved into forums which provide psychological support in relation to women's experiences of trauma and crises. According to Neighbors, Musick and Williams (1998) the Black church and female communities of care within the Black church have aided Black women through traumatic periods of their lives. Such women support groups within the Black church have been instrumental in validating the experiences and feelings of African American women. Additionally, women's groups within the Black church have extensively been involved in teaching African American women various effective coping strategies for addressing day-to-day problems and traumas. Overall, female support groups within Black churches provide African

American women with a forum for self-revelation, healing from everyday burdens and traumas (McRae, Thompson, & Cooper, 1999), and a genuine sense of community (Morris & Robinson, 1996).

Current researchers have also indicated that the Black church assists African American women in maintaining their mental health by providing a therapeutic community that allows for spiritual growth and guidance (Brome, Owens, Allen, & Vevaina, 2000). According to Eugene (1995), there are several significant spiritual domains unique to the Black church experiences which are related to the positive mental-health status of African American women. Thus, spiritual domains within the therapeutic community of the Black church may consist of the congregation, support groups, women's groups, and spiritual leaders. They also embody the constructs of testimony, prayer, gospel songs, spirituals, and sermons. According to McRae, Thompson, and Cooper (1999) the various domains of the therapeutic community within the Black church have been instrumental in providing spiritual guidance and giving voice to the sufferings of African American women. Furthermore, Frame, Williams, and Green (1999) indicated that most of the research on the African American spiritual experience identifies the Black church as a supportive network that provides spiritual assistance to African American women. Moreover, the researchers exploring the influence of the Black church in the lives of African American women have implied that the Black church is a necessary and essential catalyst for change, as well as a venue of spiritual connectedness for African American women.

In light of current literature which suggests that the Black church provides communities, support groups, agents, and asylums which act as irreplaceable supports to

the psychological well-being of African American women (Neighbors, Musick, & Williams, 1998), it may also aid in the healing of African American female survivors of childhood sexual abuse. In a review of current literature, no researchers to date have investigated the influence of Black church support services upon the mental well-being of African American women with histories of childhood sexual abuse. However, several researchers have suggested that various venues within the Black church act as therapeutic agents for African American women confronting crisis and trauma (Eugene, 1995; McAdoo & Crawford, 1991; Neighbors, Musick, & Williams, 1998). Moreover, the different venues within the Black church have been recognized as validating the experiences of African American women, offering an asylum for them to release their frustrations and pains, attending to their spiritual needs, facilitating their healing processes, and enhancing their coping mechanisms.

Overall, current researchers have acknowledged the Black church and its numerous support services as agents which positively facilitate the healing and psychological well-being of African American women (Wiggins & Williams, 1996), therefore providing evidence that support services within the Black church may act as positive catalyst in countering the effects experienced by African American female CSA survivors. Hence, exploring emotional intimacy among African American female CSA survivors who utilize Black church support services may add significant information to literature pertaining to the influence of the Black church on African American women with histories of childhood sexual abuse.

Summary

Within recent decades childhood sexual abuse has materialized as a major phenomenon profoundly impacting the lives of survivors. According to the U.S. Department of Health and Human Services Administration for Children and Families (2001) it is estimated that there are 60 million survivors of childhood sexual abuse in the United States, of which over half are female CSA survivors. Among the population of female CSA survivors a significant number are African American women. However, historically within CSA literature few studies have included African American women in their samples of female CSA survivors in investigating the numerous long-term effects of childhood sexual abuse. And those studies which have included African American women in their samples have represented them in low and disproportionate numbers (Ganje-Fling & McCarthy, 1996; Ryan, 1998; Wyatt, Loeb, Solis, & Carmona, 1999). Fortunately, within the last few years benchmark studies exploring the phenomenon of childhood sexual abuse among African American female CSA survivors have surfaced within literature. Researchers, such as Dabney (1999) and Robinson (2000), have researched the prevalence and experience of childhood sexual abuse among African American female survivors. Such studies have attested to the visibility of African American female CSA survivors within African American communities and their experiences of an extensive range of psychological effects.

In a review of current literature, researchers have asserted that the experience of childhood sexual abuse generates a realm of psychological effects in the lives of female CSA survivors (Mennen, 1995; Wyatt, Loeb, Solis, & Carmona, 1999). Studies with adult women have demonstrated that a history of child sexual abuse is related to later

psychological problems including depression, anxiety, substance abuse, sexual dysfunction, and difficulties in interpersonal functioning. The effect of interpersonal functioning is recognized within research literature as encompassing a collection of difficulties such as isolation, low self-esteem, distrust, lack of personal disclosure, and poor communication skills (Dabney, 1999; Davis, 1991; DiLillo, 2001; Finkelhor & Browne, 1985; Robinson, 2000). Within this study, interpersonal functioning is examined among African American female CSA survivors who utilize Black church support services in relation to emotional intimacy in their dating and marital relationships. Relatively few studies within current research literature have been directed toward female CSA survivors' experiences of emotional intimacy in their couple relationships. Hence, researchers who have studied emotional intimacy in female CSA survivors' couple relationships have explored the effect in terms of communication patterns, willingness to trust, openness to personal disclosure. Several researchers have contended that female CSA survivors experience significant difficulties in establishing and sustaining emotional intimacy in their dating and marital relationships (Adams-Westcott & Isenbart, 1996; DiLillo, 1999; Mullen, Romans-Clarkson, Walton, & Herbison, 1994).

In contrast, other researchers have implied that female CSA survivors engage in domains of emotional intimacy prematurely seeking emotional relational dynamics which were betrayed in their childhood (Davis & Petric-Jackson, 2000). Because of the contradictory findings documented in research literature pertaining to the experience of emotional intimacy in the dating and marital relationships of female CSA survivors further research is needed investigating the impact of emotional intimacy. Furthermore, the limited amount of research literature on the emotional intimacy of female CSA

survivors restricts available knowledge about this domain. Therefore, the examination of emotional intimacy among female CSA survivors in their couple relationships may expand a currently deficient body of CSA literature.

This literature review also directed attention to the significance of the Black church in the lives of African American female CSA survivors of childhood sexual abuse who utilize Black church support services. Researchers have acknowledged the Black church as offering a range of support services which positively influence the functioning of African Americans. Such services have included sermons, testimonies, spirituals, and various support groups. For African American women, support services within the Black church have supplied African American women with a forum for the expression of spirituality, validation of their experiences, and means for coping with adversity and trauma (Cooper, 1999; McRae, Thompson, & Cooper, 1999). Essentially, the Black church has provided several venues which have served as therapeutic agents in influencing the psychological well-being of African American women (Brome, Owens, Allen, & Vevaina, 2000). Hence, such services may also influence the healing of African American women with histories of childhood sexual abuse.

In conclusion, the investigation of emotional intimacy in the dating and/or marital relationships of African American female survivors of childhood sexual abuse who utilize Black church support services addresses important dynamics of CSA which have received minimal attention within CSA literature. In light of the deficits in current research literature, this study is designed to gather the cultural narratives of African American female survivors of childhood sexual abuse who utilize support services in the Black church. Their stories may help African Americans examine some beliefs

surrounding childhood sexual abuse that exist in the African American community. Their voices may also aid in providing the African American community with vital information pertaining to African American female CSA survivors' experiences of emotional intimacy in their dating and marital relationships. Moreover, attending to various critical domains of African American women's experiences of childhood sexual abuse may broaden mental-health professionals' knowledge in relation to African American female CSA survivors and assist mental-health professionals in rendering effective culturally sensitive treatment to this population. Furthermore, this study may assist African American women with histories of childhood sexual abuse and their partners in their dating and marital relationships cope more effectively with the interpersonal and psychological effects of childhood sexual abuse.

Chapter III

Methodology

Introduction

The purpose of this study was to examine emotional intimacy in the dating and marital relationships of African American female survivors of childhood sexual abuse (CSA) who utilize Black church support services. Within current research literature, many of the studies concerning adult female survivors' experiences of childhood sexual abuse have been conducted through use of a quantitative methodology (Finkelhor, Hotaling, Lewis, & Smith, 1989; Mennen, 1995; Wyatt, 1999). This research was conducted through the use of a qualitative research methodology which permitted for a more in-depth explanation and description of the African American female CSA survivors' experiences of childhood sexual abuse. Qualitative research methodology is most appropriate for this study because of its potential to reveal the complexity and depth of the survivors' CSA experiences and reports of emotional intimacy in their dating and/or marital relationships. Furthermore, it allowed the researcher to gather data embedded in "thick descriptions" that are vivid and nested in a real context (Miles & Huberman, 1994). Additionally, qualitative methodology elicits data that is fundamentally suited for identifying the social and cultural meanings African American female CSA survivors place on the relationships, beliefs, and experiences of their lives. Hence, a qualitative research methodology was utilized in this study to extract the cultural richness of the experiences of childhood sexual abuse among African American female CSA survivors who utilize support services in the Black church.

Grounded Theory

Grounded theory is a methodology based on developing theory from data that are collected and analyzed systematically and recursively (Rafuls & Moon, 1996). Within this methodology, data are conceptualized as the primary elements from which theory evolves. As data are collected, they are analyzed for emergent theoretical categories, which are systematically looped back into the collection of data and analyzed further for their interrelationships and meaning (Strauss & Corbin, 1990). Essentially, grounded theory develops gradually with the emergence of consistent themes, patterns, and categories from within the data.

In grounded theory the researcher becomes the primary instrument in data collections. Data-collection methods in grounded theory studies include in-depth interviewing, participant and non-participant observation, and document analysis. Additionally, sources of data include transcripts of interviews, audiotapes, videotapes, journals, field notes, as well as analytical memos and documents. Furthermore, the reliability of findings in a grounded theory study is increased by the following domains: 1) multiple sources of data are utilized, 2) multiple methods of data collection and analysis are used, and 3) multiple investigators are involved (Lincoln & Guba, 1985).

This study was conducted according to grounded-theory methodology, which is based on data collection and analysis, to develop a theory in relation to emotional intimacy among African American female CSA survivors who utilize Black church support services.

Ethnographic Methodology

An ethnographic research methodology was utilized in this study to guide the process of data collection and data analysis. Ethnographic research is a systematic means for observing, analyzing, detailing, and describing the behaviors and specific patterns of a culture or cultural subgroup within the environment in which the culture normally lives (Leininger, 1985). It requires the application of particular research methods to study specific problems during fieldwork. Participation observation, interviews, life histories, and conversational analyses are some of the methods available for data collection (Holly, 1984).

Ethnographic research methodology is based on six assumptions which lay the foundation of its epistemology. The first assumption is that culture is a system of knowledge that is used by human beings to interpret experience and to construct behavior (Spadley, 1980; Newfield, Sells, Smith, Newfield, & Newfield, 1996). Within ethnographic research culture is used to understand and explain behavior. Culture embodies rules and maps that are used by people to determine appropriate and inappropriate behaviors. The culture of the African American female CSA survivors was focused upon in this study to understand their cultural experiences of childhood sexual abuse and emotional intimacy in their couple relationships.

According to the second assumption language enables distinguishing people's experiences. Ethnographic methods depend heavily on observing and understanding culture through the use of language (Newfield, Sells, Smith, Newfield, & Newfield, 1996). With the use of an interview process, the African American women in this study were able to use their language in providing narratives of their experiences of childhood

sexual abuse and emotional intimacy in their couple relationships. As the researcher, it was my responsibility to observe and understand their cultural experiences of childhood sexual abuse as expressed through their language.

The third assumption is that people's experiences should not be stripped of the context in which they occur. Ethnographic researchers utilize a holistic or systemic approach in dealing with the effects of context on behavior (Newfield, Sells, Smith, Newfield, & Newfield, 1996). Ethnographic researchers embrace a contextual frame of reference, which assists in comprehending a participant's point of view. Throughout the interview process the interviewer should be aware of and attempt to understand the contextual dynamics surrounding the participant's experience of childhood sexual abuse and emotional intimacy in dating and/or marital relationships. Contextual dynamics included alcoholism, sexuality, oppression, socioeconomic status and spirituality.

The fourth assumption is that ethnographic research is emic in emphasis. This type of research involves an emphasis on understanding the meanings, beliefs, and world views of others (Gale & Newfield, 1996). In this study, the interviewer not only gathered information from the participant pertaining to her experience of childhood sexual abuse and emotional intimacy, but also attempted to understand the participant's meanings, beliefs, and world views surrounding those experiences. According to the fifth assumption ethnographic researchers are subjective rather than objective (Clifford & Marcus, 1986; Lipson, 1989). Within ethnographic methodology observers are perceived as never completely attaining objectivity but to some degree bringing their subjective points of view to the observation of a person or object. In examining the participants' experiences of childhood sexual abuse and emotional intimacy, the researcher's

interpretations may be influenced by the researcher's personal beliefs, biases, and judgments, thus introducing some degree of subjectivity.

The sixth assumption indicates that all ethnographies are low-level theories. Ethnographic research suggests that the researcher can investigate phenomena, but that phenomena are never directly accessible to the researcher. Phenomena are mediated through cultural assumptions, purposes, and human construction (Newfield, Sells, Smith, Newfield, & Newfield, 1996). Hence, the interpretations of the phenomena of childhood sexual abuse as experienced by African American female CSA survivors may be influenced by the cultural assumptions of the interviewer.

Participants

The participants in the study consisted of six African American women, 35 to 60 years of age, who utilized Black church support services, such as women's groups, prayer groups, and sermons, in Northern California. The participants were selected from a non-clinical population of African American women. They included African American female CSA survivors with various levels of socioeconomic status and educational status. None of the participants were currently married. Three out of six of the participants had been married at some point in their lives. All participants were women with histories of childhood sexual abuse which occurred between the ages of 5 to 15 years. The participants' levels of severity of childhood sexual abuse included penetration. Additionally, the participants' duration of childhood sexual abuse occurred for a period of two years or less. Furthermore, the participants were involved in a long-term dating and/or marital relationship within the past 7 years. Long-term dating and/or marital relationships will include the duration of 1 year or more. Parameters were set pertaining

to the age of the population and the participants' experiences of childhood sexual abuse to focus on a specific participant population to enhance transferability.

Participants who met the criteria for participation in the study were excluded from participant selection if they appeared to exhibit psychological or physiological impairments which may have inhibited their abilities to assume their roles as an interviewee in the data-collection process. Psychological and/or physiological impairments included the presence of erratic behaviors, major depression, and suicidal ideations. Participants who displayed such behaviors were debriefed through assessment of their emotional, psychological, and/or physiological state, excused from participation in the study, and provided with a referral list identifying local mental-health agencies, crisis hotlines, and childhood sexual abuse survivor support groups. Furthermore, participants were informed that if at any point during the interview they indicated that they may harm themselves or others, the interviewer was ethically obligated to refer the person to appropriate professional help or to report the information to the appropriate authorities.

Method of Recruitment

The participants in the study were recruited from non-clinical settings, such as churches, women's professional organizations, conferences, and public settings in African American communities in Northern California. The process of participant recruitment included making contact with such organizations through letters of solicitation (see Appendix A) and offering a brief presentation entailing the purpose of the study, the participant's role in the study, an overview of how the research findings may expand community awareness of African American female CSA survivors'

experiences of emotional intimacy, and contact information of the primary researcher. Oral Presentations were provided for groups. (see Appendix B).

The recruitment process also included the distribution of flyers describing the purpose of the study and the criteria of the participants (see Appendix C). Flyers were distributed to professional and social organizations, churches, bookstores, and public settings within African-American communities. Furthermore, participant recruitment also included the use of a snowballing effect in which selected or potential participants referred other potential participants for the study. For example, participant three was asked if she knew anyone who met the participant criteria and would be willing to participate in the study. Participant three knew someone who was willing to participate in the study, and she provided the potential participant with my contact information to set up an interview date. Participants continued to provide contacts to potential participants until the desired number of qualified participants had been reached.

Prospective participants were able to contact me by phone or email. A private line was set up specifically for prospective participants. An email address was provided for prospective participants to contact me through email.

All participants were offered a \$50 fee to compensate them for their time for participating in the interview process. Each participant received the monetary fee once all interviews were completed.

Procedures and Data Recording

Field Notes

The primary researcher and the research team kept field notes. I kept a journal which documented the research process, including how I obtained the participants for the

study (e.g. churches, women's organizations, conferences), observations of interview settings, and perceptions of the participant's mood during the interview process. Field notes documenting dynamics pertaining to methods of participant recruitment assisted the researcher in identifying positive and negative aspects of select methods, as well as recruitment methods which appear to be the most effective. The field notes also assisted me in recognizing my strengths and weaknesses as a researcher in recruiting participants within the African American community. The field notes aided me in strengthening my research skills and addressing problem areas throughout the research process.

In addition, field notes were utilized to provide me with feedback regarding appropriate and inappropriate interview settings. For example, a potential participant and I agreed to conduct the interview at her home. When I arrived at her home there appeared to be numerous distractions, including children and guests within the home. My field notes provided me with feedback pertaining to the problems which arose in that particular setting. Such information was utilized in selecting more appropriate settings for future interviews, as well as addressing the concerns of distractions with participants who opt to interview within their homes.

The field notes also consisted of reflections pertaining to my experiences as a researcher throughout each of the interview processes, including my feelings and reactions towards the participant and the nature of information disclosed. For example, when a participant disclosed explicit details of her experiences of childhood sexual abuse during the interview process and I displayed a strong emotional reaction to the disclosure of such information, my field notes aided in increasing my awareness of such feelings and reactions. An awareness of my feelings and reactions towards the participants and

their disclosures assisted me in addressing my biases and concerns which may arise in the interview process.

Furthermore, the primary researcher and the research team kept field notes pertaining to the data analysis and coding processes. The field notes were used by the primary researcher and the research team to reflect upon feelings and reactions which may arise in reading the transcriptions of the interviews, interpreting the data, and coding the data. The use of field notes throughout the data analysis process aided the research team in developing an awareness of their biases, judgments, and personal beliefs that may influence their interpretation of the data, and help them in maintaining objectivity. The processing of such issues ultimately assisted the researchers in maintaining an objective stance as the interviewer throughout the interview process. Essentially, documenting details of the research process is a fundamental component of the qualitative research process, which may increase inter-rater reliability (Patton, 2001).

Peer Debriefing

The primary researcher and the research team engaged in peer debriefing throughout the data analysis process. In qualitative research, peer debriefing proves fundamental in keeping the researchers honest throughout the research process (Lincoln & Guba, 1985). Peer debriefing involved conversations among the research team members pertaining to concerns that arise throughout the research process. Such conversations occurred surrounding the researchers' reactions to the data, feelings and perceptions that may be influencing the researchers' interpretations of the data, as well as ethical concerns. Essentially, debriefing sessions provided the research team opportunities for catharsis, thereby clearing the minds of emotions and feelings that may

hinder the researchers' clarity in interpreting the data. Peer debriefing among the researchers was documented in the field notes.

Informed Consent

Each participant was provided with a copy of an informed consent. The informed consent included the following: identification of the principle investigator, the purpose of the study, the participant's role in the study, the terms of confidentiality, and the contact information of the principle investigator. All individuals signed and dated an informed consent prior to participating in the study (see Appendix D).

Along with an informed consent, participants were provided with a referral sheet identifying childhood sexual abuse support groups, mental-health agencies, and hotlines that address the psychological needs of female survivors of childhood sexual abuse in Northern California (see Appendix E).

Debriefing

Debriefing occurred with the participants throughout the interview process. Prior to beginning the interview, participants were informed that they may discontinue the interview at any time if they begin to experience discomfort surrounding the nature of the questioning. The participants were also provided with a copy of the referral sheet which consisted of local mental-health agencies, childhood sexual abuse support groups, and trauma hotlines. During the interview process the interviewer periodically debriefed with the participants to assess for levels of discomfort and the possible need to discontinue the interview at that time. When participants exhibited high levels of discomfort or distress, the participants were given the option to discontinue the interview and withdraw as a participant in the study or continue the interview at a later date.

Participants who completed the interview process were debriefed at the end of the interview. The interviewer assessed the participant's experience of the interview process, as well as the participant's emotional state. Debriefing with the participant was necessary at the end of the interview process, because the disclosure of information pertaining to the participant's experience of childhood sexual abuse may cause the participant to experience psychological effects such as flashbacks of the abuse, heightened levels of anxiety, and other feelings associated with the abuse. As some participants appeared to be experiencing emotional and/or psychological distress at the end of the interview, the interviewer assisted the participants in connecting with one or more of the services on the referral contact sheet.

Interviews

Ethnographic semi-structured interviews were focused on the following domains: history of childhood sexual abuse, involvement in dating and/or marital relationships, experiences of emotional intimacy in dating and/or marital relationships, and the use of support services in the Black church. The identified domains were embedded into an ethnographic interview process with attention to culture, context, and language in reference to the participant's experience. The ethnographic interview process included three areas of focus - domain analysis, taxonomic analysis, and componential analysis. Domain analysis involves exploring the participants' terminology utilized to classify and describe their experiences. In domain analysis questioning was focused on specific domains. Questioning was used to verify the existence of a domain and to identify new properties under a domain (Newfield, Sells, Smith, Newfield, & Newfield, 1996). For example, a set of questions focused on the domain of emotional intimacy. Questions

surrounding emotional intimacy began to address the properties of emotional intimacy, such as trust, communication, and personal disclosure. Additionally, the participants' responses identified new properties of emotional intimacy that needed to be explored in the questioning, such as safety, understanding, and honesty.

Taxonomic analysis helped to narrow the interviewer's investigation through questions focused on a core domain in an attempt to linguistically categorize properties. It examined the included terms of a domain and focused on the relationship between terms. It assisted the researcher in organizing information according to the perception of the participant. For example, in focusing on the domain of emotional intimacy, after the properties of emotional intimacy were addressed through domain analysis questioning, questioning began to focus in on the relationship between properties, such as trust, communication, and personal disclosure. Questioning also concentrated on gaining a more in-depth understanding of such properties as experienced by the participant in her dating or marital relationship.

In componential analysis circular questioning aided in systematically identifying the attributes of meaning associated with a cultural term, phrase, or symbol. For example, the participant used the cultural term "sugar daddy" to describe her partner in her dating relationship. To clarify the meaning of the term, the interviewer asked the participant to explain the meaning of the term. The circular motion of questioning and responses continued in relation to the term or phrase until the interviewer conceptualized the participants meaning. After conducting domain, taxonomic, and componential analysis through the use of structured interviews, an additional step is to explore the multiple cultural themes that appear connected to the different domains.

The interview questions were structured to address the following domains: the participant's history of childhood sexual abuse, the participant's experience of emotional intimacy in dating and/or marital relationships, the participant's utilization of support services in the Black church and the participant's sense of spirituality. More specifically, interview questions pertaining to the participant's history of childhood sexual abuse focused on the age onset of the abuse, the duration of the abuse, the severity of the abuse, and the relationship to the perpetrator(s). Questions surrounding the participant's experiences of emotional intimacy in dating and/or marital relationships were focused on the participant's dating and/or relationships during adulthood, experiences of trust and distrust in adult relationships, communication patterns in adult couple relationships, and willingness to disclose personal information in adult dating and/or marital relationships. Interview questions were generated from responses throughout the interview process (see sample questions Appendix F).

The interviews were conducted in a mutually agreeable environment in which the interviewer and interviewee were most comfortable and able to actively engage in the interview process. Mutual settings included offices, homes, and community centers.

The interviews were audiotaped. Audiotapes of the interviews were transcribed by a professional transcriber. The transcriber was provided with and signed a confidentiality statement to ensure the confidentiality of the participants (see Appendix G). All audiotapes and transcripts of the interviews were kept in a locked file cabinet to ensure the confidentiality of the participants.

Follow-up interviews were scheduled with participant two and participant four. Follow-up interviews with the participants were needed to clarify participant responses and attain additional data that may not have acquired during the initial interview.

Demographic Questionnaire

A demographic questionnaire was designed to provide descriptive information about the participants, including age, date of birth, ethnicity, socioeconomic status, educational level, marital status, relationship status, number of marriages, number of children, ages of children, gender of children, age onset of childhood sexual abuse, duration of childhood sexual abuse, number of perpetrators, and relationship to perpetrator (see Appendix H). The information provided on the demographic questionnaire was used to describe the demographics of the participant population and to generate emerging categories about the participants.

Data Analysis

Within-case and cross-case analysis were utilized in this study to examine the interview data. Within-case analysis involved analyzing the data from each of the interviews for content, themes, and patterns. A cross-case analysis was implemented to compare processes and outcomes across many cases, to understand how they are qualified by local conditions, and to develop more sophisticated descriptions and more powerful explanations of the participants' experiences. The cross-case analysis entailed comparing the data across the cases and identifying similarities and differences in relation to emerging themes, patterns, beliefs, and meanings. Cross-case analysis was utilized to identify patterns of single or multiple experiences of abuse among the participant

population. Through cross-case analysis the researcher gained a deeper understanding and explanation of the participants' experiences (Glaser & Strauss, 1970).

The data-analysis process was conducted by a team of three researchers including the primary researcher and two African American female professionals in the field of psychology, one of whom holds a doctorate and the other a doctoral student. Each of the team members has had at least one year clinical and/or research experience working with African American female survivors of childhood sexual abuse. The team members exhibited an interest in researching the experiences of African American female survivors of childhood sexual abuse. The team members also displayed knowledge of the history of the Black church and the historical importance of the Black church in the lives of African American women. Furthermore, the research team members were familiar with qualitative research methods. The research team members were responsible for participating in a training process, conducting within-case data analysis, coding each of the interviews, and identifying themes, patterns, and outliers within the interview data.

The members of the research team engaged in a training process conducted by the primary researcher to prepare them for the data-analysis process. As the primary researcher, I have taken graduate level courses in research methods and conducted qualitative research at the graduate level, including a master's thesis and group research projects. With experience in qualitative research, I recognize that the researcher is the primary instrument for gathering the data and facilitating the research process. Because of the researcher's fundamental role in the research process, it is essential that the researcher be aware of biases and assumptions that may influence the data collection, as well as the data analysis (Marshall & Rossman, 1999). To reduce the influence of

personal biases and assumptions, and to increase the researchers' effectiveness as vital instruments in this study, I engaged the research team in a training process that addressed our roles as researchers as instruments in exploring the experiences of emotional intimacy among African American female CSA survivors who use Black church support services.

The training process involved 4 two hour individual training sessions. Ongoing training sessions were provided as needed. Prior to the initial training session, the research team members was provided with a training packet which included the following: Goals of the research study, research questions, definitions of the research domains, historical and current research articles pertaining to the constructs of the study (e.g. child sexual abuse, CSA and African American female survivors, emotional intimacy and female CSA survivors, African American women and the Black church, and support services in the Black church), articles and chapters on ethnographic methodology, information on within-case and cross-case analysis, and an outline of the coding process that will be utilized in the study. No additional materials were added to the training packet. Research team members were required to review the materials in the training packet prior to the first training session (see Appendices I, J, K for training materials).

The training process involved 4 phases. The first phase of the training process consisted of an overview of the training packet, an in-depth introduction/discussion of the purpose of the study, definitions, terms, and research questions, an overview of the responsibilities and duties of the team members, and discussions pertaining to articles on a specific research domain (i.e. childhood sexual abuse and African American women). The second phase included addressing questions related to any materials presented in

phase 1, an overview of readings pertaining to a specific area of the research (i.e. the black church, African American women and the Black church, Black church support services), discussion pertaining to the identified readings, and a review of grounded theory and ethnographic methodology. Phase three involved addressing any questions surrounding the information presented in phase 2, a review of within-case and cross-case analysis, discussions on articles and literature focused on within-case and cross-case analysis, and an introduction of data categories and coding systems that will be utilized in the study. Phase four was used to review the identified data categories and codings address questions and concerns related to information presented in phases one through three, provide an overview of remaining articles and literature, and facilitate discussions pertaining to the identified articles and literature.

In the data analysis process, each research team member conducted within-case analysis of each data transcript. Coding involved the process of breaking down, examining, conceptualizing, and categorizing the data into categories identified by the research team (Strauss and Corbin, 1990). Each researcher coded the data according to the categories identified and reviewed in the training process (see Appendix L for coding template). Data not fitting within the predetermined categories was marked as outliers. Once each researcher coded the data from the within-case analysis, the team compared their codings of the data. Discussions occurred among the research team members pertaining to the data which may have been coded differently by the team members. In attempt to reach consensus of the codings, which involved unanimity among the three team members, the team reviewed the definitions of each of the domains, reviewed the criteria associated with each category/domain, and reviewed the literature which

supported the categorizations. Discussions pertaining to the definitions, criteria for categorizations, and findings in reviewed literature were utilized to assist the team to see if they could reach consensus of the codings. Discussions amongst to research team resulted in the development of codings for specific psychological effects. Additionally, outliers were analyzed by the research team to determine whether the outliers fit into any of the identified categories. The team also determined whether any of the outliers were to be used to create new categories. Codings for new categories were decided by consensus of the research team (Patton, 1980, 2001).

Once within-case analysis was completed by the research team on each of the interview transcripts and the team's codings are consistent, the research team conducted cross-case analysis of the data. The research team used predetermined codings to identify themes and patterns across the data. Each research team member coded emerging themes and patterns across the data according to the predetermined codes and categorizations. Research team members identified data which did not fit into identified themes, patterns, and/or categories as outliers. In the coding process, outliers were coded by the team with a specific color and letter. After the outliers were identified, the team compared their codings of themes, patterns, and categories across the data. Discussion occurred among the team members relating to data which received different codings by the team members. The research team referred to the definitions of domains, criteria of concepts and categories, and the conceptualization of specific domains within reviewed literature to facilitate a common understanding of the domains and codes among the team members. Coding was determined by consensus of the research team.

Outlier information was re-analyzed by the research team to determine whether the information fit within any of the identified themes, patterns, or categories. The research team also analyzed the outlier data to determine whether any new themes, patterns, or categories emerged from that data. The research team identified new themes, patterns, and categories within the data and the data was recoded by new codings developed by the research team. Once the data reached saturation, patterns and themes emerged from the data which laid the foundation for the development of grounded theory.

Inter-rater reliability

Throughout the research process, I continuously assessed for inter-rater reliability among the researchers through the use of field notes and peer debriefing. As mentioned previously, the primary researcher and the research team kept field notes documenting their experiences of the research process, including reactions to the data and an awareness of biases that affected the researchers' interpretations of the data. Field notes were used in peer debriefing with the research team to facilitate conversations pertaining to such factors that could potentially influence the researchers' analysis of the data. In qualitative research, the use of field notes and peer debriefing are noted as increasing inter-rater reliability (Patton, 1980, 2001).

Trustworthiness

In qualitative research, trustworthiness refers to the reliability and validity of the research findings. Lincoln and Guba (1985) identified four domains of trustworthiness including credibility, transferability, dependability, and confirmability. In addressing the

significance of trustworthiness, I explored the identified domains and how they contributed trustworthiness in this study.

Credibility is equivalent to internal validity. Credibility is defined according to research methodology that will increase the credibility of research findings and interpretations of the data (Lincoln & Guba, 1985). In this study, credibility was ensured through prolonged engagement, persistent observation, and peer debriefing. Prolonged engagement involved investing a significant amount of time in learning the culture and processes being explored. In this study, the primary researcher and the members of the research team have had significant clinical and/or research experience working with African American female survivors of childhood sexual abuse, an awareness of difficulties that may arise with emotional intimacy, as well as historical knowledge of the Black church in the lives of African American women. Additionally, the research team was engaged in a training process which immersed them in the culture of the participants.

In the domain of credibility, persistent observation was aimed at identifying those characteristics and elements that are most relevant to the problem being explored and focusing on them in detail (Lincoln & Guba, 1985). Persistent observation provided depth regarding the culture and processes being investigated. Through the use of an ethnographic interview process and debriefing, the primary researcher engaged in persistent observation of the experiences of African American female survivors of childhood sexual abuse who use Black church support services. Persistent observation was also evident in this study as the research team was immersed in the in-depth data analysis process. Furthermore, peer debriefing was used in this study to increase credibility of the research findings. The primary researcher and the research team

engaged in peer debriefing throughout the data analysis process to address concerns which influenced the researchers' interpretations of the data.

Transferability in qualitative research is equivalent to external validity in quantitative studies. External validity is determined by the extent to which causal relationships can be generalized to and across different types of people, settings, and times (Cook & Campbell, 1979). Transferability refers to the researchers' responsibility for providing the widest possible range for the inclusion depth, details, and thick descriptions of the data (Lincoln & Guba, 1985). In this study, the use of an ethnographic methodology allowed for the gathering of in-depth and detailed descriptions of the participants experiences of childhood sexual abuse, emotional intimacy, and their uses of Black church support services. Additionally, debriefing procedures and the use of field notes assisted the researchers in providing thick descriptions of the participants and their experiences of childhood sexual abuse. The use of such procedures increased the transferability of the findings in this study.

