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Walden University
2021

Abstract

The Experience of Recovery from Childhood Sexual Abuse Among Black Men

by

Zeneth E. Myrie

MEd, University of Toronto, 2012

MSc, University of Manchester, 2003

BA(Honors), East London University, 1993

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

February 2021

Abstract

Childhood sexual abuse (CSA) can result in consequences that are devastating and long lasting. Differences in the nature of CSA for males and females potentially influence recovery and the role of moderating factors, such as spirituality. Studies of recovery from CSA, especially men's experiences of recovery, are relatively few indicating that this is an under researched area. This lack of studies is particularly evident for ethnic minority groups. While addressing the gap in the literature, the purpose of this study was to explore the lived experience of recovery from CSA among African, Caribbean, Black identified male survivors of CSA living in Canada, the United Kingdom and the United States of America, and the role of spirituality in that recovery. The transactional model of stress and coping and the four domains model of spiritual health and well-being were used as frameworks for this examination. The study was qualitative in design, using an interpretive phenomenological approach, involving purposeful sampling, in-depth semi-structured interviews, and interpretive phenomenological analysis of the data. The most salient feature of the study was that Black male survivors are situated in unique historical/sociocultural interrelationships that complicate recovery from CSA, including institutional racism and discrimination, family migration, restrictive narratives of masculinity, sexualized music media, and other cultural norms. In this study, spirituality played a prominent role in helping survivors navigate such influences in order to recover. These findings can be used to influence policy makers, service providers and communities, to more effectively support and address the needs of CSA survivors and their affected families.

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Acknowledgments

The evolution of my dissertation began when I was having a light hearted conversation with a friend when, without warning, his countenance changed and he became visibly uncomfortable and could no longer continue with the conversation. I tried to ascertain what the problem was, but to no avail. He wanted to leave and he wanted to do so immediately - which he did. I was left feeling totally confused. What just happened? Why did his demeanor suddenly change? What did I say? I went over and over these, and other questions of this nature, in my mind. It was very strange. I had never experienced anything like this before. Later that evening when I tried to call, he would not answer the phone. In fact, he refused to answer or communicate with me for several months after this incident. It hurt me deeply that while I tried to reach out, there was no response.

As I reflected further, somewhere in the conversation I remember referring to 'abuse'. Could it be that that had triggered something painful in my friend's experience? Could it be that he had actually been abused? My professional experience had provided me some knowledge of this phenomenon and the potential effects on those who experienced it. If that was the situation I desperately wanted my friend to know that I cared. I wanted to help in whatever way I could.

Finally, after several months he agreed to meet and talk to me. That was when he disclosed to me the tragic details of his life. He had indeed been abused emotionally and sexually as a child. He spoke to me freely. It was as if a huge weight fell off his shoulders. Of course, I wasn't totally surprised or shocked to learn this truth. I had

somehow come to suspect this. Nevertheless, I did not let on that I had this suspicion. I just listened and tried to be empathetic and supportive. I didn't know what else to do.

My friend was 30 years old and I was one of the very few people he had disclosed to. He had not disclosed to family members, even though he had close relationships with them. He discussed the reasons why, and why he had not disclosed to anyone else, generally - a lot had to do with 'male image', a sense of loyalty and need to protect the family, and a fear of people's judgements and perceptions of him, which he undoubtedly thought would be negative. He talked in some detail about how spirituality had helped him cope, as he had not disclosed or accessed any treatment services until very recently, that is, within the last year or so. Now that he was in treatment however, he mentioned that his counsellor had talked with him about the importance of disclosing to appropriate persons, and that this was an important part of his healing. Nevertheless, he expressed that this was something he found extremely difficult to do.

As I left that meeting, I felt impressed with the wrongness of this picture. How could it be that he suffered for so long in silence? How had he really been coping for all these years without any kind of professional support? I went home and immediately started to research the phenomenon of childhood sexual abuse. I wanted to find out more. I was fascinated with the issue, and especially concerned when I realized that there were limited studies on Black African-Caribbean men in relation to this. My friend was from this background. I wanted to understand more about his experience and that of others like him. I further wanted people like him, to have a voice, and to somehow facilitate the loosing of their tongues and their spirits, which may otherwise be holding them in silence

and captivity, preventing them from experiencing true wellness. I wanted to make a difference. It was at this time, right then and there, that I decided to do my PhD dissertation on the topic of childhood sexual abuse, specifically as it relates to the recovery experience and the role of spirituality in Black adult male survivors.

I would like to give thanks to my Heavenly Father, without whom I would not have achieved this tremendous milestone in my life. I also extend sincere gratitude to my dissertation committee chair, Dr. Michael Schwab, for his constant guidance, support, and encouragement; and to committee member, Dr. Peter Anderson, and University Research Reviewer, Dr. Frederick Schulze, for their positive and insightful feedback. Heartfelt appreciation is also expressed to my husband, daughter, and son who have stood by me all the way and have never failed to believe in me.

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Chapter 1: Introduction to the Study

Interpersonal trauma, such as childhood sexual abuse (CSA), can result in consequences that are devastating to individuals, families, communities and society at large (Bryant-Davis & Wong, 2013). Despite such foreboding outcomes however, many survivors engage and utilize processes and mechanisms that facilitate their ability to recover from CSA (Fuller-Thomson, Lacombe-Duncan, Goodman, Fallon, & Brenenstuhl, 2020; Graves, Borders, & Ackerman, 2017; Manda, 2015; Walker-Williams, Van Eaden, & Van der Merwe, 2013). Studies of recovery from CSA, and especially men's experiences, are relatively few however, indicating that this is an under researched area (Elkins, Crawford & Briggs, 2017). Examples of studies that do address men's experiences with CSA include, Alaggia and Mishna (2014), Easton (2013), Easton, Saltzman, and Willis (2014), Gagnier and Collin-Vezina (2016), and O'Leary, Easton, and Gould (2017).

To add to the sparse research on the subject, my study explored recovery experiences from CSA among African, Caribbean, Black (ACB) identified male survivors of CSA living in Canada, the United Kingdom and the United States of America, including the role of spirituality in their recovery processes. The background for the study is discussed in this chapter, emphasizing the gender differences in prevalence, the potential effects of CSA on survivors, and the possible need to consider heterogeneity between the experiences of men and women. Further discussion makes evident the existing gap in the literature regarding men's recovery experiences and provides a basis for the subsequent problem statement and identified research questions.

A description of the research design for the study follows, including a brief discussion of the transactional model of stress and coping and the four domains model of spirituality and well-being, both of which guided the study and its methodology. Specific terminology, key to the overall operationalization of the study, are defined and underlying assumptions, critical to the study's purpose and meaning are briefly described. Finally, the essential parameters for the study, in terms of its scope, delimitations and limitations are addressed, and particular attention given to the study's significance and how it contributes to social change.

Background

CSA is increasingly recognized as a societal problem in many Western countries. For example, an American study found that 1 in 4 females and 1 in 6 males may have been abused as children (Dube et al., 2005), while Canadian studies indicate prevalence rates of 22.1% for females and between 8.3% and 9.7% for males (Hébert, , Tourigny, Cyr, McDuff, & Jacques, 2009; MacMillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013). More recent figures indicate a prevalence rate of 10.14% in the United States and 10.1% in Canada, with prevalence rates being higher for women than for men (Afifi et al., 2014; Perez-Fuentes et al., 2013). On the other hand, prevalence rates in the United Kingdom have been estimated at 11.1% for females and 5.3% for males (Sawyerr & Bagley, 2017).

Differences in prevalence can be explained by how CSA is defined in studies or by factors related to methods and methodology (Stoltenborgh, Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). However, differences can also be explained by cultural and societal beliefs and values underlying how CSA is perceived, disclosed and

responded to (Stoltenborgh et al., 2011). Furthermore, accurate measures of prevalence are difficult to capture due to reluctance to disclose abuse (Alaggia & Mishna, 2014; Cashmore & Shackel, 2014; Stoltenborgh et al., 2011). Understanding the effects of CSA on victims can provide further insight into the nature of CSA and the corresponding factors influencing prevalence.

The effects of CSA on victims are often long lasting, extending way beyond childhood. These effects are not only enduring but, depending on the extent and nature of the abuse, can be very severe and debilitating, including severe depression, anxiety, self-destructive and addictive behaviors, sexual and relationship problems, psychopathology, and attempted suicide (Aaron, 2012; Allaggia & Mishna, 2014; American Psychological Association, 2012; Clark et al., 2011; Meyer, Cohn, Robinson, Muse, & Hughes, 2017; O'Leary et al., 2017; Perez-Fuentes et al., 2013). It is recognized that while many effects are similar for both male and female victims, there may be some potential differences in how they experience and are affected by the abuse (Cashmore & Shackel, 2014; Clark et al., 2011; Elkins et al., 2017; Rhodes et al., 2011). These differences have implications in terms of healing and recovery from CSA. For example, while delayed disclosure is commonly seen in both males and females, the evidence highlights much lower rates of disclosure for males generally, which can continue into adulthood (Easton, 2013; Elkins et al., 2017; Stoltenborgh et al., 2011). There is also evidence that males in particular may be more vulnerable to adverse effects of CSA due to delayed disclosure, which is not surprising considering that disclosure can open the way for more positive coping and recovery (Easton, 2013; Easton, Leone-Sheehan,

Sophis, & Willis, 2015; Elkins et al., 2017; Tener & Murphy, 2015). Furthermore, not only are males more likely to experience delay or nondisclosure of CSA, they are also more likely to be unidentified by intervention or support services, to fail to access these, or to experience limited accessibility of such services (Curry & Utley, 2018; Easton, 2014; Elkins et al., 2017; Foster, Boyd & O'Leary, 2012; Sivagurunathan, Orchard, MacDermid, & Evans, 2019). Differences can also be seen in relation to issues concerning sexual identity, perpetrator characteristics, relationship between the perpetrator and the victim, and the type and severity of the abuse (Cashmore & Shackel, 2014). In addition, societal or cultural views of 'masculinity' potentially influence differences in the perception of the harm CSA can cause to victims; that is, CSA might be considered less of an issue or less harmful for boys than for girls (Cashmore & Shackle, 2014; Curry & Utley, 2018). Societal attitudes and views may also make it more difficult for male victims to recognize or admit that they have been abused (Allaggia and Mishna, 2014; Curry & Utley, 2018; Downing, Brown, Steen, & Benoit, 2018; Elkins et al., 2017; Petersson & Plantin, 2019; Stoltenborgh et al., 2011). This can be even more difficult for males who are at the same time navigating stigmas associated with being in racially marginalized positions in society (Curry & Utley, 2018; Elkins et al., 2017).

Overall, these factors highlight significant differences in the nature of CSA for males and females; differences that potentially influence recovery and the role of mediating and/or moderating factors. It is however noteworthy that, comparatively speaking, little research has been done in the area of gender differences in the nature and experience of CSA (Elkins et al., 2017; Gray & Rarick, 2018). Neither is there a

preponderance of research that focuses on male abuse victims, especially those from

minority ethnic and racialized populations (Curry & Utley, 2018; Elkins et al., 2017;

Graves et al., 2017; Gray & Rarick, 2018; Payne et al., 2014). It is therefore necessary to

give closer attention to these areas, as they may be important in our understanding of

CSA and the meanings it has for survivors. From this perspective, this study examines the

lived experiences of adult Black male survivors of CSA. As discussed later, spirituality

can have a positive influence on recovery (Arias & Johnson, 2013; Bryant-Davis &

Wong, 2013; Draucker et al., 2011; Gall, 2006; Knapik, Martsolf, & Draucker, 2008;

Redmond, 2014; Vilenica, Shakespeare-Finch, & Obst, 2013). However, this needs

further exploration as it relates to men's experiences (Cashmore & Shackle, 2014;

Easton, Renner, & O'Leary, 2013; Grossman, Sorsoli, & Kia-Keating, 2006).

Problem Statement

How differing factors might moderate, that is, hinder or facilitate recovery after

CSA is important to understand in order to identify appropriate and effective

interventions for CSA survivors and enhance possibilities for recovery. One such

moderator is spirituality (Gall, Basque, Damasceno-Scott, & Vardy, 2007; Grossman, et

al., 2006; Murray-Swank & Pargament, 2005). The role of spirituality in the recovery of

adult survivors of childhood trauma, including sexual abuse, is a topic area discussed in

the academic and scholarly literature with inconclusive or inconsistent findings. For

example, while scholars such as Gall (2006), Murray-Swank and Waelde (2013), and

Kerlin and Sosin (2017) have identified survivors of CSA as having feelings of betrayal,

abandonment, disconnection, discontent, isolation, anger, and blame towards 'God' for

the abuse suffered, studies have also indicated that a relationship with God or a higher

power results in a more positive attitude and an increased sense of personal growth in

survivors of CSA (Bryant-Davis & Wong, 2013; Draucker et al., 2011; Kerlin & Sosin,

2017; Knapik et al., 2008; Murray-Swank & Waelde, 2013). Furthermore, the literature

shows that it is not unusual for individuals to describe having stronger beliefs and

connections with spirituality, both during the initial stages of coping with a traumatic life

event, and after some time has passed, than they did before the trauma occurred (Kerlin

& Sosin, 2017; Lee, Park, & Hale, 2016; Murray-Swank & Waelde, 2013). Research also

indicates that adult survivors of CSA often engage 'forgiveness' and 'surrender', and

utilize other spiritual supportive mechanisms in coping and recovering from abuse (Gall,

2006; Kerlin & Sosin, 2017; Morton, Tanzini, & Lee, 2019; Redmond, 2014). Spirituality

is also highlighted as an important factor in helping survivors gain greater awareness of

self, increased optimism, positive self-concept, self-efficacy beliefs, and motivation to

engage in active healing, as well as, improved connection with others (Arias & Johnson,

2013; Kerlin & Sosin, 2017; Murray-Swank & Waelde, 2013; Vilenica et al., 2013). On

the other hand, adult survivors who have become distant from 'God' or who have become

disconnected and disengaged from spirituality, may experience more adverse

psychological outcomes (Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Gall et al.,

2007). However, the available literature in this area has primarily concentrated on adult

women, and does not provide comprehensive data on the experience and perspective of

male survivors of CSA, especially males from minority groups, such as Black men

(Cashmore & Shackle, 2014; Easton, Coohey, Rhodes, & Moorthy, 2013; Grossman et

al., 2006). As highlighted above, the nature of CSA is not necessarily the same for males as it is for females. More research is therefore needed to identify and understand the role of spirituality in male survivors of CSA, in particular Black men.

Purpose of the study

The purpose of this study was to explore the lived experience of recovery from CSA among Black adult male survivors. Using an interpretive phenomenological approach, I not only sought lived experiences but also sought to gain insight into the role of spirituality in their recovery processes. I did so to address the apparent gap in understanding of this issue in the literature.

Research Questions

Research Question 1 (RQ1): What is the lived experience of recovery from childhood sexual abuse among Black adult male survivors?

Research Question 2 (RQ2): What is the experienced role of spirituality in the recovery of Black adult male survivors of childhood sexual abuse?

Conceptual Frameworks

In formulating a theoretical framework for a qualitative study, it is important to consider what theory, or theoretical construct, will be used to explain the particular phenomenon being investigated. Theory refers here to "a simple set of concepts and ideas and the proposed relationships among these" (Maxwell, 2013, p. 48). In other words, it describes "an argument, a discussion, or a rationale", which explains certain phenomena (Creswell, 2009, p. 51). A theoretical or conceptual framework is embedded within the researcher's philosophical and methodological assumptions, expectations, and beliefs; for

example, theoretical assumptions about the nature of reality, what counts as knowledge, the role of values in research, and the research process and language, must all be considered when designing a research study (Creswell, 2013). Theory also provides a 'map' of what is to be investigated, by describing the main variables and constructs and how these are related, and laying a foundation and a beginning understanding for how the research problem itself will be investigated (Miles, Huberman, & Saldana, 2014; Padgett & Henwood, 2009). With this understanding, my study utilized the transactional model of stress and coping and the four domains model of spiritual health and well-being as frameworks for examining the research topic and questions. A brief description of these will follow; however, a more fulsome discussion of these models will be provided in Chapter 2 of this dissertation.

The transactional model of stress and coping provided a framework for examining how individuals cope with stressful life events, such as CSA, and navigate positive outcomes, including the role that spirituality plays in this dynamic. A key concept of this model is *primary appraisal*, which refers to how one perceives the significance of a stressful event. The model describes *primary appraisal* as initiating problem-focused coping and /or emotion-focused coping or, conversely, as prompting disengagement or escape-avoidance behaviors as a response to heightened perceptions of risk (Folkman & Lazarus, 1980; Folkman, 1984; Glanz, Rimer, & Viswanath, 2008; Lazarus & Folkman, 1987). Another key construct is identified as *secondary appraisal*. *Secondary appraisal* describes how an individual perceives their ability to control or manage outcomes or emotional responses to the event. It includes the concept of *self-efficacy*, that is, an

individual's beliefs about their ability to influence outcomes in response to life experiences or events (Folkman, 1984; Folkman & Lazarus, 1984; Glanz et al., 2008). When a stressful life event is perceived as being controllable and self-efficacy beliefs are primarily affirmative, coping behaviors are more likely to be engaged that result in more positive adaptive outcomes (Folkman & Lazarus, 1980; Folkman, 1984; Glanz et al., 2008; Lazarus & Folkman, 1987). The transactional model of stress and coping also identifies meaning-based coping as a response to stressful life events. *Meaning-based coping* involves processes such as positive reinterpretation, acceptance, and the use of religion and spirituality to interpret stressful events in a way that is personally meaningful. These processes are further described as influencing coping strategies and adaptive outcomes (Glanz et al., 2008).

In addition to the transactional model, the four domains model of spiritual health and well-being was used to provide a framework for examining spirituality. The model describes spiritual domains as being personal, communal, environmental and transcendental, with each domain being further described as having cognitive and inspirational features (Fisher, 2011). Essentially, the model conceptualizes spiritual well-being as arising out of spiritual health, which is developed from the dynamic interaction of relationship with self, with others, with the environment, and with the transcendent other. These dimensions constitute the four domains of human existence (Fisher, 2011). The model further highlights that interrelationships exist between these domains, and that domains can build on, as well as build up other domains, otherwise called *progressive synergism* (Fisher, 2011). Spiritual wholeness/health necessitates the creation of positive

relationships in each of these domains and can be gauged by the quality of these. The knowledge or cognitive aspects of each domain is what, fundamentally, provides meaning and understanding to the inspirational or transcendent aspect (Fisher, 2011).

Nature of the Study

Methodological Approach

The study was qualitative in design, using an interpretive phenomenological approach. Phenomenology can be described as the study of the 'lived experience" (Dawidowicz, 2016; Tuohy, Cooney, Dowling, Murphy, & Sixmith, 2013; Van Manen, 2017). In other words, phenomenology is primarily concerned with how people experience and interpret the world. In addition, it assumes that there is an 'essence' or 'essences' to shared experience. In other words, meanings that are understood and shared by persons who have experienced a particular phenomenon (Patton, 2014). Nevertheless, different branches of phenomenology have developed and are evident in the scholarly literature as theoretical perspectives that inform research studies, one of which is hermeneutic or interpretive phenomenology.

Contrary to descriptive phenomenology, which emphasizes the description of a phenomenon's general characteristics to highlight its essence; and the suspension of preconceived ideas or beliefs in order to obtain the real meaning, correct understanding or truth of a phenomenon, (otherwise described as *bracketing)*, interpretive phenomenology highlights the importance of describing, understanding, and interpreting a person's lived experience of a phenomenon (Tuohy et al., 2013). Interpretive phenomenology further emphasizes that bracketing, as understood from a descriptive perspective is unrealistic,

and that meaning cannot be properly gained or understood without reference to a person's background or situated freedom (Horrigan-Kelly Meyer, 2016; Tuohy et al., 2013; Van Manen & Adams, 2010). In other words, *dasein*, or being in the world, necessitates consideration of the social, cultural, and political influences that shape how people see and experience the world (Dawidowicz, 2016; Meyer, 2017; Tuohy et al., 2013). This further means that it is not the pure content or meaning of subjectivity that is the focus, but rather "the relation of the individual to his life-world" (Lopez & Willis, 2004, p. 729) and what the individuals' narratives imply about their experiences. A question that interpretive inquiry asks therefore is, "How does the life-world inhabited by any particular individual in this group of participants contribute to the commonalities in and differences between their subjective experiences?" (Lopez & Willis, 2004, p. 729). The interpretive phenomenological approach to research is consistent with an inquiry into participant's experiences as described above, and as such was used to describe and formulate interpretations of participants' experiences of the role of spirituality in their recovery from CSA.

Sampling

Nonprobability or purposeful sampling was used for this study, as this allowed me to identify individuals who illustrate the features of the phenomenon under investigation and who were most likely to provide useful and meaningful information (Creswell, 2009). A sample size of six participants informed the study's findings, reflecting the emergent design of the study and data saturation (Dworkin, 2012; Marshall, Cardon, Poddar, & Fontenot, 2013). One rationale for sample size is to base it on precedents set

by previous studies that have addressed a similar research problem and used a similar design to that used in this study (Marshall et al., 2013). Previous studies that fit these criteria, and which used a similar sample size, include Bogar and Hulse-killacky (2006), Chouliara, Karatzias, and Gullone (2014), and Walker-Williams et al. (2013). Participants were recruited from community agencies, voluntary organizations and support groups, counselling and therapy centers, and social media. Participants were selected for the study if they met the following criteria: Black, Male, 18 years of age or older, with a history of CSA.