Dependability is equivalent to reliability. It referred to the extent to which researchers account for and acknowledge how their personal beliefs and situational factors may influence the research process (Lincoln & Guba, 1985). In this study, field notes and peer debriefing were used to assist the researchers in addressing how factors, such as emotional reactions to the data, feelings, personal beliefs, and biases influenced the interpretations of the data, ultimately affecting the reliability of the data. Creating an awareness of such factors increased the dependability of the findings.

Confirmability refers to the maintenance of objectivity. Several measures were used to maintain objectivity in gathering, interpreting, and coding the data in this study. I

utilized field notes, a research team in interpreting the data, and peer debriefing. Field notes were used by the primary researcher and the research team to address significant reactions and concerns that may arise in the research process. Additionally, a research team and peer debriefing were used throughout the data analysis process to facilitate conversations about factors which may influence the interpretation of the data. Such techniques were used throughout the research process to aid the researchers in increasing and maintaining an objective stance.

Major Limitations

The major limitations in the methodology of this study become evident as we consider the sample population, the potential generalizability of the findings, the focus of the research and the accuracy of information gathered from the participants through the semi-structured interviews. The sample population was limited to African American female CSA survivors, 25 years of age or older, who use support services in the Black church. Consequently, the findings from the study were necessarily confined to African American female CSA survivors of childhood sexual abuse within the identified age range and within Northern California. Criterion for the participants in the sample population, such as ethnicity, use of Black church support services, severity of abuse, duration of abuse and involvement in a long-term relationship limited the generalizability of findings to other African American women with histories of childhood sexual abuse, as well as other ethnic groups of women.

Other limitations of this study were visible in the examination of only one partner's experience of emotional intimacy in the dating and/or marital relationships of African American female CSA survivors. Future research may include the investigation

of both partner's experiences of emotional intimacy in the couple relationships of African American women with histories of childhood sexual abuse. Partners of sexual abuse survivors may also experience difficulties maintaining emotional intimacy in couple relationships. Additionally, limitations of this study were evident in the exclusion of African American female CSA survivors who do not use Black church support services. Exploring the experiences of emotional intimacy among African American female CSA survivors who use Black church support services and African American female CSA survivors who do not use may be an area for future research in regards to the resiliency and healing of African American women with histories of childhood sexual abuse.

Furthermore, a major limitation was recognized in the utilization of a semi-structured interview process. The use of a semi-structured interview presented limitations to the study because the data-gathering process depended solely on the accuracy of the information reported by the participants. The data provided by the participants through the interviews was not confirmed through medical reports, police reports, or reports by social-service agencies to protect the participants' confidentiality. Hence, there was no means to verify the information that will be self-reported by the participants in the study, ultimately affecting the external validity of the data and the results of the study.

Summary

In conclusion, qualitative research methodology is the most appropriate methodology for exploring the phenomenon of childhood sexual abuse among African American female CSA survivors who utilize Black church support services because of the opportunity for detailed descriptions of dynamics surrounding their experiences of abuse and their healing processes, ultimately providing the researcher with a clear

conceptualization of experiences of CSA from African American female CSA survivors' perspectives. More specifically, use of the ethnographic research methodology within this study allowed the researcher to examine the phenomenon of childhood sexual abuse among African American female survivors within the context of culture, including language, experiences, behaviors, beliefs, and world views. Through the use of ethnographic structured interviews which were focused on the culture, context, and language of the survivors' experiences, the researcher was able to address and investigate the cultural dynamics of the survivors' histories of childhood sexual abuse. The ethnographic interview process also permitted the researcher to observe the mood and affect of the survivors in describing their experiences, which invited the researcher into dimensions of their experiences not expressed through language. Furthermore, the interview process also encouraged the researcher to be aware of her emotions and reactions throughout the research process.

The ethnographic methodology utilized in this study also involved the use of a research team in the data-analysis process. The research team for the study consisted of the primary researcher and two professionals in the field of psychology who are familiar with African American women's experiences of childhood sexual abuse, the general psychological effects of childhood sexual abuse, and African American women's use of support services within the Black church. The research team engaged in several training sessions which included addressing the various constructs of the study, exposing the team to an historical overview of literature on the diverse domains, familiarizing the team with the definitions of the domains, and creating a coding system based on prevalent themes and patterns. The research team conducted within-case and cross-case analysis of the

data, as well as coded and recoded the data until the data were saturated, and grounded theory was developed. Essentially, the use of a trained research team in the data-analysis process increased the validity of the themes, patterns, behaviors, and categories identified in the data provided by the African American female CSA survivors regarding their histories of childhood sexual abuse, their experiences of emotional intimacy in dating and/or marital relationships, and the influence of their use of support services within the Black church.

Limitations in this methodology were evident in the following domains: sample population, generalizability of the findings, and the accuracy of the data provided by the participants. Participants in the study included African American women, 35 to 60, with histories of childhood sexual abuse. The limitations of the sample population restricted the generalizability of the findings to other ethnic population of female CSA survivors. The age restriction of the sample population also limits potential extrapolation of the findings to an identified age span of African American female CSA survivors. Additionally, the data-gathering process, which relied exclusively on the self-reporting of information provided by the participants, depended on the integrity of the participant. Legal documents or resources were not obtained to confirm data regarding the participants' histories of abuse.

Chapter IV

Findings

Introduction

The findings in this chapter reflect the data collected by the primary researcher through use of an ethnographic interview process. The African American female childhood sexual abuse (CSA) survivors who participated in the interview processes were recruited by flyers, presentations describing the study, and the snowballing effect. Several African American women volunteered to participate in the study; however, some of the women did not meet the participant criteria for the study. Duration of childhood sexual abuse and involvement in a long-term relationship within the past seven years were two participant criteria domains that disqualified several potential participants. As a result, the participant population consisted of six African American female survivors of childhood sexual abuse. Over a three-month period, the primary researcher scheduled interviews with the participants. The participants were interviewed at mutually agreed upon settings, such as the participant's home, the primary researcher's office, and the participant's office.

The findings reported in this chapter include a within-case analysis of each of the participant's interviews, feedback on the researcher's experiences during the interview and data analyses processes, a demographic chart, a cross-case analysis of prevalent themes and patterns across the participants' interviews, and a cross-case analysis chart identifying the most salient cross-case themes. In this chapter, the within-case analyses of the participants' interviews are reported in the order in which the participants were interviewed by the primary researcher. The within-case analysis of each participant's

interview includes a narrative highlighting the participant's experience in relation to the key research domains including the participant's childhood- sexual- abuse history, psychological effects of the abuse on the participant, the participant's definition of emotional intimacy, the participant's experience of emotional intimacy, and the participant's utilization of Black church support services. The within-case analysis is also focused on themes as they emerge and resonate in the participant's narrative. After each within-case analysis is a section addressing the primary researcher's experiences during the interview processes and during the analyses process with the research team. A demographic chart follows the researcher's experience section for the sixth participant. The demographic chart identifies the following domains: the participants' ages at onset of abuse, duration of abuse, relationship status, highest level of education, and religious affiliation. This chapter also includes the findings of a cross-case analysis of all of the participants' interviews, identifying the prevalent themes and patterns which emerged in relation to the key domain areas, such as sexual-abuse history, psychological and physiological effects of the abuse, experiences of emotional intimacy, and use of Black church/religious community support services. A chart reflecting the most salient cross-case themes concludes the findings reported in this chapter.

Participant One

Demographics

Participant one is a 60-year-old African American female who was sexually abused from seven to eight years of age. Her religious affiliation is Baptist and she is an active member in a Christian church in the Northern California, Bay Area. She is not currently involved in a couple relationship, although she has had one long-term

heterosexual couple relationship within the last seven years. Her most recent long-term relationship lasted five years and dissolved two years ago. Participant one has two children, a 34-year-old daughter, and a son who is deceased. She reports two years of college education and works as a youth counselor. Her annual income is approximately \$35,000.

Within-Case Analysis

Participant one met the researcher at a local mental-health conference during a presentation of the research study. After the presentation, the participant expressed interest in participating in the study by revealing that she was a survivor of childhood sexual abuse and inquiring about participant criteria. Approximately one week later, the researcher contacted the participant to schedule an appointment for an interview. The participant and the researcher agreed to meet at the participant's office for the interview. Participant one was interviewed in a conference room at her work setting. She initially appeared to be concerned about securing an office that would provide the privacy needed for the interview. However, she quickly secured a conference room adjacent to her office area. She appeared comfortable, as evidenced by her body posture and tone of voice, as she began to talk about her abuse, although her voice volume fluctuated as she shared certain aspects of her experience. Her voice volume periodically decreased when it appeared apparent that people were in the hallway outside of the conference room which we occupied.

The participant began the interview by sharing that she was sexually abused by her maternal uncle from seven to eight years of age. She shared that the sexual abuse occurred while on frequent family visits to her aunt and uncle's farm. She expressed

having a strong interest in her uncle's horses and revealed that her uncle would use her interest in his horses to lure her into the barn and coerce her into sexual activities. In describing her experience, she stated:

I would enter the barn thinking that I was going to help him groom the horses and all that. And that's when it started. He would spread the horse blanket on the ground and then sexually abuse me. At first, he wouldn't try to penetrate me...he would have me cross my legs, then he would go in between my legs and ejaculate. After a while...after the third time he started penetrating me.

The participant reported that her uncle had sexual intercourse with her on several family visits for approximately a year. She stated that she remembered pushing back from him to keep him from having sexual intercourse with her, but he did not stop. She shared that eventually she would just lay there quiet, with tears coming down her face until he stopped fondling and vaginally penetrating her. The participant also revealed that she was more tolerant of the abuse when she noticed her uncle starting to manipulate her younger sister. She recounted that she was willing to take the abuse, to keep her uncle from sexually abusing her sister. She shared that she did everything to keep him away from her sister, especially sacrificing herself. As she discussed her sexual-abuse history and her efforts to protect her younger sister from sexual abuse by her perpetrator a theme of self-sacrifice began to emerge in her narrative. In recounting her need to protect her younger sibling from being sexually violated, she stated "I took it you know... so that she wouldn't have to." On several occasions, she diverted her perpetrator's attention away from her sister, and towards herself, to prevent her sister from being abused. The participant explained that there was no choice in her actions because as the elder sibling it

was her obligation to protect her siblings younger than herself. The participant reported that the abuse stopped when her family moved and her family was no longer close enough to visit her aunt and uncle on a regular basis.

The theme of self-sacrifice continued to resonate in the participant's narrative as she responded to questions about disclosure. The participant stated that she contemplated telling someone of the sexual abuse by her uncle, but she knew that her father had a bad temper and would probably have "killed" her uncle. She reported remembering her father coming home from a dance hall one evening and getting his shotgun to go handle an altercation with another man. She recalled her grandmother stating, "I already have one son that is in prison...I don't want you killed ... you are going to kill him or he will kill you." When she heard her grandmother make that statement, she decided not to disclose her abuse. She recognized her father's temper and knew that, if she disclosed her abuse, her father would have violently hurt her perpetrator and possibly gone to jail. Her decision not to disclose her abuse to her family was another act of self-sacrifice. The participant continued to sacrifice herself at the hands of her perpetrator to protect her sister from abuse, and also to protect her father from his own anger. In her discussion of issues pertaining to her lack of disclosure as a child, the participant recognized her pattern of sacrificing behaviors. She reported that she did not disclose her abuse to her family until she was forty-four years of age because she did not want to place the burden of her sexual-abuse history on others.

As is evident in current literature, survivors of childhood sexual abuse experience a wide range of psychological effects of the abuse (Browne & Finkelhor, 1986; Gorey,

Ritcher, & Snider, 2001; Mullen, 1993). When the participant was asked how she coped with the abuse, a theme of multiple psychological effects emerged within her narrative. The participant reported physiological effects, feelings of shame, substance abuse, sexual promiscuity and criminal behavior. The participant recounted that she began to have physiological symptoms like having strep throat during the months and holidays that the abuse occurred. She stated:

...It's strange, I would begin to get strep throat during certain months out of the year. My mother would take me to the doctor throughout the year for strep throat and the doctor would say, 'she needs to accept that there is nothing wrong with her tonsils.' I would be at home and actually have strep throat. Now I understand that all those emotions and everything that I was feeling...I'd put them in my throat.

The participant reported that her symptoms of strep throat eventually ceased when she began to use substances, such as marijuana on a regular basis. A theme of emotional numbing began to evolve as the participant discussed her substance abuse history. She revealed that drug use became a way of dealing with her abuse history. In discussing her drug use, she stated, "I took those emotions surrounding my abuse and I put them into my addiction." Addiction is one of the many common ways that survivors cope with the pain of sexual abuse (Bass & Davis, 1992; Blume, 1990; Ouimette & Brown, 2003). The participant's addiction allowed her to disconnect from the memories and feelings associated with her sexual abuse history.

The theme of multiple psychological effects continued to surface in the participant's narrative as she described her feelings of shame. She stated "I felt so dirty

and so..., you know, I just felt so bad. The participant recounted she carried that “dirty” feeling with her for many years, even after the abuse stopped. In describing her feelings of shame after the abuse stopped, she reported “I felt dirty a lot to times around other kids, you know...I never wanted them to know.” She also reported that she felt if her family ever found out about the abuse, her family members would say, “...you’re just bad, you wanted this,” referring to the sexual intercourse from the abuse.

According to current literature, feelings of shame are not uncommon among female CSA survivors (Courtois, 1979; Ledray, 1986; Sgroi, 1982; Tomlin, 1991). Several researchers noted that many factors contribute to feelings of shame experienced by CSA survivors, including secrecy of the abuse, relationship to the perpetrator, and feelings of arousal (Bass & Davis, 1992; Gorey, Ritcher, & Snider, 2001; Kessler & Bieschke, 1999). According to the participant, her feelings of shame were connected to her early experiences of sexual intercourse. She stated “No one my age had been touched the way my uncle had touched me...” Her shame was also connected to her relationship with her perpetrator. The participant stated that these feelings of shame transpired into her couple relationships throughout her life.

The participant recalled being unable to maintain her marriage and other relationships early in her adult life because sexual intercourse with her partners often brought up a flood of memories about her abuse. The participant shared that, after the failure of her marriage, her drug use increased, and she learned to detach from her body. The participant reported that during her heavy years of drug use, criminal behavior, and eventually prostitution, she learned how to block out her memories and emotions surrounding her abuse. The participant relied upon her drug, criminal, and sexual

addictions to repress her memories of her abuse. Bass and Davis (1992) noted that addictions are common ways for CSA survivors to numb the pain of sexual abuse. In light of the participant's addictions, there have been periods in her life when she has been flooded with memories of her childhood sexual abuse and begun to smell the scent of her abuser and of the barn where her uncle sexually violated her on several occasions.

As the participant began to address her couple relationships and experiences of emotional intimacy, she revealed some details about her most recent long-term relationship. The participant stated that her last long-term couple relationship ended two years ago and that it was a five-year relationship. Before sharing details about her experience of emotional intimacy in her long-term couple relationship, she was asked to define emotional intimacy in her own terms. She pondered on the dynamics which shaped emotional intimacy for her and eventually stated that the main ingredients of emotional intimacy were being able to trust and talk openly with your partner. Her definition of emotional intimacy also included being able to share interests in a partner's day, sharing personal things with a partner, being understanding, sharing and initiating affection, and compassion. The participant's definition of emotional intimacy overlapped with many of the domains that I planned to explore about her experience, including trust, communication, and disclosure.

In addressing her experience of emotional intimacy in her last relationship, the participant reported that she did not think that she had ever experienced emotional intimacy as she had defined it and shared that she would like to experience emotional intimacy as she defined it at some point in her lifetime. In describing her most recent relationship, she stated:

It was always a barrier. I had to take care of me and I went into self-protection.

We are here on earth to be connected...I never did connect. With my partner, I never did connect emotionally. It was just going through the routine of things you do, you know.

As the participant recounted her experiences of emotional intimacy in her long-term relationship a theme of emotional detachment began to surface in her narrative. The participant stated that she was not concerned about emotional intimacy in her relationship. She was concerned about material things, like receiving regular financial support from her partner and ensuring that her household bills were paid. A theme of financial security emerged in the participant's reports of emotional intimacy. She equated her partner's ability to provide financial support with having a "good" relationship. She explained that there was no giving or receiving of emotions on her part in her last relationship. However, she revealed that her partner was someone who attempted to establish some form of emotional intimacy with her. In describing her partner she stated:

He would try to be close to me, not just sexually. He used to say "Come sit down with me" or tell me "let's go shopping or spend some time together today"...and I would always make up some excuse to avoid those interactions. Other times we might be looking at a movie together and I would always find some reason to get up to avoid cuddling or other subtle signs of affection.

The theme of emotional detachment continued to be evident as the participant described her interactions with her long-term partner. The participant reported that her partner continuously tried to build an emotional bond with her, but that she ran away from any attempt at emotional closeness. She stated that she conditioned herself not to

“feel,” and on those rare occasions that feelings came up she learned how to quickly repress them. According to DiLillo (2001), many CSA survivors go to great lengths to limit emotional intimacy in their relationships as a means of protection. Hence, fear, distrust, and/or ambivalence about emotional closeness in couple relationships are common characteristics of female CSA survivors (Briere, 1992), which function to shield them from further pain.

Despite the participant’s avoidance of emotional intimacy, she reported that she allowed sexual intimacy in her relationship, because sexual intercourse no longer required an emotional attachment for her. She recalled that she had learned to detach her emotions from her body years ago. The participant revealed that her life experiences, including her history of sexual abuse and involvement in prostitution, taught her that “sex” was valuable to others, and as long as she engaged in sexual relations in her relationship, her partner would meet her needs.

When asked about her communication and ability to talk openly in her relationship, the participant stated that she did not remember talking openly with her partner. The theme of emotional detachment continued to surface in the participant’s disclosures about her communication patterns in her relationship. She related that she did not experience sharing, talking, or just being supportive of one another. She reported that simple conversations on topics such as, “How are you doing honey?” or “How was your day?” did not occur. She admitted to blocking many of those simple conversations and interactions. As evidenced in current literature, communication is a significant area of difficulty for CSA survivors in dating and/or marital relationships (DiLillo & Long, 1999). Some researchers have noted that CSA survivors’ communication patterns may be

inhibited by their feelings of unworthiness, avoidance of attachments, and patterns of secrecy from their childhood experiences (Dabney, 1999; Davis, 1991; Schumm, 1983). As the participant continued to elaborate on communication patterns in her relationship, she mentioned that her partner may have attempted to engage in such interactions at the beginning of their relationship, but her barriers probably eventually blocked his desire and effort. In describing her communication patterns with her partner, she stated:

I didn't know how to communicate. My communication was more of "Why don't you do this" and "Why don't you do that?" It was always me pointing the finger and trying to get him to change...not looking at myself. I acknowledged that I didn't know how to have a healthy relationship, but I did not know how to begin to change.

In exploring the participant's experience of emotional intimacy, she was asked about trust and disclosure in her long-term relationship. She stated that she trusted that her partner loved her and she trusted that he would financially provide for her. However, she revealed that she did not trust opening up to her partner and sharing her feelings and memories from her past abuse. As the participant described her experience of trust in her relationship the theme of financial support continued to be apparent. She stated:

I didn't trust him enough to open up that part of myself. I didn't trust him enough to feel that I could let him know anything...I just didn't have that in me. As long as he paid the bills and went to work, that was trust.

The participant talked about her experiences of trust in terms of survival and financial support. She explained that she had been through a lot of instability in her life, and she felt that, as long as her partner would help maintain the household financially,

she was satisfied. The participant's primary sense of stability in a couple relationship appeared to be within the context of financial stability. Financial support seemed to shape her experience of emotional intimacy because of her need for emotional detachment. As the participant shared her experience of trust in her relationship, the theme of financial support continued to be apparent. More importantly, the participant revealed that she now knows that she feared opening up emotionally to her partner. The participant noted that opening up and allowing herself to be vulnerable was not an option in her relationship; she would not allow it. She remembered him as being loving and patient with her and explicitly recalled the day he announced that he had exhausted his patience and walked away from their relationship. She revealed that it was not until her relationship dissolved that she began to fully realize how she inhibited the development of emotional intimacy in her relationship.

After the participant shared her history of childhood sexual abuse and experiences of emotional intimacy in her long-term relationships, she was asked to discuss her use of Black church support services. The participant disclosed that she was raised in a Southern Baptist Black church. She revealed that she strayed away from the church when she began to use drugs as an adolescent. The participant shared that she reconnected with the Black church during her recovery from her drug addiction six years ago. The participant reported that she has been attending a church in Northern California for six years. She talked vividly about her use of support services, such as support groups, sermons, and gospel songs. Such support services within the Black church have been recognized as alleviating distress and promoting self-growth in the lives of African American women

(McRae, Thompson, & Cooper, 1999; Morris & Robinson, 1996). In the participant's description of her use of support groups, she stated:

I helped develop a support group in my church. I have a support group, well, "God" has a support group called 'Victory in Overcoming.' The group provides a form for men and women to praise, worship, and share ... just share with one another our stories of overcoming ...overcoming abuse, addiction, divorce, or whatever you have gone through.

In discussing the other support services that she uses in the Black church, the participant talked about the influence of gospel songs in the church. She expressed her love for gospel music and how gospel songs soothe her spirit and help her to overcome many of her life adversities. Church sermons and scriptures were also identified as support services used by the participant on a regular basis. Sermons and scriptures rooted in Biblical themes have influenced healing and psychological well-being in the presence of adversity (Lincoln & Mamiya, 1999; Wiggins & Williams, 1996). In sharing how she benefits from such support services, she stated:

The sermons are very strong. They always seem to speak to some point of my life, whether it be my days of abuse, addiction, or healing. ...And the word, reading the Word of God and studying the Word of God has helped me a whole lot.

Whatever void or whatever I have been dealing with, you know, it has filled it.

The participant continued discussing the influence of the Word of God in her life and how it has helped her to gain a clear understanding of who she is spiritually. She stated that sermons, scriptures, faith, and prayer have given her insight of who she is

within, and provided her with the courage to begin healing from all of her adverse life experiences.

Researcher's Experiences

The participant and I met at a mental-health conference in Northern California. After attending a brief presentation on my study, the participant expressed interest in my study by inquiring about participant criteria and identifying herself as a survivor of childhood sexual abuse. During my initial conversation with the participant she briefly talked about some of the effects of her abuse history. As the primary researcher, I admired the participant's honesty and courage in identifying herself as an African American female CSA survivor within an openly public domain. I also admired her willingness to acknowledge and disclose aspects of her abuse that related to my study. Furthermore, the initial conversation between the participant and me confirmed my belief that African American female CSA survivors needed to and desired to talk about their experiences, despite the unspoken rule in the African American community that childhood sexual abuse is not to be publicly acknowledged or spoken of. Reflecting back on my initial contact with the participant, I believe that my presence as an African American woman, as an African American woman acknowledging CSA in the African American community, as an African American woman seeking to give voice to the experiences of African American female CSA survivors, and as an African American mental-health provider, created a comfortable environment for African American women, such as the participant, to acknowledge themselves as CSA survivors who willingly converse with me about their experiences.

Upon meeting with the participant for her interview, my presence as an African American woman and a mental-health provider assisted with building a rapport with the participant and with creating a comfortable environment for the participant to share her experiences. For example, my knowledge of the secrecy of CSA in the African American community, as well as my calm tone of voice and active listening skills, were all dynamics that influenced the participant's comfort in openly discussing her trauma history. In the early stages of the interview, I recognized that my perception of the participant's comfort affected my ability to hear her story. Once the participant appeared comfortable, I was oblivious to my surroundings and immersed in the narrative of her experiences. Her early disclosures revealed a theme of self-sacrifice in relation to protecting family members, such as her sister and father, from her abuse. The early emergence of the theme of self-sacrifice influenced my intake and analysis of the participant's narrative. The emergence of the theme of self-sacrifice led to the exploration of the participant's role in her family system. It was apparent that my systemic theoretical foundation influenced my analysis of the participant's childhood experiences and the participant's behaviors surrounding the theme of self-sacrifice. Analysis was also affected by my experiences and my research team members' experiences as African American women and our knowledge of the secrecy surrounding CSA in the African American community. Each of the team members had known at least one African American woman who had not disclosed their CSA to her family and the numerous reasons that feed the code of silence in the African American community.

Additionally, intake of the participant's narrative and analysis were affected by my perceptions and experiences in the Black church. Because of my strong spiritual

foundation and connection to the Black church, I found myself having to set my experiences aside in order to honestly hear the participant's experience of Black church support services. My research team members, who have strong spiritual foundations, shared similar experiences as they analyzed the data. With the awareness of our perceptions in relation to the Black church, my research team and I re-analyzed the data within the Black church support services domain to ensure accurate coding and reporting of the participant's experiences.

Participant Two

Demographics

Participant two is a 54-year-old African American female who was sexually abused from nine to eleven years of age. Her religious affiliation is Scientology and she utilizes Black church support services in Northern California. She is currently not involved in a couple relationship, although she has had one long-term heterosexual relationship within the last seven years. This previous relationship lasted six and a half years. The participant has two children, a 34-year-old daughter and an 18-year-old daughter. Her highest level of education is a Bachelors of Arts degree, and she is currently a coordinator at a mental-health agency. Her income is \$28,000 annually.

Within-Case Analysis

The participant was recruited by the researcher to participate in the study at a mental-health conference in Northern California. After receiving letters describing the study, the participant approached the researcher to further discuss the study, which eventually led to her scheduling an appointment for an interview. The participant was interviewed at her home as mutually agreed upon by the participant and the researcher. A

follow-up interview two weeks later was conducted via phone to clarify specific information disclosed in her interview. During her initial interview the participant appeared older than her identified age, as evidenced by her physical appearance, possibly due to her long history of substance abuse. Nevertheless, the participant appeared comfortable and relaxed while sitting amongst pillows on the floor, and in a mellow tone she began sharing her experiences of childhood sexual abuse. The participant shared that her biological parents were divorced, and she was living with her mother, stepfather, and biological brothers. She stated that her stepfather would wrestle with her and her brothers a lot in a playful manner. She revealed that while engaging in playful wrestling with her stepfather, he would begin to touch her in her vaginal area. She remembered her abuse beginning as fondling disguised as play escalating to her stepfather dragging her out of bed in the middle of the night to engage in sexual acts with her, such as fondling and vaginal penetration. She continued to state:

He was always whispering for me to come here and touching me in the wrong way. I don't know if he was touching my brothers too, but he use to drag me out of my bed at night touching my stuff, sticking his fingers in me....He even tried to stick his stuff in me on some nights. But one night I just ran into my brothers' room, so that someone would see me and see what was going on.

The participant revealed that the abuse went on for at least two years before she told her mother. She recalled that her mother never really believed her and would tell her that she was lying about her stepfather fondling her. She stated that she could not tolerate any more of the abuse the night she ran from her stepfather into her brothers' room. She was tired of the abuse and that she knew there was a part of her that was strong, so she

decided that she was going to stand up for herself. She shared that she wrote her mother a letter that night and told her that if she did not do anything about it, that she would tell the whole town, family, friends, and teachers about the abuse. The participant reported that she waited up all night for her mother to come to her room to discuss the letter she had written, but she never came. She shared that her mother talked with her the next morning and simply asked if everything she had written in her letter were true. By the next day, her stepfather was in jail. The participant recalled going to court with her family regarding the sexual abuse, but never understood how or why her stepfather got out of jail. She reported that her mother did not let him come back to live with their family, but he lived nearby and continued to have contact with her mother.

During the years of the abuse, the participant revealed that she would get terrible headaches whenever her stepfather came into the house and attempted to interact with her and her brothers. She reported that she had headaches for years until her stepfather was removed from their home. After her stepfather's removal from their home, her headaches subsided, but she began to feel resentment towards her mother for maintaining contact with her stepfather after disclosing the abuse. A theme of resentment and anger began to emerge in the participant's narrative as she described her feelings towards her mother in relation to her abuse. In describing her feelings of resentment, she stated:

I felt very angry. I felt that my mother should have protected me against this man in her life who was taking advantage of me, of her children...this man who turned our lives upside down. I resent her for not protecting me from all those years of sexual abuse...and allowing him in and out of our house once he was released from jail.

CSA survivors who were perpetrated by a father or father-figure often feel anger towards their mothers for not protecting them from the abuse (Bass & Davis, 1992; Briere, 1992; Donaldson & Gardner, 1985; Sarlouis, 2002). The participant disclosed that she felt that her mother always knew of the abuse her stepfather was inflicting on her and that her mother never wanted to do anything about it. Several researchers have noted that there is often an unwillingness to believe a child's allegations of CSA when the abuser is identified as the father or stepfather (Beitchman, Zucker, Hood, DaCosta, Akman, & Cassavia, 1992; Tsai, Fieldman-Summers, & Edgar, 1979). Consequently, when a parent exhibits reluctance to acknowledge a child's accusations of CSA by a father or father-figure, the victim often develops feelings of anger and resentment towards the non-offending parent (Painter & Howell, 1999).

The participant continued by sharing that she suspected that her mother did not want to report the abuse, did not want to put her stepfather in jail, and never wanted him removed from the home, but that her mother had no choice when the participant threatened to tell everyone. Feelings of anger and resentment were not only experienced by the participant, but also by the participant's mother. The theme of resentment and anger continued to resonate in the participant's story as she discussed her mother's feelings of anger towards her as well. Current researchers have acknowledged that mothers' confronted with allegations of CSA by a relative frequently experience anger surrounding the consequences of the child's disclosure, such as open conflict and family dissolution (Newman, 1996; Russell, 1986; Scott & Day, 1996). The participant explained that there was no doubt that her mother held resentment and anger towards her for making her abuse public. She stated that her mother would say things to her like,

“Well, he would still be here if it wasn’t for you.” She recalled that she took a lot of physical and emotional abuse from her mother after her public disclosure. The participant stated that her mother would hit her with pots and pans and curse at her, accusing her of “sleeping” with her husband. In her discussion of her mother’s anger towards her, she stated:

She would scratch me up all the time, because he was gone, so then it was my fault because her man was gone. And instead of my mother loving me and being there for me, it was like I destroyed her life. I didn’t have my mother, I didn’t have my relatives ...nobody was on my side.

The participant reported that she was consumed with confusion about what had happened with the sexual abuse and the backlash that she was receiving from her mother for being forthcoming and trying to protect herself. She shared that she ran away frequently to get away from her dysfunctional environment, which held memories of the abuse, her mother’s anger, and a perpetrator who could reappear at any time. With tear filled eyes she shared that she was running away during the abuse and running away after it stopped to keep it from ever happening again. She identified juvenile hall as her “home away from home.”

The theme of anger and resentment remained evident as the participant began to disclose her history of violent outbursts during her childhood and in her adult couple relationships. The participant also expressed that her feelings of anger and resentment frequently manifested through violent outbursts. She stated that during her early adolescence she became very violent and was fighting all the time. As evidenced in current literature, some CSA survivors act out their anger over and over by displacing or

projecting it (Blume, 1990; Painter & Howell, 1999; Sarlouis, 2002). The participant noted that she was fighting physically and fighting verbally. In her description of her expression of anger through violence, she stated, "I believed that everybody was out to get me, and I wasn't going to let them get away with it." She stated that she would do things like break out her mother's windows in her car, just to release her anger and pain. She also noted that she cried often as well. The participant shared that she cried and cried with hopes that someone would notice her pain, but unfortunately her pain and anger continued to go unnoticed. But she recalled everyone noticing her anger and her pain when she became violent. She stated:

Everybody paid attention to me when I started acting out. I got angry, I got violent, and I got attention,...and that's the way it was. That's the way it turned out.

She reported that this was an attitude that she kept with her into her adulthood, which resulted in a great deal of violence in her couple relationships. She shared several experiences of her past relationships in which she inflicted violent behavior upon her partner. The theme of anger resounded in her narrative as she disclosed details of a past relationship. According to Bass and Davis (1992), many CSA survivors transfer their repressed feelings of anger onto their family members, friends, and partners, because of the intimacy of such relationships. The participant revealed that she felt angry and disrespected by her partner and tried to run him over with a car. While reflecting on her experience, she reported that she used to ask herself, "Why did I have to end up doing that? Why didn't he just listen to me? Why did I have to go there? Why did I even have to go there?" The participant shared that she has just begun to recognize her violent

behaviors towards men as a means of self-protection when she feels threatened. She stated that she has learned to walk away from men who disrespect her because she knows that it will eventually turn into an abusive situation in which she may begin to physically abuse her partner.

The participant reported that her acting-out behaviors began to extend beyond violent outbursts and included alcoholism and experimentation with various drugs, especially crack cocaine. A theme of dual addictions emerged as the participant shared her history of alcohol and drug use. The participant stated that alcoholism had been a part of her life from early childhood because her mother got drunk frequently after she disclosed her abuse and her stepfather was removed from their home. However, she acknowledged that her drinking did not begin until her early adolescence as a means of dealing with her memories and personal effects of the abuse as well as the continuous backlash that she received from her mother after her disclosure. As for her use of drugs, the participant reported that she did not begin using drugs until her late twenties. She revealed that alcohol no longer gave her the high or escape that she needed, and she decided to experiment with something stronger. As noted in literature, several researchers have found a strong relationship between a history of CSA and substance abuse among women (Glover, Janikowski, & Benschhoff, 1996; Jasinski, Williams, & Siegal, 2000) and the use of substances, such as drugs and alcohol, to numb and suppress the pain associated with the sexual abuse. In the participant's description of her drug abuse, she stated:

I was experimenting with crack, and I was trying to do what everybody else was doing...I got caught up in it. By the time I started using I wasn't the type to be out

in the streets...I was right at home, so my children saw me. They saw all the effects of it, not the using, but all the effects.

The participant shared that she was using crack frequently and heavily, but that her drug use lasted only for a few years. She stated that she realized she had to find a different way to deal with her problems when her children were removed and placed in foster care as a result of her drug use. The participant disclosed that she went through drug and alcohol rehabilitation and has remained active in support groups, such as Alcoholics Anonymous, Narcotics Anonymous, and Emotions Anonymous.

The participant revealed that she was also very "overprotective" of her daughters because of her experience of childhood sexual abuse. Several researchers have recognized that women with histories of CSA become overprotective of their children because of the constant fear that their children may also become victims of childhood sexual abuse (Burke, 1999; Cohen, 1995; Cole, Wooleger, Power, & Smith, 1992). In describing her overprotectiveness with her daughters, the participant shared a situation in which her boyfriend appeared to be crossing boundaries with her daughter. She disclosed that her boyfriend had been playfully shooting rubberbands at her daughter's butt. The participant recalled that it may have just been playful, but that she felt that it was inappropriate. She revealed that she verbally attacked him for his behaviors and told her family and friends that her boyfriend had tried to touch her daughter. She reported that their relationship ended because of his playfulness with her daughter. She also recalled that she wouldn't let any man get too close to her daughters. She stated, "I never let any of my girls get too close to anybody, any men, and they may have problems because of that."

The interview continued with the participant sharing her experience of emotional intimacy in her most recent long-term relationship. She reported that her relationship lasted six and a half years and ended one year ago. Before describing emotional intimacy as she experienced it in her long-term relationship, she was asked to provide her personal definition of emotional intimacy. The participant sat in silence for several seconds and then began to repeat the words "emotional intimacy" aloud as if she were thinking deeply about its meaning. Shortly thereafter, she provided her definition of emotional intimacy, which she identified as tenderness, hugging her when she's scared or needs to cry, trust, sharing, listening, and communicating. As the participant thought about her definition of emotional intimacy, she stated that those dynamics were rarely present in her relationship with her most recent partner.

The participant was asked to share her experiences of some of the dynamics she identified within emotional intimacy. She began by stating that there was no tenderness in her relationship with her partner. She revealed that there was rarely any hugging, cuddling, or consoling one another. The participant also reported that there was no tenderness in their communication with one another. She revealed that their words were short and sometimes harsh, but not loving. As she thought about the tenderness or lack thereof in their relationship, the participant reported that their sexual behaviors even lacked the tenderness she desired. The participant continued by stating:

There was no tender loving care.... It wasn't that type of relationship most of the time. I didn't like it, and I'd wonder why I was there. Oh, I know why I stayed in the relationship...because he gave me money and took care of me and the kids real well.

As the participant began to explore reasons that she remained in the relationship with her partner, a theme of financial support began to surface in her narrative. The participant reported that she had grown fond of her partner because of what he could do for her financially and how he took care of household responsibilities, like repairing things. In describing her admiration of the financial support that her partner contributed to the household, she also spoke of controlling dynamics that accompanied the financial assistance. The participant shared that she was often placed on “punishment” by her partner if she expressed dislike or complained about anything. She revealed that “punishment” often included a significant decrease in the financial support she received from her partner. The participant reported that she occasionally adjusted her behaviors to her partner’s liking to lift her “punishment” and increase the financial support she received by her partner. She continued by stating that she was attracted to her partner for his financial stability rather than his emotional stability.

When the participant was asked about trust in her relationship, the participant angrily stated that she could not trust her partner with anything. Her anger was evident in her tone and facial expression. She reported that she never felt that her partner had her best interest at heart. However, after sitting silently for a few seconds, the participant disclosed that there were some issues that she could trust her partner with at the beginning of their relationship. The theme of financial support resurfaced in her discussion as the participant identified financial support as one of the few domains in which she trusted her partner. She also reported that she trusted her partner with assisting with household chores. However, she continued by stating that there were several experiences that contributed to the lack of trust in their relationship. She shared that she

had a female roommate for a few months and that her partner would constantly burst into the bathroom while her roommate was showering or bathing. She stated that after several discussions about his disrespect, he continued to display the same behaviors. A theme of the desire for respect evolved as the participant continued to discuss her experiences of disrespect by her partner. The participant disclosed that her partner had several women calling the home which they shared, yet constantly denied that he knew any of the women. Reflecting on her partner's blatant disrespect, she stated:

I asked him not to do that, you know, I don't play that. He was going to have me hurting one of those women calling my house. They wouldn't have the number if he didn't give it to them, and he tried to make it seem like I didn't know what was going on. I just got to the point that I didn't care about him anymore, I cared more about my respect and my image.

A theme of the desire for respect and a theme of anger overlapped as the participant continued to talk about her experience of trust and distrust in her relationship. The participant disclosed that she felt disrespected by her partner's behaviors and could not trust that he would respect her. She reported that, when she has felt disrespected by men in her couple relationships, she usually became angry and violent. She reported that her partner's continuous display of disrespect by flirting with her roommate, allowing other women to call their home, and signs of inappropriate behaviors with her daughters contributed to distrust as well as anger and violence in their relationship. She stated that she could not trust him to treat her with respect, and he could not trust her to control her anger when she felt mistreated. The participant continued by sharing how important trust was in her relationships. She revealed that several people had violated her trust in her

relationships and recounted that distrust has been painful in her life. In describing her value of trust, she stated:

I think trust is the most important thing on earth. And when you start losing trust in people's character and stuff, ...the trust is gone. Without trust you cannot count on them or believe in them anymore.

The participant acknowledged that she perceived trust and respect as dual processes. She stated that she trusted men who respected her, and, if they began to disrespect her, she no longer trusted them. She continued by sharing that she was aware that her desire to have trust and respect in her couple relationships with men was somehow related to the violation of trust and respect demonstrated by her stepfather through the sexual abuse.

As the participant described disclosure in her couple relationship, she revealed that she shared things with her partner, like discussing her day at work, although, she continued by stating that the relationship never developed into a "full-blown" healthy relationship. The participant stated that she never disclosed any deep personal experiences about herself, such as her sexual abuse history, her conflictual relationship with her family, and other effects of her abuse. Disclosure, along with other domains of emotional intimacy, has been acknowledged by some researchers as a serious area of difficulty for CSA survivors in their couple relationships (Courtois, 1979; Davis, 1991; Davis & Petritic-Jackson, 2000). In discussing her difficulties with disclosure, the participant reported that she was especially reluctant about sharing how she felt about her abuse history and how she was dealing with it because there appeared to be incestuous behaviors occurring amongst her partner's family members. She recalled that she felt as if

her partner was not disturbed by the inappropriate sexual behaviors occurring in his family, that he would never understand her experience as a victim. She appeared tearful for a few seconds and continued by describing the lack of disclosure in her relationship and stated:

I wasn't really interested in talking with him or sharing my personal issues with him. I was really looking for a man who was going to play that daddy role, take out the garbage, and pay the bills. All I was looking for was security...financial security.

As the participant shared her experience of disclosure in her relationship, the theme of financial support resounded in her discussion. From the participant's perspective, disclosure was one of the domains of emotional intimacy that was nonexistent in her relationship, because her primary concern was financial support and security. The participant reported that she recognizes that she chose her partner for financial security rather than emotional intimacy. She stated that she felt that the women in her family never taught her how to choose a partner based upon characteristics that establish emotional intimacy in a relationship. She recounted that the women in her family taught her to choose a partner based solely upon their ability to provide financial stability, not emotional intimacy. She stated that her partner's ability to provide financial support was evident throughout her relationship, even towards the end of their relationship, as they agreed to live in separate households. She disclosed that they stopped living together because the emotional intimacy was nonexistent, but that she continued to desire and expect him to provide her with financial support.

When asked about day-to-day communication in her relationship with her partner, she recounted that their communication was somewhat open in the beginning of their relationship. She acknowledged that she probably talked more at him rather than to him. As evidenced in current literature, many CSA survivors have significant difficulties engaging in open communication with their partners in their couple relationships (Dabney, 1999; DiLillo & Long, 1999; DiLillo, 2001). The participant disclosed that “healthy” communication was discouraged in her couple relationship because of dynamics such as her inability to communicate openly and her partner’s struggle with alcoholism. Consequently, she revealed that their communication declined over the years. She reported that, after a few years into their relationship, their communication was “terrible.” In sharing her communication patterns with her partner, the participant assumed most of the responsibility for the closed communication in her relationship. She shared that her partner often told her that she was “mean” and that she “tired of people easily.” She stated that those comments have lingered with her since their breakup because she knew that there was truth in his statements. She stated, “I tire of people easily and that was obviously evident in my communication patterns with my partner.” Reflecting on her communication with her partner, she laughed while stating that she did not like being by herself, but she also liked being by herself and speculated that that must send mixed messages to her partners in her relationships.

After exploring the participant’s experiences of emotional intimacy, she was asked about her connection with the Black church and support services that she used within the church. The participant began by disclosing that she is a member of a church in Northern California and that she joined the church two years ago. She appeared excited

as she began to talk about her involvement in the church and how the church has aided in her spiritual growth. Within current literature, the Black church has been identified as a supportive network that provides spiritual guidance to African American women (Frame, Williams, & Green, 1999; McAdoo & Crawford, 1991). A theme of spiritual growth emerged as the participant described support services that have influenced her spiritual growth, she stated:

When the reverend has talked about things that have been so specific to my life, my journey, my growth, ...I listened...I took it all in, and I'd buy the tape of the sermon, so that I could listen to the sermon in my house. The tapes are in my house, ...all over my house....I'm always listening to them.

The participant noted that the sermons in the church have helped her to change her way of thought about experiences in life. Within Africentric literature, sermons in the Black church have been acknowledged as a cultural art form that not only provides instruction on religious values, but also promotes growth, spirituality and healing (Eugene, 1995; Hamlet, 1994). For example, the participant revealed that the sermons and teachings in the church have helped her with embracing forgiveness. She stated that the messages in the sermons have helped her to forgive her stepfather, her mother, and all the others who did not protect her as a child. She also acknowledged that the church sermons have helped her to forgive herself for continuing to abuse herself for years after the sexual abuse. The theme of spiritual growth resonated in the participant's narrative as she discussed how sermons and tapes of the sermons have been essential to her spiritual growth. Aside from the sermons, the participant also reported that the church taught her how to meditate. She stated that meditation has changed her life. As she talked about

meditation, she explained that it allows her to isolate herself, to get rid of all negative thoughts, and to embrace affirmations. The participant revealed that she meditates throughout the day with her meditation music in the car, office and home.

The participant also shared that her church has spiritual ministers called practitioners who work alongside the reverend in servicing the members of the church. She reported that she has often been able to call a practitioner during the week to assist her when she needed to talk or what she was struggling with. Within the Black church ministers are highly respected as community leaders and are among the first people contacted by African Americans in psychological distress (Neighbors, Musick, & Williams, 1998). Additionally, the participant disclosed that she also utilizes a women's group in the church that aids in helping women to overcome adversity and challenges in their lives by embracing spirituality. Overall, she recognized the church as offering several support services which have assisted her with countering many of the negative effects that evolved from her experiences of childhood sexual abuse. The participant also recognized her use of Black church support services as essential components to her spiritual maintenance.

Researcher's Experiences

I initially met Participant two at a mental-health conference in Northern California. After attending a brief presentation on my study, the participant discretely approached me and informed me that she was a survivor of childhood sexual abuse. I provided the participant with my contact information and encouraged her to call me in a few days, as she appeared apprehensive about talking with me at the conference amongst a large crowd. Shortly thereafter, the participant and I engaged in several conversations

about my study and the participant criteria. During our conversations I became increasingly aware that my presence as an African American woman, an African American woman who acknowledged the influence of spirituality in the lives of African American women, and an African American mental-health provider were key dynamics that attracted the participant to the study and influenced her willingness to share her experiences. Approximately a week later, I interviewed the participant at her home, since it appeared to be the most convenient meeting place for both of us. Her home was brightly decorated, although the lights were dim and meditation music was playing the living room. The participant's environment appeared to be peaceful and calm. I felt very comfortable as I sat amongst some oversized pillows on the floor and began to interview the participant. I utilized my strengths as a therapist to facilitate the interview process. I spoke in a calm and soothing tone as I asked the participant intimate questions about her CSA history. I also made an attempt to be thorough in gathering information from the participant, as I found myself asking many clarifying questions and follow-up questions pertaining to the participant's experiences.

In addition to asking clarifying questions to accurately conceptualize the participant's experiences, I found myself listening attentively to the details of her narrative. Her immediate disclosures of her CSA experiences were filled with intense anger. Anger was evident in her tone and facial expressions as she revealed her CSA history. The participant's expression of anger affected my conceptualization of her narrative, as I sought to understand the depth of anger embedded in her CSA history. Because of my systemic background, I wondered about the relational and structural dynamics in her family system and how such dynamics affected her family's response to

the abuse. I envisioned her family consisting of distant relationships that became even more strained with her disclosure of abuse. As I began to clearly conceptualize her experiences, I too felt angry. I embodied feelings of anger and sadness in relation to the participant's disclosures of her early familial childhood betrayals, the intensity of her desire to be heard and to have her feelings validated by her family, and the manifestation of her unresolved anger. Furthermore, as I emerged myself in the data analysis process, I was aware of the feelings I experienced, as well as the participant's expression of anger during the interview process. With this participant's interview data, I relied heavily upon my research team to process my feelings generated during the interview process and to ensure that my analysis was based solely upon the participant's reported experience, and not my personal response to her disclosures. Through discussions and analysis of the data my research team members confirmed a resounding theme of anger in the participant's narrative. They also expressed feelings of anger; however, their reactions were more deeply rooted in their perceptions of the lack of acknowledgement of CSA in the African American community. The research team members expressed feelings of anger about the lack of education surrounding CSA in the African American community and how it may ultimately affect the way the African American community responds to abuse.

Participant Three

Demographics

Participant three is a 52-year-old African American female who was sexually abused at seven and a half to nine years of age. Her religious affiliation is Seventh Day Adventist and she regularly uses Black church support services in Northern, California. She is not currently involved in a long-term couple relationship, although she has had one

long-term heterosexual dating relationship within the last seven years, which lasted one year. Participant three has three daughters, ages 23, 25, and 27. Her highest level of education is one year of college. She is currently employed full-time with an annual income of \$35,000.

Within-Case Analysis

The participant was recruited via a flyer advertising the study, which was posted in a local Black bookstore. The participant contacted the researcher to discuss the study and expressed a strong interest in sharing her story of childhood sexual abuse through her conversations with the primary researcher prior to her interview. After a couple of conversations with the primary researcher via phone, the participant scheduled an interview for a few days later, which she agreed to have conducted at the researcher's office of employment. Upon arrival at the interview, the participant appeared quiet and conservatively dressed. After reviewing and signing the consent forms, the participant began to tell about herself. The participant began by sharing that she was raised in the Midwest and that she was the eldest of three children.

As she referred to her childhood, she disclosed that her father was an alcoholic and described the financial and emotional impact that his alcoholism placed upon her family. She revealed that her father eventually "drank himself to death" and that her mother worked several jobs to ensure the financial stability of their family. While her mother worked long hours, her older cousins would act as caregivers for her and her siblings. As she continued her story, she stated "And this is around the time that abuse began," referring to her first childhood sexual abuse experience. The participant stated that she was violated by her older male cousin when she was seven-and-a half years-old.

She recalled that the abuse began with her cousin fondling her in her genital area and eventually attempting to penetrate her. She disclosed that her cousin tried to penetrate her several times and that it was extremely painful. The participant reported that the abuse by her cousin occurred for a few months and that she never disclosed the abuse to her mother because she felt ashamed.

The participant continued with disclosing her second childhood sexual abuse experience. She stated that at nine years of age her mother rented the third floor of their home to a male border. She reported that the border was the babysitter for her and her siblings on several evenings. The participant revealed that the male border would fondle her when her siblings were sleeping, which eventually led to him vaginally penetrating her. The abuse occurred for several months until the participant's mother found a regular babysitter. The participant expressed that she was reluctant to disclose her abuse to her mother because of feelings of shame, as well as a need to protect her mother from additional burdens. Several researchers have suggested that children are often reluctant to report incidences of childhood sexual abuse to parents or caregivers because of feelings of shame and stigma associated with the traumatic experience (Finkelhor, 1994; Russell, 1986; Sinclair & Gold, 1997). In the participant's reluctance to disclose the abuse to her mother, she stated:

I was just so ashamed, you know, that I didn't stop him...I didn't tell my mother. And a lot of it had to do with me being the oldest. I had to be more responsible. My mother was real resentful about having so much responsibility,...and I didn't want to burden her.

A theme of self-sacrifice began to emerge in the participant's narrative about her lack of disclosure and her need to protect her mother from additional burdens. In addition to not wanting to place a burden on her mother, the participant shared that she hesitated about disclosing to her mother because she received several "whippings" as a child. She feared that she would receive a whipping for being sexually abused by her perpetrators, particularly since her mother had so many responsibilities after her father's death.

When asked about how she coped with her experiences of sexual abuse, the participant reported that she tried to "block" her memories of abuse and focused on protecting her younger siblings. The theme of self-sacrifice continued to be present as the participant recounted her need to protect her younger siblings from being abused by the border whom her mother trusted to care for her and her siblings. She reported that she stayed up many nights to ensure that the border who was abusing her was not attempting to sexually abuse her siblings as well. In describing her need to protect her younger siblings she stated:

I had to protect them from him....What he was doing wasn't right. And my other was too busy trying to pay the bills. I don't think, no, I know that she couldn't have dealt with working all hours, paying the bills, and knowing that some man had messed with her children...it would have been too much....I just did what I had to do.

However, the participant disclosed that, as she approached adolescence, she began drinking alcohol and hanging out with a gang in her neighborhood. A theme of substance abuse surfaced as she described her coping mechanisms. In recounting her use of alcohol, she stated, "By the time I was thirteen, I was drinking a lot, ...drinking a lot of beer

almost everyday.” Several researchers have suggested that a history of childhood sexual abuse may increase the risk of alcohol problems because survivors frequently use alcohol to alleviate painful and intrusive memories of abuse (Jasinski, Williams, & Siegal, 2000; Ouimette & Brown, 2003; Westerberg, Little, & Trujillo, 1994; Young, 1992). In addition to a theme of substance abuse, a theme of multiple addictions began to emerge as the participant’s discussion of her heavy alcohol use led to disclosures of sexual promiscuity, criminality, and drug use.

The participant revealed that she became sexually promiscuous. She stated that she began having sex with her boyfriend and older males at thirteen years of age. Sexual promiscuity emerged as a theme in the participant’s narrative as she talked about her sexual activity during her adolescence. The participant revealed that sex became another way of escaping feelings and memories surrounding her abuse. As noted within current literature, sexual promiscuity is a common coping mechanism adapted by women with histories of CSA. It has been acknowledged by researchers as a dysfunctional way of soliciting attention they desire, as well as a means to relieve emotional pain of the abuse (Herman, 1992; Noll, 2003; Timms & Connors, 1992). The participant continued by disclosing that sex eventually became a way for her to make extra money. At fourteen years old, she became involved in prostitution to assist her mother with the financial responsibilities of the household. The participant noted that by fifteen years of age she needed an escape from all of the responsibilities placed upon her by her mother, and she ran away from home. She reported that shortly thereafter she ended up living and working in a “whorehouse.” In describing her lifestyle in the whorehouse, the participant stated:

While there... I learned to do all kinds of sexual behaviors for sex and stuff. I hated it. But I would make a lot of money...I got hundreds of dollars.... I would prostitute all day and all night and give a percentage of my money to the whorehouse. I lived in the whorehouse. I ate and breathed, you know, prostitution.

While working in the "whorehouse," the participant reported that she eventually met a pimp whom she began to live with. She remembered that, in addition to prostituting her, her pimp also introduced her into a life of crime and drug use. The participant described herself as a "professional thief" who stole anything and everything. She also acknowledged that she was getting high daily. The participant's criminal behavior and drug use became a means for numbing painful memories surrounding her CSA history. The themes of substance abuse and multiple addictions resonated in the participant's disclosures as she discussed the use of drugs in her daily life. As the participant continued to describe her drug use, she stated "I was getting high off anything, and I was getting high a lot...for many years." The participant reported that drug use became her primary coping mechanism and her primary addiction. She revealed that her drug use remained constant for several years beyond her involvement in prostitution and criminal behavior.

As the participant continued, she reported that her criminal behavior ceased when her pimp got arrested, and she returned to living in the whorehouse. The participant reported that by the age of sixteen she was tired of living the lifestyle of prostitution, but feared returning home to her mother who had reported her missing months earlier. The participant stated that, even though her mother reported her missing, her mother knew exactly where she was and was aware of the lifestyle that she was living. At seventeen

years of age, the participant shared that she was exhausted from her lifestyle and found the courage to go home to her mother. She reported that her courage to return home evolved out of her desire to ensure the welfare of her younger sibling. In describing the greeting she received from her mother as she returned home, she recalled that her mother wanted her in the home only if she had money to contribute to the household. She recalled that the dynamics at home had not changed and that she felt like a burden to her mother. Consequently, her life of prostitution and drug use continued into her adulthood.

The participant also revealed that when she was eighteen years old, she attempted suicide. As evidenced within current literature, suicide attempts are common symptoms of women who CSA histories (Bass & Davis, 1992; Dabney, 1999; Stepakoff, 1988). Other researchers have reported that CSA survivors have a significantly higher frequency of suicide attempts than woman without CSA histories (Bagley & Ramsay, 1986; Bridgeland, Duane, & Stewart, 2001; Briere & Runtz, 1993; Jehu, 1989). As the participant recalled details of her suicide attempt, she reported that she was drinking with a female friend when she started to feel as if she had nothing to live for. She expressed that she felt as if she was "just" a prostitute and that she had not accomplished anything in her life. In describing her suicide attempt, she stated:

I took a bottle of my roommate's pain medication. For some reason I put the bottle in my pocket...I decided that I wanted to die at my mother's house. And I caught a ride from some guy at the bus stop. I remember walking in my mother's house, and the next thing I knew I was at the hospital.

The participant recounted that her sister found her in their mother's living room along with the empty pill bottle in her pocket. She reported that her sister and stepfather

took her to the hospital where her stomach was pumped. After her suicide attempt, she reported that she moved back in with her mother, but continued to use drugs and prostituted when she needed money.

When asked about emotional intimacy in her most recent long-term dating or marital relationship, the participant reported that she had been in a relationship with a “much older” man around two years ago for one year. Before she began to describe emotional intimacy in the relationship with her partner, she was asked to provide her personal definition of emotional intimacy. The participant defined emotional intimacy as including trust, honesty, communication, and a feeling of safety. As she described emotional intimacy with her partner, she stated that she wanted to experience emotional intimacy as she defined it, but that she did not know how to create it in her relationships. She felt as if her experiences of childhood sexual abuse and her lifestyle of prostitution taught her to offer her body first, not her emotions. Reflecting back on her last relationship, she reported that she attempted to build an emotional connection with her partner, but that she had difficulty trusting her partner and sharing her feelings with him. The participant’s experience is not uncommon, as researchers have noted that CSA can significantly impact a survivor’s ability to establish and maintain intimate couple relationships (Davis & Petretic-Jackson, 2000; DiLillo, 2001; Mullen, 1993).

As the participant described trust in her relationship, she revealed that it was difficult to trust her partner since she had not experienced “trust” in any of her couple relationships throughout her life. Researchers who have explored CSA survivors’ experiences of trust in their dating and marital relationships have reported that CSA survivors often have distorted ideas of trust which negatively impact their abilities to trust

in their dating and marital relationships (Adams-Westcott & Isenbart, 1996; DiLillo & Long, 1999). In describing her experience of trust, the participant stated that, as usual, she began to have sexual relations with her partner before taking the time to get to know him. As she pondered on her experience of trust in her relationship, she recalled that she trusted him to have sexual relations with her, to buy her gifts, and to provide her with financial support. A theme of financial support emerged as the participant identified her experience of trust in relation to financial support. In describing the financial support that she received from her partner, she stated that "As long as he was buying me gifts and giving me money I didn't question anything." She reported that she enjoyed being financially provided for and that she had always been taken care of by her pimps and the other men in her life.

As she continued to disclose her experiences of trust in her relationship the participant recounted that she did not trust her partner to be faithful, and she eventually found out that he was involved with another woman. She remembered that there was a lot of secrecy in her relationship between her and her partner. The participant disclosed that she was secretive about her past experiences, and unwilling to share her emotions with her partner. According to Davis (1991), secrecy often becomes an ingrained pattern of communication for CSA survivors because they were forced to conceal abuse and feelings surrounding abuse as children. Hence, secrecy becomes a communication pattern which inhibits trust and open communication in survivors' dating and marital relationships. The participant revealed that her secrecy stifled her relationship, as well as the secrecy by her partner. She recounted that her partner was secretive about his

whereabouts and as someone who did not disclose much about his lifestyle, past or present.

The interview continued with the participant discussing her experience of communication and disclosure in her relationship. The participant shared that she enjoyed having conversations with her partner about “worldly” events because he had traveled around the world, but that neither of them ever shared much about themselves. She reported that she did not share much about her past because she did not want him to know that she had been a prostitute or involved in drug use. As she continued, she stated:

Maybe in a kind of way I let him know that I was a prostitute. My lifestyle had changed, but in a way I was being prostituted, because I was accepting gifts and the money, and just letting things go, not insisting on having some questions answered at that time.

The theme of financial support resounded as the participant described her partner’s financial support in light of his emotional unavailability. The participant disclosed that she felt as if she was still prostituting because she was allowing her “sugar daddy” to take care of her financially and accepting the fact that he was emotionally unavailable to her. She stated that, “Somebody was finally taking care of me financially again,” but she felt as if she was succumbing to her old identity in the process. She also revealed that she was afraid of how her partner might have judged her or mistreated her after knowing that she spent much of her life as a prostitute. She stated that she needs to be able to feel safe in a relationship, safe enough to disclose her past and to know that her partner will still be by her side. Many African American female CSA survivors experience difficulty disclosing personal experiences in their dating and marital

relationships because of fear and rejection by their partners (Dabney, 1999; Robinson, 2000). The participant shared that she has not felt safe enough to disclose personal experiences in any of her relationships. She recognized that currently she is “very distant” and emotionally unavailable for a couple relationship. She acknowledged that her healing is in the “baby” stage and that she has a lot of history to deal with including her sexual abuse history and the aftermath that followed for many years.

When asked about her use of Black church support services, she revealed that she attends a Seventh Day Adventist church, but that she also uses support services in other churches. The participant reported that she enjoys visiting different churches which have strong ministers who deliver inspirational sermons which she can apply to her life and assist her in “healing” from her history of abuse. Sermons may assist with addressing adversity by validating the experiences of African Americans and identifying spiritual means for coping (Constantine, Lewis, Conner, & Sanchez, 2000; Moore, 1991). The participant continued to describe the influence of sermons by stating that she listens to sermons on television throughout the week. In addition to the sermons, the participant reported that she is inspired by the gospel songs and choirs in the Black church. She remembered being in the church choir as a child and “loving” the music and how it filled her spirit. She disclosed that the gospel songs continue to fill her spirit in church and reassure her that “God” has forgiven her for her past lifestyle and is “walking” with her journey as she heals and adds years to her eighteen years of sobriety.

Researcher's Experiences

My initial contact with the third participant was via phone. She reported that she picked up a flyer describing the study at a local Black bookstore. The participant and I

engaged in several conversations about the purpose of the study and the participant criteria before scheduling an interview. Approximately one week after our initial phone contact I met with the participant for her interview. Upon meeting the participant she appeared quiet and guarded, as evident by her short verbal responses and her body language while reviewing the consent forms. As the interview began, the participant spoke in a low tone, and she expressed little to no emotion as she disclosed her CSA history. I relied heavily upon on my therapeutic skills to build a rapport with the participant, to engage the participant, and to help her feel comfortable disclosing personal and painful experiences. I spoke in a soothing tone as I asked her personal questions about her experiences, I kept eye contact with the participant as a means of being attentive, I maintained open body language as I sat across from her, and maintained an awareness of my facial expressions. By the midpoint of the interview, the participant appeared more relaxed and began to express some affect as she shared emotion-filled experiences.

Early in the participant's narrative a theme of self-sacrifice emerged. I did not recognize the theme in her narrative until I immersed myself in the participant's transcripts. Many themes that emerged during the early stages of the participant's interview escaped me because of my concern regarding the participant's mood and my concentrated effort to help her feel comfortable in her environment as well as with her disclosures. Once the participant's mood shifted, and she appeared more relaxed, I was able to clearly hear her narrative. However, my most profound reactions to the participant's narrative became most apparent as I analyzed the data with my research team. I felt anger and disappointment towards the participant's mother for sacrificing her

child in an effort to lessen her burdens and responsibilities as a parent. I also became increasingly aware of the major effect of substance abuse in the lives of African American women. The participant's substance abuse history was a significant component of her narrative that was recognized by the research team. With the research team members' limited knowledge about substance abuse research, my research team and I immersed ourselves in some of the current literature to gain a more in-depth understanding of the relationship between CSA history and substance abuse amongst African American women. The literature, as well as conversations that followed the readings, assisted the researchers' with understanding the function of addiction and its purpose in the life of an African American CSA survivor. Ultimately, the research team's expansion of knowledge surrounding substance abuse and addiction allowed for a more accurate analysis of the participant's experiences.

Participant Four

Demographics

Participant four is a 35-year-old African American female who was sexually abused at seven years of age. Her religious affiliation is Christian, and she utilizes Black church support services in Northern California. She is currently not involved in a couple relationship, although she has had one long-term heterosexual relationship within the last seven years, which lasted six and a half years. Participant four has two children, a 17-year-old son and a 13-year-old daughter. Her highest level of education is one year of college. She is currently unemployed and a full-time student. Her income is approximately \$15,000 annually.

Within-Case Analysis

The participant was informed of the study by means of the snowballing effect. She received a flyer describing the study from another participant. The participant contacted the primary researcher via phone to inquire about participation in the study. During phone conversations with the participant, she asked about participant criteria and inquired about the interview process. She also repeatedly asked about receiving the monetary compensation for participation in the study. A theme of the desire for money emerged during conversations with the participant prior to her interview. During such conversations I assured the participant that she would receive the monetary compensation upon completion of the interview, and she scheduled an appointment for her interview. The participant was interviewed at the researcher's office as agreed upon by the researcher and the participant. A brief follow-up interview was conducted three weeks later by phone to gather additional information and to clarify some information disclosed during her interview. During her initial interview, the participant arrived at the scheduled time. She was dressed casually and appeared to moderately overweight. The participant appeared eager to begin the interview once she entered the researcher's office as she rushed through the consent forms and began to read her copy of the interview questions to herself. The theme of the desire for money became apparent at the beginning of the interview process as the participant repeatedly asked about receiving the monetary fee for participating in the interview. She was reminded by the researcher that she would receive the monetary fee if or when the interview was completed. After receiving reassurance about the monetary compensation, she appeared relaxed.