Data Collection

This study utilized an inductive approach that facilitates a focus on the particular phenomenon within its situational context (Miles et al., 2014). To achieve this, in-depth semistructured interviewing was used to gather rich and meaningful data from the participant (Maxwell, 2013). Interviewing not only gives insight into the other person's perspective, but also assumes that the person's perspective is meaningful, knowable, and able to be clearly articulated (Patton, 2014). Furthermore, an interview guide was used to facilitate the interviewing process, integrating follow up questions that could illicit further clarification or allow me to probe more deeply into the participant's experience as needed (Patton, 2014).

Observational or descriptive field notes were also used as additional information about the research process. Field notes were written as close to the time the interview took place as possible so that potential data or information was not lost, with a clear distinction being made between what was observed in relation to the participant, and

what were my own interpretation and thoughts, making it easier to identify where

researcher bias may have influenced interpretations of the data (Patton, 2014).

Data Analysis

In-depth semistructured interviews were audio recorded and subsequently

transcribed and analyzed. I then undertook a line-by-line analysis of the data, identifying

key phrases or statements. The assigning of codes to chunks or pieces of data, such as

segments of texts in transcripts, for example, phrases or statements, allowed for these bits

of information to be subsequently analyzed for existing patterns and themes (Miles et al.,

2014). An interpretive phenomenological analysis (IPA) process was utilized to analyze

and interpret the data. IPA primarily facilitates the investigation of how individuals

attribute meaning and interpretation to their experiences. Of significance is the fact that

IPA refers to both the interpretation applied by participants and that applied by the

researcher in trying to make sense of the participant's meaning, which aligns well with

interpretive phenomenological perspectives (Pietkiewicz & Smith, 2014). An additional

characteristic of IPA was that it allowed for in-depth analysis of individual narratives or

lived experiences, rather than a generalized explanation of phenomena. Using this form

of analysis, I could identify themes, exemplify these with individual narratives, and

compare and contrast these to identify similarities and differences (Pietkiewicz & Smith,

2014).

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Definition of Terms

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Childhood sexual abuse (CSA): For the purpose of this study CSA is defined as

"the involvement of a child in sexual activity that he or she does not fully comprehend, is

unable to give informed consent to, or for which the child is not developmentally

prepared and cannot give consent, or that violates the laws or social taboos of society"

(WHO 2017, p. vii). CSA may include "vaginal, anal or oral penetration", "the repeated

and purposeful exposure to adult sexual acts", exposure to "excessive adult nudity and

gratuitous showing of genitals to children" (Gallo-Silver, Anderson & Romo, 2014, p.

82). CSA further refers to sexual assault, rape, inappropriate touching, fondling,

voyeurism, and the commercial sexual exploitation of children (National Sexual Violence

Resource Center, 2012; WHO, 2017). "Sexual abuse involves the intent to gratify or

satisfy needs of the perpetrator or another third party, including that of seeking power

over the child" (WHO, 2017, p. vii).

Spirituality: Spirituality, rather than being a static entity, is dynamic and has

different meanings for different people (Tailor, Piotrowski, Woodgate & Letourneau,

2014). Nevertheless, *spirituality* has been defined as having a personal sense of a

relationship or connection to a higher being or sacred source, that helps an individual find

meaning in their lived experience (Pargament & Saunders, 2007). It has also been

described as the beliefs, feelings and actions that arise as a result of engagement in formal

religious doctrines and practices (Pargament & Saunders, 2007). For the purpose of this

study spirituality was understood to embrace these meanings.

Spirit: Spirituality is associated with how a person relates to the self as it relates

to their spirit. *Spirit* has been defined as "an animating or vital principle which gives life,

transcending the material and the mechanical… the essential nature of human beings,

their strength of purpose, perception, mental powers, and frame of mind" (Fisher, 2011, p.18).

Recovery: Recovery is both a personal and a unique experience for individuals (Draucker, et al., 2011). The idea of recovery or healing is one that embraces more than just coping with the adverse effects of abuse, but rather implies positive growth, or transformation arising out of having been through a major crisis or traumatic event in one's life (Draucker et al., 2011). Such growth results in new perspectives and new directions for the survivor, that are fueled by positive concepts of the self, and a sense of being liberated, and having agency or control in relation to their abuse experience and its subsequent effects (Draucker et al., 2011; Easton et al., 2015). In other words, survivors have not only developed positive coping behavior as opposed to negative coping mechanisms, but have a sense of being set free, to the point where they can create new and alternate life narratives and develop and experience a sense of personal well-being (Easton et al., 2015; Manda, 2015; Walker-Williams, et al., 2013). For the purpose of this study, *recovery* was understood to embrace the above ideas. In other words, "being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life" (Chouliara et al., 2014, p. 70).

Assumptions

Several basic assumptions formed the basis for this study. First, having an understanding of recovery as defined above, I assumed that CSA does not necessarily define the survivor's destiny, but that positive outcomes could be realized. Second, I

assumed recovery from CSA involves choice. As this is a qualitative phenomenological study, I also assumed that participant's responses were honest depictions of their lived experience and that participants' recall of past experiences could be trusted to be reasonably accurate.

Scope and Delimitations

The intent of this study was to gain greater insight into the role spirituality plays in the recovery of adult survivors of CSA and to address the apparent gap in understanding of this issue in the literature. The target population for this study was Black adult males with a history of CSA. Participants were chosen based on their ability to provide rich and meaningful data through in-depth interviews, and to be fluent in the understanding and speaking of the English language. They also needed to be 18 years of age or older. While the study focused on context-specific and individual experiences, it has the potential to illicit accounts and findings that can be extrapolated and transferable to other situations. It was anticipated that readers would be able to recognize the 'fittingness' of the study's findings, accordingly.

Limitations

This study engaged purposeful sampling and has a relatively small sample size of ACB identified male survivors of CSA living in Canada, the United Kingdom, and the United States of America. It is recognized that this limits generalizability (Maxwell, 2013). However, the intent of the study was not to achieve representativeness, but rather to provide relevant, rich, and meaningful data about the phenomenon being investigated. In other words, the focus was on the more specific contextual situation. Participants were

therefore chosen on the basis that they were able to answer the research questions and provide data that could lead to findings that have the potential for fittingness or transferability.

Interpretive phenomenology allows for consideration of the researcher's *situatedness*, that is, positionality in the study, and his/her potential to influence the meanings and interpretations of participant experiences as a result of his/her prior understandings and knowledge (Tuohy et al., 2013). Nevertheless, the potential for researcher bias was another limitation of the proposed study. A number of strategies were put in place to try and limit this. By transcribing the interviews verbatim, I was aided in looking at the actual data to identify themes, rather than relying on my own observations, and coming to conclusions based on these observations (Maxwell, 2013). By staying close to the actual data, I endeavored to represent faithful descriptions of participants' perspectives. I anticipated that the accounts thus given would ring true to the reader, therefore enhancing the potential for transferability or fittingness (Patton, 2014). Furthermore, analyzing my written observations and notes not only provided a triangulation of the data that would help support the findings and conclusions, but also helped in identifying and making researcher bias explicit, as this also provided an audit trail of my thought processes, decisions and assumptions, (Cope, 2014; Darawsheh, 2014).

Significance

This study provides an important contribution to existing literature offering further insight into recovery experiences, including the role of spirituality in survivors of CSA,

and in ACB identified male survivors of CSA living in Canada, the United Kingdom and the United States of America, in particular. In other words, it contributes to filling a gap in a knowledge base that is currently understudied and underdeveloped (Easton et al., 2013). Furthermore, I envisage that there will be increased societal and political awareness, as that which is primarily hidden and invisible is brought into the open and made more visible (Maney, Kutz-Flamenbaum, Rohlinger, & Goodwin, 2012). This increased awareness could potentially serve to inform the development of appropriate and effective prevention and intervention strategies that could positively impact the recovery and quality of life of adult survivors of CSA. More specifically, the study has potential implications for the usefulness of integrating spirituality into intervention programs, and for how this should be done. In addition, the study could provide an important medium through which Black men who have survived abuse can give voice to their experiences, honoring their right to dignity and self-respect as they help break the taboo and the silence in speaking about abuse, a process which in itself may be experienced as therapeutic to them (Becker-Blease & Freyd, 2006). Breaking the taboo could also help to change how CSA is viewed by society, including how it views masculinity in relation to CSA, and the potential harm of CSA to male victims. This social change could potentially create a more supportive environment for male survivors of CSA and make it easier for them to disclose and access support or services.

Summary

To summarize, CSA is an issue of public health concern, having significant prevalence rates among males, as well as females. Differences in prevalence rates are

influenced by a number of factors. Nevertheless, the effects of CSA are often very serious

and long lasting, and more research is needed regarding moderating factors that may or

may not facilitate healing from the abuse, such as spirituality. This is especially evident

in relation to men surviving CSA (which is more fully discussed in Chapter 2 of this

dissertation). This study addresses this gap by utilizing an interpretive phenomenological

approach to explore the recovery experiences of Black men from CSA, and the role of

spirituality in that recovery. Purposeful sampling was used to recruit participants, and

data collected and analyzed using in-depth interviews and an interpretive thematic

analysis. The transaction model of stress and coping, and the four domains model of

spirituality and well-being formed the framework for the study design, including the

analysis of the data and interpretation of findings. I envisage that the study will not only

fill a gap in the existing literature, contributing to greater understanding of this issue, but

that it will also result in an increased awareness of CSA, and that more effective

preventative, treatment and support services can be developed and made more accessible

to adult Black males surviving CSA.

Chapter 2: Literature Review

Introduction

CSA is often experienced as a traumatic stressful life event with the potential for long-term adverse psychosocial effects (Aaron, 2012; American Psychological Association, 2012; Meyer et al., 2017; O'Leary, et al., 2017; Perez-Fuentes et al., 2013). Nevertheless, post-traumatic growth and more positive outcomes are also possible (Arias & Johnson, 2013; Chouliara et al., 2014; Draucker et al., 2011; Easton, et al., 2015; Vilenica et al., 2013; Walker-Williams et al., 2013). How differing factors might moderate recovery after a stressful life event such as CSA is important to understand in order to identify appropriate and effective interventions for CSA survivors and enhance possibilities for recovery. One such moderator is spirituality (Gall et al., 2007; Grossman, et al., 2006; Kerlin & Sosin, 2017; Murray-Swank & Pargament, 2005; Murray-Swank & Waelde, 2013).

The purpose of this dissertation study was to explore the lived experience of recovery, and the role of spirituality in that recovery, in Black adult male survivors of CSA, and to address the apparent gap in understanding of this issue in the literature using an interpretive phenomenological approach. In this chapter, a description of the literature search strategy will be provided. The transactional model of stress and coping and the four domains model of spirituality and well-being will then be defined, identifying and describing key constructs, and highlighting how these models have been used in previous research. In addition, I explore how this current study benefits from the use of these models as frameworks. A literature review, as it relates to CSA, spirituality, and

recovery, in light of key concepts within these models, will then follow. This review will provide an analysis of relevant studies and highlight any remaining gaps.

Literature Search Strategy

I searched peer-reviewed literature extensively, using the following databases: Social Sciences Citation Index, Arts and Humanities Citation Index, CINAHL Plus, Medline, Cochrane Database of Systematic Reviews, Eric, PsychInfo, and ScienceDirect. Google Scholar served as an additional search engine for searching peer-reviewed literature. Also, citations and reference lists from relevant articles were reviewed for additional literature not identified via the database searches. The key words used for these searches were: *child/childhood sexual abuse, spirituality, religion, childhood sexual abuse and spirituality, childhood trauma/ traumatic life event and spirituality, adult recovery/healing from childhood sexual abuse, resiliency and childhood sexual abuse, adult coping with childhood trauma/child sexual abuse, male survivors of child sexual abuse, psychosocial adjustment and childhood sexual abuse, effect of child/childhood sexual abuse, prevalence of child sexual abuse, gender/ gender differences and child sexual abuse, Black males and child sexual abuse, Black males and masculinity, transactional model of stress and coping,* and *four domains model of spirituality and well-being*.

Conceptual Framework

The Transactional Model of Stress and Coping

The transactional model of stress and coping is a psychological model related to personal appraisal of experience, including the ability to cope with or manage that

experience. It provides a framework for understanding how individuals cope with

stressful life events, such as CSA, and are able to navigate positive outcomes, and further

helps to explore and explain the role that spirituality plays in this dynamic. Richard

Lazarus first published his ideas on 'psychological stress and the coping process' in 1966

(Lazarus & Folkman, 1987). He and his colleagues have subsequently advanced these

ideas and developed key constructs for the transactional model of stress and coping

(Folkman, 1984). Essentially, the model is built on the understanding that the individual

and the environment are interdependent (Lazarus & Folkman, 1987). It therefore

presumes that how an individual perceives and relates to stressful circumstances cannot

be understood without first recognizing this dynamic interplay. From this perspective,

stress is seen as involving continual transactions between the individual and the

environment. Throughout this process, the individual is not only interacting and adjusting

to the environment, but is also able to influence the impact of stressors through cognitive,

emotional, and behavioral strategies (Lazarus & Folkman, 1987).

Cognitive appraisal, which involves both primary and secondary appraisal, are

key constructs of this model. *Primary appraisal* describes how an individual perceives a

particular event and its significance, that is, the degree of threat it poses. On the other

hand, *secondary appraisal* describes how the individual perceives their ability to control

the outcomes of this event. If the individual perceives that they have a high degree of

control over the situation, then the perceived threat of that event is correspondingly

minimal or absent altogether (Folkman, 1984; Folkman & Lazarus, 1980; Glanz et al.,

2008; Lazarus & Folkman, 1987). The model further identifies coping as efforts made by

the individual to control, manage, or adapt to the stressful event. These can either be identified as problem-focused coping (efforts to manage the source of stress) or emotion-focused coping (efforts to manage stressful emotions) and are prompted by the individual's appraisal of the situation (Folkman, 1984; Folkman & Lazarus, 1980; Lazarus & Folkman, 1987). Nevertheless, coping and appraisal is a continuous process, each influencing the other throughout the stressful encounter (Folkman & Lazarus, 1980).

The transactional model of stress and coping has also developed to include the idea that cognitive appraisal and coping processes are influenced by attributes of meaning which also have the potential to facilitate 'positive affect' when encountering a stressful situation. This positive effect can be achieved through positive reappraisal, problem focused-coping and positive meaning (Folkman, 2008; Folkman & Moskovitz, 2000). Positive reappraisal facilitates positive affect when the individual is able to reframe a stressful encounter in a positive way. This is often influenced by strongly ingrained values or beliefs (for example, religious, spiritual and existential beliefs - which in turn influence beliefs about the self: self-worth and perceived control; beliefs about the world: order, justice, fairness; and beliefs about the self in the world: optimism, trustworthiness of intimate relationships etc.) (Folkman, 2008; Folkman & Moskovitz, 2000; Park & Folkman, 1997). Problem-focused coping generates positive affect through the individual being able to find meaning as it relates to purpose and, as a result, becoming goal oriented. In other words, the individual develops a sense of control and mastery over the stressful event (Folkman, 2008; Folkman & Moskovitz, 2000; Park & Folkman, 1997). It is also important to note that while having a sense of purpose provides a

fundamental drive for the development of and striving towards goals, having and

pursuing goals can themselves contribute to a sense of purpose (Park & Folkman, 1997).

Finally, positive meaning contributes to positive affect when the individual remembers or

highlights positive experiences despite the present reality of the stressful life situation.

Choosing to think about positive events, in other words, can counter the effect of negative

emotions that result from stressful and negative events (Folkman, 2008; Folkman &

Moskovitz, 2000). Each of these attributes involve aspects of meaning while undergoing

stressful life events, and describe meaning based coping strategies (Folkman, 2008;

Folkman & Moskovitz, 2000).

The transactional model of stress and coping has been used as a theoretical

framework in a wide array of studies in several different subject areas. For example, it

has been used to examine stress and coping in interpersonal relationships, including

couple relationships, intimate partner violence, and parental concerns; to explore stress

and coping in relation to trauma affecting youth and workers dealing with trauma clients;

to identify stressors associated with forced sexual initiation, human immunodeficiency

virus status, and sexually transmitted infections; and to examine stressors contributing to

depression and mental health (Brown, Naughton, & Carey, 2015; Burgess, Knight, &

Mellalieu, 2016; Dardas & Ahmad, 2015; Falconier, Nussbeck, Bodenmann, Schneider,

& Bradbury, 2015; Folayan et al., 2016; Gil & Weinberg, 2015; Giurgescu et al., 2015;

Gloria & Steinhardt, 2014; Graham, 2015; Lokhmatkina, 2015; Sharma, Fine, Brennan,

& Betancourt, 2017; Swartzendruber, Sales, Rose, & DiClemente, 2016).

Gil and Weinberg (2015) study, for example, examined coping strategies and internal resources in relation to secondary trauma symptoms in 160 social workers who treat trauma victims. Secondary trauma symptoms were identified as being dependent on the social worker's ability to utilize coping strategies and resources that modify external and internal stress situations. Gil and Weinberg (2015) utilized Lazarus and Folkman's (1984) stress and coping model to identify coping strategies and processes used by these social workers. The study included participants that were engaged in the treatment of trauma survivors at least 3 times a week; and who had completed a 17 item post-traumatic stress self-report questionnaire, a 30 item COPE scale questionnaire, a mastery scale, and a life orientation test examining dispositional optimism. They further answered questions examining personal and work characteristics, which included the degree of peer related supervision. The results from the analysis of the data showed secondary trauma symptoms had a positive correlation to emotion and avoidance focused coping strategies. Negative correlations were found between secondary trauma and dispositional optimism and mastery. Secondary trauma was also negatively associated with increased supervision. The study's findings highlight that maladaptive coping has a negative role in addressing secondary trauma in persons treating trauma survivors and has implications for other persons supporting trauma victims, including spouses and the family members. While the study focused only on social workers, it nevertheless lends support to the idea that how one adjusts to psychological stress is dependent on one's coping strategies, internal resources and personal characteristics, and their interactions one with the other.

Unlike Gil and Weinberg's (2015) study, Folayan et al.'s (2016) study examined the effect of stress not as a secondary concern, but as it related to trauma victims experience of original trauma. The study essentially examined how victims of forced initial sexual intercourse cope with stress. Four hundred and thirty-six 10-19 year olds were recruited for this study. Participants completed an initial population based survey and a secondary analysis of this data was then conducted. Adolescents with a history of forced sexual initiation and positive HIV status were found to be more likely to use avoidance responses to cope with stressful life events, and to have increased engagement with religion. On the contrary, participants who had a history of forced sexual initiation without any HIV status, as well as those without a history of forced sexual initiation showed no significant difference in the use of adaptive or avoidance coping strategies. It was further observed that participants who identified as having forced initial sexual intercourse, and who more often utilized avoidance coping, were less likely to have or be interested in friends, and had less access to social support structures, generally. This was attributed to body image and stigma related concerns. In addition, participants with a history of forced initial sexual intercourse, were more likely to engage in risky sexual behavior, generally. These findings support the transactional model of stress and coping's idea that stress and coping is complex and is different in different circumstances. Like Gil and Weinberg's (2015) study, social support is indicated as an important factor in promoting adaptive coping strategies. Interestingly, religion is also shown to play a significant role in coping behavior. These aspects of the study's findings support the transactional model's framework for understanding how attributes of meaning, influenced

by such factors, contributes to an individual's cognitive appraisal and coping processes in stressful events.

The Four Domains Model of Spiritual Health and Well-being

The use of the transactional model of stress and coping in the literature indicate that it is a useful framework for examining how individuals manage stressful life events, such as CSA, and the role potential moderators, like spirituality, play in their coping. However, spirituality and the role it plays in recovering from CSA, can be more fully examined and understood by also integrating the four domains model of spiritual health and well-being as a framework. In contrast to the aforementioned psychological model of stress and coping, the four domains model can be described as an ecological model, addressing not only intrapersonal experience, but also relationships with multilevel factors such as, the environment and the broader community, including the sociocultural environment and that which is transcendent or spiritual (Fisher, 2011; Glanz et al., 2008).

Spirituality can be understood as something innate and fundamental to human existence and essence. (Fisher, 2011). Rather than being a static entity, it is perceived as dynamic with different meanings for different people (Fisher, 2011; Tailor, et al., 2014). While religiosity is often equated with spirituality, and the two terms are often used interchangeably, it is recognized that they are not necessarily the same. Furthermore, one does not necessarily include the other, although this may often be the case (Fisher, 2011). Some authors, describe the two as having distinct meanings, with religiosity having to do with ideology, belief systems and religious rules or practices; and spirituality being that which describes relationship, feeling or experience (Fisher, 2011; Pargament & Saunders,

2007). In other words, having a personal sense of a relationship or connection to a higher

being that helps an individual find meaning in their lived experience, is one way of

defining spirituality (Fisher, 2011; Pargament & Saunders, 2007). However, spirituality

can also be described as having connections with nature or forces of nature, or as being

about the human spirit and the inner potential or quest to achieve (Fisher, 2011). The

human spirit, in this sense can be understood as "an animating or vital principle which

gives life, transcending the material and mechanical. It refers to the essential nature of

human beings, their strength of purpose, perception, mental powers, frame of mind"

(Fisher, 2011, p18).