The interview began with the participant being asked to tell me about herself. She began by sharing that she was currently in recovery from drug addiction and that she had twenty nine months of sobriety. She also disclosed that she attended Narcotics Anonymous meetings and lived her life one day at a time. After sharing her recovery history, she began to share her childhood sexual abuse history. She disclosed that she was sexually abused at seven years of age by a stranger. She recounted that she and her older sister were playing outside unsupervised when they were approached by a stranger, an older male. She reported that the man asked her and her sister if they had seen his lost puppy. She revealed that he quickly lured them in to helping him search for his puppy. She recalled being excited about helping the stranger search for his puppy, and even more interested when he said that he would give them five dollars each for helping him look for the puppy. As the participant disclosed how she was enticed by money offered by her perpetrator, the theme of the desire for money resurfaced in her narrative. With the monetary offering by her perpetrator, she stated that without hesitation she and her sister willingly got into the stranger's car and drove to an isolated place in their neighborhood. The participant reported that the strange man began to offer her five dollars if she would let him touch her between her legs. She continued by stating:

I remember thinking that it was wrong, but the money was enticing, you know. It was exciting to get the money...but I remember that it hurt when he touched me and he wouldn't stop...He wouldn't let me out of the car.

When the participant was asked to describe the sexual abuse that occurred in the stranger's car, she revealed that he penetrated her and her sister with his fingers first and then attempted to penetrate her vagina with his penis. She remembered crying as he

attempted to enter her body. After attempting to vaginally penetrate her, he attempted to have sexual intercourse with her sister in the backseat of his car. As she described the abuse, she repeatedly stated that he would not let them out of the car until he was done. She also recalled how scared she was of the strange man because he was no longer the "nice" stranger, but a stranger who was violating them. She reported that, after he was done with her sister, he told them to get out of his car and stated that he would hurt them if they told anyone about what happened. She recounted that, after leaving the stranger's car, she and her sister walked home quiet, yet tearful.

When asked about disclosure of her abuse, the participant stated that her sister disclosed the abuse to their mother when they arrived at home that day. She remembered her mother taking the money away from them that was given to them by the stranger. She also recalled being "whipped" by her mother for allowing the stranger to touch her and her sister. She stated that her mother told her to tell the strange man that her mother wanted to speak to him if she ever saw him in the neighborhood again. She revealed that she saw the stranger again a few days later and informed him that her mother wanted to speak with him. She recalled that the stranger told her that he would be right back, but she never saw him in the neighborhood again. The participant also revealed that she never understood her mother's response to her disclosure of the abuse. She reported that she understood why her mother kept the money given to them by their perpetrator since their mother was "hungry" for money during their childhood. However, she recounted that she did not understand why her mother never looked for the perpetrator in effort to protect her and her sister from further abuse. As the participant continued to express her feelings about her mother's response to her disclosure she stated:

A strange man touched me and my sister, and we got whipped for someone taking advantage of us...for that man doing things to us. I even remember having a punishment...but I don't remember our mother ever looking for the man or anything like that.

The participant continued by stating that this was her only experience of childhood sexual abuse, but that she always remembered that day in the stranger's car. She recalled that it seemed as if the stranger kept her and her sister locked in his car for hours. She remembered hoping that someone had begun to look for them, but knew that it was not unusual for her and her sister to disappear in the neighborhood for hours playing. Therefore, it was not likely that anyone had even begun to look for them or suspect that anything unusual was occurring.

When asked about how she coped with the abuse, the participant stated that she felt a mixture of emotions. She shared that her abusive experience elicited feelings of guilt about allowing the abuse to occur and confusion about her mother's response to her disclosure of the abuse. Researchers' have noted that CSA survivors commonly experience feelings of guilt and shame about abuse if they were took money, gifts, or special privileges from the perpetrator (Bass & Davis, 1992; Zupacic & Kreidler, 1999; Wiechelt, 2001). The participant's feelings of guilt surrounding the abuse influenced her decision to never talk about the sexual abuse with her mother after her disclosure, although she revealed that her mother frequently brought up her experience of sexual abuse when she wanted to belittle her and make her feel ashamed of her behaviors of sexual promiscuity that followed the abuse. A theme of sexual promiscuity evolved in the participant's narrative as she began to reveal her history of sexual behaviors. The

participant reported that as she entered adolescence, she associated sex with love and became very promiscuous. She continued by stating:

I thought that if they wanted to have sex with me that meant that they wanted me, ...you know, like they loved me. I don't know...I just thought that, if they wanted to have sex with me, I should give it to them.

She reported that she often had feelings of guilt and shame about her sexual acting out, but that she continued to be promiscuous because she wanted the attention and needed to feel loved. Within current literature, researchers have noted that victims of childhood sexual abuse learn to meet nonsexual needs, such as a desire for attention and love, through sex (Bass & Davis, 1992; Westerlund, 1992). The participant recalled that she was willing to do anything, including performing sexual acts, to receive the attention she desired. Nevertheless, she recalled that she often felt like a "tramp" after engaging in sexual acts because she wanted more than the men were willing to offer her. She stated that she wanted to be their "girlfriend," but most of the men just used her for their sexual satisfaction.

A theme of overeating developed as the participant began to disclose her pattern of overeating during her early adolescence. The participant shared that overeating helped her to avoid dealing with her feelings of guilt and shame surrounding the sexual abuse and her sexual promiscuity during her adolescence. Several researchers have recognized overeating as a way of coping for many survivors of childhood sexual abuse (Bass & Davis, 1992; Bailey, 2001; Goldfarb, 1987). Some CSA survivors overeat in an attempt to avoid sexual advances while other survivors may overeat to escape their memories and feelings of the abuse (Blume, 1990; Cachelin, Striegel-Moore, Elder, Pike, Wilfley, &

Fairburn, 1999). She implied that food helped to comfort her in dealing with her feelings of rejection when her sexual promiscuity failed to solicit the attention she was seeking. She continued by sharing that she has used food as a comforter for many years, and has resulted in years of obesity that she continues to struggle with today.

In addition to overeating, the participant revealed that she began to experiment with drugs during her late adolescence. A theme of substance abuse emerged as the participant revealed that drugs allowed her to escape her reality if only temporarily. Several researchers have noted that CSA survivors often use drugs or alcohol to numb feelings and to suppress feelings associated with their experiences of childhood sexual abuse (Clay, Olsheski, & Clay, 2000; Langeland & Hartgers, 1998). In addition to numbing, the participant also disclosed that her drug use became a means to manipulate the attention she received from her partner in an early relationship. Low self-esteem emerged as a theme in the participant's narrative as she described how she used her drug use to solicit desired attention from her partner. The participant recounted that her partner sold drugs, and whenever she used drugs in his presence, he felt guilty about contributing to her addiction. She reported that his guilt was frequently accompanied by a flood of attention. However, she noted that the attention she received lasted only a few days, and so she developed a pattern of using drugs every couple of days to solicit the attention she desired. The participant's behaviors were driven by low self-worth which is a familiar effect among survivors of childhood sexual abuse (Mullen, 1993; Harris, 1988; Sarlouis, 2002).

After discussing her drug use, the participant continued by disclosing that she began to explore her sexuality a few years after the end of her last long-term relationship.

She reported that the exploration of her sexuality occurred in response to the mistreatment she experienced by men in her relationships. She recounted that she attended a women's meeting in her community in which a lot of lesbian couples were in attendance. In describing her experience at the meeting, she reported that she observed such "loving" interactions between the women and their partners. This sparked her curiosity about having a couple relationship with a woman, rather than a man. Within current literature researchers have implied that there has been a small, but significant increased rate in homosexual and bisexual activity among women who have been sexually abused (Beitchman, Zucker, Hood, DaCosta, Akman, & Cassavia, 1992). As the participant expressed curiosity about lesbian relationships, she wondered whether a woman would treat her better than a man in a relationship. She also revealed that she had not acted on her curiosity since she explained that she struggles with her understanding of homosexuality in Biblical teachings.

The interview continued with the participant being asked about her experience of emotional intimacy in her most recent long-term relationship. She began by stating that her last long-term heterosexual relationship lasted six and a half years and ended five years ago. She described her relationship as a relationship filled with years of drug use and abuse. The theme of substance abuse resonated as the participant described her last long-term couple relationship. The participant disclosed that, towards the end of the relationship, her drug use escalated to the point that she cared more about using drugs than her relationship. As she described the end of her relationship, she stated:

I got into using crack and I just told him to leave...I didn't let him come back. I never realized what I had done...I never was clean enough to feel remorse for

how I had messed up the relationship. By the time I got sober he had gotten with someone else.

The participant expressed regret for allowing her drug addiction to sabotage her relationship with her partner. As she reflected on her relationship with her partner, she acknowledged that problems existed in their relationship that were not drug-related, but that it was difficult to address relationship dynamics, such as emotional intimacy, during a state of intoxication. Before describing emotional intimacy as she experienced it in her relationship, the participant was asked to define emotional intimacy. She revealed that emotional intimacy would include a partner's willingness to be vulnerable, honest, trustworthy, and for the couple to confide in one another.

As the participant described the vulnerability that she would like to experience in a relationship, she stated that she would like to be able to cry and know that her partner understands her pain. She stated that she has always wanted to feel comfortable crying with or in front of her partner. The participant reported that she has never been able to be that vulnerable without holding back tears and suppressing her emotions. She continued by expressing that she would want herself and her partner to be able to be "scared," "laugh," and "cry" together. As she described her desire of vulnerability in her partner, she stated:

He doesn't have to be some pillar of strength all the time. You know how men always feel like they got to be the strongest all the time...it's okay to tell me, you know, "I'm scared and this is how I feel." I feel like emotionally he would be able to open up.

The participant disclosed that she had not experienced genuine vulnerability in her last couple relationship. With subtle laughter, she recounted that she shed tears in front of her partner many times to manipulate situations, but never to express true emotions. Several researchers have noted that distrust inhibits many CSA survivors' expressions of and willingness to be vulnerable with their partners in their dating and marital relationships (Courtois, 1979; DiLillo & Long, 1999; Johnson-George & Swap, 1982). As the participant continued, she reported that in addition to her inability to be vulnerable with her partner, her partner was unwilling to be vulnerable with her as well.

When asked about trust in her relationship, the participant shared that she knew that her partner loved her, but that he was very much influenced by his "homeboys" who were his lifelong friends. She reported that her partner's "homeboys" were well-known in their neighborhood and had a lot of influence over the people in the community. She stated that her partner was not a "shot caller" in the neighborhood, but that he hung tightly with his friend whom many identified as the "shot caller." She noted that the "shot caller" had a lot of power and influenced many of her partner's decisions, which ultimately affected the trust in their relationship. As she reflected on the behaviors which contributed to distrust in her relationship, she revealed that her partner's infidelity was an ongoing problem, since she was frequently confronted with women calling their home and rumors about him sleeping with other women. She recalled that she had convinced herself that he loved her, but that she knew early in their relationship that she could not trust him. Unlike many survivors who may have difficulty trusting their partners, because of their CSA histories, the participant reported that she desired to trust her partner and accepted his infidelity to remain in the relationship. The theme of low self-esteem

participant acknowledged that her partner's years of infidelity deeply affected her self-esteem and willingness to trust a man again.

When asked about disclosure and communication in her relationship, she revealed that she was able to share personal things with her partner during the beginning of her relationship. She recounted that she divulged some information about her sexual abuse history and feelings that she experienced for years after the abuse. The participant explained that she shared many personal aspects of her life with her partner in the beginning of their relationship because he was the first man she had ever lived with, and she thought that he was the person that she would eventually marry. The participant also expressed that her disclosures were influenced by her desire to be loved "unconditionally" by her partner. The participant's behaviors were driven by the motivation to fulfill the love she desired and her need for attention. As evidenced in literature, researchers have noted that many CSA survivors go to extremes in seeking out intimate relationships which fill a void experienced during their childhoods (DiLillo, 2001; Jehu, 1988).

As the participant continued to discuss disclosure in her relationship, she stated that she even told her partner of her suicide attempt which occurred while they were living together. Numerous researchers have reported that suicide attempts are prevalent among women with CSA histories (Clay, Olsheski, & Clay, 2000; Jasinski, Williams & Siegal, 2000; Painter & Howell, 1999). The participant explained that a combination of things contributed to her suicide attempt, including the "infidelity by her partner," her "low self-esteem," her "struggle with obesity," and the "drug use." The theme of substance abuse resounded as the participant acknowledged the effect of her substance

abuse on patterns of disclosure in her relationship. The participant stated that she attempted to share things with him that were disturbing her, but questioned herself about openness and honesty because drugs were a part of her life throughout her relationship. She continued to remind me that she went into her relationship using and that her drug use dictated what she had to offer emotionally.

In discussing her partner's ability to communicate, she stated that her partner did not share a lot about how he was feeling about certain aspects of loving, because he felt that he always had to portray a "hard" image. She disclosed that her partner never wanted her to see him "weak" or "out of control" of his feelings. The participant also shared that it was difficult to have open communication in her relationship with her partner once the infidelity began because her partner had to be deceitful to cover up his relations with other women. She went on to state that her partner was often irritable and agitated when she questioned him about rumors or his unpredictable behaviors. She reported "People do not want to communicate openly and honestly when they are living a lie and trying to hide things."

As the theme of substance abuse remained constant in the participant's disclosure of communication patterns, she admitted that it was difficult for her to communicate openly and honestly when she became consumed by her drug addiction. As noted within literature communication is a significant domain of emotional intimacy that presents a range of difficulties in the dating and marital relationships of CSA survivors in the absence of addiction (DiLillo & Long, 1999). The participant acknowledged that her addiction may have intensified existent communication difficulties in her couple relationship. She participant disclosed that, as her drug addiction escalated,

communication in her relationship became less of a priority. The participant recounted that, at that point, communication was about deceit and covering up rather than honesty. In describing her communication during her period of drug use, she stated:

The longer I used, the more I used, and the further or more distant our relationship became. I cared less and less, you know, about us, ...him and I. Once the disease of addiction kicked in, nothing mattered ...I'd be glad if he wasn't home so that I could use.

After exploring the participant's experience of emotional intimacy in her partner relationship, she was asked about her use of Black church support services. The participant began by stating that she attends church approximately once or twice a month, although she is not a member. She stated that she began attending a Christian church in 1997 with her first attempt to become "clean." However, she noted that it was not until two years ago that she began to use support services in the Black church on a more regular basis. In discussing her use of support services in the Black church, she recounted that she enjoys sitting in church and being "moved" by the gospel music. She stated, "The music moves me and I just stand up and praise God and give thanks for everything." The participant also shared that she is drawn into the sermons and the support of the church congregation. She reported that she has found it useful to have scriptures that go along with the pastor's sermons to assist her with strengthening her spirit during the week. As she reflected on some of her pastor's recent sermons, she stated, "Oh yeah, the messages, the messages...sometimes they move me ...like he is speaking just to me." She continued by stating:

I just really love being back in church. My first experience in church was like when I was 10 years old, and I have missed it. It's spiritual.... It has been awesome to be in such a brand new environment after all those years of addiction.

The participant explained that the Black church has provided a "healing" environment for her that is "always available and accessible." She also reported that the love and support of the congregation has given her strength on days that she has felt weak and found it difficult to maintain her sobriety. She stated, "Strangers at church have supported me without even knowing it." As evidenced in literature, the congregation in the Black church is recognized as a vital support system for African American women (Morris & Robinson, 1996).

As the interview continued, the participant also shared some of her insecurities about using support services in the Black church. She expressed concern about judgment from others about her drug history and her day-to-day struggle to maintain her sobriety. The participant questioned whether she would feel love and support from the congregation if they knew of her drug history. As reflected in literature, numerous researchers have acknowledged the congregation as a positive support system in the Black church (Hines & Boyd-Franklin, 1996; McRae, Thompson, & Cooper, 1999; Williams, Frame, & Green, 1999) while limited attention has been directed to factors that may inhibit support received by members within a congregation. The participant presented valid concerns about receiving continued support from her congregation as she reported experiencing judgment from others in the past. In addressing her fear of judgment by members of the congregation, she stated:

I can't turn to one of the sisters or the mothers of the church and say, 'Things aren't going right today and I feel like getting high.' You just can't come out and say that to those people and expect them not to judge you.

As the participant expressed concern about whether members of her congregation would understand her "struggle" as a recovering addict, she also reported that there were many recovering addicts within her congregation, whom she occasionally relied upon as a support system. The participant shared that several of the recovering addicts in congregation used various support services in her church, including a drug-rehabilitation program. As she discussed her church's drug program, she shared that she never got involved in the drug-rehabilitation program at the church because she has been successful with using The Narcotics Anonymous 12-step program, which addressed some of her spiritual needs. She questioned how the church would feel about her use of Narcotics anonymous rather than their 12-step program. She then stated, "I'm raising negative questions about the church based on things that I haven't experienced, ...but I fear, and I've heard about...I think it is just the devil trying to keep me from being there."

Researcher's Experiences

My initial contact with the fourth participant was via phone. She was recruited for the study through use of the snowballing effect, a process in which one participant is referred by another. Prior to meeting the participant during the interview, I talked with the participant on a few occasion to provide her with information about the study and to schedule an interview. During our phone conversations and during the interview, the participant repeatedly asked about receiving the monetary fee for participation in the study. The participant also exhibited a guarded attitude as was evident in her tone and her

willingness to respond to questioning regarding demographic information. The participant's continuous concern about receiving the monetary fee for participation in the study and guarded attitude raised questions about her ability to participate in the study. I was uncertain as to whether the participant's excessive concern with receiving the monetary fee stemmed from issues surrounding money during her childhood or possibly financial dynamics related to her substance-abuse history, which she had briefly disclosed. Unaware of the dynamics that influenced the participant's questioning and mood, I was prepared to reschedule the participant's interview or possibly excuse her from the study. Prior to making such a decision, I began to talk with the participant at the beginning of the interview to engage in building a rapport with her and to assess her ability to participate in the interview process. As I held casual conversation with the participant, she gradually began to let her guard down and appeared more relaxed, which affirmed for me that the participant would be able to begin the interview process.

During the interview process, several themes began to emerge in the participant's narrative. The themes that lingered with me during and after the interview process were the themes of low self-esteem and substance abuse. Throughout the interview process, I questioned whether the psychological effects experienced by the participant were more a result of her low self-esteem than her CSA history. As much as I pondered on that question, it was impossible for me to determine the extent to which certain childhood experiences affected her self-image. With the resonating theme of low self-esteem in her narrative, I also inquired about family dynamics, which the participant offered little to no information about. Due to the participant's initial guarded attitude and resistance in disclosing some information throughout the interview, I was relieved when she began to

disclose some personal information towards the end of the interview. I found myself utilizing her sign of comfort to gather as much information as possible to fill gaps in her narrative. I also conducted a follow-up interview via phone shortly after the initial interview to clarify information and in an attempt to gather additional information. The participant was cooperative during the follow-up interview, although I continued to have the sense that there was significant part of her story that was never disclosed. As I shared with my research team, the participant opened up towards the end of the interview and lingered as if she needed to continue to talk. To ensure the well-being of the participant, I spent a significant amount of time identifying referrals beyond the referral list as she expressed the desire to meet with an African American female therapist with a spiritual background.

During the data-analysis process I shared my perceptions of the participant's interview process that could not be captured on the audiotape or within the transcripts. My experience during the interview process appeared to influence how my research team members and I analyzed the data. The participant's themes of low self-esteem and substance abuse were vibrant in her narrative. However, I continued to have a concern about issues the participant may have not disclosed and how they impacted her experiences. My research team encouraged the follow-up interview, but, after I gathered minimal information during that interview, the team members insisted that we analyze the data gathered. Conversations with my research team members assisted me in letting go of my intuition that there was significantly more information to the participant's narrative. Through the conversations with my research team I was reminded of one of the deficits of the methodology, which was having no means to confirm the participant's

experiences. My inclination was not that the participant was dishonest in the history she disclosed, I simply questioned whether she disclosed many of the significant dynamics that affected her experiences.

Participant Five

Demographics

Participant five is a 36-year-old African American female who was sexually abused from eight to ten years of age. Her religious affiliation is Islam Orthodox, and she utilizes Black church support services in Northern California. She is recently divorced and not currently involved in a long-term couple relationship. She has had one long-term heterosexual relationship within the last seven years, which lasted a year and a half. Participant five has two children, a 16-year-old daughter and a 5-year-old son. Her highest level of education includes one year of college. She is currently unemployed and relies on physical disability for her income. Her income is approximately \$12,000 annually.

Within-Case Analysis

The participant was recruited to participate in the study by use of the snowballing effect. She was informed of the study by a friend who participated in the study. She reported that her friend provided her with a flyer describing the study and shared some of her experience as a participant in the study. The participant revealed that her friend encouraged her to participate in the study and to share her experience of childhood sexual abuse. Shortly thereafter, the participant contacted the researcher and scheduled an appointment for an interview. The participant was interviewed during the evening at the researcher's office building in a private office space. The participant appeared to be

slightly overweight and was dressed in her Muslim attire, which included a headpiece that covered her forehead, head, and shoulders. She spoke in quiet manner as she began to tell about herself.

The participant reported that she was currently single and had not been in a long-term couple relationship since her divorce, four and a half years ago. She disclosed that she walked away from her marriage because of signs of “verbal” and “mental” abuse. She continued by stating that, at this point in her life, she is focused on “healing” from her past experiences and moving forward in her life.

After sharing some information about herself, she took a deep breath and then began to talk about her sexual abuse history. The participant stated that she was first sexually abused at eight years old by a tenant who was renting a room in her mother’s house. She referred to the tenant as “Mr. M.” In sharing her story, she recalled that Mr. M was an older man who lived with her and her mother for approximately two years. She reported that she was drawn to Mr. M, because he watched the Spanish channel and interpreted everything being said. She stated that “I just thought that was amazing, really amazing that he could speak and interpret Spanish.” She continued by stating that she spent a lot of time around Mr. M because her mother was usually in some part of the house gambling and drinking with her friends. The participant revealed that she thought of Mr. M as her friend, but noted that, every time he got her alone, he would have sex with her. She recounted that whenever her mother was gambling or “missing in action,” Mr. M would take her into his room in the house and have sexual intercourse with her. In describing the sexual abuse, she stated:

He was always there, you know, to make me pull my pants down and lay down on his bed, you know. He always began with having oral sex on me, then he started trying to stick his Johnson inside of me...it really hurt.

The participant explained that Mr. M took advantage of the fact that her mom was distracted by her alcohol and gambling addiction. She stated that Mr. M gave her money and anything she desired to keep her quiet about the sexual abuse. However, she noted that she was well aware that Mr. M was molesting many of the "little girls" in the neighborhood. She stated, "He would get my cousin, he would get my friends, he would get all of us and none of us told, ...well, not until years later."

When the participant was asked about how long the abuse occurred, she stated that the abuse continued for approximately one year. She recalled that Mr. M lived with her and her mother for two years, but that the abuse did not start immediately. The participant revealed that Mr. M invested significant time in familiarizing himself with his environment and presenting himself as a trustworthy person to her and her mother. She reported that he acted as a friend, and occasionally assisted with parental responsibilities before he began to perpetrate acts of sexual abuse.

As the interview continued, the participant was asked about disclosure. She shared that a neighborhood friend was the first to disclose the sexual abuse to anyone. She noted that, once one child told, other children began to disclose the sexual abuse perpetrated by Mr. M. The participant reported that, after many disclosures by her friends and cousins, she was eventually questioned by her mother about Mr. M's behaviors. The participant stated that she disclosed the sexual abuse to her mother when questioned about the abuse. She reported that she feared disclosing her abuse, but exposed her abuse

by Mr. M because other children disclosed without repercussions. Children are often reluctant to disclose abuse to non-offending parents or caregivers because of feelings of guilt and shame as well as the fear of being blamed for the abuse (Bachman & Saltzman, 1995; Finkelhor, 1994; Zupancic & Kreidler, 1999). The participant revealed that her fears surrounding her disclosure were alleviated when her mother reassured her that the abuse was not her fault. She recalled that Mr. M was removed from their home and that she and her mother never talked about the abuse again during her childhood.

The participant continued by revealing that within a short period of time, Mr. M was replaced by another older male tenant because her mother needed financial assistance with maintaining their household. Consequently, the participant shared that her mother continued to be consumed by her gambling and alcohol addictions, often leaving her alone with her male tenants. She recounted that, at nine years old, she was sexually abused by another of her mother's tenants. The participant reported that Mr. J was a tenant who claimed to be religious and that she often accompanied him to church on Sundays. She stated, "My mother would allow me to go with him different places because she trusted him since he was, you know, a religious man." As she described her interactions with Mr. J, she stated:

We would go to his church, and I remember that his church was located on the third floor of this building. So from the bottom floor, we would ride the elevator kissingHe would show me how to kiss.... I thought that it was fun at the time.

She expressed that she enjoyed going to church with Mr. J and kissing him in the elevator. She disclosed that she actually thought that she had a boyfriend. However, she noted that her perception of Mr. J changed when he attempted to have sexual intercourse

with her. As she remembered that night, she shared that her mother was having a card party downstairs, and she was sent to bed. The participant reported that Mr. J came into her bedroom and got into the bed with her. She stated, "He pulled down my pajama pants and he was actually trying to have intercourse with me." In describing her emotions, she indicated that she was "scared to death." She continued by disclosing that she was even more frightened by the size of Mr. J's "Johnson." When asked about the term "Johnson," the participant stated that she was referring to her perpetrator's male genitals. She continued her story by reporting that Mr. J recognized the fear on her face, but continued attempting to penetrate her. The participant reported that Mr. J eventually went back to his room as she laid in the bed crying. She shared that, after that night, she stopped going places with Mr. J. She also revealed that Mr. J moved out of their home and went back South a few months later.

When asked about disclosure again, the participant recalled that she did not disclose her abuse by Mr. J during her childhood, because she feared that her mother would blame her for allowing the abuse to occur again. As evidenced in current literature, fear of judgment often inhibits CSA victims from disclosing their CSA experiences (Abney & Priest, 1995; Moser, 2000; Somer & Szwarcberg, 2001). Despite the participant's fear to disclose her abuse during her childhood, she reported that she shared the abuse with her mother as an adult. She reported that she discussed her abuse history with her mother in 1990 while she was incarcerated for possession of illegal substances. During her incarceration, she explained that her mother maintained custody of her daughter. She recalled fearing that her mother's lifestyle had not changed since her childhood, and feeling powerless about being able to protect her child from experiencing

the sexual abuse she endured in her mother's home. She stated, "My disclosure to my mother was absolutely necessary in protecting my little girl." The participant shared that it was during that discussion with her mother that her mother made the commitment to give up her drinking and gambling behaviors and raise her daughter in a safe environment. The participant revealed that she felt that her mother's commitment to changing her lifestyle and raising her granddaughter was her mother's way of apologizing for being "unavailable" and "inattentive" during her childhood.

After describing her experiences of childhood sexual abuse, the participant was asked about ways she coped with her experiences of sexual abuse. The participant recounted that she confided in some of her friends as a teenager, especially as they shared similar experiences. A theme of substance abuse emerged as the participant continued by disclosing that drug use helped her block certain experiences and memories of her childhood. The participant reported that she experimented with drug use for many years, beginning in her early adolescence and continuing into her early adulthood. As evidenced within current literature researchers have suggested a strong relationship between African American female CSA survivors and substance abuse as a coping mechanism (Jasinski, Williams, & Siegal, 2000; Robinson, 2000). The participant's substance abuse history may also be compounded by the lack of parental care during her childhood.

Throughout the participant's narrative surrounding her experiences of CSA, she reported that her mother was "unavailable" because of her gambling and alcohol addictions. Several researchers have reported that lack of parental care coupled with a history of CSA may increase the risk for substance-abuse addictions (Miller, Gondoli, & Downs,

1988). In light of the participant's extensive substance abuse history, she proudly disclosed that she has maintained sobriety since 1995.

A theme of sexual promiscuity evolved in the participant's narrative as she recognized her sexual promiscuity as a way in which she coped with her sexual-abuse-experiences. She recalled that all of her perpetrators verbalized that they cared for her and loved her during their interactions surrounding the abuse. The participant reported that she was always searching for love and expressions of love from others because of the lack of attention she received from her mother. The participant disclosed that, during her childhood, her perpetrators were the only adults who paid attention to her and appeared to care for her. Several researchers have noted that CSA survivors frequently look for expressions of love in sexual ways when their primary experiences of affection and attention during their childhoods have been in the form of abuse (Bass & Davis, 1992; Herman, 1992; Noll, 2003). As the participant continued she revealed that from an early age she learned to confuse sex with love. Consequently, as an adolescent, she reported that she was very sexually promiscuous. As she described her promiscuity, she stated, "I was having sex a lot...all the time...with whomever, people I knew, people I didn't know. It just didn't matter."

When asked to identify her most recent long-term dating and/or marital relationships, the participant reported that she had one long-term relationship within the last seven years. She shared that she and her partner dated for one year and married; however, their marriage only lasted a few months. She continued by revealing that the relationship was her second marriage and that she divorced her partner four and a half years ago. As noted within current literature, CSA survivors experience increased rates of

divorce and separation from their partners due to difficulties in establishing and maintaining emotional intimacy in their couple relationships (Hotaling, Lewis, & Smith, 1990; Van Buskirk & Cole, 1983).

As the participant addressed her experience of emotional intimacy, she began by defining emotional intimacy as she would like to experience it in a dating and/or marital relationship. She stated that emotional intimacy included trust, communication, disclosure, and understanding one another. She continued by describing emotional intimacy in relation to her second marriage. The participant revealed that she did not experience emotional intimacy in her second marriage as she defined it. She stated, "I was able to trust my first husband wholeheartedly, but I was too young and not ready for our marriage." She reported that she waited many years before marrying again, but that her second marriage was a mistake. As she described her relationship, she stated:

My second husband...he was terrified of everything...of all of my experiences, and it made me feel awkward. He looked at all of my life experiences as being not normal...being weird. And when I tried to talk to him about stuff...about things that I have been through, he'd ask me "Why do we have to talk about this stuff?"

The participant disclosed that she felt she was unable to be herself in her relationship. She reported that she was not able to share personal experiences with her husband without being made to feel ashamed of her experiences and her feelings. Increased feelings of shame and judgment are factors which decrease CSA survivors' willingness to confide in and disclose personal experiences with their partners (Ebert, 2000; Mullen, Martin, Anderson, Romans, & Herbison, 1994). As the participant continued to discuss disclosure in her relationship she revealed that she was beginning to

deal with her sexual abuse history during her relationship with her partner and desired to share her memories and feelings with her partner. However, the participant explained that, the more she disclosed in her relationship, the more distant her partner became and would just frequently make statements such as, "You've been through a lot, I don't know." She reported that she often felt that her experiences and disclosures overwhelmed her husband, but noted that she felt that she should have been able to talk with him about anything because he was her spouse. However, researchers have recognized that partners of CSA survivors may have difficulties understanding the aftermath of a survivor's experiences, because the effects of the abuse can manifest in numerous ways (Bass & Davis, 1992; Blume, 1990; DiLillo, 2001). The participant stated that, the more she talked openly about her personal experiences and feelings, the more her husband emotionally distanced himself from her. She noted that communication between her and her husband eventually shut down. As she attempted to describe how she felt about the emotional distance in their relationship, she stated:

I don't know the word to describe how bad I felt in terms of not being able to be open and not being able to communicate with him, ...not being able to share my feelings with him. Maybe it was all too much for him,...my history, my stuff, you know.

As she attempted to understand her husband's response to her disclosures and need to engage in open communication, she rationalized that perhaps he was experiencing his own issues that were unknown to her. As she continued to describe her experience of emotional intimacy in her marriage, she recounted that her husband's emotional distance was eventually followed by his use of "verbal assaults." A theme of

verbal abuse emerged in the participant's narrative as she described her partner's verbally abusive communication patterns that developed towards the end of their relationship. The participant reported that her husband verbally abused her daily. She revealed that he would verbally attack her in front of her children, igniting abusive arguments. She noted that one day she realized that she did not know this person whom she was married to, and she walked away from the marriage. The participant stated, "There was no trust, no open communication... it just wasn't going to work." When asked about trust in the relationship, she shared that she eventually realized that she could not trust him at all. The participant reported that there were many signs of distrust that she ignored in her relationship, such as the escalation of the verbal abuse from her partner. Researchers have implied that in addition to difficulties in establishing trust in couple relationships, some CSA survivors make hasty attempts to establish emotional intimacy by placing trust in their partners prematurely (DiLillo & Long, 1999). Hence, the participant acknowledged that she may have "rushed" into her couple relationship without taking adequate time to know her partner because of her desire for "love" and "attention."

As she described the lack of trust in their relationship, she stated that she could not trust her husband to be understanding, supportive, and to communicate openly with her in their relationship. The participant concluded by sharing that, once she realized that her husband was "emotionally unavailable," she was able to walk away from the relationship and to continue working on herself.

The participant continued by disclosing her current perspective on couple relationships and her perspective on her healing process. She acknowledged that she is currently in the process of learning how to create emotional intimacy, as she defined it,

within a healthy couple relationship. In sharing her perspective on her ability to have a couple relationship today, she stated:

What I notice with relationships is that I really don't know how to do relationships well yet. So, today I stay away from them, because I am still in the healing process...and really getting to find out who I really am and understanding what happened to me.