The four domains model of spirituality identifies spiritual health has having four

domains. These are described as being personal, communal, environmental and

transcendental, each having cognitive and inspirational features (Fisher, 2011). More

specifically, the personal domain describes how one experiences one's self. It it how one

understands and organizes the self in respect to purpose, meaning, values and beliefs, and

forms the basis for one's identity and sense of worth. Essentially, it is what constitutes

and motivates the spirit of a person (Fisher, 2011). The communal domain however,

describes the relationship between the self and others and includes interrelating factors

like culture, morality, and religion. The communal domain also speaks to how one views

humanity and encapsulates such ideas as trust, faith, love, hope, and forgiveness (Fisher,

2011). Having a sense of awe, respect, and connection with nature and the ecopolitical

and social environment, describes key features of the environmental domain. While

having a relationship with something or someone that is outside of what is ordinary

human, that is, or an out of this world force or presence, or a higher being, or God, can more clearly describe the transcendental domain (Fisher, 2011).

Essentially, the model conceptualizes spiritual well-being as arising out of spiritual health, which is developed from the dynamic interaction of relationship with self, with others, with the environment and with the transcendent other. These dimensions constitute the four domains of human existence (Fisher, 2011). The model further highlights that interrelationships exist between these domains, and that domains can build on, as well as build up other domains, otherwise called *progressive synergism* (Fisher, 2011). Spiritual wholeness necessitates the creation of positive relationships in each of these domains and can be gauged by the quality of these. Furthermore, the knowledge or cognitive aspects of each domain is what, fundamentally, provides meaning and understanding to the inspirational or transcendent aspect. On the other hand, knowledge of the spiritual can also give meaning and understanding to our experiences in other domains (Fisher, 2011).

The theoretical underpinnings of the four domains model of spirituality and well-being has been used to develop and validate a spirituality and well-being questionnaire, and to compare this with a more generic version (Fisher, 2010, 2013, 2014a; Gomez & Fisher, 2003). According to Fisher (2014b) the questionnaire, otherwise known as SHALOM, has been sought for use in more than 400 studies in 23 languages. A cursory review of the literature identifies the four domains model of spirituality and well-being being used as a theoretical framework for studies with different research foci. Research areas include the investigation of spirituality and well-being in primary, and secondary

school students, pre service teachers, nurses and carers in the workplace, and patients (Fisher, 2006, 2007, 2015; Fisher, Barnes, & Marks, 2009; Fisher & Bromley, 2008; Fisher & Wong, 2013; Francis, Sion, & Village, 2014; Timmins & Caldeira, 2017). Studies have also examined spirituality in relation to subjective well-being, that is, happiness and life satisfaction (Fisher, 2013b; Holder, Coleman, Krupa, & Krupa, 2016). Munoz- Garcia & Aviles-Herrera (2014) conducted a study which examined the effects of academic dishonesty on spiritual well-being. While other studies explored the relationship between spirituality and consumer's ethical beliefs, signing up for organ donor status, and psychological type (Bortz, Ashkenazi, & Melnikov, 2015; Chowdhury & Fernando, 2013; Francis, Fisher, & Annis, 2015).

More specifically, Holder and colleagues (2016) study examined the relationship between religiosity, spirituality, and subjective well-being. Their study assessed 1293 children and adolescents 7-19 years of age. A happiness scale was used to identify self-reported well-being; religiosity was assessed with items on a questionnaire that asked about church attendance and the importance of religion to the participant; while spirituality was assessed using the nature/environmental domain of spirituality. Confirmatory facto analysis was used to analyze the data, and the findings showed spirituality to have a positive relationship to well-being more than religiosity, especially for adolescents. Essentially, the study lends support to the idea that spirituality plays a significant role in personal well-being. Nevertheless, a limitation of this study was its primary focus on the nature domain for measuring spirituality. Using all four domains, as described by Fisher and colleagues (2000), would have allowed for a broader assessment

of spirituality in participants, and a more comprehensive understanding of its relationship to well-being. Furthermore, additional insight is needed as to how this is experienced in adults.

On the other hand, Fisher's (2013) study assessed relationships between spirituality and well-being/happiness, using each of Fisher and colleagues (2000) four domains of spirituality. The study further examined these in relation to personality and age. Four hundred and sixty-six university students, 494 church attendees and 1002 secondary school students were recruited as participants for this study, and each participant asked to complete a happiness inventory scale, Eysenck's personality questionnaire, and Fisher's spiritual well-being questionnaire. Factor analysis of the data identified spirituality, that is, a positive relationship with a transcendent God, to be positively related to happiness, and this more so than personality or age. Relatively speaking, a limitation of this study would be its small sample size, which to an extent limits generalizability. However, it contributes significantly to the literature in broadening our understanding of spirituality as it relates to well-being/happiness, specifically, lending support to studies highlighted previously, such as Fisher's (2013a, 2014b), Fisher and Wong's (2013), and Holder and colleagues (2016) studies, that indicate that spirituality plays a significant role in personal well-being.

The role of spirituality in the recovery of survivors from CSA is an area that needs further development in the literature, as discussed in other sections of this paper. It is also apparent that there is a dearth of studies addressing this topic area that have engaged with spirituality from a four domains model perspective. Nevertheless, the

evidence from the literature suggests that the four domains model provides a useful framework for defining and examining spirituality and that this model can help further the understanding of the role of spirituality in survivors of CSA.

Literature Review

CSA Prevalence

CSA is a world-wide phenomenon, with prevalence rates ranging from 8-31% for girls and 3-17 % for boys across various countries and continents (Barth, Bermetz, Heim, Trelle, & Tonia, 2012; Pereda, Guilera, Forns, & Gomez-Benito, 2009b; Stoltenborgh et al., 2011). More specifically, CSA is increasingly recognized as a societal problem in North America and the United Kingdom. For example, an American study found that 1 in 4 (25%) females and 1 in 6 (16.7%) males may have been abused as children (Dube, et al., 2005). While Canadian studies indicate prevalence rates of 22.1% for females and between 8.3% and 9.7% for males (Hébert, et al., 2009; Macmillan et al., 2013). More recent figures indicate a prevalence rate of 10.14% in the United States of America and 10.1% in Canada, with prevalence rates being higher for women than for men (Afifi et al., 2014; Perez-Fuentes et al., 2013). On the other hand, prevalence rates in the United Kingdom have been estimated at 11.1% for females and 5.3% for males (Sawyerr & Bagley, 2017).

Methodological Issues in Determining Prevalence

Whether prevalence rates for CSA have increased or decreased over time remains inconclusive. It has been shown by some to have no significant change over time (Goldman & Padayachi, 2000). However, there are those who argue that prevalence rates

have been on the decline since the 1990's (Gilbert. et al. 2009; Shields, Tonmyr, & Hovdestad, 2016). The difficulty in assessing whether in fact prevalence rates have changed over time is influenced by the fact that reviews on prevalence rates have primarily focused on studies that have been published over an extensive period of time (Barth et al., 2012). For example, Stoltenborgh and colleagues (2011) looked at 217 studies published between 1982 and 2008. Researchers have suggested that the time that studies were done is significant, as prevalence data is potentially influenced by the amount of public awareness, which could be higher at certain times compared to other times (Goldman & Padayachi, 2000). Furthermore, reviews have generally included both studies done with adults and those with children (Barth et al., 2012). However, studies done with adults may indicate lifetime prevalence rates for childhood abuse, compared to studies that focus on self-reports of CSA within a very brief period of time, specifying, for example, reports of CSA during the last year (Finkelhor, Shattuck, Turner, & Hamby, 2014; Stoltenborgh et al., 2011). In addition, studies done with children or youth (typically from 14 -17 years of age) are more likely to represent more recent prevalence than those done with adults, and don't necessarily span the whole of childhood (Finkelhor et al., 2014). However, capturing prevalence data for all of childhood and youth is important since adolescence can pose significant risk for adult perpetrated CSA (Finkelhor et al., 2014). It should also be noted that studies relying on self-reported retrospective data are subject to being influenced by recall bias, which is potentially problematic in studies depending on adult's recollections of events that may have happened many years previously (Goldman & Padayachi, 2000).

Using prevalence data that is generated by child welfare and law enforcement agencies creates another difficulty with determining prevalence and changes in prevalence over time, since victims of CSA very often do not self-report to these agencies (Afifi et al., 2015). On the contrary reports of CSA are generally provided by informants, such as professionals (Afifi et al., 2015). Nevertheless, while using self-reported data has some recognized limitations, self-report studies have the potential for showing much higher prevalence rates than informant studies and to be a more accurate reflection of prevalence (Stoltenborgh et al., 2011).

Convenience sampling might also be a factor in differing prevalence rates as this has the increased potential for response bias. This might explain for example, lower prevalence rates in college student samples as compared to randomized samples of larger populations, given the possibility that college participants might have more insight into the purpose and possible implications of the study and respond accordingly (Goldman & Padayachi, 2000; Stoltenborgh et al., 2011). Sampling size can also influence prevalence data. For instance, lower prevalence was generally found in self-report studies that had larger population based and randomized samples, as opposed to smaller samples (Stoltenborgh et al., 2011).

Terms used to define CSA, the number of questions asked, and the type of questioning used, that is interviews verses questionnaires, has also been thought to influence prevalence data (Goldman & Padayachi, 2000; Pereda, Guilera, Forns & Gomez-Benito, 2009a). In particular, broad definitions of CSA have been shown to contribute to higher prevalence when compared to much narrower definitions (Goldman

& Padayachi, 2000). Furthermore, there is the possibility that more questions or an interview format, can lend more clarity to how CSA is defined and understood, and that this can in turn influence participant responses and reported prevalence (Stoltenborgh et al., 2011). Despite this possibility, other evidence suggests that there is no difference in prevalence rates as a result of terms used to define CSA, and the type of questioning (Goldman & Padayachi, 2000; Pereda et al., 2009b) and that the number of questions asked on prevalence surveys is influential for girls and not for boys (Stoltenborgh et al., 2011).

Prevalence might also be explained by cultural and societal beliefs and values underlying how CSA is perceived, disclosed and responded to (Stoltenborgh et al., 2011). Collectivist cultures, for instance, may downplay the importance of CSA, or shun the very idea of its occurrence in order to protect the family name and honor, or the reputation of the community, which might result in less disclosure from victims of CSA (Stoltenborgh et al., 2011). Correspondingly, cultural taboos about sex and sexuality can make it difficult to discuss issues around these topics, particularly issues around child sexual molestation or abuse (Fontes & Plummer, 2010; Gilligan & Ahktar, 2006). In addition, cultures that have expectations for male and female sexuality and behavior, for example, perceptions about homosexuality and homosexual experiences, or perceptions related to female modesty and loss of virginity, can also be a factor in whether or not victims self-report (Fontes & Plummer, 2010; Stoltenborgh et al., 2011).

Methodological issues in the literature around CSA prevalence has implications for more consistency in how CSA is defined and for how data is collected in future

research. More consistency would potentially make it easier to make comparisons and draw more accurate and conclusive findings (Goldman & Padayachi, 2000). It is also important to consider the limitations of participants' self-selecting to participate in studies, as the motivation and characteristics of such persons might be different from others who choose not to participate (Gagnier & Collin-Ve`zina, 2016). Furthermore, larger sample sizes or a mixed method approach, would potentially increase representativeness and generalizability in studies. Nevertheless, it is also recognized that the vulnerability of this population can create challenges in recruitment, which may necessitate differing recruitment methods (Elkins et al., 2017; Gagnier & Collin- Ve`zina, 2016).

Adult Male Experience of CSA and Disclosure

Delay in disclosure is a frequent phenomenon for both male and female victims (Easton, 2013; Hébert, et al., 2009; O'Leary & Barber, 2008). Researchers found that delayed disclosure of more than 5 years after the initial CSA event, was reported in 57.5% of cases (Hébert, et al., 2009). However, this is especially noticed among males who frequently show more frequency and longer delays in disclosure (O'Leary & Barber, 2008); Stoltenborgh et al., 2011). For instance, one study identified 26% of male participants disclosing CSA early after the abuse, compared to 63.6% of female participants (O'Leary & Barber, 2008). Delay in disclosure of CSA can extend well into adulthood (sometimes 10 -20 years after the abuse) with some adult survivors potentially never actually disclosing (Easton, 2013; Hébert, , 2009; O'Leary & Barber, 2008; Stoltenborgh et al., 2011). One study of 804 participants, showed that 1 in 5 victims of

CSA did not disclose until participating in the actual survey, with more men than women being in this category (34.2% for men compared with 15.7% for women) (Hébert, , 2009). Another study examined disclosure of CSA in adult male survivors using a lifespan approach, with a purposive sample of 487 adult male men. The study found that males did not disclose until well into their adult years, delaying their first disclosure for an average of 21.38 years, with the mean age of disclosure being 32 years (Easton, 2013). Furthermore, a proper discussion of the abuse did not usually occur before 28.23 years on average, after the initial abuse (Easton, 2013).

Easton (2013) identifies abuse by a family member, family violence, closed communication patterns, shame, stigma, self-blame, and spiritual distress as factors that hinder disclosure. Similar findings are highlighted in other studies (Alaggia et al., 2019; Cashmore & Shackel, 2014; Dorahy & Clearwater, 2012; Easton, 2014; Draucker & Martsolf, 2008; Hébert, et al., 2009). Abuse by a biological family member was especially shown to inhibit disclosure in males, whether as a child or later as an adult. This was linked to factors such as family loyalty, fear of breaking up the family, and protection of family members, an increased sense of shame, and issues to do with family dynamics, such as closed patterns of communication and family violence (Easton, 2013, 2014; Gagnier & Collin-Ve`zina, 2016). Cashmore and Shackel (2014) indicate that disclosure generally, is lessened in the context where the perpetrator is a trusted figure, whether in the family, church or other institution. Not only is this because of the esteem others may hold towards such persons, but also because of the deep betrayal of trust that is often experienced by the survivor when abused by someone they had a high degree of

trust for. This betrayal of trust results in a lack of trust of others (Easton, 2014; Easton et al., 2014; O'Leary et al., 2017).

Typically, the perpetrators of CSA, for both boys and girls, are male. However, this has particular meaning for males influenced by expectations regarding masculinity and male sexuality (Cashmore & Shackle, 2014; Downing et al., 2018; Gagnier & Collin-Ve`zina, 2016). Males apparently show more feelings of guilt and shame, as well as confusion over their sexual identity following CSA by male perpetrators. They may also have fears of being labelled homosexual (Cashmore & Shackel, 2014; Dorahy & Clearwater, 2012; Downing et al., 2018; Easton, 2014; Easton et al., 2014; Elkins et al., 2017; Fontes & Plummer, 2010; Gagnier & Collin-Ve`zina, 2016; Jone & Trotman-Jemmott, 2016; Pasura et al., 2013; Petersson & Plantin, 2019; Stoltenborgh et al., 2011). On the other hand, males have a tendency not to interpret sexual encounters with women as abuse (Cashmore & Shackel, 2014; Curry & Utley, 2018; Jone & Trotman-Jemmott, 2016; Pasura et al., 2013; Petersson & Plantin, 2019; Stoltenborgh et al., 2011). Societal perceptions of this kind of abuse as being a form of initiation or as being non harmful, or of less consequence might contribute to this understanding by the victim, or otherwise make him reluctant to disclose (Cashmore & Shackel, 2014; Curry & Utley, 2018; Easton et al., 2014; Gagnier & Collin-Ve`zina, 2016; Jone & Trotman-Jemmott, 2016; Pasura et al., 2013). It is also the case that some males fear being seen as the instigator rather than the victim, when the perpetrator is a female (Cashmore & Shackel, 2014; Stoltenborgh et al., 2011). In other instances, males might perceive themselves as weak, less manly, or as failures or otherwise fear that they would be viewed as such (Downing et al., 2018;

Easton et al., 2014; Fontes & Plummer, 2010; Gagnier & Collin-Ve`zina, 2016; Petersson & Plantin, 2019; Stoltenborgh et al., 2011). In addition, fear that they may be seen as potential perpetrators of child abuse, is another reason that males might not disclose very readily (Easton, 2014; Easton et al., 2014; Gagnier & Collin-Ve`zina, 2016).

Intense negative and painful emotions arising from the experience of CSA, such as feelings of shame and humiliation, guilt and self-blame, anger, confusion, pain, and a sense of futility, has led many men to repress memories of the abuse, to engage in chronic long term drug abuse, or to utilize other avoidant coping strategies, such as denial, in an effort to numb the pain and block the abuse out of their minds, which have also contributed to non-disclosure or disclosure delay (Dorahy & Clearwater, 2012; Easton, 2014; Gagnier & Collin-Ve`zina, 2016; MacGinley, 2019; Petersson & Plantin, 2019). In Dorahy and Clearwater's (2012) focus group study involving 7 participants, shame and guilt associated with having been abused was a common experience, and resulted in negative emotions of low self-worth, a tendency to blame oneself for the abuse, and self-doubts about the genuineness of others and about the possibility of happiness. Furthermore, shame and guilt gave many participants an intense fear about their abuse histories being found out, and kept them emotionally and socially isolated. These findings were also supported by O'Leary et al.'s, (2017) study and MacGinley's, (2019) study.

Survivors of CSA can also struggle with doubts as to whether they would be believed if they disclosed or if in fact their situation would be improved as a result. They feared rejection, alienation, that they themselves would be blamed for the abuse, or that their experience of abuse would be minimized (Dorahy & Clearwater, 2012; Draucker &

Martsolf, 2008; Easton, 2014; O'Leary et al., 2017; Sorsoli, Kia-keating, & Grossman,

2008). Survivors who disclose during childhood, may not receive a supportive response,

and this can have a negative impact on future disclosure. Studies show that survivors who

receive unhelpful responses from their first disclosure of the abuse are more likely to

delay attempting further disclosure and are more likely to delay any in depth discussion

of the abuse (Easton, 2013, 2014).

     Some survivors expressed not knowing how or not having the ability to articulate

their experience of abuse to others (Sorsoli et al., 2008). While others felt unsure as to

whether or not their experience was abuse before they had gained more awareness of

abuse and its nature (Alaggia & Mishna, 2014; Easton et al., 2014; Sorsoli et al., 2008).

Furthermore, the increased awareness of CSA in males that has occurred in more recent

times, might provide some explanation for the higher rates of disclosure delay observed

in older participants when compared to persons that were younger (Easton, 2013). It

might also explain the higher prevalence of CSA observed in adult male samples when

compared to child samples (Stoltenborgh et al., 2011). Gagnier and Collins-Ve`zina

(2016) study suggests that knowing that others have been sexually abused as children

often encouraged men to feel less alone in this experience and further helped to break

their silence. They further suggest that media stories of CSA are influential in raising this

awareness.

    Disclosure has been described as a lifelong and progressive process, which is

multifaceted and complex and involves telling another person about the abuse (Alaggia et

al., 2019; Draucker & Martsolf, 2008; Easton, 2013; Easton et al., 2014; Hunter, 2011;

Sorsoli et al., 2008). For many survivors of CSA this is also a very difficult and painful process (Gagnier & Collin-Ve`zina, 2016). Nevertheless, reluctance to disclose CSA is problematic, since delayed or non-disclosure of abuse can have adverse implications for healing and recovery in survivors (Easton 2013; Fontes & Plummer, 2010; Gagnier & Collin-Ve`zina, 2016; Hébert, et al., 2009; Romano, Moorman, Ressel, & Lyons, 2019). Despite one study's findings that suggests there is no relationship between the timing of disclosure and the effects of CSA, specifically for men, several later studies indicate survivors of CSA who delayed or did not disclose the abuse are much more likely to experience psychological distress than those survivors who disclosed early after the initial abuse (Easton, 2013, 2014, 2019; Gagnier & Collin-Ve`zina, 2016; Gruenfeld, Willis, & Easton, 2017; Hébert, et al., 2009; Ullman, 2007; Ullman & Filipas, 2005). While nondisclosure may initially serve to be protective in a nonsupportive environment, the burden of carrying the secret of CSA for many years becomes very stressful and harmful to survivors (Easton, 2013, 2014; Gagnier & Collin-Ve`zina, 2016). Disclosure on the other hand, provides a basis for help-seeking and for accessing resources that can facilitate healing (Chouliara et al., 2014; Draucker et al., 2011; Easton, 2014; Jeong & Cha, 2019). However, to maximize the possibility for healing it is necessary that disclosure responses be perceived by survivors as positive (Easton, 2013, 2014; Ullman, 2007; Ullman & Filipas, 2005). An implication of this is that more should be done by professionals and clinicians to facilitate early disclosure and a supportive and healing environment once disclosure has been made. This is especially relevant when one considers that professional responses and treatment services tend not to be geared

towards the needs of male survivors, which might also explain why many men do not access such services (Dorahy & Clearwater, 2012; Easton et al., 2014; Foster et al., 2012; Hébert, et al., 2009). Bearing this in mind, one should also consider that studies that recruit men that have accessed, or that are accessing treatment services or organizations that provide resources for recovery, might be limited because the disclosure experiences of these men and how they speak about such experiences might be different from male survivors of CSA who have not accessed such services (Easton et al., 2014; Gagnier & Collin-Ve`zina, 2016).