As the interview continued, a theme of overprotectiveness became apparent in the participant's reflection on her overprotective behaviors towards her children and how such behaviors may have affected her relationship with her partner. Laughing to herself, the participant stated, "Yes, my overprotectiveness of my children probably did interfere with my relationship at some point...I just couldn't tell you when." She stated that her children were with her all the time and that she never felt comfortable leaving them with babysitters or friends of the family. She revealed that she always had a fear that someone would abuse her children as she was abused. The participant's fear that someone would abuse her children is a common experience among CSA survivors with children (Cohen, 1995). Researchers investigating parenting experiences among CSA survivors have reported that their overprotectiveness is significantly influenced by the betrayal of trust experienced in their childhoods, which consequently affects their abilities to trust as adults (Baynard, 1997; DiLillo, 2003; Zuravin & Fontella, 1999). As the participant reflected on her overprotective behaviors, she reported that her constant concern for her children's safety limited her "quality time" spent with her husband, possibly contributing to the "failure" of their relationship.

When the participant was asked about her utilization of Black church support services or support services in her religious community the participant shared that she joined the Nation of Islam in 1990, but eventually began to practice a more orthodox form of the Islamic faith. In the participant's discussion of her utilization of support services in her religious community, she shared that she joined the Nation of Islam in 1990, but eventually began to practice a more orthodox form of the Islamic faith. She revealed that she strayed away from religion, church, and any kind of spiritual faith after she was abused by her second perpetrator, Mr. J. The participant stated that she was angry with God for many years for allowing her to trust Mr. J, who claimed to be a religious man. She stated, "I didn't understand how God allowed a so-called 'man of God' could abuse me." The participant reported that it was during her incarceration that she was introduced to the Islamic faith and began to study the teachings of Islam. As she described her experience within the Islamic faith, she noted that Islamic teachings have helped her with forgiveness as well as taking steps to understanding her traumatic past.

The participant also noted that her use of support services within her religious community included counseling services through the mosque. As documented in literature, African American women have begun to utilize counseling services within their religious communities to address emotional and social difficulties (Lyles, 1992; McRae, Thompson, & Cooper, 1999; Taylor, Ellison, & Chatters, 2000). The participant continued by reporting she participated in women's counseling groups at the mosque, which allowed her to talk about her personal experiences in a comfortable environment. The participant shared that the "brother" and "sisters" at the mosque provided her with a strong support system, which she had not experienced as a child. Members within Black

religious communities often experience fellowship, develop support systems, and assist each other in times of need (Boyd-Franklin, 1989; Taylor & Chatters, 1989). In addition to the members of the religious community, she also revealed that she participates regularly in prayer groups.

Researcher's Experiences

The fifth participant five was recruited by use of the snowballing effect. She was provided with a flyer describing the study by another participant in the study. My initial contact with the participant was via phone. The participant and I had several conversations about the purpose of the study before she scheduled an interview. Once it was determined that the participant fit the criteria for the study, an interview was scheduled. Upon meeting the participant, she appeared quiet and reserved. The participant was dressed in a sweater, skirt, and Islamic headpiece. It was not until I met the participant face-to-face and observed her dressed in some of her Islamic garb that I recalled a conversation in which she inquired whether participants had to be of a specific religious faith. The participant's Islamic faith became of concern for me because I had not done my research on the use of appropriate terminology in identifying members of the Islamic community. Overall, I was concerned that the participant may have been offended by my lack of knowledge in regards to her religious community. My anxiety surrounding my lack of knowledge regarding the participant's religious community was easily extinguished as I embraced my therapeutic skills, asked clarifying questions, and allowed the participant to educate me about terms I was unfamiliar with regarding her religious community.

During the beginning of the interview process the participant painted a vivid

visualization of her childhood environment as she disclosed her CSA history. Gambling and alcohol addictions plagued her family environment, which revealed key dynamics about her family system. As I listened to the participant's narrative, I was well aware that my conceptualizations of the participant's childhood experiences were being influenced by my systemic background. I found myself recognizing the lack of structure in her childhood family system and the effects of familial alcoholism on a family system. I felt angry as I listened to the participant's narrative about her mother's negligence to protect her on several occasions from many perpetrators. My research team members shared similar reactions as we read through the participant's transcripts and engaged in at-length discussions about familial addictions and how they may put children at-risk for childhood sexual abuse. The research team's discussions around addictions were enlightening because they assisted me in realistically conceptualizing the participant's childhood environment. Furthermore, discussions about the participant's childhood environment and experiences normalized the participant's need to protect her children at all times.

Another domain of the participant's interview that elicited profound reactions in me and my research team was the use of sophisticated tactics by the participant's second perpetrator. Specifically, my research team and I were bothered by the perpetrator's use of "God," religion, and church as ways to manipulate a child to engage in sexual acts. Our reactions appeared to be influenced by our strong spiritual and religious backgrounds as African American women. As we discussed our reactions to the participant's disclosure, we recognized that many children have been molested in the church by people who claim to be of "God," and the uses of such tactics were not uncommon. With "God" and "church" being used as tactics to violate the participant, the other researchers and I

understood how the participant felt angry with God as a child and began to question God for not protecting her during her childhood.

Participant Six

Demographics

Participant six is a 51-year-old African American female who was sexually abused from eight to ten years of age. Her religious affiliation is Baptist, and she is an active member in a Baptist church in Northern California. She is not currently involved in a couple relationship, although she has had two long-term heterosexual relationships within the last seven years. Her most recent long-term relationship lasted one and a half years and dissolved one year ago. Participant six has six children, including a 36-year-old daughter, a 30-year-old daughter, a 21-year-old daughter, a 20-year-old daughter, and a 7-year-old daughter. Her highest level of education includes three years of college. She is currently unemployed and has no regular income.

Within-Case Analysis

The participant was recruited to participate in the study by a female friend who met the researcher and gathered information about the study at a local mental-health conference. The participant shared that she held on to the information about the study for several months before contacting the researcher to schedule an interview. She revealed that she felt uncertain about disclosing her story to a stranger, but that her friend reassured her that the researcher was someone whom she would feel comfortable talking with. The participant was interviewed at the researcher's office building as mutually agreed upon by the researcher and the participant. The interview occurred, during the early evening, at a time which was most convenient for the participant. The participant

arrived to the interview casually dressed with her seven-year-old daughter. I had initial concern about the participant's daughter arriving with her at the interview. After discussion with the participant, she reported that she felt comfortable with her daughter waiting in the lobby while the interview was conducted. The participant's daughter was given some toys and art activities to occupy her while waiting for her mother to complete her interview. Upon entering my office, the participant appeared friendly as she engaged in social conversation with the researcher. The participant made herself comfortable by taking off her coat and hat while seated. The participant and the researcher read and signed the consent forms prior to beginning the interview. After reviewing all consent materials, the participant stated that she had been looking forward to participating in the interview.

As the interview began, the participant nervously stated, "You told me that I could do this. Might help, you know, who knows." She then began telling about herself by disclosing that she was raised by her great-grandmother in a small town in Texas. She revealed that her mother lived in the next town, a short distance away from her and her great-grandmother, but that she did not understand why she had never been allowed to live with her mother. She continued by sharing that, although she did not live with her mother, she was always surrounded by family, including cousins, aunts, and uncles. The participant stated that most of her family members lived on the same street or around the corner from each other, so she was always at a relative's house, or someone was visiting at her great-grandmother's. After explaining some of her family dynamics, she revealed that her great-grandmother's cousin, J.J., spent a lot of time playing with her and the other children in the family. She recounted that J.J. would entertain the children by doing

tricks with his nose, making funny sounds that would fascinate her and draw her into him. She reported that as she watched his tricks, he often invited her to sit on his lap, and, while she would be sitting on his lap, he would fondle her between her legs. The participant also noted that J.J. often allowed her and her cousins to play in his car, pretending that they were driving somewhere. She reported that during those times playing with J.J., he fondled her between her legs and vaginally penetrated her. In describing the abuse, she stated:

If I was playing in the front seat of the car with him, he always had his fingers inside my little teetee, you know. And whenever, he had me in his car alone, he would try to get me to play in the back seat and try to push his penis inside my teetee....He was always touching me when I played in his car.

The participant also shared that J.J. always had a white handkerchief with him to clean himself up after he would ejaculate. She continued by revealing that she was around eight-years-old at the time her abuse began and that it continued periodically for two years during holidays and family visits. A theme of non-disclosure emerged as the participant explained that she never disclosed the abuse to her great-grandmother because children who were molested in the South were looked upon as “being fast” and because no one ever believed them. The participant stated that she kept the abuse to herself because she did not want to be looked down upon by her family or thought of as a “liar” by her great-grandmother. Within current literature, researchers have reported that CSA survivors are often reluctant to disclose abuse because of the stigma and shame associated with the CSA experience (Abney & Priest, 1995; Finkelhor, 1994; Wyatt & Mickey, 1988). As the participant continued she recalled that she and her great-

grandmother had never talked about experiences like sex or what she should do if anyone ever touched her in an inappropriate manner. A theme of generational gaps evolved as the participant pondered on the many dynamics which discouraged her disclosure. She reported that her great-grandmother was from the "old school" generation of the South and that there were many generational gaps that influenced her perceptions. However, she recalled that her great-grandmother was always very suspicious of her cousin, J.J. She noted that her great-grandmother frequently stated that there was something about J.J.'s character that she disliked, but that she tried to ignore her "gut" intuition because he was married to her cousin. The participant also revealed that her great-grandmother had a limited elementary school education and that her grandmother probably had no idea how she would deal with her disclosure and secure her safety.

In addition to her abuse by her great-grandmother's cousin, J.J., the participant recounted that she was also sexually abused by her stepfather's friend at nine-years-old during one of her weekend visits to her mother's house. As she began to remember the abuse perpetrated by her stepfather's friend, the participant stated that she was just talking to a friend about her abuse earlier that morning. The participant continued by sharing that her stepfather's friend played baseball and that his friends would frequently gather at the house to play baseball on the weekends. She remembered the day the abuse began as being a hot day. She reported that she was in the front yard with her mother and younger half-siblings when her mother asked her to get one of her stepfather's friends a glass of water. The participant stated that she was in the kitchen getting the glass of water when her stepfather's tall dark-complexioned friend walked into the kitchen and cornered her by the refrigerator. She stated:

He rubbed his old sticky penis between my legs and started pushing it inside of me,...and then he finally stopped. I don't know what made him stop.

Again, the participant recounted that she never disclosed her abuse to anyone. She shared that she feared that her mother would not believe her and would accuse her of being "fast" with her stepfather's friend. As evidenced in literature, fear is one of the most prevalent factors which may inhibit the disclosure of abuse by CSA survivors (Wyatt, 1990). She continued by stating that, even though the abuse with her stepfather's friend was a single incident, unlike the abuse by J.J., it affected her profoundly. A theme of physiological effects surfaced as the participant reported that she smelled her stepfather's friend's scent on her body for years and constantly tried to get rid of his scent by scrubbing her body and repeatedly washing her clothing. Physiological effects, such as a particular smell, touch, or sound triggering memories of the abuse is one commonly experienced by CSA survivors (Blume, 1990; Mullen, 1993; Sarlouis, 2002). In the participant's description of how she is affected by the scent of her perpetrator she stated:

And even today, I can go and do my laundry and fluff the laundry. I pride myself on being clean. I use Gain washing power...Gain soap, especially Downey. I can go to fold up my laundry and I can smell that man...and get just as sick in my stomach.

The participant recalled that she was walking downtown just the other day and it seemed like she could smell him. She stated that she felt like "Oh, God, why is this still happening to me?" She questioned why she was still being reminded of her stepfather's friend and the abuse that he inflicted upon her when she has not seen him since her childhood. The participant reported that all of her perpetrators are deceased, but that they

continue to haunt her mind. As she shared her story, she reminded herself that the devil “gets busy” when you are trying to heal and that she has to remember that when she is flooded by the memories of her past.

As the interview continued, the participant revealed that childhood sexual abuse experiences have influenced her “overprotective” tendencies as a parent. A theme of overprotective tendencies emerged as the participant disclosed that she has never allowed her girls to wait on anyone, bringing drinks to relatives and visitors in their home. She stated that she has always let friends and relatives know “Don’t come in my home asking my children to get up and get you anything.” Researchers have noted that CSA survivors’ overprotective attitudes, such as the attitude of the participant, are influenced by the constant fear that their children may also become victims of childhood sexual abuse (Bass & Davis, 1992; Baynard, 1997; DiLillo, 2003; O’Brien, 1999). In the participant’s disclosure of her overprotective tendencies, she noted that, unlike her childhood experience, she constantly talked to her daughters about inappropriate touching and encouraged them to tell someone if anyone ever touched them in an inappropriate manner. In addition to having open discussions with her children about appropriate touching, the participant recounted that she did not leave her children with babysitters and that she never allowed them to spend the night at others’ homes. She remembered that her children never understood why they could not spend the night at other people’s homes and that she never told her children about her childhood experiences. She stated that she had a heightened need to protect her children and that usually meant keeping them around her at all times. She continued by disclosing that, even though her children were not allowed to spend the night over other’s homes, she did allow their friends to

spend the night at their house. The participant reported that, when her children had sleepovers, she patrolled the house all night to ensure that nothing inappropriate was going on in her home.

When the participant was asked how she coped with her abusive experiences during her childhood, she explained that she learned to keep silent and tried to forget about the memories of the abuse. As documented in current literature, forgetting is one of the most common and effective ways CSA victims deal with their abuse histories (Bass & Davis, 1992; Bjork, 1991). The participant continued by disclosing that during her childhood, she never felt that anyone around her would understand or do anything about the abuse she had experienced. Since she felt that she could not talk about the abuse, she remembered that she cried a lot during her childhood. The participant also stated that she attempted suicide at fourteen years old after her mother's death. Several researchers have recognized a strong positive relationship between a history of CSA and suicidal attempts among female survivors (Bridgeland, Duane, & Stewart, 2001; Stepakoff, 1988). In describing her suicide attempt, the participant noted that, after her mother died, she knew that there was absolutely no one that she could think of talking to about the memories that haunted her. She stated that realized during her adolescence that she needed to be able to turn to someone and say, "I need some help right now, I was molested for years." With tears in her eyes, the participant shared that there was no one whom she could say those words to in her environment. The participant recalled that she wanted a way to escape from everything, so she took nineteen aspirins, but they did not kill her, they just made her sick. After sharing about her suicide attempt, she stated, "I guess God was trying to tell me 'it's not your time girl...it's just not your time.'"

As the participant continued to disclose how she coped with her abuse, a theme of sexual promiscuity became visible in her narrative. The participant revealed that she became sexually promiscuous during her early adolescence. She stated that the "old folks" used to always say that, once a girl was molested, she would become sexually promiscuous. She recalled that she began to hang out in places that her great-grandmother forbade her to go with her friends. The participant recounted that she and her friends would sneak into "Beer joints" and flirt with men, which eventually led to her promiscuous behaviors. She reported that she was hanging out and having sex with everybody. The participant stated that sexual promiscuity became a means to escape her painful memories and feelings surrounding her abuse. Researchers have noted that CSA survivors often engage in self-destructive behaviors, such as sexual promiscuity, to relieve emotional distress of abuse (Harris, 1988; Merrill, Guimond, Thomsen, Miner, & Merrill, 2003; Mullen, 1993; Noll, 2003). The participant's sexual promiscuity eventually resulted in a pregnancy at sixteen years old by a boy her age, who she stated "beat me every other night." Despite the fact that he physically abused her, she married him at sixteen years old and moved in with his parents.

The participant shared that it was not until her adulthood that she began to talk about her abuse with her girlfriends because they shared similar experiences. She reported that, as an adult, she felt a lot of guilt about her experiences, the sexual abuse and her sexual promiscuity. The participant disclosed that it was during her adulthood that she accepted that God allowed her to experience certain things so that "He" could use her to help other women who had been sexually abused.

The interview continued with the participant defining emotional intimacy and her experience of emotional intimacy in her recent long-term relationships. When asked how she defined emotional intimacy, the participant immediately identified trust as an essential component of emotional intimacy. The participant explained that her past relationships have taught her valuable lessons about trust. She stated "Without trust, you can't have a good relationship." She also noted that emotional intimacy includes "compassion" and "understanding." She shared that, whenever she felt that memories of her past were coming up, she would want to be able to talk to her partner about it and know that he would listen. In describing her need for compassion and understanding, she stated:

When my memories haunt me, I need him to say, "Come on baby, you want to talk about it?" Or just kiss me and hold me and be able to tell me "Everything is going to be alright." Even if I just needed to cry...he could be there for me and hold me in his arms and let me cry.

The participant also recognized "communication" as a necessary part of emotional intimacy. She noted that she needs to be able to communicate openly with her partner by sharing her personal experiences. In describing her need for open communication, she stated, "I need to be able to confide in him and for him to be able to come to me with anything." She revealed that she had never had open and honest communication in her relationships. She revealed that communication was usually destroyed by deceit or jealousy.

After defining emotionally intimacy for herself, the participant disclosed that she had been in two long-term relationships within the last seven years and that both

relationships were “unhealthy” relationships. She reported that the first relationship was with her seven-year-old daughter’s father. The participant shared that their relationship was “on-and-off” for a couple of years. She stated that there was no emotional intimacy in their relationship. In describing the relationship with her daughter’s father, she stated:

We didn’t really do anything together. We didn’t talk or share things with each other. He would just come over late at night after he went partying somewhere, and we would have sex...that was it. It wasn’t much of a relationship.

She revealed that, after the birth of her daughter, she and her partner broke up because she got tired of just being his sex partner. She continued by stating, “It really wasn’t a relationship; maybe we were both lonely at the time.” As she thought about the time that she spent with her daughter’s father, she continued to restate that their relationship was based solely on sexual contact. Relationships based solely upon sexual contact are not uncommon among CSA survivors because they may have learned through their CSA experiences to meet their emotional needs through sex (Blume, 1990; Noll, 2003; Westerlund, 1992).

The participant continued by sharing that after her daughter’s birth she moved back to Texas and began dating Mr. M. She recounted that she dated Mr. M for over a year, a year ago, but that their relationship was “doomed” from the start because he was insecure and did not trust her. A theme of distrust emerged as the participant began to describe the trust in their relationship. The participant reported that she trusted him to be faithful in their relationship, but that he did not trust her. The participant revealed that her partner was very controlling and would not let her out of his sight. She recounted that he needed to know her whereabouts every second of the day and that she was not doing

anything but working and taking care of her child. She stated that his insecurity led him to reading her journals to search for evidence of her being unfaithful in their relationship, but instead he found her writings about her abuse. The participant recalled that she had shared some of her sexual abuse history with her partner, but not in depth.

She stated that the reading of her journals gave him “ammunition” to use against her when he was angry or engaged in an argument with her. In a distressed tone, the participant related that her partner would throw her history of childhood sexual abuse in her face and make statements like “yeah, you sick, you real sick,” and “I read this here and that’s why you so messed up.” Her partner’s judgment and criticism of her CSA history epitomized responses that CSA survivors fear to receive in response to disclosures of their CSA experiences. As evidenced in literature judgmental responses by partner of CSA survivors decrease their willingness to trust and confide in their couple relationships (DiLillo & Long, 1999; Jumper, 1995). The participant continued by reporting that her partner used her sexual-abuse history to belittle her rather than trying to be understanding. She stated “Those actions destroyed all of my trust because I could not trust him to care for me.”

The participant shared that she was looking for “compassion” in her relationship, but that she never experienced compassion with her partner. She disclosed that her partner wanted to have sex with her “every night and every morning.” She explained that there were times when she did not want to have sex and just wanted to be embraced by her partner. The participant reported that she was often flooded with memories of her abuse during the period of their relationship and that she needed her partner to understand her experience. Many CSA survivors experience being flooded with memories of their

abuse when engaged in sexual relations during their healing processes (Bass & Davis, 1992; Noll, 2003; Waltz, 1994). Researchers have suggested that once a survivor consciously begins healing, numbing effects that once worked may no longer be effective (Blume, 1990; Sarlouis, 2002). Hence, partners of CSA survivors may notice changes in survivors' responses to sexual relations as well as other domains of their couple relationship. Hence, the participant disclosed that she frequently addressed her concerns with her partner in attempt to help him understand her experience and would say "I just want you to talk with me...some of that stuff is coming up from the past, and I don't want to have sex tonight." The participant explained that, despite her effort, he never seemed to understand what she needed from him. The theme of distrust resounded in the participant's disclosures as she continuously stated that her partner's jealousy consumed the relationship. As she described the incident which led to their break up, she stated:

He was constantly accusing me of fooling around with someone....then I went to work one day and I came home. He approached me at the door and said "I smelled your underwear. You done went out and had sex with someone else." On that day I walked away from him and never went back.

The participant disclosed that she walked away from everything in that relationship a year ago. She reported that she recognized that her partner was dealing with insecurities which were deeply rooted and had nothing to do with her in their relationship. She expressed that she had been abused enough in her lifetime, and she could not continue to endure the emotional abuse of that relationship. She admitted that the lack of compassion and understanding by her partner hindered her "healing" process.

When the participant was asked about communication in her relationship, she stated that jealousy inhibited the communication in their relationship. She revealed that she tried to share and disclose personal experiences, as well as simple experiences about her day, but that her words were always manipulated. Open and direct communication is often an area of difficulty for CSA survivors (Dabney, 1999; Davis, 1991; Mullen, Martin, Anderson, Romans, & Herbison, 1994). The participant reported that her difficulties with communication were intensified when confronted with her partner's "lack of trust," "jealousy," and "belittling." She recalled that their communication was controlled by her partner's jealousy and insecurities. As she continued to describe their communication patterns, she stated:

We got to the point that we just didn't want to talk about things anymore. I stopped initiating conversations with him, because I couldn't take him throwing things back up in my face. He knew how to be real cruel and insensitive in the middle of an argument and just throw something painful up in my face... something that had nothing to do with the argument.

The participant recounted that she shared things with her partner to help him understand her "mood swings" and to understand "what made her tick." She stated that she never imagined that her partner would begin to use her past experiences against her. She revealed that she desired to communicate openly with her partner because she knew that their relationship would not survive without it. She reported that she made several attempts to establish healthy communication with her partner, but that her partner was not invested in creating a healthy relationship. The participant revealed that eventually she stopped engaging in conversations. She stated, "I basically stopped talking to him." She

recounted that verbal communication brought about pain in their relationship and that one day she realized she had endured far too much pain from her husband and walked away from her marriage.

The participant went on by stating "All my life, I haven't been in a relationship worth a dime." She revealed that she used to blame herself for her unsuccessful relationships, but that she is learning to recognize all the dynamics which contribute to the breakdown of a relationship. The participant acknowledged that she has some healing to do for herself before she enters another couple relationship. As she concluded talking about her relationships and emotional intimacy, she reminded me that she is a Christian woman and that she recognized that God is still working on her, and that she will have that healthy relationship in time.

The interviewed continued with the participant with the participant being asked about her use of Black church support services. The participant began by sharing that she attends a small church in the Bay area. She stated that she assisted her pastor and his wife with beginning her church five years ago, and that she has remained close friends with them for several years. As the participant talked about her current involvement in the church she disclosed that she serves as an aide to the pastor, director of the ushers and director of the youth group. She reported that she enjoys her many roles in the church, because it keeps her busy and allows her to help others. She disclosed that she particularly takes pleasure in working with the young women in the church and in assisting them through their struggles in life.

The participant also noted that she enjoys the singing in the church, especially the "old-school" gospel songs. Gospel music has been acknowledged as one of the numerous

domains influencing spirituality and healing in the Black church (Eugene, 1995; Lincoln & Mamiya, 1999). As the participant expressed her love for gospel music, she stated "I'm old school because my great-grandmother raised me and she raised me in the church." She revealed that gospel music has always moved her spirit. She appeared excited while talking about "old school" gospel songs that she has enjoyed since her childhood. She disclosed that even today the gospel music touches her spirit so deeply that she dances in church when the choir starts to sing and often catches the "Holy Ghost." While sharing some of her vivid memories of listening to gospel music in the church, she stated:

If only I could sing...Oh! And you know the spirituals, ...the old spirituals
...Precious Lord, Amazing Grace...Ooh wee! And don't sing Jesus Keep Me
Near the Cross...(laughter) I can't even get through that one in one piece.

The participant began to sing verses of some of the "old-school" gospel songs as she shared more and more of her experiences. She then stated, "I can't explain to you how much the songs do for me."

Other support services used by the participant included sermons, scriptures, prayer, and testimonies. Sermons in the Black church have been noted as reinforcing self-growth, spirituality, values, and healing (Eugene, 1995; McRae, Thompson, & Cooper, 1999; Neighbors, Musick, & Williams, 1998). As the participant discussed her use of the sermons, she reported that some of the messages in the sermons have been helpful, and at other times she has found it difficult to follow the pastor's sermon and apply the message to her life. In regards to the scriptures, the participant acknowledged that reading the "Word" helps her to maintain her spiritual focus and provides her with encouragement on

a daily basis. She recounted that scriptures like Hebrews 11:6 help guide her spiritually and strengthen her faith.

When the participant was asked about her use of prayer, she stated that she prays throughout her day, whenever she needs to talk with God. Prayer is a widely used form of coping for African American women, which has been found to cultivate interpersonal and emotional well-being (Broman, 1996; Gikes, 1980; Williams, Frame, & Green, 1999). The participant revealed that she prays in a formal manner as well as in an informal manner. She shared that sometimes she talks with God while she's driving or walking down the street, just as she talks to her pastor or friends. She continued by stating:

You know, I can talk to him anytime. I walk down the street crying ...sit down in the park by myself...and I can tell God what I'm going through. I can tell him how I'm hurting and the pain that I feel and he's going to always listen.

In addition to prayer, the participant reported that hearing other's testimonies and sharing her own testimonies about how God has intervened in her life has strengthened her spiritually. Testimonies offer a means for validating and coping with adversity (Brashears & Roberts, 1996; Taylor, Thorton, & Chatters, 1997). The participant recalled that a few days ago she shared a testimony in church, and a woman came up to her afterwards and said, "You blessed me so much on what you had to say." She stated that, when people find blessing in her testimonies, it reminds her how fiercely God is working in her life. She revealed that there have been many times in which she has been able to say, "Okay God, see this is why I went through all of this, so that I can help someone else." The participant stated that she also feels blessed when she is able to learn a lesson from someone else's testimony; she noted that it reminds her that God is real.

Researcher's Experiences

The fifth participant five was referred to the researcher by a friend who received a flyer about the study at a mental-health conference. My initial contact with the participant was via phone. The participant informed me that her friend who provided her with the flyer was not a CSA survivor, but worked in the mental-health field. The participant and I conversed by phone about the purpose of the study and the participant criteria a couple of times before scheduling her interview. The participant and I met for her interview approximately one week after our initial phone contact. In preparing for the participant's interview, I realized that I had become emotionally drained from listening to and reading the experiences of previous participants. I recall feeling as if I could not listen to another survivor's narrative about her history of CSA. Approximately an hour prior to the participant's interview I relied upon prayer to become focused before the participant arrived. By the time the participant arrived I was emotionally prepared to immerse myself in the participant's narrative of her CSA experiences. However, upon meeting the participant other concerns arose. I had initial concerns about the participant arriving to the interview with her young daughter. My first thought was that I was going to have to reschedule the interview with the participant because I was not willing to conduct the interview with the participant while the child was in the room. However, the participant assured me that she felt comfortable with her seven-year-old daughter sitting in the lobby while she was interviewed in the office. Since the interview was conducted after hours and there was no adult to supervise the child in the lobby I found myself taking a couple of breaks in the interview to check on the child in the lobby, despite the participant's comfort.

At the beginning of the interview the participant expressed feelings of nervousness about the interview. To decrease her feelings of nervousness, I engaged in casual conversation with the participant prior to asking the interview questions. Our casual conversation shifted the mood in the environment, and the participant appeared more relaxed. I continued to utilize myself as a tool in the interview process as I validated the participant's experiences through my verbal and non-verbal responses. I also relied upon my open body language and eye contact to convey my attentiveness and interest in her narrative. Once a rapport was built, the participant easily engaged in the interview process, and I was easily drawn into her narrative. The participant's mood and demeanor invited me into her experiences and kept me closely drawn into her story throughout the interview process.

Key aspects of the participant's interview were recognized by the primary researcher and reflected upon by the primary researcher and the research team after the interview. These included the stigma of childhood sexual abuse in the South and the Black community, the participant's resiliency, and the participant's strong sense of spirituality and faith in God. The participant's experiences of sexual abuse and reasons why she chose not to disclose her abuse reminded me of the southern mentality and the stigma associated with sexual abuse in the "Black" south. My research team and I had discussions about how sexual abuse was perceived by Blacks in the south during the 1950's and 1960's. We perceived that CSA was probably not acknowledged by Blacks during that period of time because it brought great shame on the family and distance from the community. The research team and I acknowledged how such dynamics may have caused the participant's great-grandmother to ignore her intuition about the abuse.

Discussions also arose around how the generation gap between the participant and her great-grandmother may have influenced the participant's decision not to disclose her experiences of sexual abuse. Furthermore, reactions amongst the research team continued to arise around the stigma of CSA in the African American community and the need to educate the African American community about CSA.

The participant's story and the energy from her spirit as she told her story eluded resiliency and a strong sense of spirituality. As I shared my interview experience with my research team and we read through transcripts, the participant's statements left a profound impression on the researchers as a woman who was resilient, grounded in her faith, and well-immersed in her healing process. Acknowledgment of such characteristics by the research team led to discussions surrounding the strength of African American women and where their strength is drawn from. With all of the researchers being African American women who embrace a strong sense of spirituality, a universal admiration was felt towards the participant for her spirituality, her faith in a higher power, and how her spirituality influenced her healing process.

Table I **Demographic Chart**

Participants	Age onset of Abuse	Duration of Abuse	No. of long-term Relationships Last 7 yrs.	Relationship Status	Highest Level of Education	Religion
Participant One	7yrs. old	One year	One relationship	Single	Two years college	Baptist
Participant Two	9 yrs. old	Two years	One Relationship	Single	BA Degree	Scientology

Participant Three	7 ½ yrs. old	Two years	One Relationship	Single	One year college	Seventh Day Adventist
Participant Four	7 yrs. old	One time	One Relationship	Single	High School Graduate	Christian
Participant Five	8 yrs. old	Two years	One Relationship	Single	One year college	Islamic Orthodox
Participant Six	8 yrs. old	Two years	Two Relationships	Single	Three years college	Christian

Cross –Case Analysis Themes

Demographics

Interviews with the participants revealed several themes within the demographic information gathered by the participants of the study. Themes which emerged amongst all of the participants included relationship status, level of education, number of children, and identification with a religious affiliation. On the demographic questionnaire, all of the participants reported that they were not currently involved in a marital or dating relationship (see Table 1). Demographic information also revealed that all of the participants had completed at least one year of college. Questioning about whether a participant identified with a religious affiliation indicated that all of the participants affiliated themselves with a religious community. Additionally, all of the participants reported having two or more children. Participants one, two, three, and six had children who were of adult age while participants four, five, and six had children who were under the age of eighteen years.

History of abuse

In the participants' disclosures surrounding their experiences of childhood sexual abuse, patterns and themes emerged in relation to the age onset of abuse, relation to the perpetrator, number of perpetrators, duration of abuse, and disclosures. Three out of six of the women were first sexually abused at seven years of age. Participant one was sexually abused at age seven by her uncle, participant three by a boarder in her mother's home, and participant four by a stranger in her neighborhood. The women in this study also shared similar experiences in their relationships to their perpetrators. Three of the women were sexually abused by relatives who disguised the sexual abuse through playful behaviors (see Table 2). Researchers have suggested that CSA perpetrated by a relative may be more traumatic and elicit more long-term effects than abuse by a non-relative, because it involves a greater betrayal of trust (Beitchman, Zucker, Hood, DaCasta, & Cassavia, 1992). Participant one was repeatedly sexually abused by her uncle who entertained her with his horses on her visits to his farm. Participant two was sexually abused by her stepfather who attempted to mask his sexual behaviors through playful wrestling with the participant. Participant six was sexually abused by her great-grandmother's cousin, J.J., who entertained her and her cousins by doing magic tricks, making unusual facial expressions, and allowing the children to play in his car.