Ethnicity: Black Men, Masculinity and Historical Influences on the Experience of CSA

While there is limited research documenting the experience of CSA for ethnic minorities, there is evidence to suggest that there are some differences (Payne et al., 2014). For example, in one study examining the experiences of Black, Latino, and non-Latino White men, Black men were less likely to admit having current adverse effects from CSA, than these other groups. Of those who did admit to present day effects, it was found that they highlighted difficulties with hypersexualized behavior and substance abuse, more often than Latino and non-Latino White men. Similar to Latino men, they also discussed issues to do with sexual identity, shame, and guilt, more often than non-Latino White men (Payne et al., 2014).

Black males may experience particular pressures to minimize or deny their sexual abuse experience or to describe it as being consensual, because of dominant cultural and social norms formulated by the legacy of colonialism, that is, strong patriarchal values,

male hegemony, and oppressive practices that emphasize violence and control (Curry &

Utley, 2018; Downing et al, 2018; Jeremiah, Quinn, & Alexis, 2017; Morgan, 2019;

Sanchez, Benhow, Hernandez-Martinez, & Serrata, 2019). A culture of silence in many

instances might also prevail because of family and community pressures to protect family

loyalty, respect, and honor, a lack in legal or governmental support, and the general lack

of services to help those who have experienced the trauma of CSA in Black communities

(Jeremiah et al., 2017; Morgan, 2019; Reid, Reddock, & Nickenig, 2014). Another

important consideration is the fact that perpetrators are not only often perceived as trusted

family members, but they might also be in positions of patriarchal power and authority,

being the breadwinners and providers for the family (Jeremiah et al., 2017). Poverty (an

identified risk factor for CSA), and a lack of community supports and services, likely

contribute to victims and their affected families safeguarding their financial and

economical welfare by a reluctance to jeopardize the established relationship of

dependency on the perpetrator (Centers for Disease Control, 2018; Jeremiah et al., 2017;

Jones & Trotman-Jemmott, 2016; Morgan, 2019).

Stereotypes about Black men being hypersexual, hypermasculine, aggressive, or

criminal might also make recognition and admission of CSA more difficult (Curry &

Utley, 2018; De Gruy, 2017; Freedman, 2011; Jeremiah et al., 2017; Sanchez et al., 2019;

Slatton & Spates, 2014). Such stereotypes have been perpetuated over many generations

and are the legacies of slavery, colonization, and post emancipation processes and

structures of oppression, which were not only extremely violent, oppressive and

dehumanizing towards the Black man, but also objectified Black men and depicted them

as having sexual prowess, heightened sexuality, and being sexual predators - often punishing them very severely for perceived or actual infringement of sexual boundaries (for example, by lynching, shooting, burning, mutilating and castrating) (Freedman, 2011). The 'racialization of rape' and the perpetuation of 'the myth of the black rapist' might obscure the ability of others to recognize and empathize with Black men that have suffered childhood abuse, and might be an additional factor in the apparent reluctance of Black men to disclose or talk about their abuse experience (Curry & Utley, 2018; Freedman, 2011; Slatton & Spates, 2014).

Historically, enslaved and colonized Black men have been emasculated through violations which left them unable to take on traditional roles of masculinity, such as, being able to protect their women and other dependents from violence and abuse, including sexual abuse and rape (Foster, 2011). Black men were forced to endure brutality, denied rights of property, and self- determination, and were forced to endure sexual abuse, including rape and forced sexual relationships for the purpose of reproduction (DeGruy, 2017; Foster, 2011; Freedman, 2011). The intergenerational effects of such tragedies combined with generations of racism and discrimination perpetuated towards Blacks and Black men specifically, can result in feelings of powerlessness, fear, suspicion, and mistrust of whites or others perceived to be figures that represent structures of authority or oppression, and can further hinder Black male survivors of CSA from disclosing or seeking treatment services (Danzer, Rieger, Schubmehl, & Cort, 2016; DeGruy, 2017).

Furthermore, the intergenerational trauma suffered as a result of these oppressive practices can contribute to an internalized oppression or self-hate and an aversion to what might be perceived as being weak, powerless, and a victim in abuse situations (De Gruy, 2017). This can further result in negative behaviors and attitudes being manifested, including anxiety, shame, anger, aggression, self-inflicted violence, and other types of violence. These are described as post-traumatic stress disorder symptoms or aspects of post-traumatic slave syndrome (De Gruy, 2017; Mohatt, 2014;). Nevertheless, these can be attributed to psychological distress and thus perceived by Black men as evidence of weakness or as stigmatizing, creating further barriers to help seeking (Caderet & Speight, 2018; Memon et al., 2016; Ward, Wiltshire, Detry, & Brown, 2013).

While there is growing evidence that suggests culture and ethnicity can influence CSA experience, including disclosure and responses to disclosure, this needs further research (Downing et al., 2018; Fontes & Plummer, 2010; Gilligan & Akhtar, 2006; Payne et al., 2014; Stoltenborgh et al., 2011). Limitations of studies in the representation of racial and ethnic minority experiences, make it difficult to identify potential differences in CSA based on these factors (Easton et al., 2014; Elkins et al., 2017; Gray & Rarick, 2018). Research that provides more insight on the influence of historical and intergenerational trauma appears to be especially lacking in the CSA literature.

Effects of CSA on Male Survivors

The effects of CSA on victims are often long lasting, extending way beyond childhood. These effects are not only enduring but, depending on the extent and nature of the abuse, can be severe and debilitating (American Psychological Association, 2012;

Fergusson, McLeaod, & Horwood, 2013; Hillberg, Hamilton-Giachritis, & Dixon, 2011).

In one longitudinal study spanning a period of 30 years, the effects of CSA occurring

prior to age 16 years were examined in 900 participants. Individuals were assessed at 18,

21, 25, and 30 years of age. After adjusting for confounding variables, CSA was found to

be associated with a wide range of psychological, sexual, physical, and socioeconomic

issues. These included, increased rates of depression, anxiety, suicidal ideation and

attempted suicide, drug abuse, post-traumatic stress disorder symptoms, lowered self-

esteem, and decreased life satisfaction (Fergusson et al., 2013). Furthermore, CSA was

also found to be associated with problem sexual behaviors ranging from withdrawal,

anxiety, fear, hypersexuality, compulsion, and an increased number of sexual partners; as

well as being associated with an increased rate of medical visits for physical problems,

and an increased dependence on welfare (Aaron, 2012; Fergusson et al., 2013; Meyer et

al., 2017; Roode, Dickson, & Herbison, 2009). These findings are consistent with meta-

analyses examining the effects of CSA on adult survivors (Hillberg et al., 2011;

Maniglio, 2009).

    While it is recognized that many effects are similar for both male and female

victims, there are some potential differences in how they experience and are affected by

the abuse (Cashmore & Shackel, 2014; Easton et al., 2017; Rhodes et al., 2011; Ullman

& Filipas, 2005). For example, while delayed disclosure is commonly seen in both males

and females, as discussed previously, the evidence highlights much lower rates of

disclosure for males generally, which can continue into adulthood (Easton, 2013;

Stoltenborgh et al., 2011). Furthermore, males may be more vulnerable to adverse effects

of CSA, such as depression, anxiety, somatization, and suicidality as a result of delayed

disclosure (Easton, 2013). Emergent themes in the literature have broadly identified the

effects of CSA on males as being in four main areas. These are sexuality, which includes

sexual identity issues as well as issues to do with sexual functioning; self-concept, which

includes aspects of self-worth, self-blame and stigmatization; psychological and

emotional well-being, for example, factors related to emotional and psychological

distress, fear, silencing, and drug use; and finally, social functioning, such as the resulting

effects of CSA on interpersonal relationships, which might, for example, be influenced

by the fear of becoming a perpetrator or being seen as having that potential, or by violent

or aggressive behavior that is associated with CSA (Alaggia & Mishna, 2014; O'Leary et

al., 2017). Several of these areas have been supported by other researchers, as already

discussed. However, understanding the effects of CSA on male victims, in areas not

previously discussed, can provide further insight into the nature of CSA.

CSA can have a profound effect on men's mental health and is highly associated

with psychiatric disorders, such as depression, anxiety and suicidal ideation, and this is

especially so when sexual abuse is severe, that is, where there is the use of force, physical

injury, or when nonconsensual sexual penetration has taken place (Dube et al., 2005;

Easton, 2014; Jonas et al., 2011; Lindert et al., 2014; O'Leary & Gould, 2009). While

CSA is associated with suicidal ideation generally, the evidence indicates that men with a

history of CSA have an increased risk of up to ten times or more for having suicidal

ideation, compared to men who do not have a CSA history (Afifi et al., 2014; Maniglio,

2011; O'Leary & Gould, 2009). Feelings of helplessness and powerlessness created from

such abuse experiences and which are perpetuated into adulthood, feeling isolated and alone, self-blame and violent and aggressive behavior, show high correlations with, and are possible risk factors for suicide ideation (Dube et al., 2005; Easton, 2014; O'Leary & Gould, 2009). Besides this, actual suicide attempt or suicide behavior has been shown to have positively strong links with suicide ideation, depressive symptoms, use of force, frequency of abuse, and high conformity to masculine norms (Easton et al., 2013).

The severity of the abuse and the contribution this might have for habituation to pain, might make male survivors of CSA more unafraid of inflicting pain or harm to themselves (Easton et al., 2013). It is also worth considering that high adherence to masculine norms and the potential dissonance that that creates in relation to the experience of being abused and any help seeking behavior, puts male survivors at increased risk for feeling isolated and alone, and thus for suicide attempt (Easton et al., 2013). Many men choose to maintain an image of masculinity by not disclosing or seeking help, rather than run the risk of appearing to be weak, damaged, or lacking in manliness (Easton et al., 2014; Kia-keating et al., 2005; Petersson & Plantin, 2019). Nevertheless, studies show that the degree of severity in CSA effects is directly proportional to the severity of the abuse (O'Leary, Coohey & Easton, 2010; O'Leary & Gould, 2009). This might explain why mental health disorder is not necessarily experienced by all persons with histories of CSA. However, there are a number of other possible factors that might further explain this.

Another characteristic that might mediate mental health symptoms is the relationship of the abuser to the survivor. Studies show that when the abuser is closely

related to the survivor, for example a parent, the survivor is more likely to be adversely

effected by the abuse, and experience confusion, a sense of betrayal, and a lessoned

ability to form intimate or trusting relationships (O'Leary et al., 2010; O'Leary et al

2017; Ullman, 2007). Significantly, abuse by relatives has been shown to be more severe,

to start at an earlier age, and to have a longer duration and higher frequency than abuse

perpetrated by strangers or acquaintances, which possibly explains the more adverse long

term effects (Lyons & Romano, 2019; O'Leary et al., 2010; Ulman, 2007). In addition,

victims of family perpetrated abuse are more likely to receive a negative response when

they disclose in childhood. In other words, they are more likely to be disbelieved or have

their experiences minimized, which can also contribute to the higher incidence of self-

blame and delayed disclosure seen in these situations (Ullman, 2007). Studies indicate the

importance of maternal and paternal support when CSA is disclosed; and further

highlight that this is important in adolescence as well as in childhood (Easton & Renner,

2013; Cyr et al., 2019). Essentially, negative responses to disclosure, especially from the

maternal parent can be very damaging and can further explain the greater degree of post-

traumatic stress disorder and symptomology in family perpetuated abuse (Ullman, 2007).

How Resiliency Mediates the Effects of CSA

While the effect of CSA can be severe the evidence indicates that not all survivors

are affected in the same way or to the same extent as others (Bogar & Hulse-Killacky,

2006; Sanjeevi, Houlihan, Bergstrom, Langley, & Judkins, 2018). In fact, despite having

experienced very adverse events in their childhood, many survivors of CSA have positive

outcomes. This observation might suggest that there are protective or resiliency factors,

whether innate or environmental, that play a role in individuals being able to 'bounce back' or deal more effectively with the experience of being abused (Bogar & Hulse-Killacky, 2006; Domhardt, Munzer, Fegert, & Goldbeck, 2014; Marriot, Hamilton-Giachritis, & Harrop, 2014: Sanjeevi et al., 2018). In other words, they protect the individual from the negative effects of CSA, to the extent that they are able to live meaningful and satisfying lives (Bogar & Hulse-Killacky, 2006). Interestingly, a review of 37 published and peer reviewed studies identified several protective or resiliency factors in CSA, which include education, social support, interpersonal and emotional competence, active coping, external attribution of blame, and an optimistic view of life events (Domhardt et al., 2014). Similar findings were highlighted in other studies which found resiliency factors included: inner resources (for example, average or higher intelligence, adaptive coping skills, optimism, external attribution of blame, high self-esteem, being able to forgive the abuser, being religious or spiritual, creativity and creative expression, independent mind, and having interpersonal and emotional competence), having connected and supportive family and links with community supports, and abuse related factors, such as, being an older age at the time of the abuse (Bogar & Hulse-Killacky, 2006; Fuller-Thomson et al., 2020; Marriot et al., 2014; Sanjeevi et al., 2018).

The ability to re-author or change one's narrative, such that a deliberate effort is made to attribute less significance or power to the CSA, and to actively engage in healing and achieve closure is another dimension of resiliency highlighted in the literature. Interestingly, studies indicate that resilient survivors of CSA are able to do this by finding

meaning or 'making sense' of their experience (Graves et al., 2017; Grossman et al., 2006; Jeong & Cha, 2019; Manda, 2015; Sanjeevi et al., 2018). Meaning making or the cognitive processing of traumatic life events has been shown to be important in liberating the individual from debilitating memories and effects of the trauma which interfere with psychological well-being (Manda, 2015; Vilenica et al., 2013). Furthermore, it serves as a process that helps the survivor identify and mourn resultant losses, and affirm their dignity, self-worth, self-determination, faith, and hope for a fulfilling and satisfying life (Manda, 2015; Vilenica et al., 2013). Essentially, finding meaning is a process of interpreting what has happened so that it makes sense, and then reintegrating this understanding into the person's whole life in a way that facilitates recovery (Grossman et al., 2006; Jeong & Cha, 2019; Manda 2015). This might involve a 'retelling' of an account or narrative regarding the abuse history, such that blame is shifted from the individual self, or a new understanding of the perpetrator or the circumstances around the abuse is achieved (Grossman et al., 2006). Easton and colleagues (2013), multilinear regression analysis of data from a sample of 487 men with histories of CSA, lends support to this argument. They found that men who engaged in meaning making had greater insight into their own and caregiver responses to the abuse, and were more likely to ascribe responsibility for the abuse to the perpetrator, which also aided them in experiencing personal growth. The potency of healing provided by a retelling of one's abuse story is not so much dependent on their accuracy or completeness, as they are on the satisfaction they bring to the survivors (Grossman et al., 2006). Meaning making can also be attained through the act of helping others perceived to be vulnerable in some way,

creative expression, and spirituality (Grossman et al., 2006).

Research shows that resilient men will often utilize a variety of different meaning making strategies that facilitate healing (Crete & Singh, 2015; Grossman et al., 2006). However, the process of meaning making may be more challenging for male survivors of CSA to realize, due to traditional views and expectations society has regarding masculinity that emphasize attributes such as emotional stoicism, aggression, strength, and sexual prowess. The pressure to conform to such expectations can make it difficult for male survivors to admit their vulnerability and pain, and to seek out support or treatment services that might help them navigate and discover meaning from what has happened to them (Crete & Singh 2015; Grossman et al., 2006). Resilience in men therefore, often means being able to resist stereotypes and renegotiate ideas of masculinity (Crete & Singh, 2015; Graves et al., 2017; Kia-Keating et al., 2005). Easton and colleagues (2013) analysis further supports this idea, as they found that men who adhered less to rigid masculine norms, experienced increased post-traumatic growth.

Within the literature, is the idea that resiliency is not a static phenomenon and that no one factor, or combination of factors, at any point in time necessarily protects an individual from the potential effects of adverse childhood events like CSA. Rather, resiliency should be seen as a lifelong process, with individuals having unique underlying processes that determine resiliency over time (Bogar & Hulse-Killacky, 2006; Jeong & Cha, 2019). It is especially important to have this perspective when working with survivors of CSA who may be displaying negative behavior or psychopathology at any given time, since this understanding does not negate the possibility of healing and

recovery or positive resiliency outcomes in spite of this (Bogar & Hulse-Killacky, 2006).

Nevertheless, it should be noted, that many studies on resiliency are cross-sectional in perspective and therefore fail to provide insight into resiliency from a longitudinal perspective, making it difficult to assess resiliency over time (Marriot et al, 2014). Furthermore, there is a lack of consistency in how resiliency is defined. While some studies define resiliency rather negatively and narrowly (for example, the absence of psychopathology), others define it more positively (for example, competence in one or a particular domain) (Domhardt et al., 2014; Marriot et al., 2014). A recognized problem with very narrow definitions, such as 'the absence of psychopathology' is the potential for resiliency to be restricted to a particular point in time, when there is no evidence of psychopathology, rather than focusing on resiliency as it is manifested throughout the life course, generally (Marriot et al, 2014). Definitions of resiliency in the research literature is also often operationalized from a western perspective, which makes generalizability to other nonwestern settings limited (Ungar & Liebenberg, 2011). It is also important to highlight that resiliency and the role of protective factors in the experience of CSA for ethnic minority groups, is an area that could benefit from more study (Elkins et al., 2017). In addition, there is a lack of clarity in how CSA is defined and the degree to which particular abuse characteristics, such as frequency and severity, are important in determining resiliency (Marriot et al., 2014). It is noteworthy that many studies have not examined abuse characteristics as a possible factor in resiliency outcomes, which makes conclusive findings in this area difficult to ascertain (Marriot et al., 2014).

Adult Coping With CSA

There is strong evidence in the literature that adaptive coping strategies to adverse life situations is enhanced when there is a sense of connection to spirituality, that is, a transcendent being or higher power, or when individuals are engaged in religious activities, such as attending services or engaging in meditation and prayer (Bryant-Davis et al., 2011; Gall et al., 2007; Knapik et al., 2008; Knapik, Martsolf, Draucker, & Strickland, 2010; Lee et al., 2016; Murray-Swank & Waelde, 2013; Marriot et al., 2014; Walker-Williams et al., 2013). These often serve to help survivors make sense of their experience of adversity. Researchers show that survivors describe the benefits of spirituality and religiosity when recovering from trauma as, providing emotional support and comfort, being a source of refuge, helping to regulate emotions, helping to find meaning, a sense of purpose and a sense of hope, facilitating greater positivity towards the self and connection with others, and increasing the ability to draw on inner strengths and to positively reframe their experience (Bryant-Davis et al., 2013; Gall et al., 2007; Kerlin & Sosin, 2017; Knapik et al., 2010; Murray-Swank & Waelde, 2013; Walker-Williams et al., 2013). Interestingly, survivors of CSA who reported high spirituality or religiosity, also reported lower depressive symptoms and more transformational growth (Gall et al., 2007). One possible explanation for this might be that the social support that might be gained from engagement of religious activities helps mitigate the effects of CSA (Bryant-Davis et al., 2011; Kia-Keating et al., 2010; Marriot et al, 2014).

Some studies differentiate between negative and positive religious coping, highlighting the benefits of positive religious coping rather than negative religious coping

in reducing post-traumatic stress disorder and depression, and in facilitating resilience (Bryant-Davis et al., 2011; Bryant-Davis et al., 2013; Gall, 2006; Murray-Swank & Waelde, 2013; Walker, Reid, O'Neill, & Brown, 2009; Walker-Williams et al., 2013). While negative religious coping is often related to perceptions of a transcendent being or God as being punitive, distant, and lacking in compassion, positive religious coping often arises out of more positive perceptions of God, that is, as being benevolent and loving (Bryant-Davis et al., 2013; Walker et al., 2009). There is evidence in the literature that indicates that survivors of abuse are more likely to report having a distant connection to spirituality or religiosity where the perpetrator of the abuse represented God or a religious institution, or if they were perceived to be a father figure in some way (Bierman, 2005; Tailor et al., 2014; Blakemore, Herbert, Arney, & Parkinson, 2017). These survivors are also more likely to have significantly more psychosomatic disorders (Blakemore et al., 2017).

Gall (2006), in her study, found that an older age at the time of the abuse was positively correlated to the use of spirituality and spiritual support as a way of coping. This may have some relation to individuals possibly having an established spiritual connection before the abuse. Walker and colleagues (2009) provide evidence to support this idea, suggesting that spirituality can be maintained despite the experience of traumatic life events. Gall (2006) also identified that the more perpetrators involved in the abuse history, the less likely survivors were to use spirituality as a positive coping method. Other studies indicate that survivors of CSA might experience spiritual struggle where they are in one sense angry with God and feel that 'he' let them down or

abandoned them, and in another sense they are also wanting and seeking a more positive

spiritual connection with 'him' or may find comfort in religiosity (Draucker et al., 2011;

Kerlin & Sosin, 2017; Lee et al., 2016; Murray-Swank & Pergament, 2005; Murray-

Swank & Waelde, 2013). Nevertheless, although, survivors of CSA may experience

spiritual struggle which can lead to either spiritual disengagement or a renewed or greater

spirituality, it is also evident in the literature that CSA can result in compromised

religiosity and negative perceptions of religion (Ganzvoort, 2010; Manda, 2015; Tailor et

al., 2014). Ganzvoort (2010), for instance, conducted narrative interviews for 12 male

participants with histories of CSA. His structured analysis showed negative correlations

with religion and spirituality, and supports the finding that CSA can result in less

religiosity.

Healing and Post-Traumatic Growth After CSA

Coping with the negative effects of CSA is not necessarily all that survivors of

abuse can expect to achieve in dealing with their abuse experience. On the contrary,

survivors of CSA can experience healing and transformative growth as part of their

recovery process (Draucker et al., 2011; Fuller-Thomson et al., 2020; Sanjeevi et al.,

2018; Vilenica et al., 2013). Spirituality has been described by survivors of CSA as

being fundamental to their experience of healing, and post-traumatic growth. Survivors,

for example, have described a sense of divine intervention or the miraculous in their

healing, and some see their healing as inspiring, since it further increased their

connection with spirituality (Draucker et al., 2011). However, healing from CSA is a

complex, dynamic, and progressive process (Draucker et al., 2011). Draucker and

colleagues (2011) examined 48 women and 47 men who had histories of CSA in their grounded theory research, and through their analysis identified four stages of healing, five domains of functioning and six factors that helped survivors move from one stage to another stage of healing, which included elements such as personal agency and a supportive environment. Spirituality was identified as one of the domains of functioning and was particularly important in the last stage of healing.

Other researchers have identified specific 'turning points' or critical events that can either facilitate or hinder healing, and are key elements in post-traumatic growth (Arias & Johnson, 2013; Easton et al., 2013; Easton et al., 2015; Vilenica et al., 2013). One study, specifically focusing on male survivors of CSA, identified turning points that facilitated healing and post-traumatic growth as being; professional help and group support, for example, participation in a recovery group targeting the needs of CSA survivors or participation in counseling and therapy, which allowed survivors to acknowledge, find meaning and address the effects of abuse; personal relationships, such as a relationship threat or loss; a sense that things needed to change in order to heal and be free from the psychological and physical pain; an increased awareness about CSA; a decision to seek justice, which gave men a sense of empowerment; a spiritual transformation, which may involve a change in religion or religious practice; and disclosure of the abuse, which is particularly significant when disclosure results in a positive response (Easton et al., 2015). The study however, did not explore the nature of negative turning points and their influence on the recovery process, which might provide added insight that could inform intervention services and strategies that facilitate lasting recovery. Nevertheless, factors

known to hinder or create challenges in the recovery process include family avoidance and secrecy, the perpetrator still being in the vicinity, avoidance coping, a negative response to disclosure, and the quest to protect others (Chouliara et al., 2014).

Although a review of the literature on coping, healing, and recovery demonstrates a relationship between CSA and spirituality, there are some limitations. Generally speaking, many of the studies are relatively small and homogenous in their sample, with a lack of representation of diverse ethnic, cultural, and religious groups. In other words, women, Caucasians, African Americans, and participants having a Judeo-Christian background are more prominently featured. This makes generalization difficult as factors, such as, ethnicity, culture and religion, may be important in how various attributes of spirituality is understood and experienced in survivors of CSA in the larger population (Bryant-Davis & Wong, 2013; Knapik et al., 2010). For instance, aspects of coping or post- traumatic growth may be gender or culturally specific (Draucker et al., 2011; Easton et al., 2013). Furthermore, studies that highlight men's experiences are primarily, participants that have accessed treatment, are members of survivor or self-help groups, or have been abused by clergy, which again may not be representative of survivors who can be identified differently (Easton et al., 2013; Easton et al., 2015). In addition, many studies are of a cross-sectional nature and rely on retrospective data. However, cross-sectional studies fail to adequately consider the dynamic nature of spirituality and how this is experienced and transformed over time in response to changing situations that are both intrinsic and extrinsic in nature (Tailor et al., 2014). Retrospective accounts are also open to recall bias, especially considering the relatively long periods that have often

transpired before the telling of the account (Easton et al., 2013; Tailor et al., 2014). Self-selection and self-reporting in many studies present further concerns in relation to participant expectations and motivation for participating, and include concerns regarding social desirability bias (Chouliara et al., 2014; Easton et al., 2013; Tailor et al., 2014).

Summary

CSA is shown to be prevalent in many different countries with prevalence rates ranging from 8-31% for girls and 3-17% for boys (Barth et al, 2012; Pereda et al., 2009b; Stoltenborgh et al., 2011). However, methodological issues and other factors influence prevalence rates, including the time when studies were done and the amount of public awareness (Barth et al., 2012; Goldman & Padayachi, 2000), and whether studies were done on adults, which may indicate lifetime prevalence as opposed to studies done on children or youth, that might represent shorter periods of time (Finkelhor et al., 2014; Stoltenborgh et al., 2011). Other factors that might influence prevalence include recall bias (Goldman & Padayachi, 2000); whether reports are made by informants or are self-reported (Afifi et al., 2015; Stoltenborgh et al., 2011); the sampling type and size (Goldman & Padayachi, 2000; Stoltenborgh et al., 2011); and how CSA is defined (Goldman & Padayachi, 2000). While studies indicate that prevalence is higher for girls than for boys, this might be explained by cultural and societal beliefs and values that influence how CSA is perceived, disclosed, and responded to (Stoltenborgh et al., 2011). Prevalence in males appears to be particularly influenced by gendered stereotyping and expectations regarding masculinity and male sexuality (Cashmore & Shackle, 2014;

Easton et al., 2014; Fontes & Plummer, 2010; Gagner & Collin-Vezina, 2016; Stoltenborgh et al., 2011).

The literature shows that both female and male victims of CSA often delay disclosure (Easton, 2013; Hébert, et al., 2009; O'Leary & Barber, 2008). Nevertheless, this is more apparent for males who disclose on average 21.38 years after the abuse (Easton, 2013). Additional factors that hinder disclosure include: abuse by a family member, family violence, closed communication patterns, shame, stigma, self-blame, fear of rejection and alienation, and spiritual distress (Cashmore & Shackel, 2014; Draucker & Martsolf, 2008; Dorahy & Clearwater, 2012; Easton, 2013, 2014; Hébert, et al., 2009). Delay or non-disclosure of abuse can be problematic as it is shown to be associated with increased psychological distress (Easton, 2012, 2013, 2014; Gagnier & Collin-Vezin, 2016; Gruenfeld et al., 2017; Hébert, et al., 2009; Ullman, 2007; Ullman & Filipas, 2005). Furthermore, males may be more vulnerable to adverse effects of CSA, such as depression, anxiety, somatization, and suicidality, as a result of delayed disclosure (Easton, 2013). While positive disclosure experiences can potentially create enhanced possibilities for healing and recovery (Easton, 2013, 2014; Ullman, 2007; Ullman & Filipas, 2005).

Black men often experience cultural and societal factors, including historical and intergenerational influences, that perpetuate negative stereotypes and prevailing concepts of Black masculinity (Curry & Utley, 2018; De Gruy, 2017; Freedman, 2011; Jeremiah et al., 2017; Slatton & Spates, 2014). These influences may also contribute to CSA recovery experiences. However, more research is needed that can provide insight into the

experience of CSA in Black males, including the role of cultural, historical and intergenerational factors in this experience, as the current research in this area is relatively sparse.

CSA effects can be associated with a wide range of physical, psychological, sexual, social, and economic issues (Aaron, 2012; Chen et al., 2010; Fergusson et al., 2013; Hillberg et al., 2011; Lindert et al., 2014; Maniglio, 2009; Meyer et al., 2017; Roode et al., 2009). While the literature highlights the increased vulnerability to adverse effects that can occur in males, it is also evident that there are potential factors that can mediate such effects. These include: the severity of abuse (Dube et al., 2005; Easton, 2014; Jonas et al., 2011; Lindert et al., 2014; O'Leary & Gould, 2009; O'Leary et al., 2010), the extent to which masculine norms are adhered to (Easton et al., 2013; Easton et al., 2014; Kia-keating et al., 2005), the relationship of the abuser to the survivor (O'Leary et al., 2010; O'Leary et al., 2017; Ullman, 2007), and the type of response received from disclosure (Easton & Renner, 2013; Ullman, 2007). Several other protective or resiliency factors in CSA are also identified (Bogar & Hulse-Killacky, 2006; Crete & Singh, 2015; Domhardt et al., 2014; Grossman et al., 2006; Manda, 2015; Marriot et al., 2014).

Interestingly, the use of adaptive strategies of coping are also shown to result in more positive outcomes, facilitating resiliency, post-traumatic growth, healing, and recovery (Bogar & Hulse-Killacky, 2006; Draucker et al., 2011; Easton et al., 2015; Irmak, Aksel & Thompson, 2016; Walker- Williams et al., 2013; Walsh, 2010; White-Hughto, Pachankis, Willie & Reisner, 2017). Whereas, maladaptive coping more often results in negative outcomes (Choi et al., 2015; Easton et al., 2015; Irmak, Aksel &

Thompson, 2016; White-Hughto, Pachankis, Willie & Reisner, 2017). Furthermore, the literature indicates that when there is a positive connection to spirituality, adaptive coping strategies can be enhanced (Bryant-Davis et al., 2011; Gall et al., 2007; Knapik et al., 2008; Knapik et al., 2010; Lee et al., 2016; Marriot et al., 2014; Walker-Williams et al., 2013). Evidently, spirituality is one of several key turning points that can facilitate healing and recovery from CSA (Draucker et al. 2011; Easton et al., 2015).

Conclusion

Methodological issues in the literature make it difficult to draw accurate conclusions about prevalence and other CSA characteristics, particularly as these relate to the experiences of racial and ethnic minority groups (Easton et al., 2014; Goldman & Padayachi, 2000). While there is evidence that suggests culture and ethnicity can influence disclosure and prevalence, this needs further research (Fontes & Plummer, 2010; Gilligan & Aktar, 2006; Stoltenborgh et al., 2011). The lack of representation of diverse ethnic and cultural groups has implications for other aspects of the CSA literature. For example, the literature shows that survivors of CSA are affected differently and that resiliency factors can contribute to this (Bogar & Hulse-Killacky, 2006; Domhardt et al., 2014). However, it is not clear if ethnic or cultural factors influence resiliency and resiliency outcomes in CSA survivors. Furthermore, how resiliency is manifested throughout the life course generally, and how abuse characteristics factor in resiliency outcomes is not apparent (Marriot et al., 2014). These are areas that would also benefit from further exploration and study. In addition, while it is evident that spirituality can play a significant role in recovery and healing from CSA, the lack of representation

of ethnic, cultural and religious groups makes it difficult to ascertain how it might influence the experience of CSA survivors who might differ in background from participants that are more prominently featured in the literature (Bryant-Davis & Wong, 2013; Gray & Rarick, 2018; Knapik et al., 2010). I have sought to address these apparent gaps in the literature by exploring the lived experience of recovery from childhood sexual abuse among Black adult male survivors and the experienced role of spirituality in that recovery, in this study. More details and discussion of the study design will be provided in Chapter 3 of this dissertation.

Chapter 3: Research Method

Introduction

The purpose of this dissertation study was to identify the lived experience and the role of spirituality in the recovery of Black adult male survivors of CSA, and to address the apparent gap in understanding of this issue in the literature, using an interpretive phenomenological approach. This chapter will discuss the methodological approach used in this study and the reasons for this, by first stating the research questions to be answered and defining central concepts. It will then define and explain the specific role of the researcher, highlighting how researcher bias and power dynamics were addressed. The particular methods followed in this study and the rationale for these will next be discussed, identifying the chosen sample size and rationale, how participants were recruited, and how data was collected and analyzed. Finally, the strategies used to ensure content validity and trustworthiness and the ethical considerations that this study necessitated will be described and justified as appropriate.

Research Questions

RQ1: What is the lived experience of recovery from childhood sexual abuse among Black adult male survivors?

RQ2: What is the experienced role of spirituality in the recovery of Black adult male survivors of childhood sexual abuse?

Methodological Approach

Having ontological and epistemological awareness and reflexivity is important in facilitating a researcher in being transparent or explicit about the theoretical perspectives

and assumptions informing the research design and process, and can serve to help justify these (Yilmaz, 2013). My own self-reflection and ontological and epistemological awareness support assumptions generally held by qualitative researchers, that is, that there are multiple realities, that subjective knowledge is important in our understanding of the world, that research is often value laden and subject to bias, and that an inductive and naturalistic process in collecting and analyzing data is important (Creswell, 2013). The dissertation study therefore, was a qualitative study, using an interpretive phenomenological approach.

Phenomenology can be described as the study of the lived experience (Dawidowicz, 2016; Tuohy et al., 2013; Van Manen, 2017). In other words, phenomenology is primarily concerned with how people experience the world. In addition, it assumes that there is an essence or essences to shared experience. In other words, meanings that are understood and shared by persons who have experienced a particular phenomenon (Patton, 2014). Different branches of phenomenology have developed and are evident in the scholarly literature as theoretical perspectives that inform research studies. Interpretive or hermeneutic phenomenology is one type of phenomenology observed in the literature and has its roots in descriptive or eidetic phenomenology (Horrigan-Kelly et al., 2016). Descriptive phenomenology was developed by Edmund Husserl, who believed that returning to "things themselves… [as]they are experienced in consciousness" is necessary in order to properly understand or find solutions to conceptual truths or problems (Sembera, 2008 p. 13). In other words, Husserl believed it was not only important but fundamental as a phenomenologist to describe reality from the basis of

direct experience or a pretheoretical level of consciousness, rather than from an indirect or theoretical level of consciousness that has been influenced by conceptual formulations (Dawidowicz, 2016; Sembera, 2008; Van Manen, 2017). This requires the adoption of a phenomenological attitude or *epoche*, in which the phenomenologist suspends all judgement by bracketing out previously held beliefs, biases, and opinions (Dawidowicz, 2016; Sembera, 2008; Tuohy et al., 2013; Van Manen, 2017). By so doing, the potential for meaningful prereflective data to be brought about is enhanced and a sense of wonder in encountering the world can be achieved (Adams & Van Manen, 2017; Finley, 2009; Van Manen, 2017).

Contrary to descriptive phenomenology, which emphasizes the description of a phenomenon's general characteristics to highlight its essence, and the bracketing or suspension of preconceived ideas or beliefs in order to obtain the real meaning, correct understanding or truth of a phenomenon, interpretive phenomenology highlights the importance of not only describing, but understanding and interpreting persons lived experience of a phenomenon **(**Finlay, 2009; Horrigan-Kelly et al., 2016; Tuohy et al., 2013). It further emphasizes that obtaining epoche or bracketing, as described by the Husserlian tradition, is unrealistic, and that meaning cannot be properly gained or understood without reference to a person's background or 'situated freedom' (Horrigan-Kelly Meyer, 2016; Tuohy et al., 2013; Van Manen & Adams, 2010). In other words, an individual's unique 'being in the world' or 'dasein' necessitates consideration of the psychological, social, and cultural influences that shape how they see and experience the world **(**Dawidowicz, 2016; Meyer, 2017; Tuohy et al., 2013; Van Manen & Adams,

2010). That is to say, it is not the pure content or meaning of subjectivity that is the focus, but rather how the individual relates to his life-world and what the individual's narratives imply about their experiences (Horrigan-Kelly et al., 2016). This perspective also implies that the phenomenological researcher is influenced by biases that are shaped by social factors and that these biases influence their interpretation of the research (Horrigan-Kelly et al., 2016). In interpretive phenomenology therefore, it is important that researchers recognize their own 'situatedness' and practice a critical self-awareness that acknowledges the priori assumptions that they may have and how these might influence their understanding and interpretation of the data (Finlay, 2009; Horrigan-Kelly et al., 2016; Tuohy et al., 2013; Van Manen & Adams, 2010). Bringing previously held beliefs and biases into the forefront of the research process can help to distinguish between that which is the described lived experience of the participant and that which arises from the researcher, and can further help the researcher in maintaining a certain openness to the participant's description and their own truth (Finlay, 2009; Flood, 2010; Horrigan-Kelly et al, 2016; Smith, 2017).

Essentially, phenomenological inquiry has the potential to make us see something in a way that enlivens our understanding, whether cognitively or noncognitively, about a particular phenomenon (Adams & Van Manen, 2017; Van Manen, 1997, 2017). Furthermore, it can help provide understanding as to how the life-world inhabited by any particular individual in a group of participants contributes to the commonalities in and differences between their subjective experiences (Lopez & Willis, 2004; Smith, 2017). The interpretive phenomenological approach to research is consistent with an inquiry into

participant's experiences and was appropriate for this study, as it allowed for the

exploration and elucidation of individuals lived experiences, and thus an increased

understanding of the role of spirituality in recovery from CSA from the participant's

frame of reference (Dawidowicz, 2016; Tuohy et al., 2013). This understanding is

important, since this is an area where more research is needed, especially as it pertains to

ethnic minority groups, such as Black men (Cashmore & Shackle, 2014; Easton et al.,

2013). This approach was therefore used to describe and formulate interpretations of

participant's experiences of recovery from CSA and the role of spirituality in their

recovery.

Role of the Researcher

As the researcher for this study, I was responsible for all aspects of the research

process, including collecting, organizing and analyzing the data. My primary aim was to

endeavor to represent faithful descriptions of participants' perspectives, that is, their

thoughts and feelings that reflected their experiences and the meanings these had for

them. In-depth semistructured interviews, with the aid of an interview guide, were

utilized to collect data from participants for this purpose. Field notes were also used to

further capture nuances, such as might be evident in the participant's verbal and non-

verbal behavior, including facial expressions, vocal tones and gestures, or body language,

that could provide situational context to these interviews (Sutton & Austin, 2015). I

further aimed to ensure that I maintained a neutral stance by not having leading questions

or demonstrating behaviors that might encourage particular responses by the participant

(Dawidowicz, 2016). Reflective journaling was used throughout the research process,

which not only highlighted potential biases and influences, but also provided a clear description of the decision trail taken throughout the study. In other words, reflective journaling facilitated a critical self-awareness that would bring to the fore biases, pre – suppositions, and beliefs I might have had, that might result in 'power over' behaviors or otherwise influence interpretations or impact the research process (Dawidowicz, 2016; Raheim et al., 2016). Furthermore, having a decision trail provided a means for the research process to be audited by other researchers (Rudestam & Newton, 2015). My reflexivity began prior to conducting the study, as I took the time to reflect on my own positionality, experiences, biases, and motivations for the study.

I recognized that a study of this nature necessarily involved engaging a potentially at risk and vulnerable population. As discussed previously, CSA can have long lasing adverse effects on survivors, including an increased risk for many psychosocial and behavioral problems. Participants in this research were potentially at risk for the triggering of emotions associated with their experience of CSA, such as stress, anxiety, feelings of powerlessness or distress (Allnook & Barnes, 2011; Gallo-Silver et al., 2014). My purpose in this study was to limit the potential for such experiences by creating a nonthreatening, nonauthoritative environment, that helped the participant feel safe, in control, and willing to share their experiences (Gallo-Silver et al., 2014; Raheim et al., 2016). Ethical guidelines were followed as per the ethics review board for Walden University (see further discussion below), and approval for the study sought and gained from them before it was conducted. Maintaining an empathetic stance throughout the interview, and providing participants a list of resources and counseling services

(including a crisis help line) as part of this process was also done. In addition, interviews were conducted at a convenient and acceptable time and place to the client, and in an environment that lent itself to privacy (Crawford & Lynn, 2016).

Participants in this study were given a $25.00 gift voucher as a token of appreciation for their time, effort, and any inconvenience caused as a result of their participation. It is my belief that this token did not create undue pressure to participate in the study, and that it did not put in jeopardy ethical principles of voluntary and informed consent, which, can result from giving incentives to research participants (Human Research Protection Office, 2018). This gift voucher amount was to be given to the participant even if they chose to withdraw from the interview process.

Methodology

Nonprobability or purposeful sampling was used for this study, as this allowed me to identify individuals who illustrated the features of the phenomenon under investigation and who were most likely to provide useful and meaningful information (Creswell, 2009). A sample size of six participants, informed the study's findings, reflecting the emergent design of the study and data saturation (Dworkin, 2012; Marshall et al., 2013). This sample size was based on considerations in terms of what was actually feasible, given the potentially large amount of data generated, time, accessibility, and budgetary constraints (Dawidowicz, 2016; Dworkin, 2012; Miles et al., 2014). It was also noted that small, purposeful samples are especially recommended for interpretive phenomenology because of the necessary in-depth case by case analysis (Dawidowicz, 2016; Smith, 2017). In conjunction with this understanding was the recognition that the

goal of phenomenological studies is not generalization of findings, but rather the transferability of findings (Dawidowicz, 2016). My rationale for sample size was also based on precedents set by previous studies that have addressed a similar research problem and used a similar design to that of the proposed study (Marshall et al., 2013).