Abuse by a non-relative

The remaining three participants were sexually abused by non-relative perpetrators. As documented in literature, researchers have suggested that abuse by a non-relative may result in a less severe sequale of effects than abuse by a relative (McDonald, 1998; Stroessner-Brunngraber, 1986); however, it has also been noted that

multiple experiences of CSA by a non-relative perpetrator may increase the likelihood of severe long-term effects (Russell, 1986). Participants three and five were sexually abused by tenants renting rooms within their mothers' homes. Participant four was sexually abused by a stranger lingering in her neighborhood. Participant six was sexually abused by her stepfather's friend at a family gathering. The women's stories also revealed that many of the participants' sexual-abuse histories included only one perpetrator. Four of the six women interviewed shared experiences of childhood sexual abuse that included one perpetrator. These four women's perpetrators were identified as men, such as an uncle, stepfathers, tenants, and strangers.

Abuse over a two-year period

Four women in the study experienced childhood sexual abuse occurring over a two-year period. Within literature, researchers have associated duration of CSA with severe and long-term psychological effects (Browne & Finkelhor, 1986; Courtois, 1979; Doyle, 1988); however, within recent years, severity of abuse and abuse perpetrated by a father or father-figure have been more readily recognized as being predictive of severe and long-term symptomatology (Gorey, Ritcher, & Snider, 2001; Koverola, Pound, Heger, & Lytle, 1993; Wyatt & Newcomb, 1990). Among the participants who experienced CSA over a two-year period some of the women's experiences were continuous because their perpetrators lived in their homes, making them accessible. Other women's abusive experiences occurred consistently on special occasions, such as family visits and holidays. Participant's two, three, and five lived in the homes with their perpetrators and experienced sexual abuse on a continuous basis as their perpetrators took full advantage of their constant access to their victims. Participant two was constantly

sexually abused by her stepfather who would “drag” her out of her bed at night.

Participant three was sexually abused by a tenant, who was renting a room from her mother and also serving as her babysitter. Participant five was also continuously sexually abused by tenants who lived in her mother’s home and who acted as her unofficial caregivers. These women’s experiences of childhood sexual abuse appeared to be more severe than the histories of the other women due to the perpetrators’ constant access to the victims. Participant six was also sexually abused over a two-year period; however, her perpetrators did not live within her home. Yet, her first perpetrator seemed to have contact with her on a regular basis as he lived in the community and visited her home on frequent family visits and holidays.

Disclosure

In the women’s narratives of their sexual- abuse experiences, patterns emerged surrounding their decisions to disclose or not to disclose their abuse. Three of the women disclosed abuse to their mothers, and three women chose not to disclose their abuse to anyone. Women who chose to disclose their abuse, included participants two, four, and five. Several researchers have implied that many CSA survivors are reluctant to disclose having been abused as children because of feelings of shame and guilt (Blume, 1990; Finkelhor, 1994; Moser, 2000; Sinclair & Gold, 1997). Among the participants who disclosed abuse, anger was the catalyst which fueled one woman’s disclosure, while other women’s disclosures occurred, despite their feelings of shame, upon questioning by their parents. Participant two disclosed her abuse to her mother because she was angry. She was angry for being sexually abused, and she was angry that she suspected that her mother knew of the abuse and neglected to protect her. Participants four and five

disclosed abuse when questioned about abuse reported by another child. Participant four's sister disclosed the abuse, which followed with her being questioned by their mother. Participant five was questioned by her mother about the abuse after a neighbor reported being sexually abused by her mother's tenant. Two of the three women who disclosed experienced negative reactions from their mothers regarding their disclosures. Participant two was emotionally and physically abused by her mother after her disclosure. She was hit, cursed, and yelled at by her mother. She endured severe emotional and physical abuse by her mother because her mother blamed and resented her for making the abuse public and forcing her stepfather to be removed from their home. Participant four was "whipped" and punished for her disclosure of her abuse by a neighborhood stranger.

The women who chose not to disclose their abuse remained silent out of fear. Disclosure of abuse by CSA survivors is often inhibited by fear of stigma, judgment, and blame (Bachman & Saltzman, 1995; Ebert, 2000). Participant one feared that her father would "kill" her uncle for sexually abusing her because he was known for having a bad temper, which was often accompanied by violence. Participant three feared that she would place an additional burden on her mother who was overwhelmed with responsibilities after her father's death. She also feared being "whipped" for allowing the abuse to occur since she was frequently "whipped" by her mother for reasons she never understood. Participant six feared being labeled "fast" by her great-grandmother who was raising her. She explained that whenever her great-grandmother mentioned sexual abuse, which was rare, it was usually in terms of labeling a child as "fast" and holding the child

responsible for engaging in behaviors that were frowned upon by the community. These women's fears were driven by different catalyst yet they all held fears about disclosure.

Psychological Effects

Sexual Promiscuity

Sexual promiscuity was one of the most prevalent psychological effects identified by the women in this study. Within current literature sexual promiscuity among CSA survivors has been associated with feelings of anger (SarLouis, 2002; Westerlund, 1992), has been identified as a means to meet nonsexual needs (Blume, 1990), and has been recognized as a self-destructive way to escape painful memories of abuse (Herman, 1992; Noll, 2003; Timms & Connors, 1992). Four of the six women revealed that they became sexually promiscuous during their early adolescence, and many of the women related their behaviors to their histories of childhood sexual abuse. Participant three became sexually promiscuous at thirteen years old, and by fourteen years of age she was heavily involved in prostitution. She shared that she was a prostitute for many years because, from an early age, a lifestyle of sexual promiscuity was all she knew. Participant one was also involved in a life of prostitution. Participants' four, five, and six associated their pattern of sexual promiscuity with their histories of childhood sexual abuse as well as their desires to feel loved. Participant four became sexually promiscuous during her early adolescence and used her sexual acting out as a means to gain attention and to fulfill her desire to feel loved. She reported "if someone wanted to have sex with me, it meant they wanted me...they loved me." Sexual promiscuity fulfilled her desires temporarily and her behaviors increased along with her need for attention and love. Participant five also became sexually promiscuous as a means to fulfill her desire for love and attention. She

revealed that her early experiences of childhood sexual abuse connected sex with love because her perpetrators stated that they loved her during her abuse. Like many of the other women, Participant six began acting out sexually during her early adolescence because she wanted to feel loved. She recounted that her great-grandmother frequently stated that “a girl that was molested would act out sexually,” and that she never understood her grandmother’s statement until she began to exhibit those behaviors.

Substance Abuse

Several of the women shared histories of substance abuse which they experienced during the years following childhood sexual abuse. As evidenced within literature, a number of researchers have found a strong relationship between a history childhood sexual abuse and substance abuse (Blume, 1990; Bridgeland, Duane, & Stewart, 2001; Glover, Janikowski, & Benshoff, 1996). The participant’s narratives revealed that Participant one began to use marijuana on a daily basis during her adolescence, and this escalated into several years of addiction. Participant three regularly used alcohol to cope with the effects of her sexual abuse, and eventually began using drugs during the years of her prostitution. Alcoholism was also identified as a means of coping for Participant two, who began drinking during her early adolescence. Alcoholism helped her to escape her memories of abuse and deal with her mother’s anger about her public disclosure. Several researchers have suggested that alcohol may be used among CSA survivors to numb and to alleviate symptomatology associated with CSA, such as intrusive memories, feelings of shame, and feelings of anger (Jasinski, Williams, & Siegal, 2000; Ouimette & Brown, 2003; Young, 1992). In addition to alcohol, the participant began to use drugs in her late

twenties when alcohol no longer gave her the high or escape that she needed. The use of drugs to escape reality and memories of abuse was a common theme among the women. Participants' four and five also began using drugs during adolescence to block the memories of abuse and to escape a severe reality. Participant four also used drugs as a means to manipulate the attention she received from her partner since her partner usually attended to her for days after discovering her drug use. Interviews with the women revealed that many of the women had extensive histories of substance abuse with at least five or more years of sobriety and continuous involvement in Alcoholics Anonymous and Narcotics Anonymous.

Physiological Symptoms

Three of the six women developed physiological symptoms in response to their experiences of sexual abuse. Their physiological symptoms included headaches, strep throat, and smelling the scent of an abuser. Researchers have recognized sensual experiences, such as smell, sound, and touch, as triggers of memories of abuse (Blume, 1990; Mullen, 1993). For years after her abuse stopped, participant one would get strep throat during the months and holidays that her abuse occurred. After numerous doctor visits, the participant's doctor could not determine the cause for her reoccurring strep throat. It was not until she began to address her history of childhood sexual abuse that she recognized her reoccurring strep throat as a way that she dealt with the emotions surrounding her abuse. She stated, "I never disclosed, and all my feelings and emotions were caught in my throat." As a married adult, she also began to smell her perpetrator's scent whenever her husband attempted to be physically intimate with her. Participant six also experienced smelling her perpetrator's scent for years after her abuse occurred. She

occasionally continues to smell her perpetrator's scent when she is bathing and smells his scent on her clothing. She indulges in washing her clothing repeatedly whenever his scent arises. Whenever she smells his scent, she stated that "I just get sick in my stomach."

Participant three experienced headaches during her childhood whenever her stepfather came home and tried play with her because his playfulness usually led to some sexual contact. Her headaches continued for several years until her stepfather was removed from her home. After her public disclosure of the abuse, her stepfather was removed from their home, and her headaches subsided.

Shame and Guilt

In the women's descriptions of their histories of childhood sexual abuse, feelings of shame and guilt were embedded in many of their experiences. Researchers have noted that CSA survivors often experience feelings of guilt when perceiving that they somehow invited the abuse or allowed it to occur (Gorey, Ritcher, & Snider, 2001) whereas their feelings of shame are frequently related to a sense of worthlessness and innate badness (Blume, 1990). Participant four experienced feelings of guilt about her abuse since her mother made her feel as if she allowed the abuse to occur. Her mother blamed her for getting in a car with a stranger and for allowing him to have sexual intercourse with her. The participant's mother frequently brought up her experience of abuse in an attempt to belittle her and to shame her for her sexual promiscuity during her adolescence.

Participant six began to have intense feelings of guilt about her sexual abuse and sexual promiscuity during her adulthood as dynamics in her couple relationships began to trigger memories of her past. Participant one felt shame about the sexual abuse perpetrated by her uncle because she knew that she was engaging in behaviors that were inappropriate.

She would often hear her uncle's words in her head saying, "You're bad...you wanted this." Those were words that often made her feel dirty and feel as if she did something to warrant the abuse.

Overprotectiveness

Many of the women revealed tendencies to be overprotective of their children as a means to ensure that their children did not become victims of childhood sexual abuse. CSA survivors' betrayal of trust during childhood often inhibits the survivor's ability to trust in adulthood, consequently affecting survivors' parenting skills (Burke, 1999; Cohen, 1995; Dabney, 1999; Mullen, 1993). Participant two never let any men, family members, or boyfriends get too close to her daughters because of the sexual violations she experienced as a child. When her long-term boyfriend appeared too playful with her youngest daughter, it reminded her of how her abuse began with her stepfather. There was always a fear that he would molest her daughter, and when she saw him attempting to play with her, she would tell him, "Play with your own daughter...play with her, but don't play with mine." As noted within literature, many CSA survivors experience an intense fear that their children may also become victims. This influences their extremes in protecting them (Baynard, 1997; DiLillo, 2003; Zuravin & Fontella, 1999). Participant five protects her children by keeping them with her almost everywhere she goes. She has two children, six and sixteen years of age, both of whom spend most of their free time in the company of their mother. Her overprotective behaviors limit her children's interactions with their peers outside of their educational environments, since their extracurricular activities are restricted, and they have never been allowed to spend the night at their peers' homes. Similarly, Participant six never allowed her children to spend

the night at their peers' homes, because she did not fully trust other parents to keep her children safe. However, her children were allowed to have children sleep over at their home because the participant would patrol the hallways all night to make sure that no one was touching anyone inappropriately. She also stressed that her children were never allowed to wait on guest in their home, getting guests drinks or anything, because that was how she was molested by her stepfather's friend, getting a drink at her mother's request. Ultimately, these women went to extremes to protect their children from sexual abuse.

Definitions and Experiences of Emotional Intimacy

Overlapping themes emerged from the participants' definitions and experiences of emotional intimacy. All of the women identified trust, open communication, and disclosure as essential dynamics in their definitions of emotional intimacy. The essential domains of emotional intimacy identified by the participants paralleled key domains noted within current literature. Emotional intimacy is frequently defined in terms of interpersonal functioning, encompassing domains of trust, communication, and disclosure (Adams-Westcott & Isenbart, 1996; DiLillo, 2001; Mullen, Martin, Anderson, Romans, & Herbison). Several of the women desired to experience trust in relation to their partners exhibiting and maintaining certain behaviors in their relationships, such as confiding in one another, understanding each other's personal experiences, being honest with one another, and respecting each other. Their expectations of open communication overlapped with their desires of disclosure. For many of the women, open communication included honesty, willingness to be vulnerable, sharing personal experiences and feelings, and listening to one another. Such domains of communication have been recognized by

researchers as areas of difficulties for many survivors of childhood sexual abuse (Davis, 1991; DiLillo, 1999). Compassion and understanding were also dynamics of emotional intimacy that were identified by many of the women in their personal definitions of emotional intimacy. These women wanted to share their sexual-abuse histories with their partners and for their partners to understand their experiences and how those experiences have affected various domains of their lives. They wanted their partners to empathize with their experiences of pain and comfort them when they experienced discomforting effects of their abuse.

Experiences of Emotional Intimacy

Trust

All of the women's experiences of emotional intimacy in their recent long-term couple relationships lacked several of the dynamics identified in their definitions. Four of the six women experienced trust in their couple relationship in terms of financial support. They trusted their partners to consistently provide them with desired material possessions and regular financial support, but did not trust disclosing personal experiences and feelings with them. As evidenced in literature, researchers have suggested that CSA survivors may have distorted beliefs about trust, which significantly impact their abilities to experience trust in couple relationships (Cole & Putnam, 1992; Dabney, 1999; Davis & Petric-Jackson, 2000). Participant one did not trust sharing her personal experiences and feelings with her partner because she had taught herself to repress the emotional part of herself. She was emotionally unavailable. Participants' two and three desired to share personal experiences with their partners, but feared judgment and lack of understanding on the behalf of their partners in response to their disclosures. Trust is often impeded

among CSA survivors because of the fear of vulnerability and fear of future abuse in their couple relationships (Courtois, 1979; Johnson-George & Swap, 1982). Participant six experienced verbal abuse along with negative judgment and the lack of understanding from her partner when her personal experiences were shared in her relationship.

Attempt to Establish Open Communication

Five out of six of the women attempted to establish open communication patterns in the beginning of their long-term relationships, but, due to various factors, experienced closed communication throughout their couple relationships. For example, when participant six attempted to share occurrences of her day with her partner, her disclosures, in attempts to facilitate conversations, were frequently distorted and used against her, ultimately shutting down her attempts to communicate. Other women exhibited decreased efforts to engage in "open" communication with their partners when confronted with alcoholism, secrecy, deceit, and verbal abuse. These dynamics and others also influenced the women's willingness to disclose personal information in their couple relationships. Survivors' experiences of distrust and betrayal in their childhoods frequently create heightened ambivalence about confiding in their partners and disclosing personal experiences in intimate relationship (Briere, 1992; DiLillo, 2000; Finkelhor & Browne, 1985). Five of the six women did not trust disclosing personal experiences and sharing their feelings with their partners because of fear of judgment, lack of understanding, and fear of rejection by their partners. Many of the women expressed wanting to share some of their trauma histories and feelings surrounding their histories of abuse, so that their partners could better understand them as women as well as the dynamics which contributed to their functioning in their relationships. For example, many of the women

wanted to be able to talk with their partners and be comforted by them when things triggered memories of their abuse. All of the women desired to be understood by the partners in their relationships, yet many feared disclosing personal experiences and information essential to facilitating that understanding in a relationship.

Desire for Understanding and Compassion

Three of the six women who identified understanding and compassion as desired components of emotional intimacy have not experienced emotional intimacy in their long-term couple relationships. Researchers have suggested that compassion and understanding may evolve in CSA survivors' couple relationships with the establishment of open communication between partners (Bass & Davis, 1992; DiLillo & Long, 2001; Waltz, 1994). Participant two sought understanding from her partner when she expressed her need to be respected by the man in her life because of the violation by her stepfather. However, she did not receive the respect she desired from her partner, with this at times resulting in her outbursts of anger and violence, similar to the way she coped with her sexual abuse as a child. Participant five expected understanding and compassion from her husband, in response to disclosure of her sexual-abuse history. Yet, she was labeled as "weird" by her husband and made to feel ashamed of her experiences, ultimately creating more distance in their relationship. Participant six experienced a similar response from her partner when he became aware of the depths of her sexual abuse history. Her partner used the knowledge of her experiences to shame and belittle her at every opportunity. Her experiences became ammunition that he used in a cruel and malicious manner to incite more pain. Hence, although understanding and compassion were strongly desired by the

women, their partners seemed unable to express empathy, understanding and compassion about their traumatic pasts.

Black Church/Religious Community Support Services

Sermons

Several themes emerged in the type of Black church support services that were utilized by the women in the study. The women used Black church support services within various religious communities, including Christian, Seventh Day Adventist, Scientology, and Islam. Several of the women identified the use of support services including sermons, gospel songs, prayer, scripture, and the support of the church congregation. Such support services within Black churches and religious communities have been recognized as addressing the social and emotional needs of African American women (Caldwell, Greene, & Billingsley, 1994). Five out of six women relied upon church sermons for guidance in their lives. Within literature several researchers have acknowledged sermons as providing inspiration and healing in the presence of adversity (Brashears & Roberts, 1996; Brome, Owens, Allen, & Vevaina, 2000).

Participant two uses her pastor's sermons to assist her with forgiving her family members who failed to protect her from sexual abuse as a child as well as forgiving herself for abusing herself through drug use and addiction. Other women use church sermons to deal with life's daily struggles and to maintain sobriety from their addictions. Collectively, the women use sermons for spiritual growth, healing, and guidance.

Gospel Songs

Gospel songs were used as sources of inspiration for four out of six of the women. Gospel music is a significant spiritual component of the Black church experience, and

serves as a therapeutic agent for many African American women (Eugene, 1995).

Amongst the women in this study, they expressed strong admiration and appreciation for gospel music for many reasons. Participant one uses gospel songs to encourage her in overcoming many of her life adversities. For her, gospel songs also bring a sense of peace to her spirit. Participant three uses gospel songs to promote her spiritual growth as well as constant reassurance that "God" is with her on her journey as she heals. Other women use gospel songs as a source of strength, and as a reminder of "God's" power that keeps them grounded in their spiritual foundation.

Prayer and Scripture

Prayer and the reading of scriptures were identified as Black church support services used by several of the women. Some researchers have found that African American women gain emotional strength and spiritual guidance through prayer (McRae, Thompson, & Cooper, 1999). Three of the six women used prayer regularly to give thanks and to seek guidance from a higher power. These women pray formally as well as informally. For example, Participant six uses rituals for prayer and also prays by talking with "God" as she is driving or walking down the street. Furthermore, the use of scripture was identified by four of the six women as an available support service in their Black churches and religious communities. Within religious communities, scriptures are often used to provide guidance, support sermons, and reinforce spiritual and religious teachings (Constantine, Lewis, Conner, & Sanchez, 2000). These women used various religious scriptures, such as the Bible, the Quran, and Scientology books, as readings to support sermons, to aide with dealing with adversities in their lives, to strengthen their spirits, and to provide guidance on a daily basis.

Support of Religious Community

The support of the religious congregation was recognized by many of the women as an essential support service within a Black religious community. This pattern was noticed among women who held membership in local religious communities, such as mosque and churches, as well as women who visited different churches in their communities. In current literature, the congregation is recognized as a support system that is a source of strength in the Black church or religious community (McRae, Carey, & Anderson-Scott, 1998; Morris & Robinson, 1996; Lincoln & Mamiya, 1999). For Participant two, who was a member of a church, being able to seek counseling from practitioners, spiritual ministers, in her congregation to assist her with her daily struggles has been essential to her spiritual maintenance. Participant four, who attends church services once or twice a month and is not a member of a specific church, also recognized the church congregation as a vital part of her support system. Members of the church congregation have frequently offered her words of encouragement in maintaining her sobriety and in continuing her path of spiritual growth. Participant five, who held membership in a mosque, identified the “brothers” and “sisters” at the mosque as a strong support system providing her with the level of “family” support she desired as a child. Essentially, a religious community was used by the women as a source of strength that has frequently nourished them in their times of need.

Table II

Cross-Case Analysis Theme Chart

Theme	Quote	Researcher's Reaction
<i>CSA History</i>		
Abused by a Relative	<p>"Uh-huh, it was my uncle...I saw him during family visits and holidays."</p> <p>"This man was my great-grandmother's cousin and it excited us to play in his car."</p>	The participant's relatives had taken advantage of the participants' trust and access to the children in the family environment
Abused by a Non-Relative	<p>"Then I was molested by my stepfather's friend. He cornered me by the refrigerator and you know..."</p> <p>"My mother's tenant, Mr. J, ...he would kiss me all the time...he told me I was his girlfriend...and then he penetrated me."</p>	<p>Betrayal of trust of the child and the caregivers when the perpetrator was identified as a family friend or associate.</p> <p>Questioned the parental supervision of the victims around strangers and non-relatives.</p>
CSA over a two-year period	<p>"The first time was by my grandmother's cousin...I was eight then. It went on for around two years."</p> <p>"Yeah, it was only those two tenants over the two year...that was enough. I think I'd a lost it if anything else happen."</p>	Possibility of the participant's experiencing more severe long-term psychological effects, because of the multiple experiences of abuse
Non-Disclosure of Abuse	<p>"I made up my mind that I would never tell...I knew my father would kill him"</p> <p>"Back then you didn't tell because a child was looked upon as being fast and nobody believes"</p>	<p>Perceived non-disclosures as acts of self-sacrifice for the participants whose lack of disclosure was influenced by their need to protect others</p> <p>Understood the stigma that may have been associated</p>

	you...for all those reasons I didn't tell."	with a child disclosing CSA years ago in an African American community, especially to elderly caregivers
<i>Psychological Effects</i>		
Sexual Promiscuity	<p>"At 15 years old I got involved in prostitution and learned to do all kinds of sexual stuff."</p> <p>"As a result of all that ...you know, I was very promiscuous in sex....I was having a lot of sex all the time with ...people I knew, people I didn't know."</p>	Thought that the participants were using sex to numb their painful feelings surrounding the abuse or had learned to associate sex with love
Substance Abuse History	<p>"The longer I used, the more I used....Once the disease of addiction kicked in nothing mattered."</p> <p>"I was drinking so much, and I couldn't stop ...I thought that I wasn't going to make it."</p>	Perhaps the participants were using alcohol and drugs to escape their memories of the abuse and painful feelings related to the abuse
Overprotective of own children	<p>"I wouldn't dare let them be subjected to any abuse...I'd kill somebody."</p> <p>"After I became an adult, I didn't let my children wait on anybody...Don't ask my children to get you anything."</p>	These women would go to any extreme to protect their children from ever experiencing the abuse they experienced during their childhoods
<i>Definitions of Emotional Intimacy</i>		
Trust	"I think trust is the most important thing on earth...and when you start losing trust, you have	The participants understood the importance of trust in establishing and maintaining a healthy relationship, but

	<p>nothing to count on.”</p> <p>“You gotta have trust....Distrust ruins a relationship. It destroyed my last relationship...He didn't trust me and I didn't trust him.</p>	<p>their childhood experiences made it difficult for them to trust</p>
Communication/Disclosure	<p>“Communication is important in a relationship....Both of us have to know how to communicate...I have to work on that myself.”</p> <p>“Being able to share my past without being judged or misunderstood....Knowing that I don't have to hide my feelings...what I go through.”</p>	<p>They recognized the importance of open communication in a relationship. They also recognized whether they were willing or not willing to engage in open communication and share personal experiences.</p> <p>The women held legitimate concerns about being accepted by their partners if or when they disclosed their past. Some women had already experienced painful judgment from partners in past relationships</p>

<i>Experiences of Emotional Intimacy</i>		
Trust in terms of Financial support	<p>“I trusted him as long as he paid the bills...as long as he went to work and paid the bills”</p> <p>“I wasn't really interested in talking with him....All I was looking for was security ...financial security.”</p>	<p>Childhood experiences, family experiences and values passed on from their caregivers stood out as factors that influenced their concerns with financial support.</p> <p>It appeared that many of the women believed that their needs were met as long as they received financial support from their partners</p>
Lack of disclosure in Dating/marital relationship	<p>“I stopped disclosing things to him because he was terrified of</p>	<p>The participants feared judgment and intensified feelings of shame for their past</p>

	<p>everything...of all my experiences.”</p> <p>“I didn’t want to talk about it...you end up not wanting to talk about that personal stuff because you don’t want nobody to throw this back up to you.”</p>	<p>experiences</p> <p>Their childhood experiences taught them not to trust. Their lack of trust inhibited their disclosures in their relationships</p>
<i>Black Religious Community Support Services</i>		
Sermons	<p>Oh yeah, the messages. The message, yeah the messages....They really help me.”</p> <p>“The sermons are very strong....They always seem to speak to some point of my life.”</p>	<p>The participants were strongly influenced by the sermons because they were looking for spiritual means to understand their experiences and to release pain.</p> <p>The participants were able to hear some part of their life experiences in the sermons</p>
Prayer	<p>“Prayer helps me get through my day ...and it keeps me centered.”</p> <p>“Prayer reminds me that I am not going through this alone....I pray regularly....I attend prayer groupsPrayer is powerful in numbers.”</p>	<p>Prayer eased some of their pain believing that their fate was determined by a higher power. Prayer also gave them faith that they would heal from their pains.</p> <p>Prayer in groups gave the participants a sense of support. Prayer seemed to be a spiritual outlet for the women</p>

Conclusion

The investigation of emotional intimacy in the long-term dating and/or marital relationships of African American female CSA survivors included the participation of six African American survivors 35 to 60 years of age. All of the women participated in an

ethnographic interview conducted by the primary researcher. Findings from the participants' interviews revealed a within-case analysis of the narratives relevant to the key research domains, including participant's childhood sexual abuse history, psychological effects of the abuse on the participants, participant's definition of emotional intimacy, participant's experience of emotional intimacy, and participant's utilization of Black church/religious community support services. Findings also included feedback on the primary researcher's experiences during the interview processes and the data analyses processes with the research team members. The final section of the chapter focused on the findings that emerged from a cross-case analysis of the data and the most salient cross-case themes.

The within-case analyses of the participants' narratives provided a comprehensive account of their experiences and identified themes as they surfaced and resounded throughout participants' narratives. The participants' narratives included disclosures of experiences related to their CSA histories, such as family instability, family addictions, betrayal of trust, violent outbursts, sexual promiscuity, extensive substance abuse histories, overprotective tendencies towards their own children, difficulties maintaining couple relationships, desire for compassion, and their use of support services in their religious communities. Themes were identified throughout the participants' narratives that highlighted various dynamics of their experiences including feelings of anger, low self-esteem, spirituality, self-sacrificing behaviors, and behaviors indicative of addiction. Themes that emerged in the participants' narratives assisted in identifying patterns in their experiences relevant to how the participants coped with their

CSA histories and their emotional functioning in their long-term dating and/or marital relationships.

After each within-case analysis, feedback was provided detailing aspects of the primary researcher's experiences during the interview and data-analyses processes. Specifically, the researcher's attention was focused on the primary researcher's initial contact with the participant and initial reactions to the participant. It also addressed domains such as, the researcher's use of self during the interview process, dynamics that influenced the researcher's conceptualization of the participants' experiences, feelings and emotions elicited from the researcher during the research process, dynamics addressed in discussions amongst the research team, and the researchers' reactions to the data during the data-analysis process. Essentially, addressing such domains in the researcher's experience provided in-depth insight into the factors that influenced the primary researchers and the research team's analyses of the participants' data. The participants' mood, the participants' expressions of spirituality, the researchers' family systems theoretical background, the researchers' family backgrounds, and experiences as African American women were significant dynamics that affected the researchers' conceptualizations of the participants' experiences throughout the research process. Acknowledgment of such dynamics allowed for discussions to occur amongst the researchers to assist in the researchers' attempts to filter out their preconceptions and to provide an accurate account of the participants' experiences.

The final section of this chapter revealed findings from the cross-case analysis of the participants' interviews. The cross-case analysis findings reflected the themes that emerged across the participants' data, such as affiliation with a religious community,

abuse by a relative, disclosure of abuse, sexual promiscuity, feelings of shame and guilt, and lack of disclosure in a relationship. The cross-case analysis also included a chart of the most salient cross-case themes. These cross-case-analysis theme chart included themes, such as abuse over a two-year period, non-disclosure of abuse, overprotective tendencies, lack of disclosure in a relationship, and use of sermons as a support service. In addition to the identification of the most prominent cross-case themes, the chart included quotes from participants' narratives supporting those themes as well as the primary researcher's reactions to the theme domains. The cross-case-analysis theme chart assisted in identifying the most profound themes that were universal to the sample of African American female CSA survivors. The chart may also assist in succinctly identifying various dynamics that may influence the experiences of African American female CSA survivors who use Black church/religious community support services.

Chapter V

Discussion

Introduction

This chapter contains a discussion of previous literature, the evolution of the research questions, the summary of the findings, the researcher's experience, the contribution of the present research, limitations of the study, recommendations for future research and clinical implications. The discussion of previous literature provides a brief overview of research on childhood sexual abuse among African American female survivors. The evolution of the research questions addresses the primary researcher's interest in exploring African American female survivors' CSA experiences and the formulation of the research questions in the development of this study. The summary of findings section contains some of the most salient findings in relation to the research questions proposed in this study. It also shows integration of the primary researcher's and the research team's reactions to the findings as the findings are reviewed. The primary researcher's experiences throughout the qualitative research process are further explored in the researcher's experience section. This section is reflective of the researcher's field notes used to document various aspects of the research process, including the primary researcher's experience during the interview process and during the data-analysis process with the research team.

The final sections of this chapter are focused on the contribution of the present research, limitations of the study, and clinical implications. The research allows for identifying the theories that evolved from the findings of this study. This section also addressed how this research may be used to educate the African American community,

researchers, and mental-health professionals about the CSA experiences of African American women and the difficulties they may experience in their dating and/or marital relationships. Limitations of the study revolve around limitations that the primary researcher experienced throughout the research process and recommendations for ways to counter such limitations in future research. Additionally, this section provides recommendations for future researchers examining the experiences of African American female survivors of childhood sexual abuse. Furthermore, this chapter addresses the clinical implications of the findings of this study by providing recommendations for mental-health professionals treating African American female CSA survivors who utilize Black church/religious community support services.

Summary of Previous Research

It is estimated that approximately two out of every thousand women have been sexually abused as children (National Clearinghouse on Child Abuse and Neglect, 2000). In the quest to understand the long-term effects of childhood sexual abuse (CSA) among adult female survivors, numerous researchers have examined the experiences of these women (Browne and Finkelhor, 1986; Dabney, 1999; Glasser & Frosh, 1993; Runyon, 1998). In light of the flood of literature focusing on the prevalence and effects of childhood sexual abuse among adult female CSA survivors, few researchers have explored the effects of childhood sexual abuse among African American women. Within current literature, many studies which have included African American female CSA survivors in their samples have used inadequate numbers of African American women (e.g. Finkelhor, Hotaling, Lewis, Smith, 1990; Liem, O'Toole, & James, 1996). Fortunately, in recent years, critical studies have emerged to explore the CSA experiences

of African American female survivors and to recognize the prevalence of their experiences. Dabney (1999) and Robinson (2000) investigated the psychological and physiological effects of CSA among African American female survivors. They recognized African American female CSA survivors as experiencing a wide range of psychological and physiological effects including substance abuse, eating disorders, and difficulties in their dating and marital relationships. These researchers have taken significant steps towards increasing the awareness of the experiences and prevalence of CSA among African American women; however, further research is needed to investigate the various long-term effects of CSA among African American female CSA survivors.

Current literature points to numerous psychological effects of childhood sexual abuse frequently experienced by adult female CSA survivors, such as depression, substance abuse, anxiety, and sexual dysfunction (Koverola, Pound, Heger, & Lytle, 1993). In addition to these effects, emotional intimacy has begun to be recognized by many researchers as a psychological domain that is frequently affected in the dating and marital relationships of adult female CSA survivors. Researchers have investigated emotional intimacy in relation to trust, communication, and disclosure (Adams-Westcott & Isenbart, 1996; DiLillo & Long, 1999; Davis, 1991). Yet, Dabney (1999) and Robinson (2000) are the only researchers to date who have examined domains of emotional intimacy in the dating and marital relationships of African American female CSA survivors. In light of the recent studies exploring the experiences of African American female CSA survivors, further research is needed examining the multiple domains of emotional intimacy in their dating and marital relationships.