I realized that recruiting men who have experienced childhood abuse into my study might be particularly challenging, since I was aware of the many challenges and barriers survivors often experience in disclosing their abuse (Easton et al., 2014; Gagnier & Collin-Vezina, 2016). This necessarily had implications for recruitment into qualitative studies that seek to highlight and understand their experience. Nevertheless, I was hopeful that potential participants would volunteer for the study for the potential benefits to themselves and to others. Potential benefits included, helping other survivors, helping themselves by being able to talk about and give voice to their experience, being able to contribute to research that might inform policy or program interventions, and the financial gain received as a token of appreciation for their participation in the study (Campbell & Adams, 2009).

I attempted to recruit participants through various community agencies, organizations, support groups and services, and counseling and therapy centers, through advertisement (circulation and posting of recruitment materials and where possible posting advertisements on their websites or message boards). In service presentations were provided to the staff and/or clients of such organizations as needed or requested. Internet advertising was also utilized, that is, advertising on social media, such as Facebook (a method shown to be particularly useful when trying to reach potentially hard

to reach populations (Downing et al., 2018; Whitaker, Stevelink & Fear, 2017). Furthermore, chain referrals were also utilized to try and gain additional participant referrals. Email scripts were used to gain access to participants through professional persons, leaders, and organizational personnel as appropriate.

Individuals that expressed an interest in the study were asked to provide contact details (email address or phone number) and were subsequently contacted for an initial eligibility screen, using an email or telephone script. If eligible, participants were sent a soft copy of the consent form to review and seek clarification as needed, or otherwise contacted by phone and had the consent form read and explained to them (a telephone script was used for this purpose). Participants were further informed that they would be asked to give formal consent at the time of the actual interview (either by signing a hard copy of the consent form or by telephone, after the consent form had been read and explained to the participant. Appropriate documentation of this process was done by myself, including the date, time, name of participant, that the consent form was read and explained to the participant, the participants' response, and that they would receive a $25.00 gift voucher for their participation in the study. Participants were also made aware that they could stop or withdraw from the interview at any time should they wish not to proceed. Appropriate resources and counseling services information were also provided. Participants were selected for the study if they met the following criteria: Black, Male, 18 years of age or older, with the ability to speak English fluently, and a history of childhood sexual abuse.

Instrumentation

This study utilized an inductive approach that facilitated a focus on the particular phenomenon within its situational context (Miles et al., 2014). To achieve this, in-depth face to face semistructured interviews, or telephone interviews, conducted with the use of an interview guide (developed by myself), were used to gather rich and meaningful data about the lived experience of recovery from CSA and the role of spirituality. Background, demographic type information was collected as part of the interview process, that is, at the beginning of the interview. Interviewing not only "allows us to enter into the other person's perspective" but also assumes "that the perspective of others is meaningful, knowable, and able to be made explicit" (Patton, 2002 p. 340). Furthermore, it is particularly suited to phenomenological research (Crawford & Lynn, 2016). Semistructured interviews are especially useful when one is investigating an understudied area or a phenomenon which is complex in nature (Miles et al., 2014). The use of an interview guide facilitated the process of collecting data by integrating follow up questions that could illicit further clarification or allow me to probe more deeply into the participant's experience as needed (Crawford & Lynn, 2016; Janesick, 2016). In addition, the interview guide helped organize my thinking processes in conducting the interview, for example in terms of the ordering of interview questions, and in guiding introductory and concluding statements and activities (Crawford & Lynn, 2016; Creswell, 2013).

This study utilized both face to face and telephone interviews in order to maximize recruitment potential. While telephone interviewing might limit access to cues

that might result from body language, it is evident that telephone interviewing has several advantages and can be just as effective in obtaining rich data as face to face interviewing (Drabble, Trocki, Salcedo, Walker, & Korcha, 2016; Irvine, Drew, & Sainsbury, 2012; Vogl, 2013). Advantages include, being able to reach hard to reach populations more easily because of enhanced access geographically, the increased ability to be flexible in scheduling, and the possible perception by participants that telephone interviewing increases their anonymity, privacy, and control; which may be particularly significant for participants who may be vulnerable and feel stigmatized as a result of experiencing CSA, or where issues being asked about are potentially sensitive, as might be the case for this study (Drabble et al., 2016; Trier-Bienek, 2012). Telephone interviewing might also result in more honesty or openness in revealing participant accounts (Trier-Bienek, 2012). Participants were made aware that interviews were to be audio recorded using a hand held recording device and that these would subsequently be transcribed and analyzed.

Alongside these interviews, I made field notes in the form of observational or descriptive insights, as well as, reflective insights on thoughts, feelings, reactions and beginning interpretations, which were used as additional information about the research process. Reflective journaling and written notes on my observations, that is, what I saw and heard during the interview process, and my experiences as I listened to the audios and wrote and read interview transcripts, were an important analytical contribution to how I made connections, categorized relationships and identified themes and patterns in the data (Maxwell, 2013).

Data Analysis

An interpretive phenomenological analysis (IPA) process was utilized to analyze and interpret the data. IPA primarily facilitates the investigation of how individuals attribute meaning and interpretation to their experiences. Of significance is the fact that IPA refers to both the interpretation applied by participants and that applied by the researcher in trying to make sense of the participants meaning (Pietkiewicz & Smith, 2014; Smith & Osbourne; 2015). An additional characteristic of IPA is that it allows for in-depth analysis of individual narratives or lived experiences, (that is, an idiographic principle of analysis) rather than a generalized explanation of phenomena (Smith, 2017). Using this form of analysis, the researcher can identify themes, exemplify these with individual narratives, and compare and contrast these to identify similarities and differences (Pietkiewicz & Smith, 2014; Smith, 2017).

In keeping with this understanding of IPA, in-depth semistructured interviews were tape recorded and transcribed verbatim and then analyzed in detail on a case by case basis. This involved reading and re-reading transcripts to become more familiar with the data. Then a line by line analysis of the data, identifying key phrases or statements was undertaken. The manual assigning of codes to chunks or pieces of data, allowed for these bits of information to be identified and labelled and then subsequently analyzed for themes and any existing patterns across cases, this included the identification of psychological and sociological factors contributing to participants' meanings and responses (*Dawidowicz*, 2016; Miles et al., 2014; Pietkiewicz & Smith, 2014; Smith

2017). Finally, a report of the study's findings, including an interpretation of the meaning of the themes identified in relation to the research questions, was created.

Trustworthiness

Observational and reflective notes were written as close to the time the interview took place as possible so that potential data or information was not lost, with a clear distinction being made between what was observed in relation to the participant, and what my own interpretation and thoughts were, making it easier to identify where researcher bias might influence interpretations of the data (Cope, 2014; Darawsheh, 2014). My observations and reflections were written throughout the data collection and data analysis. In addition, ensuring that participants reflected the target population being reached and had lived experience of the phenomenon being studied, thus being able to render accounts that were authentic and rang true to the reader, also enhanced trustworthiness (Noble & Smith, 2015). As described previously, participants were screened prior to their participation in the study to ensure they met the inclusion criteria.

In analyzing the data, I endeavored to transcribe the interviews verbatim, or word for word, and to include in my data analysis and findings rich verbatim data that described participant's experiences. This was another way in which researcher bias could be limited, as it forced me to look at the actual data to identify patterns and themes, and to correspondingly support this identification with the data collected, that is, by providing or displaying pieces or chunks of information from the data collected that highlighted the themes identified, rather than relying on my own observations or notes, and coming to conclusions based on these (Maxwell, 2013). Analyzing my written observations and

notes was another way to ensure trustworthiness as it provided a triangulation of the data and helped support the findings and resulting conclusions (Cope, 2014; Darawsheh, 2014; Miles et al., 2014; Noble & Smith, 2015). It is also significant that this process helped in providing an audit trail of the researcher's thought processes, decisions and assumptions, which also strengthens the trustworthiness of the study (Cope, 2014; Darawsheh, 2014). In addition, I endeavored to link the categories and themes that emerged from the data collected with prior research findings, as appropriate. This too provides evidence of trustworthiness (Miles et al., 2014).

Ethical Procedures

In research studies involving human subjects there is the need to consider concerns around informed consent, confidentiality, and the potential risk of harm (Creswell, 2009). In conducting this study, I recognized the difficulties that can arise with in-depth interviewing of participants who have had past traumatic experiences, and who may be more sensitive or vulnerable than others to adverse outcomes (Allnook & Barnes, 2011). While, on the one hand, it is evident that many survivors of traumatic experiences are glad to be able to give voice to their experiences, and may even find the interview process therapeutic; on the other hand, it is possible that in-depth interviewing may evoke painful reminders and unpleasant feelings about past experiences or events (Becker-Blease & Freyd, 2006; Gallo-Silver et al., 2014). How to therefore balance the need to protect and do no harm to participants, with the need to give voice to participants and their experiences was a matter I carefully considered. In doing this study my aim was to follow the ethical guidelines and considerations as given by Walden University's

Institutional Review Board (IRB), throughout. Ethical approval from Walden

University's IRB was therefore sought and gained before conducting the study (approval

08-07-19-0343132). In addition, I endeavored to be open and honest in my

communication with the participant and create an atmosphere of trust. I further

recognized and respected the participants right to informed consent, including

information describing the nature of the study, the expected level of participation from

the participant, the research purpose, and how the findings will be used and disseminated,

including the potential benefit that might arise in terms of raising awareness,

interventions and policy change, and the benefits and risks to the participant (Rudestam

& Newton, 2015; Sanjari, Bahramnezhad, Fomani, Shaghi, & Cheraghi, 2014).

Participants were informed that a summary of the research findings would be made

available to them. During the interview process I endeavored to use sensitive and

empathetic communication and made participants aware that they could stop or withdraw

from the interview at any time should they wish not to proceed, thereby ensuring the

participant had a sense of control over the interview process (Gallo-Silver et al, 2014).

They were also informed that, if necessary, I would stop the interview if I suspected that

the welfare of the participant was being jeopardized. In addition, all participants were

provided with a list of resources and counseling services (including a crisis help line)

following the interview. The informed consent form was sent to participants for review

once they agreed to participate in the study, and a subsequent signed consent was gained

just before the interview took place.

Participants were informed that their right to privacy and confidentiality would be respected. Labelling participant interview recordings, and related documents and files with a pseudonym was an important first step in this process, and one I duly followed (Miles et al., 2014). Interviews were transcribed within 30 days of the interview taking place. In addition, e-documents were filed on a password secure computer in appropriately categorized folders. Copies of these were saved on a password protected and encrypted back up hard drive/USB. Audio recordings of interviews were also stored on a password protected and encrypted back up drive. Encrypting the data provided an effective way to increase data security, as this would mean that only persons who have an access code or key would be able to decrypt and read such files (Achuthshankar, Achuthshankar, Arjun, & Screenarayan, 2016). Hard copies of consent forms, and research generated documents, such as field notes and interview transcripts, were stored in a lockable filing cabinet.

Data Access and Dissemination

Person's having access to the data were myself and members of my research committee. It is anticipated that unidentified data might be kept for an indefinite period of time to allow for ongoing research purposes. It is further anticipated that data and findings will potentially be disseminated through publication in journals or books, Walden University's electronic archives, presentations, including conferences, seminars and workshops; and by posters or websites.

Summary

In summary, the proposed study utilized an interpretive phenomenological approach to identify the lived experience of recovery from CSA and the role that spirituality might play in that experience. My goal was to represent faithful descriptions of participants experiences with the use of in- depth interviews. Observational notes and reflexive journaling provided a means of triangulating the data and, as far as reflexive journaling was concerned, enabled a process of critical self-awareness of any assumptions and biases that might influence the study. A purposeful sample of six participants were recruited for this study with the understanding that participants typified characteristics of the phenomenon being studied and were able to give meaningful insight into the study's questions. Interviews were transcribed and analyzed for themes and patterns using an interpretive phenomenological approach, and subsequent findings interpreted in relation to the research questions. The sensitive nature of this study and the potential vulnerability of participants was recognized, and as such, careful consideration to ethical procedures was noted as being important and these were put in place accordingly; the primary aim being to provide a 'safe space' for participants in which they could give voice to their experiences. In keeping with this aim, the research proposal was submitted to Walden University's IRB for approval before undertaking the identified study or collecting data.

Chapter 4: Results

Introduction

The purpose of this dissertation study was to identify the lived experience and the role of spirituality in the recovery of Black adult male survivors of CSA and to address the apparent gap in understanding of this issue in the literature, using an interpretive phenomenological approach. In this chapter, I will discuss the methodological approach used in this study, by first stating the research questions to be answered. Participant demographics and characteristics relevant to the study will then be described, followed by a discussion of the data collection process and the challenges encountered. The results of the data analysis will subsequently be given, highlighting the themes identified, including participant quotes that support the findings. How trustworthiness was maintained will then be discussed, followed by summary statements concerning the information presented in this chapter.

Research Questions

RQ1: What is the lived experience of recovery from childhood sexual abuse among Black adult male survivors?

RQ2: What is the experienced role of spirituality in the recovery of Black adult male survivors of childhood sexual abuse?

Settings

This study utilized face to face and telephone, in-depth semistructured interviewing to collect data. The first interview was face to face and took place in a library setting as agreed with the participant. The participant arrived late for this

interview and as a result may have felt somewhat rushed towards the end of the interview due to the library closing. While, all the interview questions were answered, and it did not appear as though the participant felt stressed in any way, it might be that the awareness of having a limited time to answer questions might have affected the participant's responses. I am not aware of any other factors that might have influenced any other participant or their experience while involved in this study, or that might otherwise influence the interpretation of the data or study results (other than that mentioned below in the section on trustworthiness). No participant withdrew from the study and there were no incidences which required the interview being stopped or the assistance or notification of the IRB.

Demographics

Six individuals participated in this study, with ages ranging from 35 – 56 years. All participants fit the inclusion criteria of being Black, male, 18 years or older, fluent in English, and having a history of CSA. When defining their race/ethnicity participants described themselves as Afro-Caribbean ($n =1$), Black Caribbean ($n=2$), Black Jamaican ($n=2$) and South African ($n=1$). The majority of participants resided in Canada ($n=4$), one was a Canadian citizen residing in the USA and one was living in England. Of the six participants, four reported being married and in stable relationships, one reported being divorced, and one reported being single. Participants level of education varied from Bachelor's degree ($n=2$), Master's degree ($n= 1$), Master's in progress ($n=1$), to Doctorate ($n=1$) and Skilled Trade ($n=1$). All participants were employed for wages.

Data Collection

Email letters were sent to various community agencies and professional

organizations asking if they would post my advertisement poster on their websites or advertisement boards. However, I did not get much response from these letters. There were a couple respondents who said that they would post it on their advertising platforms, but I did not get any participant interest from these. The participants recruited for this study were primarily through social media platforms. One participant responded to advertising on a web-based advertising platform that I used.

In-depth semistructured interviews were used to collect rich data from six participants after I had engaged in establishing rapport with them and asked for demographic information. Each participant was interviewed once, with interviews lasting 47-137 minutes, with an average of 90 minutes. Two of these interviews were face-to-face, while four were telephone interviews. The first face-to-face interview was conducted in a study room of a public library, the second in a café. Both locations were mutually agreed upon, with consideration of the participant's preference, convenience, and appropriateness of the setting for collection of the data. Each telephone interview was also arranged at a time mutually convenient for both the participant and myself. I further encouraged participants to identify a setting for themselves that would facilitate privacy. Factors contributing to telephone interviews were long distances between the participant and myself and participant's preferred choice. All participants underwent an initial eligibility screen and informed consent process, and each participant received a $25.00 voucher for their participation in the study, as well as crisis resources and information, should they need it. Sampling size for data collection was determined when I reached a point of saturation and no new information was being collected.

Semistructured interviews were obtained with the use of an interview guide. I endeavored to allow the participant to decide the direction of the interview, and therefore questions were not necessarily asked in the exact sequence in the interview guide, but rather, were asked based on the individual participant responses, as recommended by Pietkiewicz and Smith (2014). I also made every effort to respond to participant cues that seemed to indicate they were not comfortable with a particular question being asked, by trying to rephrase it in a way that might be more acceptable to the participant or by deciding not to pursue any further the question (Pietkiewicz & Smith, 2014). If participants indicated any signs of emotional distress, I responded by pausing the interview and asking the participant how they were feeling and if they were ok with continuing the interview. All interviews were audio recorded using a password protected handheld audio recording device and labelled using a participant code for each interview. After the interview, I made notes on any observations or nuances that I noticed regarding the participant and their responses. I also reflected on and wrote my own thoughts and feelings experienced during and after the interview.

Data Analysis

Before analyzing the data, I first of all transcribed each interview verbatim, listening and replaying audio recordings as needed, to ensure participants words and nuances were captured fully. After all of the interviews were transcribed I then read each transcript through, identifying and manually assigning initial codes to specific pieces of text or segments of data, such as, key words, phrases or statements (Pietkiewicz & Smith, 2014). As I read and re-read each transcript, I wrote comments or memos, for example,

paraphrasing participant's comments, noticing contradictions, or noting my initial understandings or interpretations. After having my initial codes reviewed by my committee chair, a case-by-case analysis of each transcript was done to further identify, verify, and develop my initial codes and notes into themes, ensuring that the data were fully and accurately represented. I then mapped the themes for each transcript to interview questions, noting similarities and differences.

In the next phase of my analysis, I printed out a list of my themes on sheets of paper and cut each of them out. I then placed them on the floor to create visual maps/flowcharts that showed relationships between them. I also made written notes and drew flowcharts/diagrams on paper. This helped me to make connections between them and to make sense of them analytically. Themes that seemed to connect well were then clustered into superordinate themes. This process was an iterative one, in that I would refer back to the transcripts or participant's actual words to ensure the primary sense of what was said fit with the connections being made, and that my own understandings and interpretations were also in alignment (Pietkiewicz & Smith, 2014). Themes were edited, made more specific and moved around accordingly, and each superordinate theme that emerged was given a name. I also created a directory that mapped all participant's phrases to the related themes, which also facilitated my being able to make connections and cluster themes appropriately (Pietkiewicz & Smith, 2014). My themes and superordinate themes are shown in Table 1.

Table 1

Themes Identified

#	Themes	Superordinate Themes
1.	a) Silencing of trauma b) Music and culture c) Masculine norms d) Body privacy, safety and agency	**Sociocultural structures and dominant discourses shape experience of abuse**
2.	a) Familial dynamics b) Communication	**Missing connections in early childhood are a common experience of abuse survivors**
3.	Effects of abuse on self-concept	**CSA challenges healthy development of self-concept**
4.	a) Emotional disturbances/ distress b) Psychological / mental health issues c) Behavioral disturbances	**CSA is associated with emotional/psychological/ behavioral disturbances**
5.	Sexuality	**Sexual identity, orientation and behaviors are impacted by CSA**
6.	Social/relational issues	**CSA impacts social/relational attitudes and behaviors**
7.	a) Seeking help for one's healing b) Talking as a way of healing c) Re-evaluating the self and the abuse experience d) Empowered to action	**Making sense of the abuse experience facilitates healing and recovery**
8.	a) Family and community support b) Safety c) Kinship experiences	**Supportive environments create safe spaces in which healing can take place**
9.	a) Punitive verses benevolent God/higher being b) Spiritual forces in conflict c) Religion verses spirituality	**Understandings of spirituality and transcendence contribute to 'meaning-making' of the abuse experience**
10.	a) Connecting with a transcendent God/higher being b) Connecting with others	**Connection and meaningful relationship with God/higher power moderates the impact of abuse and facilitates helping relationships towards others**
11.	a) Experiencing God/higher power: personal, engaged and active b) Experiencing God/higher power: actively seeking God and surrendering control c) Experiencing God/higher power: giving Purpose and meaning	**Partnership with God/higher power creates a catalyst for divine intervention**
12.	a) Essential nature of spirituality b) Spirituality and well-being	**Spiritual transformation facilitates growth and well-being**

Evidence of Trustworthiness

Before collecting and analyzing data I reflected on my own position in respect to

the research study I was undertaking, recognizing that I had priori assumptions and biases

that might not only influence different aspects of the study, but that needed to be brought to the fore and made apparent (Finlay, 2009; Horrigan-Kelly et al., 2016; Tuohy et al., 2013;Van Manen & Adams, 2010). It is important for me to say, therefore, that I am a Black woman of African Caribbean descent. My public health background brought awareness to me of the issue of CSA and I have often been involved in 'child protection' issues/cases in my role as a public health nurse. Furthermore, being sensitive to the needs of women surviving abuse was intrinsic to that role, especially as I was frequently engaging with the mothers of babies and young children. However, during this time I had little contact with or understanding of the lived experience of adult male survivors of CSA. I became interested in this topic when an adult friend disclosed his experience to me, in what, to me, was an unusual experience. This led me to review this issue by searching for more information on the internet, and ultimately led me to conducting this study and to finding out more about the experience of Black men who have experienced CSA. I am interested in giving voice to their experience, bringing awareness and understanding to this issue, and identifying how survivor's needs can be adequately addressed so that healing and recovery can be facilitated. Despite the fact that this is a vulnerable population, and my uncertainties as to whether I would be able to recruit enough Black men who would be willing to talk to me about their experiences, I was committed to this study and to exploring the lived experience of participants because I felt this was a very needed study in light of the literature and the gaps that were evident, as discussed previously.