Within this study emotional intimacy was explored among African American female survivors of CSA who use Black church support services. In Africentric literature, the Black church has been recognized as a vital source of empowerment and aid in the lives of African American women who hold religious and/or spiritual beliefs (Moore, 1991). Black church/religious community support services, such as sermons, prayer, and testimonies, have offered African American women spiritual guidance, often influencing the inner strength, peace, and resiliency in their daily lives (Boyd-Franklin, 1989; Jackson, 1995). In current literature, the various support services within the Black church have been noted as acting as cultural therapeutic agents, which aid to the psychological, emotional, and spiritual well-being of African American women (Neighbors, Musick, & Williams, 1998). Hence, such support services may assist in the healing of African American female survivors of childhood sexual abuse. However, there has been no research to date exploring the influence of Black church/religious community support services on the mental well-being of African American female survivors of childhood sexual abuse.

Research Questions

In the investigation of emotional intimacy in the dating and/or marital relationships of African American female CSA survivors who utilize Black church or religious community support services, this study was designed to investigate the following questions:

How do African American female survivors of childhood sexual abuse who utilize Black church/religious community support services describe their experiences of childhood sexual abuse?

How do African American female survivors of childhood sexual abuse who utilize Black church/religious community support services describe their experiences of emotional intimacy in their dating and/or marital relationships?

How do African American female survivors of childhood sexual abuse who utilize Black church/religious community support services describe their experiences of trust in their dating and/or marital relationships?

How do African American female survivors of childhood sexual abuse who utilize Black church/religious community support services describe their experiences of communication in their dating and/or marital relationships?

The research questions proposed in this study evolved from the primary researcher's interest in African American women's experiences of childhood sexual abuse. As an African American woman, I had encountered several African American women in various domains of my life who had histories of childhood sexual abuse. These women were co-workers, family members, friends, extended family members, and women within the church community. Over the years I noticed that the African American female CSA survivors whom I had encountered in my life held a common thread, a thread of spiritual and/or religious beliefs that they relied on for their day-to-day functioning as well as a means of healing from their abuse. My relationships with African American women with histories of childhood sexual abuse and my knowledge of aspects of their CSA experiences sparked an interest in researching the CSA experiences of African American women. My interest in exploring the experiences of these women intensified as I began my literature search for historical studies, and I realized that there were few studies in CSA literature that had included African American women in their samples, and even fewer studies focused solely on the experiences of African American women. The apparent gap in literature and my knowledge of the CSA experiences of

some of the African American survivor's in my life were key dynamics that influenced the focus of this study and formulation of the research questions.

Spirituality, religion, and participation in the Black church were common threads amongst the African American female CSA survivors in my life. Recognizing spirituality and religion as vital aspects of these women's lives, I initially began to investigate how those domains influenced their healing from abuse. In efforts to narrow my research focus, my first research question concerned only the CSA experiences of African American female survivors who use Black church support services. This allowed me to concentrate on the women's descriptions of their narratives and focus on the African American female CSA survivors who influenced my study, those survivors who used Black church support services.

Other research questions evolved as I began to examine the psychological effects of childhood sexual abuse and developed an interest in how female CSA survivors have functioned in their dating and/or marital relationships. As I searched CSA literature, I encountered few studies examining female CSA survivors' experiences of emotional intimacy in their dating and/or marital relationships. There appeared to be a gap in literature attending to the difficulties that female CSA survivors may experience in developing and maintaining emotional intimacy in their couple relationships. Additionally, many of the African American females CSA survivors in my circle of family and friends had discussed to various degrees how their abuse histories affected their couple relationships. Hence, African American female CSA survivors' experiences of emotional intimacy in their dating and/or marital relationships became a primary focus of this study. I immersed myself into literature focused on some of the individual

domains of emotional intimacy, such as trust, communication, and disclosure and began to define emotional intimacy as it would be explored in this study. The definition of emotional intimacy utilized in this study included key domains such as trust and communication. Subsequent research questions developed based on African American female CSA survivors experiences of the key domains of emotional intimacy in their dating and/or marital relationships. Essentially, the research questions evolved from my personal experiences and relationships with African American female CSA survivors, my personal knowledge about the experiences of African American female CSA survivors, and the recognition of visible gaps in research literature.

Additionally, it is essential to recognize that phrasing of the research questions was changed during the interview of an Islamic participant to include the Black religious communities that extended beyond the Black church, such as the Islamic community and support services offered through the mosque. For example, the research questions proposed in at the beginning of this study refer to the participants as African American female CSA survivors who utilize Black church support services while in chapter four the terminology in relation to support services changed to include Black churches and religious communities.

Summary of Findings

Research Question One

The first question proposed in this study was intended to explore the experiences of childhood sexual abuse among African American female CSA survivors who use Black church/ religious community support services. The women in this study provided detailed and vivid descriptions of their childhood sexual-abuse experiences and the

psychological effects which manifested as a result of their abusive experiences. The candid details of their experiences painted vivid pictures of the settings and the manipulative dynamics surrounding their experiences of childhood sexual abuse. These women were abused in various settings, such as homes, churches, cars, and barns. They were manipulated through the use of playful interactions, physical force, and through the offering of desired attention. Furthermore, their narratives revealed that their CSA experiences were strongly influenced by their ages at the onset of abuse, their family dynamics, and diverse domains of their African American culture.

The narratives of these women revealed that all of the women identified their age of onset of CSA as between seven and nine years of age, with many of the women enduring sexual abuse over a two-year period of time. The childhood sexual abuse experiences of the women in this study began at developmentally young ages in which the survivors were vulnerable and impressionable. Participant one reported that she had developed a strong interest in her uncle's horses, but that she never imagined that her uncle would use her interests as an opportunity to coerce her into engaging in sexual activities. Participant two's stepfather used his role as a caregiver and father figure to play upon the vulnerability of the participant by using playful behaviors, such as wrestling, to entice the participant into close, non-threatening interactions that gradually shifted to involve behaviors of sexual abuse. The vulnerability of many of the other participants due particularly to their developmental ages made it seemingly easy for their perpetrators to lure them into engaging in sexual acts through playful behaviors, enticing them with gifts and money, and engaging in their childhood interests.

Abuse over a two-year period was reported by the participants that lived within the homes of their perpetrators or within close proximity of their perpetrators. The research team and I noticed a pattern developing in relation to duration of abuse amongst the participants who were perpetrated by a close family friend, relative, or boarder in the home. The researchers noticed that accessibility played a significant role in the duration of abuse endured by the participants during their childhoods. It appeared that the more accessible the participant was to the perpetrator, the greater the duration and severity of abuse.

Disclosure was another significant dynamic of the participants' descriptions of their experiences of childhood sexual abuse. Findings from the study revealed that three of the participants disclosed their abuse to their parents or guardians while the remaining participants reported that they chose not to disclose abuse. As noticed by the primary researcher and the research team, disclosure of abuse held many different meanings for the participants. For Participant two, disclosure appeared to be her means for releasing the anger she built up towards her stepfather for abusing her and towards her mother for not protecting her. For this participant disclosure signified gaining control in a situation which she felt powerless. Participant five disclosed when questioned about the abuse by her mother and being reassured that the abuse was not her fault. A sense of safety, support, and a lack of repercussions influenced this participant's disclosure. Her fears were extinguished by the support of her mother and her mother's desire to protect her. However, when the participant was sexually abused by another perpetrator, the participant chose not to disclose because she felt that she would be blamed for allowing the abuse to occur again. Amongst the other participants who chose not to disclose, the

stigma of abuse influenced Participant six's decision not to disclose. The primary researcher and the research team recognized the influence of the African American Southern culture on the participant's choice not to disclose her abuse. African Americans, particularly African Americans in the south, have placed certain stigmas on females who have been sexually abused. They may be perceived as "being fast" or as somehow causing the abuse inflicted upon them. Nevertheless, the fear of acknowledging CSA in African American communities has perpetuated the stigma that many African Americans attach to survivors of childhood sexual abuse, then causing them to harbor enormous feelings of shame, guilt, and fear of judgment.

In addition, the researchers acknowledged self-sacrifice as a cultural factor that influenced the participants' patterns of disclosure. Some of the participants chose not to disclose to protect their family members from having to deal with additional burdens and to protect them from their own weaknesses, such as uncontrollable anger and violent tempers. It appeared evident that, even at such young ages, the participants had observed and learned self-sacrificing behaviors within their family environments and had begun protecting their family members as they had observed the members of their families protect others.

Psychological effects experienced by these women were also recognized as an intricate domain of their CSA experiences. The women reported experiencing a wide range of psychological and physiological effects, including sexual promiscuity, substance abuse, suicidal ideations, overeating, anger, low self-esteem, shame, and overprotective tendencies towards their own children. Some of the most prevalent psychological effects experienced by the participants were sexual promiscuity, substance abuse, and

overprotective tendencies towards their own children. Many of the participants reported that they began to engage in sexually promiscuous behaviors during their early adolescence, and for many of the women their behaviors continued into their adulthood. A theme of sexual promiscuity had emerged across the participants' interviews; however it was also very apparent to the researcher's that sexual promiscuity held different meanings for many of the women. Participant four used sexual promiscuity as a means of gaining the love and attention that she desired, but had not received during her childhood. The researcher's perceived her as being "hungry" for love and willing to go to extremes to fill the void of the love she desired. Many of the women used sex as a means to numb their painful feelings surrounding the abuse and to block their memories of the abuse. For some of the participants, their sexually promiscuous behaviors escalated as their needs to suppress their memories of the abuse intensified. Some participants reported that they casually engaged in sexual intercourse with others, and other women disclosed lifestyles of prostitution and sexual addictions.

Family dynamics were also perceived as influencing the sexually promiscuous behaviors of some of the participants. Participant five reported that her perpetrators cared for her and loved her during their acts of sexual abuse. Within her narrative it appeared apparent to the primary researcher and the research team that the participant used her sexually promiscuous behaviors to fill the void of the love and attention she desired from her mother, who was consumed by her gambling and alcohol addictions. For another participant, sexual promiscuity and her life of prostitution became a way of escaping her memories of her abuse as well as the dysfunction and enormous responsibilities placed upon her by her family. Overall, discussions amongst the researcher and the research

team recognized the participants' uses of sexual promiscuity as ways to numb their painful feelings associated with the abuse and to escape the memories of their CSA experiences. However, through further discussions it became clear that some of the participants' sexual behaviors were connected to pains that existed beyond their sexual-abuse experiences and attempts to fill voids that evolved during their childhoods.

Substance abuse was a commonly identified effect among the African American female CSA survivors. Five of the six participants reported substance-abuse histories that developed during their early adolescence. Their substance abuse included alcoholism, cocaine use, and other substances. For many of the participants substance abuse became the catalyst that allowed them to escape their painful realities. Their states of intoxication appeared to provide outlets to evade the distressing memories and feelings related to their CSA histories. Participant three reported that she began to consume alcohol daily as early as thirteen years of age. She noted that, as her tolerance level increased, she required greater levels of alcohol consumption to achieve her desired state of intoxication. As with many of the women, they seemed to increase their uses of their identified substances over a period of time, and eventually began to use additional substances to achieve the euphoric state that took them away from the memories of abuse that haunted them in their daily lives. This pattern was evident with Participant two who began using alcohol during her early adolescence and began experimenting with cocaine when alcohol no longer provided the desired effect she needed. Essentially, the primary researcher and the research team perceived the participants' extensive substance-abuse histories as indicating seeking to self-medicate themselves and numb themselves from the unbearable pains surrounding their CSA histories. The researchers conceptualized the women's pains

as memories of the abuse, distressing feelings associated with the abuse, and distressing feelings pertaining to family dynamics and responses to the abuse. The research team found it vital to acknowledge that these women experienced significant feelings of distress in relation to specific family dynamics. For example, Participant two needed to flee the resentment, anger, and backlash from her mother for disclosing her abuse, and alcohol provided an escape she needed. Other participants used their substances of choice to hide from the burdens and responsibilities placed upon them, as well as a means to gain the attention they desired and did not receive during their childhoods.

In the women's narratives of their substance-abuse histories, their involvements in Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) were identified as vital components on their paths to sobriety. The women's years of sobriety ranged from fifteen years to a few years. Intense admiration for the women was expressed by the primary researcher and the research team for the women's day-to-day commitments to maintaining sobriety and their candid disclosures of the difficulties they experience in maintaining sobriety in the midst of healing from their CSA histories. Furthermore, in discussions amongst the research team, the researchers acknowledged AA and NA as extensions of the participants' spiritual communities because of the spiritual base that inspires the AA and NA philosophies.

Overprotective tendencies as parents was another prevalent psychological effect that emerged amongst the participants' narratives. The participants' overprotective behaviors towards their children seemed to evolve from their fears that their children would also experience the violation of childhood sexual abuse. Participant five disclosed that her children were with her at all times because she never trusted anyone to care for

her children and to protect them from abuse. The primary researcher and the research team acknowledged the betrayal of trust that these women experienced during their childhoods and the extent to which such betrayals may have affected their abilities to trust as adults. Other women also shared that they did not trust leaving their children with babysitters, family members, or friends, because their abuse occurred in many of those so-called safe environments. For participant six, her overprotectiveness of her daughters extended beyond keeping them within close proximity of her and refusing to allow others to care for her children. Her overprotectiveness included repeated discussions with her daughters about inappropriate touching and encouraging them to tell if someone ever touched them, regardless of the threats made by the perpetrator. The research team viewed the participant's decision to discuss sexual abuse with her daughters as a valuable decision that possibly taught her daughters how to deal with situations of sexual abuse and dispelled any fears surrounding the need to disclose abuse.

Research Question Two

The second question proposed in this study involved investigating the experiences of emotional intimacy in the dating and/or marital relationships of African American female CSA survivors who use Black church/religious community support services. All of the women in the study identified trust, open communication, and disclosure as essential dynamics of emotional intimacy; however, few of the women experienced those dynamics in their recent dating and/or marital relationships. Emotional detachment inhibited some of the women from experiencing emotional intimacy in their dating and/or marital relationships. Participant one openly recognized that she kept an emotional barrier up to prevent herself from experiencing any further emotional pain. The research team

and I perceived her as going through the motions of having a relationship, but never forming any genuine emotional connections. Her safety zone in relationships existed in the absence of emotional intimacy. Participant three was another one of the women who engaged in couple relationships without forming emotional connections or attachments. However, the research team perceived her lack of involvement in her couple relationship as being influenced by the shame and guilt she held regarding her past, including her CSA history, substance-abuse history, and lifestyle of prostitution. It was almost as if she rationalized that if she did not inquire about her partner's past, he would not have reason to inquire about hers. Hence, she could continue to maintain the secrecy of her painful past.

A significant number of the women based their experiences of emotional intimacy on their partners' abilities to provide for them financially. This perception seemed to be influenced by their childhood experiences, such as assuming adult responsibilities and burdens during their childhoods, absorbing their family's perceptions about relationships, and mimicking patterns and behaviors observed in their family environments. Participant three had several adult responsibilities and burdens placed upon her during her childhood with one of her major responsibilities being assisting to maintain the household financially. In discussions amongst the research team it seemed reasonable that the participant would define her couple relationship by her partner's ability to provide financial stability, a burden that she resented carrying for the majority of her life. Other women, such as Participant two learned from the women in her family that a "good" relationship depended heavily on a partner's ability to provide financial stability in a relationship. In her narrative it became apparent that the women in her family had taught

her that financial stability was of greater importance than emotional stability in a couple relationship. However, the research team and I noticed that the dynamics that she valued in a couple relationship were gradually shifting since her definition of emotional intimacy included many domains beyond financial support. Furthermore, it was vividly apparent to the research team that some of the participants' excessive concerns about their partners' abilities to provide financial support evolved from behaviors that they observed in their family environments.

Experiences of emotional intimacy also included the efforts of the women seeking to build the emotional intimacy they desired. Several of the women attempted to establish their visions of emotional intimacy in the early stages of their couple relationships; however, emotional intimacy never developed as they had imagined or desired in their relationships due to various relational dynamics. Participant one shared that she and her partner experienced trust and communication in the beginning of their relationship, but that her partner's continuous disrespect stifled her willingness to build emotional intimacy in their relationship. The research team perceived the participant's perception of her partner's disrespectful behaviors, such as having other women call their home and engaging in inappropriate play with her daughter, as a betrayal of trust. It was evident to the researchers that, because of the betrayal of trust experienced by the participant during her childhood, she experienced intense feelings of anger connected to any signs of betrayal of trust in her adult relationships. For another participant, the experience of emotional intimacy that she desired to have with her partner was hindered by the manifestation of many of her own insecurities. For example, the participant used drugs and other substances as a means of eliciting desired attention from her partner. The

research team observed the participant as a woman with extremely low self-esteem, a dynamics that influenced her willingness to go to vast extremes to receive the attention and illusion of love she desired. Consequently, her cries for attention led to severe addictions that extinguished her ability to function in a couple relationship. It was evident to the research team the participant was not going to experience emotional intimacy as she desired until she began to confront those experiences that fueled her low self-esteem. For these women, it was visible to the researchers that relational dynamics, childhood experiences, and familial experiences significantly influenced these African American women's experiences of emotional intimacy in their dating and/or marital relationships.

In the disclosures of the African American women in this study, the narratives surrounding their experiences of emotional intimacy also revealed that, amongst the participants who attempted to establish emotional intimacy in their couple relationships, their experiences were impaired by the discomfort, judgment, and fear expressed by their partners. For Participant five, her willingness to share her personal feelings and experiences overwhelmed her partner. Her partner's feelings of overwhelmness manifested itself in the form of emotional distancing, verbal abuse, and emotional abuse. Discussions amongst the researchers about the participants' partners' responses to the participants' attempts to build emotional intimacy in their relationships through their personal disclosures focused on the myths of CSA that filtrate the African American community. Discussions also focused on the stigma that is often attached to African American CSA survivors. As a research team we discussed the myths existing with the African American community that may distort others' perceptions of these women. There are the myths that CSA does not exist in the African American community and the myth

that those that are sexually abused or assaulted somehow brought the violation upon themselves by being “fast” or sexually promiscuous. Such myths may have influenced the participants’ partners’ perceptions of them as African American woman. The research team and I also acknowledged that their disclosures may have frightened their partners. The women’s disclosures may have been difficult to conceptualize, as it is often difficult for non-survivors to understand the effects of a CSA survivor’s history. His anger and rage may have been his way of communicating that he was not ready or willing to her about her experiences. For Participant five, it appeared that conversations had not occurred around how the couple would address the participant’s CSA history and its effect on their couple relationship. Such dynamics were evident within many of the participants’ dating and/or marital relationships. Hence, the researchers recognized the importance of conversations occurring between CSA survivors and their partners about how they plan to address the survivors CSA history and cope with the effects that may manifest in their relationship.

Research Question Three

The third question proposed in this study was intended to examine the experiences of trust in the dating and/or marital relationships of African American female CSA survivors who use Black church/religious community support services. The women’s narratives revealed diverse experiences of trust in their couple relationships. Their experiences of trust were influenced by respect or disrespect from their partners, secrecy in their relationships, jealousy, and abilities to provide financial support. Participant two acknowledged trust as a fundamental dynamic in a “healthy” couple relationship. She, like many of the other participants, experienced trust during the early stages of her

relationship; however, trust between her and her partner was destroyed by blatant disrespect in their relationship. It was obvious to the researchers that the participant's partner's continuous display of disrespectful behaviors significantly contributed to the breakdown of trust in their relationship. A dysfunctional cycle emerged in their relationship in which the participant's partner would display disrespect by flirting with other women, and she would direct violence towards her partner. Disrespect was deeply rooted to her CSA history and ignited an enormous amount of anger and violence that was lethal in her relationship.

Other women's experiences of trust in their relationships were impaired by acts of verbal abuse and jealousy. Participant five desired to trust her partner, but her partner's verbal assaults were clear signs that she could not trust him to care for her the way she desired and deserved. The participant was also able to acknowledge that she may have trusted her partner prematurely because of her intense desire to experience a "loving" couple relationship. Another participant's experience of trust was hindered by her partner's constant display of jealousy that escalated to his verbal assaults. The researchers' discussions about these women's experiences focused on their strong desires to have "loving" relationships and their capacities to recognize characteristics in potential partners that are not conducive to the relationships they desire. The research team and I viewed many of the women as rushing into relationships prematurely because of their intense desires for "love" and "attention." Other women seemed to be running from one relationship to another as if they were searching for their partners to fill deep-rooted voids in their lives.

Experiences of trust among the African American women in this study were influenced by many dynamics related to their CSA histories, family relationships, and childhood experiences. These dynamics and others appeared to influence resounding experiences of trust among the participants, trust that their partners would provide them with financial support and stability. Many of the women, who did not trust their partners in other domains of their relationships, relied on their partners to provide them with regular financial support. For one of the participants, confidence that her partner would provide her with financial stability was how she defined trust in a relationship for the majority of her life. She had not been interested in forming an emotional connection with her partner or experiencing trust beyond the financial dimension. In the research team's exploration of the women's narratives surrounding trust in terms of financial support, the women's desires for financial support seemed to be influenced by their family dynamics, such as their mothers' financial hardships, women's conversations about relationships, and financial burdens and responsibilities placed on the participants during their childhoods. Essentially, trust in terms of financial support ensured that the women would not experience any of the financial burdens observed during in childhoods or within their family environments.

Research Question Four

The fourth question of this study was focused on communication in the dating and/or marital relationships of African American female CSA survivors who use Black church/religious community support services. Several of the women attempted to establish open communication patterns with their partners in the beginnings of their long-term relationships, but experienced various relationship dynamics, which hindered their

communication patterns. Dynamics such as jealousy, deceit, verbal abuse, secrecy, and substance abuse contributed to the women's experiences of closed communication in their relationships. Participant six attempted to establish open communication with her partner, but her partner's jealousy obstructed her attempts to engage in "healthy" communication. Her partner's insecurities led to the constant manipulation of her words and the eventual destruction of communication in their relationship. The research team perceived the participant's partner's controlling behaviors, such as his jealousy and belittling, as signs of abuse that were recognized by the participant early in her relationship. Often a survivor's sense of self-worth and desperate desire for love and attention may temporarily blind her to the dysfunctions of relationships.

The participants' experiences of communication in their dating and/or marital relationships were also affected by lack of desire to engage in communication and fear of disclosure. Some of the women revealed that they did not know how to communicate in a relationship, and avoided their partners' attempts to talk openly and to disclose personal information. Participant one described her experiences of communication as engaging in simple conversations regarding household chores or financial obligations. She recognized that she held rigid barriers that halted her partner's attempts to share personal experiences and to engage in conversations that would cause her to deal with her "feelings." Like many survivors, the researchers observed that the participant likely did not know how to communicate openly and express her feelings since her CSA experience had taught her opposite rules of communication. Other women's lack of desire to communicate in their relationships was influenced by the women's and/or their partners' active substance abuse and addictions. One participant disclosed that communication was not of importance in

the midst of her addiction. Participant two recounted that she was unwilling to communicate with her partner during his frequent state of intoxication because her attempts to communicate with him often incited anger and violence. In the researcher's discussions of the participant's communication patterns in the midst of addictions, it was obvious to the researcher's that communication with their partners was dysfunctional because the communication was most likely directed by and evolved around the addiction, whether it consisted of arguing or avoidance.

Fear of disclosure also dictated communication patterns for many of the women. The women feared disclosing personal information to their partners because of the fear of judgment, lack of understanding, and fear of rejection. Participant three avoided personal disclosures in her relationship because of the shame she embraced regarding her past experiences of CSA, prostitution, and substance abuse. Her secrecy hampered communication with her partner. Feelings of shame and the fear of judgment stifled the participant's willingness to communicate openly with her partner as is evident with many CSA survivors in their dating and/or marital relationships. They embrace an underlying fear that their partners will reject them and cause them to experience further pain and shame regarding their CSA experiences. The researchers recognized these women's fears as warranted, since many of the participants had experienced rejection and judgment by their partners. The women who attempted to disclose personal aspects of their lives to their partners experienced many negative reactions, such as judgment, ridicule, belittling, and lack of understanding. Consequently, the reactions from the participants' partners encouraged them to repress their feelings, expression of emotion, and need for support surrounding their CSA histories. However, despite the participants difficult experiences

of communication in their long-term relationships, several of the women continued to maintain the belief that it is essential for their future partners to understand their past CSA experiences and to understand the effects of the abuse to facilitate healthy communication in their relationships.

Additional findings surrounding the women's CSA experiences indicated various degrees of reliance upon Black church/religious community support services as part of their day-to-day functioning as well as aiding in their healing processes. The women used support services within diverse religious communities, such as Seventh Day Adventist, Islamic, and Christian. They identified the use of support services including sermons, gospel songs, prayer, scripture, support groups, and the support of the congregation. Some of the most commonly used support services amongst the women were sermons, scriptures, and the support of the congregation. Several of the women used sermons and scriptures, such as passages from the Bible and Quran, for guidance, spiritual growth, and healing. Sermons and scriptures were recognized by many of the women as helping them to forgive themselves for self-inflicted abuse as well as those who abused them and those who neglected to protect them as children. In the discussions among the primary researcher and the research team's discussions about the support services used by the women in this study, the researchers acknowledged that the survivors' embraced different degrees of spirituality and religiosity that appeared to influence their use of support services as well as their experiences related to their use of support services in their Black churches and religious communities. For some of the participants, their uses of support services in their churches and/or religious communities was also affected by sense of

self-worth, fear of judgment, and established relationships within the religious communities.

Furthermore, the congregation within the religious community was also acknowledged as a valuable support system for many of the African American women in the study. The women often looked to the congregation for words of encouragement, testimonies of overcoming adversities, and as a support system that they could rely upon when needed. For one woman of Islamic faith, the “brothers” and “sisters” at her mosque were a vital support system in her life, and served as an “extended family” and to assist her through many life challenges. In discussions among the primary researcher and the research team, it was evident that the congregation acted as an intense support system for many of the women; however, the researchers also recognized that some of the women’s fears of shame and judgment surrounding their CSA histories and substance-abuse histories inhibited them from using their congregations as support systems. Moreover, in light of the researchers’ strong ties with their congregations in their churches and religious communities, the researchers acknowledged the valid concerns of the women regarding judgment by some members of the congregation for their past abuse histories and lifestyles. Despite some of the women’s hesitancy to build relationships with and confide in members of their congregations, the researchers viewed all of the women as relying upon the support services within their Black churches and religious communities for sources of strength and guidance.

Researcher’s Experiences

The primary researcher’s experiences, as well as the research team’s experiences were documented throughout this study through the use of field notes. Field notes were

used by the primary researcher to document aspects of the recruitment process, interview process with the participants, reactions to the participants' disclosures, and the data analyzing process with the research team members. Recruitment of participants for this study involved the distribution of flyers at conferences, churches, and local Black bookstores. Many of the women were informed of the study from a presentation at a local mental-health conference. Some women were in attendance at the conference while others received flyers and letters describing the study from friends and/or colleagues. Women also received information about the study from local Black bookstores while others received details of the study from other participants. Several women were refused participation in the study because they did not meet the participant criterion. Specifically, there were also several women who scheduled interviews, but did not arrive for their scheduled appointments due to factors such as transportation and child-care-related issues.

Interviews for the participants were held in mutually agreed upon settings, such as offices and homes of the participants, as well as the office of the primary researcher. As the principle investigator of the study, I encountered few difficulties surrounding the interviewing of the participants. Some participants arrived late to their interviews or attended their interviews with young children, but, overall, I experienced few complications pertaining to the interview process. Many of the women appeared slightly uncomfortable at the beginning of their interviews, but exhibited increased levels of comfort as they became emerged in their narratives. As the primary researcher, I felt very comfortable interviewing the women, since I had spoken with all of them several times on the phone prior to meeting with them. Nevertheless, I recognized that the women may

have felt nervous about meeting with me and disclosing their histories to a stranger.

Fortunately, I was able to use conversation and therapeutic skills to decrease their feelings of nervousness and to engage them in the interview processes.

All of the women's interviews included vivid narratives of their experiences of childhood sexual abuse and emotional intimacy in their relationships. As the women shared their stories, I felt as if I was walking with them through many phases of their lives. I was intensely captivated by their emotionally filled stories and experiences. Their narratives were accompanied by a range of emotion from laughter to crying to silence. In following their narratives, I journeyed with the women through their various emotional states. By the end of the interview processes, I held a different perspective of the women than I did at the beginning of their interviews. After walking with them through their experiences, my respect for them as African American women had increased tenfold. I admired their astounding courage, their courage to fight, to live, to heal, to love, to forgive, and to use their experiences to help others. These women had experienced various adversities in life and were still standing embracing great strength. Their strength and resiliency amazed me. Some of the women were aware of the strength of their spirits whereas others were unaware of how much they had overcome. Regardless of their self-perceptions, by the end of the interview process I was profoundly affected by the intensity of their narratives and a sense of resiliency. To address such dynamics, I often found a quiet space (e.g., office or car) to reflect on the interview process and to attend to my personal reactions.

Many of my emotions and reactions to the women's narratives were relived throughout the data-analyses processes, especially while listening to the audiotapes of the

interviews and engaging in discussions with the research team. In listening to the audiotapes of the women's interviews, I relived many emotional aspects of the women's interviews that were not captured in the transcripts. I knew when the women were crying and when periods of silence were accompanied by tears and feelings of anger. In analyzing the data it was critical that I conveyed such information to my research team that was not noted in the transcripts or understood on the tapes. By doing so, my research team gained a better perspective of the participants and the effects of their CSA experiences. In addition to discussions about the participants' moods and emotional states, the research team and I engaged in numerous discussions about the various aspects of the women's experiences as they related to the coding of the data, the identification of themes, and our reactions to the women's narratives. My research team members experienced different degrees of emotional reactions to the women's interviews. They expressed stronger reactions to the data as we engaged in more discussions of the data. At times they too felt the women's anger and pain as they read the transcripts. One reaction that was constant amongst all of the researchers was admiration for the courage, resiliency, and spiritual growth of the women in this study.

Contribution of the Present Research

In the investigation of emotional intimacy among African American female CSA survivors who utilize Black church/religious community support services, findings revealed descriptive narratives of the survivors' CSA experiences, overlapping definitions of emotional intimacy, significant difficulties surrounding emotional intimacy in adult couple relationships, and a reliance upon spiritual and/or religious beliefs to facilitate their healing processes. Such findings influenced the emergence of the theory

that African American female CSA survivors who use Black church/religious community support services experience significant difficulties in establishing and maintaining emotional intimacy in dating and/or marital relationships. Challenges in establishing and maintaining emotional intimacy among African American female CSA survivors may be evident in the domains of communication, trust, and disclosure. These domains of emotional intimacy were inhibited in the couple relationships of African American female CSA survivors in this study. Furthermore, findings revealed that various dynamics pertaining to these women's childhood experiences were influential factors that affected the women's abilities and willingness to engage in emotional intimacy in their couple relationships. Such dynamics were identified as family relationships, family roles, family values and beliefs, CSA histories, relationships to perpetrators, multiple incidences of abuse, severity of abuse, and spiritual and religious beliefs. Hence, these areas should be explored in investigating the emotional functioning of African American female CSA survivors in their couple relationships and in the treatment of African American female CSA survivors who use Black church/religious-community support services.

Within this study, theory also evolved supporting the perspective that African American female CSA survivors who use Black church/religious community support services rely upon the support services within their religious communities to facilitate their healing processes. Spirituality and religious beliefs are fundamental components of African heritage, particularly in the lives of African American women. The African American female CSA survivors in this study depended on their spiritual and/or religious beliefs and support services within their religious communities to make sense of their experiences and to heal from the effects of their abuse. Their religious-community

support services validated their experiences, fostered resiliency, offered them effective coping mechanisms, and provided spiritual guidance. Thus, the significance of Black church/religious community support services should be explored among African American female CSA survivors who use Black church/religious community support services.

Furthermore, in addition to the development of theory surrounding the experiences of African American female CSA survivors who utilize Black church support services, this study also provides the African American community, researchers, and mental-health professionals with significant information regarding African American female survivors' experiences of childhood sexual abuse and difficulties survivors may experience surrounding emotional intimacy in their dating and/or marital relationships. Moreover, it offers the partners of African American female CSA survivors with knowledge of the difficulties surrounding emotional intimacy in their dating and/or marital relationships. Furthermore, the findings from the study supply the Black church pertinent information regarding the influence of Black church/religious community support services in the healing processes of African American female CSA survivors who use support services in the Black church or religious communities.