The trustworthiness of this study and its findings are described below, using the key elements of trustworthiness as a framework. Namely: Confirmability, Credibility, Transferability and Dependability.

Confirmability

It is possible that my identity as a Black woman may have influenced the data collection process, in that, it may have influenced the building of rapport or a participant's willingness to speak with ease, especially where the interviews were face to face. From my perspective however, it appeared that most participants were able to talk freely about their experiences throughout the interviews, and that conducting the interviews face to face did not have a negative effect. Nevertheless, there were times when the responses to interview questions seemed more stunted and not so forthcoming. This was noted in two interviews, which were both telephone interviews. Throughout the interviews however, I endeavored to probe and illicit participant's thoughts, experiences, and meanings, and to limit, as much as possible, any subjective meaning of my own that might be projected onto the data being collected. Although I tried to maintain a neutral stance and minimize any visible or audible reaction to participant's responses, I recognize that my line of questioning, probing, or my body language, whether consciously or unconsciously, might have introduced some bias. Reflexive journaling throughout the data collection and data analysis was further used by me as a way to highlight potential biases and influences (Dawidowicz, 2016; Raheim et al., 2016). Another way in which researcher bias was limited and confirmability maintained was in me transcribing each participant interview verbatim, or word for word and listening to audio recordings to

ensure I captured not only the words, but any nuances that might provide additional meaning and understanding. As I reviewed these transcripts, I would also make notes or memos regarding these and any initial impressions I had about the data (Pietkiewicz & Smith, 2014). Examples of transcripts and notes made were reviewed and commented on by my dissertation chair, which further enabled me to limit bias, as I considered and acted on these comments (Connelly, 2016).

Credibility

As highlighted previously in this chapter, in-depth semistructured interviews were done with participants, and interviews transcribed verbatim as an initial step in the data analysis process. In addition, interview transcripts were coded and mapped to interview questions, and emerging themes identified. Examples of this coding and mapping process were reviewed and commented on by my dissertation chair, which helped in me further refining codes and identifying themes. The process of identifying themes and superordinate themes was an iterative one, which involved a back and forth between questioning and reexamining the data to ensure the themes identified were consistent with the actual data. This whole process is not only in alignment with interpretive phenomenology methods, but also helps to establish credibility in the findings (Connelly, 2016; Pietkiewicz & Smith, 2014). Furthermore, I have included thick descriptions, that is, extensive quotes by participants that describe their experiences and support the themes identified and presented in my finding, as well as, giving them added authenticity (Connelly, 2016). By doing this, I show evidence that I have examined the actual data in

identifying the themes identified, rather than basing these on my own thoughts or feelings about the data (Maxwell, 2013).

Transferability

Providing thick description of participant experiences is one way in which transferability can be enhanced (Patton, 2014). However, transferability is also strengthened by the fact that I recruited participants that reflected the target population being reached and that were able to give accounts that were authentic and that would 'ring true' to individuals reading these accounts (Noble & Smith, 2015). Nevertheless, it is noted that participants in this study were primarily of Black African Caribbean backgrounds and so the findings may be more transferable within this context as opposed to those describing the experiences of Black men in general.

Dependability

I have endeavored to identify clearly the research questions and their alignment with the study design, also making clear my role and status in the research process. I have also endeavored to identify clearly the process undertaken for data analysis and the establishment of my findings, and the strategies engaged in to limit bias and to strengthen trustworthiness, including review by my dissertation chair at different aspects of the research process and reflexive journaling. These all lend to the dependability of this study (Miles et al., 2014). Reflexive journaling, as well as, taking notes throughout the process of data collection and analysis further helped in creating a decision trail of decisions made throughout this process, which also lend to the dependability of the findings (Rudestam & Newton, 2015). In addition to the above, I linked themes identified, with

the literature and prior research findings, as appropriate, providing more evidence of trustworthiness (Miles et al., 2014). This is discussed in Chapter 5.

Results

Of the six participants in this study, two participants were abused by an older brother (Participants 2 and 4); one by an older sister (Participant 3); one by an older female cousin (Participant 1); one by an adult male family member in a position of trust in the community (the exact relationship was not stated – Participant 5); and another was abused by two male strangers – later identified as child predators (Participant 6). Age of onset and duration of abuse were as follows: 5- 12/13 years of age (Participant 4), 6-12 years of age (Participant 1), 6-8 years of age (Participant 3), approximately 8-10 years of age onset with 8 month duration (Participant 6), 14 – 16 years of age (Participant 2), and 17 years of age (Participant 5). Two participants described being groomed by their perpetrators (that is, by the extended family member in a position of trust in the community, and the child predators, respectively). As previously discussed, 12 superordinate themes were identified in this study. Each will be described more fully in the subsequent paragraphs.

Superordinate Theme 1: Sociocultural Structures and Dominant Discourses Shape Experience of Abuse

This superordinate theme describes how societal and cultural structures shape individuals' experience of abuse. Captured in this superordinate theme are the themes: silencing of trauma, music and culture, masculine norms, and body privacy, safety and agency. The silencing of trauma denotes the taboo and secrecy involved in participant's

experience of abuse, as well as the perceived stigma and cultural denial of pain/trauma. The idea of music and culture embraces concepts of abuse as being incestuous and pervasive, as well as being influenced by a hypersexualized culture, particularly as it relates to music. The theme identified as Masculine norms, involves participant's concepts of masculinity and associated beliefs and stereotypes, including those around homosexuality. It further includes the view that Black men are dealing with social issues that are particular to them, and that intersect with their abuse experiences. Body privacy, safety, and agency relates to sociocultural scripts that were perceived as influencing the development of these characteristics in the participant as a child, as well as their experience of CSA.

Theme 1a: Silencing of trauma. A dominant narrative for all participants was that sex and issues around sex were taboo topics. Sexuality and sex were not spoken about in their families and this was considered cultural. The taboo surrounding talk of sex not only made it difficult for the issue of sexual abuse to be brought up, but also contributed to a high level of secrecy about the abuse. Participants voiced the following, for example: "…your family… they don't really talk to you about sex… they don't talk about your body parts or anything" (Participant 1);

> There was a knowing…nobody had to tell me… there was a knowing that you
> don't talk about these sort of things…so, I'm not gonna go and discuss that with
> anybody…this was going to the grave with me, right…this was going to the grave
> with me. (Participant 6)

Four participants gave mention of the role of stigma in their unwillingness to talk about their abuse experience. For these participants, revealing a history of child sexual abuse would open them to stigmatization and negative treatment by others. Participants chose to be silent about their abuse rather than experience this kind of marginalization. For example, one participant stated, "I would probably be ostracized…and maybe, I would probably be...ridiculed by my family members, my friends, church people … so I keep all of those within me" (Participant 5).

Two participants also voiced a cultural denial of pain that contributed to the silencing of their abuse experience. The culture was seen to promote the idea of being strong and not admitting or showing signs of pain or weakness, which further meant that talking about the potential trauma or pain associated with CSA was not only frowned upon, but such experiences were also minimized or seen as nonconsequential. One participant described this experience in these words:

> I feel like, I was growing up in the country where you don't really show your
>
> emotions… you don't really apologize… you don't really show signs of
>
> weakness… so even though something bother you internally, you just keep it… and
>
> you know… that's life… it happens… you just move on… I've seen that growing
>
> up. (Participant 1)

Participant 1 continued by saying,

> It was tough luck… you know… get over it… you know what I mean… like it
>
> happened to all of us… like what are you crying about… like… you know… just

grow up… you know… I feel like that's the culture… like… you have to be tough.

Another participant responded by saying,

My demographic…we don't admit to any kind of weakness…we don't admit any powerlessness, ok…I grew up in the ghetto…growing up in the ghetto… if you were powerless or were weak over something…you know what, they would use that as a tool to beat you in the ground. (Participant 6)

Theme 1b: Music and culture. Child sexual abuse was not only seen as incestuous but also pervasive by two participants. Participant 3 provided an example of this when he commented,

Oh, another thing...this is what I found out...a lot of the abuse that has taken place ...like...it happened in West Indian homes...and it was like ok...like it was a normal thing...it's weird...when I spoke with a couple of my friends there were like… yeah….and then I found that my other friends were like yeah… it happened to me too… with my cousins.

A hypersexualized culture was believed to contribute to this, particularly the songs and music. Music culture was also highlighted as playing a prominent role in male sexuality, normalizing sexual promiscuity. In other words, it was seen as projecting stereotypes about masculinity onto men. It was also evident that such stereotypes influenced participant's perceptions of the abuse experience and their resulting behavior. For instance, one participant stated, "…and even the culture… the music… everything…

like… really to be a man… like… a man should have lots of women… and you have sex… and that's what you do" (Participant 1).

Theme 1c: Masculine norms. While early sexual experiences brought a sense of recognition and esteem for certain participants, it was also seen as diminishing manhood and self-esteem in others. Participant 3, for example talks about his early exposure to sex and his subsequent sexual promiscuity as being something that made him appear more manly:

As a man I kinda felt ...a little good…knowing that I knew so much about sex and others didn't, you know...that was like growing up…you know...the early years… but then I probably like…after…remember… I'm being in a lot of relationships and so I'm thinking like…you know that's a guy's kinda showpiece… you know…you have a lot of girls…like ...you're the man.

Another position was described by Participant 6, who expressed feeling emasculated as a result of his abuse. His perception was that 'men' didn't have this experience. Consequently, he 'felt broken' and unable to live up to manly ideals, a feeling that could be relieved only by drinking alcohol:

First of all, my masculinity was stripped from me when this act happened. That doesn't happen to men…So I always thought less than…I always felt less than…I felt broken …I felt unworthy of being a man and of acquiring anything that a real man gets…now… you see a guy walking around …you know… he might appear confident and stuff like that…and I knew that deep inside of me I didn't have what he had, and I wanted what he had…I wanted that kind of confidence…I

wanted that bravado…and the only time that I could get that was when I was drinking.

In addition to these experiences, there was the perception that abuse against males was less significant than abuse against females, as highlighted by participant 1, who stated, "… I don't know if it's because I'm a boy… maybe if I was a girl or something she'd probably take more interest in it." Moreover, the perception was also held that it was preferable to be abused by a female rather than a male, as being abused by a male was conceived as being far worse because of its homosexual connotations. Homosexuality was perceived as being culturally unacceptable. Examples of participants views relating to these issues are seen in the following:

I would say that I'm happy that it wasn't like a male cousin, to be honest… I don't know, I just feel like… I just feel like that's something probably I couldn't come back from… I just feel like it's different… like homosexuality… it's probably the worse of the worse… I just feel like I couldn't ever come back from something like that. (Participant 1)

When it comes onto persons being gay…culturally, it is a homophobic country …so it's about...the bible…the bible…the bible…the bible…the bible...if you know that someone in the community is gay…it sounds like…you're condemned ...they don't want you in the community…they don't want you there. (Participant 5)

In addition to the above, one participant gave mention that Black men are dealing with many societal issues, beyond that faced by men who are not Black. These societal

forces are not necessarily positive, but rather create complexities for Black men who are also dealing with childhood abuse. He stated,

> …particularly Black Men who have so many...social structures that are certainly more antagonistic than… than anything else...and quite often as Black men we are fighting against a lot of other social issues that we forget that an issue like what you're exploring is very much a part of ...our make up in a lot of ways. (Participant 4)

Theme 1d: Body privacy, safety, and agency. One participant, when asked what he believed to be contributory factors to his experience of abuse, talked extensively about his experience of having his genitalia touched by different family and community members, especially men, as a young child. This was considered playful and culturally acceptable by the community. However, the participant did not find it comfortable and felt powerless to do anything about it. His dwelling on this issue for a considerable amount of time suggests these experiences were particularly significant and harmful to him.

He voiced,

> …because of the culture…big men in the community use to see you running about naked…you know, in the yard…and they would come and …what is this…what is this…and hold onto your …your willie…and in a means of playful… and then finding it highly amusing…people laugh…people laugh about it like it's nothing…you know…and as a little boy… you know…you're not

going to do nothing…but nobody seems to stop it and say, you know…don't.

(Participant 5)

Superordinate Theme 2: Missing Connections in Early Childhood are a Common Experience of Abuse Survivors

This superordinate theme is a common thread in participant experiences and describes the themes of (a) familial dynamics and (b) communication. Familial dynamics encapsulates experiences that are depicted by unfulfilled needs or having a void, maternal/parental relationships, and lack of supervision. Communication is recognized as influencing and contributing to familial dynamics and refers to closed communication patterns and harsh discipline, as highlighted in participant experiences.

Theme 2a. With regards to familial dynamics participants voiced unfulfilled needs, pertaining to nurturing, love and attention/validation. Often these needs were correspondingly linked to expectations regarding fatherly/motherly care. For example, one participant voiced,

I think it's…it has to do with the lack of love received over the years from my biological father and having no male figure that would you know, gear me in the right position…even though my dad was living with us at the time… when I was a tender age…he was there, but he wasn't there… he wasn't there for me as a male child, to nurture me and to probably show me that fatherly love… he wasn't there to say, you know...that's not yours… play with the male toys… or to buy me male toys …to say you know...to bring me along with him...let me do the male stuff.

(Participant 5)

Another participant expressed how not having his needs met was a factor in him gravitating towards his perpetrators of abuse, since they gave him the attention he was craving. He stated, "…I guess that's how the needs were being filled …they payed attention to me, they validated me, right… they took me places" (Participant 6). Lack of parental attention was also expressed in the apparent lack of supervision voiced by participants. This lack of parental supervision was further linked to parental migration and to trust and reliance on the community as an aide in childrearing, as evidenced by the following:

> You're not really supervised, you could go and stay at any cousin… anybody…
> like… child rearing is just… like… it's a community… you could just go sleep at
> anybody's house… I think it's a lack of parenting too… I think a lot of times
> children are left by themselves. (Participant 1)

He continued by saying,

> I remember she migrated before we did to come to Canada, and she left us there,
> I'd say for two years, and there was a lot of abuse in those two years to be honest
> with you, and we just had to endure it. (Participant 1)

Theme 2b. Patterns of communication in families and by parents were expressed as negative or closed by three participants. Moreover, these participants also talked about the harsh discipline characteristic to their upbringing and lived experience, as portrayed below in the examples given:

> My father would beat me...My parents are very strict...we'd get in trouble…we'd
> get hit with the belt if we say anything stupid or if we don't behave. So, I was too

scared to bring it up. I thought they was gonna beat me up or do something to me. (Participant 2)

She just beat us and that was it… like… we never revisit it… we never spoke about it… nothing… we just got licks… and that was it…we just got beaten… and she's like… I don't ever want to see you do that again… that was it…. It would be good if we could have a conversation… to say like… ok… how long has this been happening? … you know… like… why is this happening? … like anything… just any conversation about it. It was just something that never got spoken about. (Participant 1)

Superordinate Theme 3: CSA Challenges Healthy Development of Self-Concept

This theme reflects participant's beliefs about themselves and what others think of them, including the feelings or emotions that such beliefs generate in themselves and any felt stigmatization. It also captures aspects of the self, thought to be lost as a result of the abuse, as well as, attributions of blame that are attached to the self as a consequence of the abuse. Self-doubt is an additional characteristic included in this theme.

All participants described negative effects of the abuse on their sense of self. This included their sense of self-worth or self-esteem. For example, participants stated, "My self-esteem was really shot. It was really low… like, I would try to be everything to everybody and not really take care of me. I think that's the most…trying to accommodate everybody else at my own expense" (Participant 3); and, "…eventually I felt that the penny would drop. I would mess things up and they would see me for the worthless person that I am" (Participant 6).

Participants also described how they felt emotionally about themselves such as, "You just kinda feel used, you feel dirty inside" (Participant 1); "I had a deep feeling of shame and guilt" (Participant 2); "I think there was a level of depravity, that I felt" (Participant 4); "I felt extremely dirty, and extremely fraudulent" (Participant 4); and, "I felt unwanted" (Participant 5). While one participant expressed aspects of the self that were lost as a result of the abuse. He remarked,

> I feel like it takes away that joy, that pleasure that you should share with your wife, or like, that innocence, just something to look forward to, it just felt like at such a young age, like, you been robbed… I just wish I didn't know about it. I just wish I didn't. (Participant 1)

Most participants voiced attributions of self-blame for the abuse. In other words, they felt there was something inherent about them that caused the abuse or that some action on their part might have prevented or stopped the abuse. Examples of this included the following: "Maybe I could have been stronger, I used to love to fight, maybe I could have fought, like, I used to like… think, what if I didn't go" (Participant 1); and, "I just said it was always my fault. I did something wrong to cause it to happen to me" (Participant 2). Another participant voiced a recurring feeling of self-doubt as to his ability to do things in the following words: "What if I'm not good? What if I can't do that?" (Participant 1).

Superordinate Theme 4: CSA is Associated With Emotional Distress and Psychological/Behavioral Disturbances

The superordinate theme, "CSA is associated with emotional distress and psychological/behavioral disturbances", represents emotional, psychological, and

behavioral processes attributed to the lived experience of abuse by participants. More specifically, the emotional aspect of this theme represents recurrent and often distressing feelings experienced by the participant, that were not necessarily attributed to the self. In addition to these, participants described mental health issues and cognitive and behavioral disturbances. These are captured in the psychological/behavioral aspect of the theme.

Theme 4a: Emotional distress. All participants described a range of emotions, as a consequence of the abuse. Feelings of confusion or inner conflict, powerlessness, fear, and anger were described by most participants. For example, confusion/inner conflict was expressed by one participant in the following way: "yeah it felt weird. It's like you knew something wasn't right....you knew that…I mean it didn't feel bad, but you knew…you knew it shouldn't feel…should you like it or you know…so it was weird and confusing" (Participant 3); powerlessness was described in the statement: "I'd be playing a game and then she would call me, and I'd know what it was, and I wouldn't want to go, but she's a lot bigger and so I had to go" (Participant 1); fear was evident when a participant stated, ….so, I couldn't really speak to anyone…I was scared to… I don't know what will be one's response …I don't know what their behavior will be like ...I don't know how they would react towards me …so I was a bit scared (Participant 5); and anger was highlighted in the comment:

> There's a lot of hatred and resentment… anger that I had. …like… someone could say something and trigger anger in me that stemmed from when I was a kid and I didn't even realize it…but I just know that you said something and I got grievance against you…let's go outside and fight about it. (Participant 6)

Other emotions that were expressed included feelings of hopelessness and being without peace. Participants talked about this in different ways. For example, "I felt like, I probably could never get right" (Participant 1); and, "I think I was trying to find this peace" (Participant 3).

Theme 4b: Psychological and behavioral disturbances. Several participants described mental health issues, such as, memory loss, re-occurring/intrusive thoughts, depression, and suicidal ideation. For example, participant 2 commented, "I started getting memory loss". He proceeded later to say, "I see two boys together and I say oh, that's how my problem started…They're doing nothing wrong…they're just swimming together, but then it brings me back…a flashback in my head." On the other hand, participant 5 voiced the following: "I was dying on the inside...I was…I wanna kill myself...I wanna commit suicide."

Participants also described cognitive and behavioral processes, identified as, denial, compartmentalization, numbing/blocking, substance abuse, the need for a sense of power, disengagement/isolation, masking, and avoidance, as a way of coping with the abuse experience. Invariably, these coping mechanisms served to help participants escape or disengage from the reality of their abuse experience. For example, Participant 4 stated, "I do know that...I…I do act, at least internally, as if it didn't happen, or as if it was

something that happened so long long ago that it was almost… if I may… like, another life...another lifetime ago." He further voiced,

> One thing that I was able to do without fail was compartmentalize things that happened in my life ...so...those experiences that happened in that bedroom were in their own little box, and they only came out again when that experience was happening again.

Participant 6 expressed,

> I discovered alcohol at a young age and that helped to soothe a lot of my emotions, and actually, alcohol kind of …not only did it soothe a lot of things, it kind of got rid of a lot of feelings that I was feeling at the time … the problem was I never knew how to put the alcohol away, and that led to a lot of problems.

He continued by saying, "I tried to put myself on a level above a lot of people. That's how I could keep that buffer between me and you…because I'm so much better than you…you can't touch me…you can't come close to me." He further went on to say, "you know that just kind of combined to make me feel like… really distant from myself and from anyone around me. I didn't know who I was… I didn't…you know I was just this lost soul." Another participant commented, "I was behind a mask, I was hiding all the time" (Participant 5); while someone else stated, "Yes, I did really well in school. I was getting a 90 average all the time…over 90's all the time…because that's the only thing that kept me away from things…what my problems were…" (Participant 2).

Superordinate Theme 5: Sexual Identity, Orientation and Behavior are Impacted by CSA

Issues concerning sexuality are evident across all participant experiences. Captured in this super-ordinate theme are participant experiences that highlight confusion or questioning of sexual identity, sexual struggles related to sexual orientation, a preoccupation with sex, and sexual promiscuity. The theme also embraces participants experienced lack of sexual interest or issues with sexual intimacy and relationship.