Overall, this study is a vital contribution to current literature, in attempting to fill a significant gap in literature focusing on the childhood sexual abuse experiences of African American female CSA survivors. Since African American female CSA survivors are frequently underrepresented in samples in CSA studies, this study gives "voice" to the experiences of African American female CSA survivors, and validates their experiences. It may also encourage the exploration of other domains of African American CSA

survivors' experiences as the studies of Dabney (1999) and Robinson (2000) influenced my examination of emotional intimacy among the African American female CSA survivors in this study.

Limitations of the Study and Recommendations for Future Research

The limitations of this study were evident in the recruitment of participants, the availability of interview settings, the accuracy of the information gathered through the semi-structured interviews, the focus of the research, and the primary researcher's experiences, and the data-analysis process. The recruitment of participants was limited to advertising and presenting information on the study in community settings that frequented African American women who utilized Black church/religious-community support services. Flyer distribution and presentations on the study were limited to community settings in the African American community that recognized the importance of exploring the CSA experiences of African American female CSA survivors. Such community settings included churches, religious communities, Black bookstores, and mental-health conferences. Community settings that expressed hesitancy about allowing flyer distribution and presentations included professional organizations.

The availability of interview settings presented a limitation to the study as interview settings were selected on the basis of convenience and comfort for the participant and the interviewer. Some of the interviews were conducted in the homes of the participants for their convenience; however, there were some distractions in the participants' home environments that hindered the interview process. The necessity to attend to other family members in a home, telephone calls, and the volume of music in the home were dynamics that prevented potential participants from being interviewed and

created mild distractions during some participants' interview processes. Similar distractions were observed in interviews that were conducted in offices during office hours. Hence, interviews should be conducted in environments that present limited distractions and a quiet environment that is conducive for audio taping.

A limitation of the study existed in the accuracy of the information gathered in the semi-structured interview. The use of the semi-structured interview presented a limitation because the data-gathering process depended solely on the accuracy of information provided by the participants. As the primary researcher conducting the interviews, I found myself questioning whether one participant was completely forthcoming about all of her CSA experiences. My doubts were removed after further discussion with the participant; however, I was confronted with the limitation of having no means to confirm the information gathered in the participants' interview processes. Hence, having no means to verify the data ultimately affected the external validity of the findings of the study. Future research on the CSA experiences of African American women should incorporate means of verifying the participants' experiences to increase the external validity of the research findings and to possibly better evaluate other perspectives.

The focus of the research presented a limitation by examining only one partner's experience of emotional intimacy in the dating and/or marital relationships of African American female CSA survivors. To gain a better perspective of the experiences of emotional intimacy in the dating and/or marital relationships of African American female CSA survivors, future research should include investigating the experiences of both partners in the long-term relationships of African American female survivors. The examination of both partners' experiences of emotional intimacy may also aid both

partners in understanding how they contribute to each other's experiences of emotional intimacy in their relationships. An additional limitation of the research focus was evident in the exclusion of African American female CSA survivors who did not use Black church/religious-community support services. The exclusion of these women from this study limited the findings about African American female CSA survivors' experiences of childhood sexual abuse and emotional intimacy in their long-term relationships. Hence, future researchers may explore the experiences of emotional intimacy among African American female CSA survivors who use Black church/religious community support services and African American female CSA survivors who do not use Black church/religious community support services to investigate the similarities and differences in their experiences and to search for other sites of healing. Furthermore, future research should also be focused on the experiences of emotional intimacy in the long-term relationships of female CSA survivors of diverse ethnic backgrounds.

Final limitations were acknowledged in the primary researcher's experience and the data-analysis processes. As the primary researcher, I recognized that I had begun to feel emotionally drained by the fourth interview. This may have affected my presence and my ability to gather detailed information in the remaining interviews. Hence, scheduling the interviews with significant intervals is essential in allowing the primary researcher to process the emotional affect of the participants' narratives. Additionally, the data-analysis processes presented limitations in the research teams' review of the transcripts and the primary researcher's ability to convey the affect expressed by the participants that was not captured in the interview transcripts. The participants' affects were not evident in the interview transcriptions and the participants' expressions and

affect (e.g. crying, laughter, anger) were not clearly communicated on the audiotapes of the interviews.

Clinical Implications

This study provides vital clinical implications for mental-health providers treating African American female survivors of childhood sexual abuse who utilize Black church/religious-community support services. Findings revealed pertinent information about the effects of abuse experienced by African American female CSA survivors and the factors that influence the manifestations of psychological effects. Findings also suggested that African American female CSA survivors who utilize Black church/religious-community support services experience significant difficulties in establishing and maintaining emotional intimacy in their dating and/or marital relationships and rely upon support services within their religious communities to assist in the healing from their experiences.

African American female CSA survivors in this study experienced various psychological effects of abuse that were influenced by key aspects of their CSA experiences, including relationship to perpetrator, multiple incidences of abuse, and severity of abuse. The effects the women experienced were also influenced by family dynamics, such as family responses to disclosures, familial beliefs about CSA, familial addictions, family roles, and family environments. Hence, mental-health providers servicing African American female CSA survivors who use Black church/religious-community support services should investigate such domains of the survivor's CSA experiences and family dynamics during the survivor's childhood, particularly surrounding the period of abuse. A thorough exploration of these domains may assist

mental-health providers with understanding the effects experienced by a survivor and the purpose the psychological effects may serve in a survivor's day-to-day functioning.

The African American female CSA survivors in this study experienced significant difficulties in establishing and maintaining emotional intimacy in their dating and/or marital relationships. Their difficulties stemmed from their CSA experiences and various family dynamics. In light of these findings, mental-health providers treating African American female CSA survivors who use Black church/religious community support services should investigate these women's experiences of establishing and maintaining emotional intimacy in their couple relationships. Specifically, mental-health professionals should explore the key domains of emotional intimacy, trust, communication, and disclosure as experienced by survivors. Other domains of emotional intimacy should be examined as identified by survivors. Furthermore, the mental-health professionals may also assess the survivors' partners' experiences of emotional intimacy in couple relationship. Thus, gathering the survivor and her partner's experience of emotional intimacy in therapeutic interviews may assist in facilitating discussions surrounding the couple's experiences, facilitating understanding of each other's experiences, and identifying changes needed to foster emotional intimacy in the survivor's couple relationship.

In the treatment of African American female CSA survivors who use Black church/religious community support services, it is critical that mental-health professionals assess the influence of survivors' spiritual and/or religious beliefs and their reliance upon support services within their religious communities. Among the African American female CSA survivors in this study, their spiritual and religious beliefs offered

the survivors spiritual guidance in understanding different aspects of their CSA experiences. The survivors' spiritual and religious beliefs also influenced their connections to their churches and religious communities. Furthermore, support services in the survivors' religious communities were recognized as vital resources and support systems that aided in healing from their abuse experiences. Hence, mental-health professionals should acknowledge the spiritual and religious beliefs of African American female CSA survivors who use Black church/religious community support services and assess how such beliefs influence healing processes.

Conclusion

This study entails investigating experiences of emotional intimacy in the dating and/or marital relationships of African American female CSA survivors who use Black church/religious-community support services. Research questions proposed in this study were focused on the descriptions of these women's experiences of childhood sexual abuse and their experiences of emotional intimacy in their couple relationships. Findings from the study revealed that African American female CSA survivors who utilize Black church/religious-community support services may experience various psychological effects of abuse, such as substance abuse, sexual promiscuity, and overprotective tendencies towards their own children. The survivors' narratives also indicated that the effects of their CSA experiences were influenced by abuse dynamics, such as relationship to the perpetrator and severity of abuse, as well as family dynamics during their childhoods. Other findings suggested that African American female CSA survivors who use Black church/religious-community support services experience significant difficulties in establishing and maintaining emotional intimacy in their dating and/or

marital relationships. Furthermore, these women's narratives implied that the support services they utilize in their diverse religious communities aid in facilitating their healing processes by providing them with support systems and spiritual guidance.

The findings from this study were used to develop theory surrounding African American female survivors' experiences of childhood sexual abuse, contribute to literature investigating the CSA experiences of African American women, address limitations of the study, provide recommendations for future research, and offer clinical implications. In this study a theory emerged that African American female CSA survivors who use Black church/religious-community support services experience significant challenges establishing and maintaining emotional intimacy in their dating and/or marital relationships, specifically in the domains of trust, communication, and disclosure. A theory also evolved that African American female CSA survivors who use Black church/religious-community support services rely upon the support services in their churches and religious communities to facilitate their healing processes. Additionally, the findings and the theories that emerged from this study contribute to CSA literature by bridging the gap in literature addressing the childhood sexual abuse experiences of African American female CSA survivors. These findings also contribute to literature focused on investigating the interpersonal functioning of female CSA survivors in their couple relationships. Such findings may assist in educating the African American community about the CSA experiences of African American female CSA survivors. Findings may also provide researchers and mental-health professionals with significant information pertaining to these women's experiences that may influence the direction of future research and provide clinical implications for treatment.

Limitations of this study focused on the limitations experienced by the primary researcher throughout the research process. Limitations were encountered in various stages of the research process, such as in the recruitment of participants, the settings of the interviews, focus of the research and the data-analysis process. As limitations were discussed in this chapter, recommendations were also provided to prevent such limitations from arising in future research. Additionally, the final section of this chapter contained clinical implications of this research for mental-health professionals providing treatment to African American female CSA survivors who use Black church/religious-community support services. Clinical implications were provided pertaining to cultural and familial dynamics that may influence psychological effects experienced by African American female CSA survivors who use support services in their religious communities. Clinical implications were also offered relevant to survivors' difficulties in establishing and maintaining emotional intimacy in their dating and/or marital relationships. Furthermore, clinical implications surrounding mental-health professionals' assessments of survivors' experiences of emotional intimacy also implied that attention be directed to these women's partners' experiences, as many of the survivors in this study disclosed that their partners' experienced significant difficulties understanding their experiences, which ultimately contributed to the breakdown of emotional intimacy in the survivors' couple relationships.

Final clinical implications addressed the need for mental-health professionals to assess African American female CSA survivors' spiritual and/or religious beliefs and their reliance on diverse support services in their churches and religious communities. Such information may provide vital information about African American female CSA

survivors' support systems and beliefs that may foster resiliency from the adversity encountered in their lives. Essentially, findings from this study provided significant clinical implications for mental-health professionals treating African American female CSA survivors who utilize Black church/religious-community support services regarding their experiences of psychological effects, their experiences of emotional intimacy in dating and/or marital relationships, and their reliance upon support systems in their churches and religious communities.

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Letter of Solicitation

Dear (Contact person's name),

My name is Angela Oubre, and I am a doctoral student in the Marriage and Family program in the Department of Professional Psychology and Family Therapy at Seton Hall University, South Orange, New Jersey. I am currently conducting my dissertation research under the advisement of my chair, Dr. Robert Massey. I am writing to request permission to provide a brief presentation to your organization describing the nature of my study, as well as to solicit possible participation from women within your organization.

My dissertation is entitled Exploring emotional intimacy among African American female survivors of childhood sexual abuse (CSA) who utilize Black church support services. The purpose of this study is to examine emotional intimacy (trust, communication, and personal disclosure) in the dating and marital relationships of African American female CSA survivors who use support services in the Black church. Relatively few studies within current literature have investigated the experiences of childhood sexual abuse among African American women. By focusing on African American female CSA survivors who are involved in support services in the Black church, this study may increase the awareness of the effects of childhood sexual abuse, such as emotional intimacy, on African American women who rely on support services, such as sermons, prayer groups, spirituals, and women's groups.

Participation in this study is voluntary and involves completion of an informed consent, a demographic questionnaire and an audiotaped interview approximately 1-2 hours in length. A follow-up interview may be necessary to clarify participants' responses and/or gather additional information. The interview will be conducted by me, Angela Oubre. To safeguard participants' well-being, at the beginning of the interview, the participant will be provided with a referral sheet consisting of local mental-health agencies, childhood sexual abuse support groups, and trauma hotlines. If the participant experiences any discomfort surrounding the nature of the questioning, the participant may discuss this with me or discontinue this interview at any time. The participant will have the option of rescheduling an interview for another time or withdrawing from the study altogether. At the point in which the participant completes or discontinues the interview, the participant will be able to discuss her experience with the interviewer. Participants will be offered \$50 for their participation in the study at the end of the interview process. However, those who do not complete the interview process will not receive the monetary fee. Furthermore, if at any point during the interview the participant indicates that she may harm herself or others, I am ethically obligated to refer the person for professional assistance or to report that information to the proper authorities.

Additionally, confidentiality is guaranteed. Identifying information, such as names, will be changed in the study to protect the participants' identities. Participant data, such as audiotapes and transcripts of interviews will be securely stored in a locked file cabinet to maintain participant confidentiality.

I believe that this research study addresses the social phenomena of childhood sexual abuse (CSA) and its impact on African American female childhood sexual abuse survivors. Furthermore, it provides significant information for mental-health professionals treating African American women with histories of childhood sexual abuse. Most importantly, this study will increase awareness within the African American community surrounding the prevalence of childhood sexual abuse and the effects of childhood sexual abuse experienced by African American female CSA survivors.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject's privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached at 973-275-2977 or 313-6314.

If you are interested in participating in this study, please contact Angela Oubre at 310-863-6822 or Aoubre@aol.com.

Sincerely,

Angela Oubre
Doctoral Student
Marriage and Family Program
Department of Professional Psychology and Family Therapy
Seton Hall University

Oral Script

Introduction

Hello, my name is Angela Oubre, and I am a fifth-year doctoral student in the Marriage and Family program in the Department of Professional Psychology and Family Therapy at Seton Hall University in South Orange, New Jersey. I am currently conducting my dissertation research under the advisement of my mentor, Dr. Robert Massey. My dissertation is entitled: Exploring emotional intimacy among African American female survivors of childhood sexual abuse who utilize Black church support services. I am here today to tell you about my study and to ask you if you would like to participate in this study.

Explanation of the purpose of the study:

The purpose of this study is to examine emotional intimacy (for example, trust, communication, and personal disclosure or the ways participants will describe this) in the dating and marital relationships of African American female childhood sexual abuse survivors who use support services in the Black church. Relatively few researchers have investigated the experiences of childhood sexual abuse among African American women. With a focus on African American female survivors of childhood sexual abuse, who are involved in support services in the Black church, this study may increase the awareness of the effects of childhood sexual abuse, such as emotional intimacy, on African American women who rely on support services in the Black church, such as sermons, prayer groups, spirituals, and women's groups.

I intend for this research to increase awareness within the African American community surrounding the prevalence of childhood sexual abuse and the effects of childhood sexual abuse experienced by African American female survivors of childhood sexual abuse.

Description of participant criteria:

Now, I will go over some of the criteria for participating in the study. The participants must be African American women, 25 years of age or older, who have histories of childhood sexual abuse and who are currently using support services in the Black church. Participants must also have experienced childhood sexual abuse for two years or less and been involved in a dating and/or marital relationship for one year or more within the past seven years. Furthermore, women who are pregnant and women who self-identify as having severe psychological and/or physiological impairments, such as major depression and/or alcoholism, will be excluded from participation in this study.

Description of participant involvement:

Participation in this study is completely voluntary. It involves the completion of an informed consent, a demographic questionnaire, an audiotaped interview, and a possible follow-up interview.

The interview will be 1-2 hours in length with me, and will include approximately 20 questions. During the interview or at the end participants may ask to discuss any discomfort that arises from the conversation. In case a participant wishes to follow up with a mental-health professional, prior to beginning the interview, the participant will be given a referral sheet with local mental-health agencies, childhood sexual abuse support groups, and trauma hotlines. The referrals are support services in which professionals have experience treating African American women with histories of childhood sexual abuse. The referrals may be useful if you experience any discomfort during the interview as a result of the nature of the questioning. It is also important for you to know that if a participant indicates that she may harm herself or others, I am ethically obligated to refer you for a professional evaluation or to report the information to the appropriate authorities.

All participants will be offered \$50 for your participation upon completion of the interview. However, if you withdraw from the study without completing an interview, you would not receive the monetary fee.

Protection of participant identities:

In order to protect the participants' identities, identifying information, such as names, will be altered or omitted from the audiotapes and transcripts of the interviews.

Explanation of confidentiality:

To ensure confidentiality of the data, the participant's Informed Consent Form, audiotape of her interview(s), and transcript of her interview (s) will be securely stored in a locked file cabinet to which only I will have access.

Explanation of how to contact the researcher:

If you are interested in participating in this study or know someone who may be interested in participating in this study, I will leave some flyers with you today that have my contact information including my phone number and e-mail address. You may also contact me if you have any questions about the study. My advisor, Dr. Robert Massey is also available for contact at 973-761-9451.

Results of the study:

Results of this study may be presented at conferences or published at the discretion of the researcher. Participants involved in the study will be able to receive a copy of the study.

IRB Approval

It is also my duty to inform you that this project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the participant's privacy, welfare, civil liberties and rights.

**Seton Hall University
Marriage and Family Program
Department of Professional Psychology & Family Therapy
Dissertation study on**

**AFRICAN AMERICAN FEMALE SURVIVORS OF CHILDHOOD SEXUAL
ABUSE**

Needed to participate in a qualitative dissertation study
exploring emotional intimacy (trust, communication, & disclosure)
in the dating and marital relationships of African American
female CSA survivors who utilize Black church support services

Participant Criteria*

Minimum age of 25 years

History of childhood sexual abuse

Currently utilizing Black church support services

(i.e. - support groups, sermons, spirituals, prayer groups)

Past and/or present involvement in a long-term relationship

* Other criteria will be provided upon contact with the researcher

Participant Requirements

A 1-2 hour Interview with the primary researcher

Participant identities will be changed to ensure confidentiality

All participants will be offered \$50 for their completion participation in the study

**If interested in participating, please contact Angela Oubre for further information
at: (phone number & A0ubre@aol.com)**

*This project has been reviewed and approved by the Seton Hall University
Institutional Review Board for Human Subjects Research. The IRB believes that the
research procedures adequately safeguard the subject's privacy, welfare, civil liberties,
and rights. The Chairperson of the IRB may be reached at 973-275-2977 or 313-6314.*

Informed Consent Form

Researcher's Affiliation

My name is Angela Oubre, I am the principal investigator of this study and a doctoral student in the Marriage and Family program in the Department of Professional Psychology and Family Therapy at Seton Hall University, South Orange, New Jersey. This study examines how emotional intimacy is affected in the dating and/or marital relationships of African American female survivors of childhood sexual abuse who utilize Black church support services.

Purpose

The purpose of this study is to explore the experiences of emotional intimacy in the dating and/or marital relationships of African American female survivors of childhood sexual abuse who utilize support services in the Black church. Emotional intimacy may include one's ability to trust, communicate openly, and disclose personal information to one's partner in a dating and/or marital relationship, as well as other interpersonal processes.

Participant Criteria

Participants in this study must meet the following criterion: (1) African American woman 25 years of age or older, (2) childhood sexual abuse for a period of two years or less (3) histories of sexual abuse between the ages of 5-15 years, (4) history of childhood sexual abuse including penetration, (5) involved in a long-term dating and/or marital relationship (1 year or longer) within the last 7 years, (6) currently using support services in the Black church, (7) currently not pregnant, and (8) self-identify as having no severe psychological and physiological impairments.

Voluntary Nature

Participation in this study is completely voluntary. Participants may discontinue involvement in the study at any time without any penalty.

Participation and Procedures

Participation in this study involves a face-to-face audiotaped interview with the principal investigator, approximately 1-2 hours in length. The interview will take place at a site mutually agreed upon by the researcher and the participant. Participants may stop participating in the interview at any time, reschedule an interview for another time, or

skip any questions during the interview. Follow-up interviews with participants may be necessary to clarify participant responses or gather additional information. Upon

completion of the interview, participants will be offered a \$50 fee for their involvement in the study. However, participants who do not complete the interview (at any time) will not receive the \$50 fee.

Discomforts

Additionally, it is important to recognize that in disclosing information pertaining to experiences of childhood sexual abuse, overwhelming feelings of discomfort, such as anxiety, guilt, shame, and/or depression may arise. If this occurs at any point during the interview, you may discontinue the interview at any time. If desired, you will be given the opportunity to talk about your feelings with the interviewer. Furthermore, you will be provided with a referral list, including nearby counseling services, support groups, and crisis hotlines.

Benefits

Participation in this study may increase the participants' awareness of emotional intimacy in their dating and/or marital relationships.

Anonymity and Confidentiality

Anonymity with the researcher will not be guaranteed in this study because there will be a face-to-face interview; however, information that you provide in this study will remain strictly confidential. Participants' identities will not be disclosed in the study. All identifying information will be altered to protect your identity. Audiotapes of the interviews will be identified by numbers assigned to the participants. Additionally, identifying information, such as participant names, will be removed from transcriptions of the interviews.

The principal investigator and a professional transcriber will have access to the audiotapes. Transcriptions of the audiotaped interviews will be accessible to the principal investigator and two research team members who will be involved in the data-analysis process. Furthermore, audiotapes, informed consents, and transcriptions will be securely stored in a locked cabinet to maintain confidentiality. These materials will be kept by the principal investigator in a locked cabinet for three years and then destroyed.

Audiotapes of Interviews

As previously mentioned, the interviews in this study will be audiotaped. Participants have the right to review the audiotapes of their interviews. Participants may also request that the audiotapes of their interviews be destroyed after completion of the study. Otherwise, audiotapes of the participants' interviews will be kept by the principal investigator in a locked cabinet for three years and then destroyed.

Contact Information

If you have any question or concerns regarding your participation in the study, you may contact Angela Oubre or my advisor Dr. Robert Massey at 973-761-9451 or masseyro@shu.edu.

Results of this study may be presented at conferences or published at the discretion of the researcher. If you would like a copy of the study, you may contact the principal investigator, Angela Oubre, to receive a copy in the future.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the participant's privacy, welfare, civil liberties and rights. The Chairperson of the IRB may be reached through the office of Grants and Research services at (973) 275-2974.

I have read the material above, and any questions I asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw without prejudice at any time.

Additionally, you will be provided with a copy of the signed and dated Informed Consent Form prior to beginning the interview process.

Thank you for your participation in this study.

Participant's Signature

Date

Referral Sheet

Counseling Agencies

African American Mental Health Providers Directory

Provides a listing of African American mental-health providers who offer individual, couple, and group psychotherapy for adult Survivors of childhood sexual abuse
916-484-7522

Norma J. Morris Center for Healing from Child Abuse

Offers groups, workshops, and individual psychotherapy for adult survivors of childhood sexual abuse.
Meetings available throughout the Bay Area.
415-564-6002

Sacramento County Mental Health Treatment Center

Individual counseling and support groups
916-732-3637
916-875-1055

Support Groups

Adult Survivors of Child Abuse (ASCA)

Self-help support group program for survivors of physical, sexual, and/or emotional abuse.
(415) 564-6002

Incest Survivor Group for Lesbians

Group for lesbians who identify as survivors of incest and childhood sexual abuse. San Francisco, CA.
(415) 626-7000

Incest Survivors Anonymous

Pacific Center for Human Growth
2712 Telegraph Avenue
Berkeley, CA
(510) 548-8283

Crisis Hotlines

Rape, Abuse, & Incest National Network (RAINN)

Toll-free 24-hour hotline 1-800-656-HOPE
Calls to the hotline are instantly computer-routed to the

24-hour sexual abuse crisis center nearest the caller

National Crisis Hotline

Toll-free 24-hour hotline
1-800-843-5200

National Suicide Hotline

Toll-free 24-hour hotline
1-888-248-2587

National Self-Injury Hotline

Toll-free 24-hour hotline
1-800- 366 -8388

National Organization for Victim Assistance (NOVA)

Toll-free 24-hour hotline 1-800-879-6682
Provides crisis counseling and referrals

Interview Questions

Read to participants prior to beginning interview:

This study is designed to explore emotional intimacy in the dating and/or marital relationships of African American female survivors of childhood sexual abuse. At the beginning of this interview you will be provided with a referral sheet consisting of local mental-health agencies, childhood sexual abuse support groups, and trauma hotlines. If you experience any discomfort surrounding the nature of the questioning, you may discuss this with me or you may discontinue this interview at any time. You may reschedule an interview for another time or you may withdraw from the study altogether. At the point in which you complete or discontinue the interview, you will be able to talk about your experience of the interviewer. If you participate in the interview, a follow-up interview may be necessary to clarify responses or gather additional information. Additionally, if you need assistance in contacting any of the agencies on the referral list, the interviewer may assist you. Participants who complete the interview will be offered a \$50 fee at the end of the interview process. Furthermore, if at any point during this interview you indicate that you may harm yourself or others, I am ethically obligated to refer you to appropriate assistance or to report that information to the proper authorities.

1. What would you like me to know about you?
2. What do you want to tell me about your experience(s) of childhood sexual abuse?
3. At what age were you abused?
4. How long did the sexual abuse continue?
5. What was your relationship to the perpetrator(s)?
6. Did you disclose the sexual abuse to anyone? If yes, who did you disclose to and why? If no, why not?
7. Did the abuse stop after the disclosure?
8. At what age did the sexual abuse stop? Why?
9. How did you cope with your experience of childhood sexual abuse?
10. As an adult, how many long-term dating and/or marital relationships have you had within the last 7 years?

11. How do you define emotional intimacy in dating and marital relationships?
12. I would like to hear about your experience of emotional intimacy in your long-term dating and or marital relationships.
13. I would like to hear about your experience of trust with your partners in those relationships.
14. I would like to hear about your experience of communication in those relationships.
15. I would like to hear about your experience of personal disclosure in those relationships.
16. What support services do you currently make use of in the Black church?
17. Please tell me about your use of support services in the Black church?
18. How long have you used those Black church support services?
Why?

Transcription Confidentiality Statement

I, _____, will maintain confidentiality of the contents on the audiotapes and the transcriptions of the audiotapes provided by the primary researcher, Angela Oubre. Once the audiotapes have been transcribed, I will return all original audiotapes to the primary researcher along with the original transcriptions of the audiotapes. I will not retain any copies of the transcriptions of the audiotapes.

Transcriber's Signature

Date

Primary Researcher's signature

Date

Demographic Questionnaire

Ethnicity _____ Age _____

Date of Birth _____ Gender _____

Religion (If none, please indicate) _____

Have you been married within the past 7 years? If yes, indicated number of marriages.

Have you been involved in a long-term (1 year or more) dating relationship within the past 7 years? If yes, indicate number of long-term relationships.

Relationship Status (Please indicate if currently in a long-term marital or dating relationship)

Do you have any children? If yes, please indicate the number of children, ages, and gender.

Highest Level of Education _____

Occupation _____

Annual Income _____

History of Childhood Sexual Abuse Yes _____ No _____

Age of Onset of Childhood Sexual Abuse _____

Appendix I

Research Team Training Materials Research Questions

In the examination of emotional intimacy in the dating and/or marital relationships of African American female CSA survivors who utilize Black church support services, this study will investigate the following research questions:

- How do African American female CSA survivors who utilize Black church support services describe their experiences of childhood sexual abuse?
- How do African American female survivors of childhood sexual abuse who utilize Black church support services describe their experiences of emotional intimacy in their dating and/or marital relationships?
- How do African American female survivors of childhood sexual abuse describe their experiences of trust in their dating and/or marital relationships?
- How do African American female survivors of childhood sexual abuse describe their experiences of communication in their dating and/or marital relationships?

**Research Team Training Materials
Definitions of Domains**

Childhood Sexual Abuse:

Childhood sexual abuse is defined as sexual contact, ranging from fondling to intercourse between a child below the age of 18 years (Russell, 1983; Wyatt, 1985) and a person at least five years older (Finkelhor, Hotaling, Lewis, & Smith, 1989; Russell, 1986).

Emotional Intimacy:

Emotional intimacy is defined as one's willingness to trust a partner, to allow one's self to feel emotions, to develop open communication, to disclose personal information, to establish flexible boundaries, to confide in one's partner, and to discuss personal concerns (DiLillo & Long, 1999). This definition may expand throughout this study in exploring emotional intimacy in relation to the African American CSA survivors' definitions of this domain.

Black Church Support Services:

Support services in the Black church serve the socioeconomic, spiritual, religious, and emotional needs of the majority Black congregation. Black church support services may include, but are not limited to, church sermons, spirituals, women's groups, prayer groups, and testimonies.

Appendix K

Research Team Training Materials Reading Materials

- Adams-Westcott, J., & Isenbart, D. (1996). Creating preferred relationships: The politics of recovery from child sexual abuse. *Journal of Systemic Therapies*, 5, 1, 13-28.
- Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99, 1, 66-77.
- Dabney, D.C. (1999). Resilient women: Childhood sexual abuse of African-American women and their coping and healing (Doctoral dissertation, Brandeis University, 1999). Dissertation Abstracts International, 51, 417.
- Dilillo, D. & Long, P. (1999). Perceptions of couple functioning among female survivors of child sexual abuse. *Journal of Child Sexual Abuse*, 7, 4, 59-76.
- Frame, M.W., Williams, C.B., & Green, E.L. (1999). Balm in gilead: Spiritual dimension in counseling African American women. *Journal of Multicultural Counseling and Development*, 27, 182-192.
- Liem, J.H., O'Toole, J.G., & James, J. (1996). Themes of power and betrayal in sexual abuse survivors' characterizations of interpersonal relationships. *Journal of Traumatic Stress*, 9, 4, 745-761.
- McRae, M.B., Carey, P.M., & Anderson-Scott, R. (1998). Black churches as therapeutic systems: A group process perspective. *Health Education & Behavior*, 25, 6, 778-789.
- McRae, M., Thompson, D., & Cooper, S. (1999). Black churches as therapeutic groups. *Journal of Multicultural Counseling and Development*, 27, 4 207-220.
- Moore, T. (1991). The African-American church: A source of empowerment, mutual help, and social change. *Religion and Prevention in Mental Health*, 10, 147-167.
- Newfield, N., Sells, S.P., Smith, T.E., Newfield, S. & Newfield, F. (1996). Ethnographic research methods: Creating a clinical science of the humanities. In D.H. Sprenkle & S.M. Moon (Eds.), *Research methods in family therapy*. New York: Guildford Press.
- Pistorello, J., & Follette, V.M. (1998). Childhood sexual abuse and couples' relationships: Female survivors' reports in therapy groups. *Journal of Marital and Family Therapy*, 24, 4, 473-485.
- Rafuls, S.E., & Moon, S.M. (1996). Grounded theory methodology in family therapy research. In D.H. Sprenkle & S.M. Moon (Eds.), *Research methods in family therapy*. New York: Guildford Press

- Robinson, T.L. (2000). Making the hurt go away: Psychological and spiritual healing for African American women survivors of childhood incest. *Journal of Multicultural Counseling & Development*, 28, 3,160-177.
- Weis, L. &, Fine, M. (2000). *Speed bumps: A student friendly guide to qualitative research*. New York: Teachers College Press.
- Wilson, M. (1994). *Crossing the boundary: Black women survive incest*. Seattle, WA: Seal Press.
- Wyatt, G.E. (1985). The sexual abuse of Afro-American and White-American women in childhood. *Child Abuse & Neglect*, 9, 4, 507-519.
- Wyatt, G.E. (2002). Sexual abuse. In G.M. Wingood & R.J. DiClemente (Eds.), *Handbook of women's sexual and reproductive health* (pp. 195-216). New York: Plenum.

Appendix L

**Research Team Training Materials
Coding Template**

Childhood Sexual Abuse

<u>Domains</u>	<u>Codes</u>
Definitions	Cdef
Criteria	Ccri
Ages of Abuse	Cage
Severity of Abuse	Csev
Duration of Abuse	Cdur
Relationship to Perpetrator	Cper
Number of Perpetrators	Cnper
Disclosure of Abuse	Cdis
Physiological Effects	Cphys
Psychological Effects	Cpsy
• Sexual Promiscuity	Cpsy(sp)
• Substance Abuse	Cpsy(sub)
• Shame	Cpsy(s)
• Guilt	Cpsy(g)
• Overprotectiveness	Cpsy(op)
• Overeating	Cpsy(o)
• Low self-esteem	Cpsy(se)
• Suicide attempt	Cpsy(sa)
• Self-sacrifice	Cpsy(ss)

Emotional Intimacy

<i><u>Domains</u></i>	<i><u>Codes</u></i>
Definitions	Edef
Criteria	Ecri
Number of Long-Term Relationships	Enum
Duration of Long-Term Relationships	Edur
Trust	Etru
Distrust	Edis
Open Communication	Eopc
Closed Communication	Eclc
Personal Disclosure	Epdis

African American Women Who use Black Church Support Services

<i><u>Domains</u></i>	<i><u>Codes</u></i>
Support Services	Asup
Duration of support services	Adsup
Religion	Arel
Spirituality	Aspir
Outliers	Out (coded in red)