To further elaborate, one participant questioned his sexual identity and stated, "I always thought I was Gay too because how come this guy is attracted to me " (Participant 2). While another participant expressed having doubt as to their sexual orientation: "You know...there were times where I questioned…maybe not questioned my masculinity...but questioned…ever so briefly, like my… sexual orientation" (Participant 4). Two other participants, while not questioning their sexual identity, experienced struggle/conflict in acting out their sexuality. For instance, Participant 6 mentioned,

> For some reason…I wanna act out on same sexuality, right…and knowing that
> that's not what I'm drawn to…right…I know 100% I am genuine, bona fide,
> heterosexual. I am attracted to women…but there is that streak in me …that these
> guys have put in me…and every now and then…I act out …and when I do it I feel
> really bad about myself.

As evident in the previous statements, participants identified their homosexual tendencies or acting out as being directly related to their abuse experience. This is further emphasized by Participant 5: "Those two experiences allow me an open door ...a need to

go out there...it pushes me more to go out there wanting...looking for love...looking for a

male figure... allows me to venture into relationships with the same sex."

In addition, most participants highlighted experiencing hypersexuality or a

preoccupation with sex, including pornographic addiction and sexual promiscuity.

Examples of these are the following:

I developed...particularly in my early adolescent teen years, ...I developed this

fascination with…wanting to understand...or wanting to participate in ...you

know...sexual acts...there was this need to ...how would I say this…there was just

this need to ...either feel sexually gratified or to sexually gratify someone else.

(Participant 4)

…Whenever I was stressed… whenever I felt alone or I felt like I needed to be

needed… I just found somebody...I just found somebody…even, at one point,

pornography came into the mix…that was… I forgot to mention that...that was

one of the things that happened as a result in my teenage years. (Participant 3)

Conversely, one participant experienced a lack of sexual interest or involvement in sex,

as a result of the abuse, and voiced, "I'm not sexually active with my wife at all…I

don't…we don't…, she's gotten used to it now…only for the sake of having my

children...that was it" (Participant 2).

It was also noted that while many participants expressed a hypersexuality or pre-

occupation with sex, this was often associated with a lack of emotional connection or

sexual intimacy. For example, participants voiced the following:

I grew up thinking that every girl you met… that that was a woman's purpose… it

was just to have sex. It wasn't a relationship… it was just… you tell somebody

anything and then you have sex… and you like…that's what it's about.

(Participant 1)

"…so your like...alright...there's no need for you to have romance...and to have

foreplay...you just do the do...you're not doing it out of emotional bond…and out of

love...it's just a ...you're just filling a physiological need" (Participant 3).

Superordinate Theme 6: CSA Impacts Social/Relational Attitudes and Behaviors

The superordinate theme: "CSA impacts social/relational attitudes and

behaviors", relates to issues of trust before, during, and after the abuse, the social

inadequacy of participants as a consequence of the abuse, and the resulting need to

protect others, especially as it relates to parenting. For five participants the abuse had

been perpetrated by trusted members of the family or community figures. Most of these

participants experienced a sense of betrayal of trust, once the abuse occurred. Moreover,

most participants described difficulty trusting others after the abuse. These aspects of

trust are exemplified in the following statements: "I felt betrayed…given the fact that I

saw him then as a father figure and ...somewhat...you know...a very decent young man

...decent man I could role model" (Participant 5).

I still struggle with trusting fully…even in marriage...like…complete

intimacy...complete intimacy and not just…just being able to...I just don't wanna

be hurt… so you reveal only certain things … it's not just with my wife, it's with

people in general...I don't let people...once I realize that you're getting too

close...I start to build a wall…I don't want you to hurt me. (Participant 3)

Five of the six participants described experiencing social inadequacy as a result of

the abuse. For example, participants remarked, "…and then they would call my parents

and say, there's something wrong with your son, he has no social skills…his social skills

are very poor" (Participant 2); and, "I had a real hard time adjusting in any kind of social

circle. I always felt like I was an outcast" (Participant 6).

Participants also felt a need to protect others from experiencing what they had

experienced. This was particularly emphasized as being important when participants took

on parenting roles. One participant, for example, said these words:

I try my hardest to protect my children as much as I can, so they won't have to

experience any of that stuff, like, you know, like I, I keep them close, and I know

I can't protect them from everything but, I'm gonna surely try to. (Participant 1)

**Superordinate Theme 7: Making Sense of the Abuse Experience Facilitates Healing
and Recovery**

Making sense of it all is a superordinate theme that embraces the themes, 'seeking

help for one's healing', 'talking as a way of healing', 're-evaluating the self and the abuse

experience', and 'empowered to action'. The theme portrays participant's experiences

that resonate with the turning point of their recovery and their subsequent help seeking

behaviors, as well as, elucidating participant's perspective that disclosure and talking

about the abuse is therapeutic and aids in the recovery process. It also captures

participant's participation in critical self-reflection and self-awareness, which results in a

reframing of their experience, acceptance, and forgiveness. Moreover, attention is drawn to participant's having a sense of empowerment and being able to take control of their situation by engaging in more positive actions or adaptive behaviors. This was evident in participant's emphasis on not only being aware of, but also being proactive in guarding against and managing triggers, as well as in their expressions of positive self-efficacy beliefs and goal-oriented foci. While being empowered to action, participants also made known their experience of healing or recovery as being a journey or a process. In other words, being empowered to action was not a once and for all experience, but was an unfolding or developing process that might be ongoing throughout the lifetime. Participants therefore recognized areas of continued struggle or that there might be moments of faltering or weakness.

Theme 7a and 7b: Seeking help for one's healing and talking as a way of healing. All participants identified a turning point in their lives which began the healing process. This might involve crisis events (for example, relationship issues/break up or being incarcerated for substance abuse) that brought individuals to the place where they felt they were at their extremity or "rock bottom", and/or to a place of coming to terms with the idea that they could not go on with life anymore as it was. As a result, participants engaged in making a decision for change and in help seeking. Three participants sought and received help from psychotherapy/counselling, one from a 12 steps recovery program, and two looked to spiritual resources. Participants also highlighted the benefit of disclosure and talking about the abuse. Participants expressed the following:

…that came about as a result of ...my addiction to pornography… which was a

...one of the contributing things that led to the ending of my first marriage…so...it

was a ...it was as if opening the flood gates…where there was a reckoning ...of

coming to finally admit that I was addicted to pornography…so that led to doing

some counseling...some psychotherapy...you know…just really...for the first time

in my life...talking about what happened. (Participant 4)

I actually like talking about this. I feel like I'm getting it out there… like… you

know… like… I've lived with it for so long… it's built up and I don't really

speak to anybody… so just… speaking about it sometimes can just make you feel

a little bit better …I just feel like it's out there… it's out there… it feels good.

(Participant 1)

Theme 7c: Reevaluating the self and the abuse experience. Participants

described engaging in a process of reevaluation of the self and the abuse experience. The

process of reflection, which was most often facilitated by external helps, such as,

psychotherapy and support/recovery groups, enabled participants to confront and

question aspects of their lives and, as a result, gain deeper understanding of themselves

and their behaviors. Participants voiced these thoughts:

Then you realize that, you know what, the way you think about certain things, it

can't be like that…it can't be like that…cause, it's like, these are people's

daughters, like, that's not the way you should live your life. (Participant 1)

…so, by bringing everything to the surface I realize that… you know what…

ok… you know [participant's name] doesn't like derogatory statements about his

intellect or his appearance or whatever the case is …he's very sensitive around

issues like that …I realize that you know what… it wasn't what he said, but what

he said triggered something that was already there. (Participant 6)

All participants gave voice to new understandings of their abuse experience. In other

words, they engaged in reframing their abuse experience as a way of explaining what

happened and reconciling conflicting and negative thoughts and emotions. For example,

participants stated, "…I just see that there is nothing to …it's not the fault of God, your

religion or belief…I've learnt that it's just a thing that happened to me...I'm not chosen or

anything… it just happened" (Participant 2); and,

So, these two guys who assaulted me when I was a kid …I have to take my

emotions out of the equation and wonder what happened to them to drive them to

that…and sometimes… you know what…there's a lot of compassion you start

feeling for people like that…you start feeling a lot of compassion…now, I don't

…I can't necessarily say I feel compassion towards them and I got all kinds of

well-wishing for them, but, I can tell you… there actions no longer twist and tear

and cut up my emotions. (Participant 6)

Acceptance of the abuse that happened and its subsequent effects, was also

characteristic of participant's experiences (four in all), whereby participants

acknowledged and accepted the abuse and subsequent events of their lives. Acceptance

also embraced new understandings of the self, whereby, negative perceptions were

discarded or rejected for the acceptance of more positive affirmations. Participants

brought attention to this by giving voice in the following ways: "I realize it's not

something I have to keep in the dark, I don't have to hide who I am, I don't have to hide

that. I've been abused…or…I've been in certain situations…" (Participant 1); "I've

accepted…everything… or in the process of fully accepting everything… a lot of the

things that happened to me" (Participant 6).

Forgiveness was a prominent feature in participants' responses, with five of the

participants highlighting it as being important in their healing and recovery. Forgiveness

was not only towards the perpetrator of the abuse, but was also exercised towards others,

in particular, mothers who participants believed were inattentive to their needs and/or

responded negatively to signs of abuse taking place. Participant responses highlighted

that their forgiveness was not necessarily something that the perpetrator was aware of,

nor did it necessarily lesson the harm that was done by them, rather, it was more for the

participants own needs, allowing for the release of pent up feelings and negative

emotions and for healing to take place. Participants also engaged in self forgiveness and

in seeking forgiveness from God/higher power. For all of these participants, forgiveness

was closely associated with spirituality, in that, spirituality awakened new understandings

of forgiveness and facilitated its action, whether towards self or others. Some examples

of how participants highlighted forgiveness in their responses can be seen in these quotes:

"I prayed and I cried and I just asked for forgiveness" (Participant 1); "I can say that

spirituality has allowed me to not hold any animosity ... to be able to forgive my

cousin...and to…at least say to myself that...that it's ok … to forgive your cousin for what

he did" (Participant 4);

Forgiveness now means I am willing to free myself of all the pain and all the

emotions that you caused me so I can move forward and I can live a better and

more purposeful life…I'm willing to let go of all that hurt that you caused or that

I perceived you caused. (Participant 6)

Theme 7d: Empowered to action. Becoming more critically self-aware brought

increased awareness to triggers and their effects. Two participants gave voice to guarding

against and managing triggers that could create a spiral of negative thoughts, feelings,

and behaviors. For example, one participant voiced,

So, I really gotta guard myself… If I start feeling rejection or

unworthiness…things like that…I can't allow myself to go there because it's

gonna affect the things that I'm drawn to and the way I'm gonna act out and stuff

like that…so I've really got to keep myself in check. (Participant 6)

He continued by saying, "I have to live my life in a very controlled head space where I

control all the triggers and everything that's going on around me" (Participant 6).

Five participants highlighted having a sense of purpose and/or empowerment that

stimulated new aspirations and goals and the pursuing and/or achievement of these. For

instance, Participant 6 said the following:

 ...I go into a lot of jails and I carry my story…in fact I'm going to a jail on

Sunday …I've spoken out at schools…and that's what I really wanna do …that's

where I'd really like to focus my attention…going to the schools where young

boys, if they're not experiencing it, they have experienced it, or going through this

right now…and let them know that it's ok and somehow give them the ok to come

forward, right …that's how that has helped me …I've been through the hell…I've

been through it…and that's how I'm in a position to help somebody else get

through it …it's full circle.

All participants gave mention of their recognition that their recovery was ongoing

and involved a process of development. Participants highlighted their continued struggle

in certain areas of their lives or that they anticipated that there might be moments of

weakness in their recovery experience. For example, one participant explained,

I do see this as a life journey simply because there are things that just cannot be

undone, and there always going to be a part of you… and if there always going to

be a part of you, then you always have to be aware of them, and if you have to be

aware of them, you have to continue to do things… or put yourself in a position

that would not lead to you falling away or falling off ...so…yeah. (Participant 4)

Put another way, Participant 6 remarked, "It's a lifelong process, right…It's like peeling

off the layers of an onion."

Superordinate Theme 8: Supportive Environments Create Safe Spaces in Which

Healing can Take Place

Within the theme, "supportive environments create safe spaces in which healing

can take place**",** is included the themes depicting family and social supports, safety, and

kinship in shared experiences. Participant responses brought attention to the importance

of support from family members, four of whom mentioned the support received from

their spouses. However, support from siblings and parents were also mentioned by

participants. In addition to the family, the significance of other supports, such as that

gained from friends, community figures and community supports, including support groups, were highlighted. Feeling safe or being in a safe environment that was caring, nonjudgemental, and encouraging, were also prominent features. Furthermore, the experience of not being alone and of having a sense of kinship through interacting with individuals who had also experienced childhood abuse, were also spoken of. Comments that provide snapshots of the different aspects of this theme include the following: "I met a wife who I could speak to…who I could tell my innermost secrets, and someone that listens, and someone that's there, I think that helps a lot" (Participant 1); "I have the same pastor and when he's there he asks me how I'm doing... I see somebody who is involved and who actually cares…" (Participant 2);

> I have good people...I have a safe environment… where we can just talk… we can just talk…yeah…that's the biggest thing… just having people around you who have experienced what you've experienced…and…and it's safe…and just being able to connect with that you know…it's so fulfilling...it's so fulfilling…and just knowing that you are not alone…like you're not some strange phenomenon…you're not marginalized...you're not being judged. (Participant 3)

Superordinate Theme 9: Understandings of Spirituality and Transcendence Contribute to 'Meaning-Making' of the Abuse Experience

This theme describes participants' attitudes and beliefs about God/higher power as being to blame for their abuse experience and having characteristics that were punitive and to be feared on the one hand, or otherwise having attitudes and beliefs that pictured a neutral or benevolent God/higher being. It also includes participant's perspectives of

contending forces between good and evil operating in their lives, and their attribution of blame to that which is evil. Furthermore, the theme describes participants' perspectives on religiosity and spirituality and the change in meaning these had for them as they journeyed in their recovery.

Theme 9a. Three participants in this study expressed anger, questioned or attributed blame in some way towards "God", or else had a fear of "God" in relation to the abuse suffered and its effects. Two participants perceived "God" as punitive and that they would receive punishment for being involved in the abusive acts or "sinful" behaviors. Participant quotes typifying these perspectives include the following:

> How come God hates me? …What did I do why this happened to me? … When I
> went to speak to the person in the church…I kept asking him…am I …because
> this happened to me… am I doomed to go to hell? (Participant 2)

"I've cried...I've bawled…I holler…I scream…I lay prostrate before God…on the sofa… on the bed… have headache…probably go through depression…pull over on the side road crying …Why? …Why Me?... Take this feeling away…take this away" (Participant 5). On the other hand, most participants, including those who previously held negative perceptions of "God" or a higher power", came to see "God" or a higher power as benevolent and loving, and as one who did not condemn or judge them for the abuse. This was illustrated, for example, when one participant voiced,

> I think now… knowing Jesus for myself… knowing his characteristics… knowing
> how much he loves you…It's just making me realize that… you know what…

even though I was broken… like… when Jesus looks at me he doesn't really see

that… he sees me like… someone that he shed his blood for. (Participant 1)

Theme 9b. Two participants spoke of other higher powers (speaking of "demons"

and "the devil") that were in conflict not only with this benevolent "God", but with

themselves, and attributed blame for their abuse experience to these powers. They

commented by saying, "It was a challenge… It was a struggle… It was ... as I said earlier

on… in the previous part of the interview… it was like a tug of war… It was wrestling

and fighting with demons" (Participant 5); and,

I've learnt that you know what, the devil is real… if the devil could break all of us

or do whatever he wants to us… he will do it… he'll do whatever it takes for me

not to make it into that kingdom…. so I just look at it like it's a spiritual

warfare… even what happened… you know it's a warfare... something that you

have to get over it… so that's how I live with it. (Participant 1)

Theme 9c. For one participant, spirituality was about being "religious". Four

other participants however, rejected religiosity, viewing it as rules, traditions, or dogma

that were not meaningful and so even though they may have practiced religiosity in their

earlier life, they eventually moved on to a spirituality that was more meaningful to their

lived experience of recovery from childhood sexual abuse and its effects. Nevertheless,

all participants expressed being much more committed to spirituality in later years,

subsequent to their abuse. An example of participants statements concerning these ideas

is:

…it was almost like spirituality…that spiritual level of exposure was almost

like...I can compare it to my...everyday love now of being transparent...it had that

kind of cleansing that came with that… and that kind of enrichment and

empowerment that came with that…_so yeah… it changed from… you know…

looking at traditions and trying to follow those commandments and all of those

things when I was much younger… to spirituality now, being not a set of rules or

things of that nature. (Participant 4)

Superordinate Theme 10: Connection and Meaningful Relationship with God/Higher Power Moderates the Impact of Abuse and Facilitates Helping Relationships Towards Others

The Superordinate theme "spiritual connection and meaningful relationship with God/higher power moderates the impact of abuse and facilitates helping relationships towards others", highlights the themes 'connecting with a transcendent God/higher being' and 'connecting with others'. Participants expressed the importance of connecting with or having a relationship with God/higher power through various means, such as, connecting by having faith/belief, connecting through nature or the creation of a certain environment, and connection through spiritual practices, such as, going to church, prayer, fasting, meditation, engaging in worship or ministry. Having this connection helped in bringing greater awareness to one's situation, as well as, relieving the burden felt by the abuse experience, and providing reassurance and hope that things would be ok or get better. Participants further highlighted that this was important in their coping with the impact of the abuse experience and that it would ultimately result in or facilitate their healing.

Participants also talked about spirituality as connecting with others. This connection could also be brought about through spiritual practices, like sharing one's faith, but it was also evident in participants voicing compassion/empathy for others and a need or desire to serve or minister to others. This desire came as a result of them experiencing this relationship with spirituality and their experience of healing and recovery. Participants experiences of connecting with God/Higher power were highlighted in the following ways: "To me it's more of a connection with something that is bigger than me… than all of us…something that touches us …a relationship between God and man" (Participant 5); "I decided I was going to move out of my house, and I went in the bush, and I made like a hut, somewhere where I could go and just read my bible and study and pray and just be in that constant communication with God" (Participant 1);

> …and I think that also helps me to go through all that I've been through and still be standing...when there was no one to talk to… when I couldn't find someone to cry on or a shoulder to lean on… when I couldn't find money to call and to speak to a counsellor or therapist or attend a therapy session… the only thing that I could do is to go on my knees and pray and read my bible. (Participant 5)

On the other hand, an example of connecting with others was seen when one participant expressed,

> I actually speak out quite a lot...I actually tell my story on many different platforms …sharing my experience and my strength and my hope with a lot of people in the hope that they will come forward and they will seek the relief that I've got. (Participant 6)

Superordinate Theme 11: Partnership with God/Higher Power Creates a Catalyst for Divine Intervention

Theme 11a and 11b. These themes identify participants' attributions to God/higher power as having characteristics that are personable and active and which operate in their lives. These were common themes throughout all participants' responses. For example, participants described God/higher power as wanting 'to have a relationship", being able to 'fulfil and satisfy needs', 'providing help to overcome obstacles', 'giving wisdom', being able to 'guide you in decisions', and as 'allowing certain things to happen'". Furthermore, participants described being able to tap into and experience these attributes by believing, accepting, and asking God/higher power for these things; surrendering to his plan or purpose; and/or allowing God/higher power to do these things in their lives. In other words, a reciprocal relationship or partnership between the participant and God/higher was involved, in which the participant was actively seeking/requesting these attributes from God (through spiritual practices such as prayer, for example) and/ or surrendering and allowing God/higher power to demonstrate these attributes in their lives. For instance, one participant voiced,

> I know that there is the guiding force …if you tap into that force it will help guide you...guide you in decisions, guide you in actions…. spirituality is when you tap into that stream and allow it to take you **…**you're not fighting it anymore…you're not putting up any resistance.... (Participant 6)

Theme 11c. Two participants expressed belief that God/higher power was taking them through a process that would ultimately bring good or a much more significant

outcome in their lives despite what has happened in the past. They further expressed that God/higher power had a 'purpose', 'plan' or 'calling' on their lives. This understanding facilitated a sense of purpose and meaning to life in them. For instance, this was portrayed by the following statement:

> God allows certain things to happen in our lives, but we may not know the reason why… or we may not know the reason yet…but somethings will happen that God allows to happen...Could he stop it? Could he have stopped it from happening?...Yes, he could… but sometimes he allows things to happen and allows us to go through a process. (Participant 5)

The participant further stated, "I know that despite everything there's a purpose on my life and God wants something great out of my life ...and he wants to do something great in my life and in me" (Participant 5).

Superordinate Theme 12: Spiritual Transformation Facilitates Growth and Wellbeing

This superordinate theme embraces the essential need for spirituality in participants lives, as well as its effect on participants well-being. Participants invariably came to view spirituality as being a very important component of their everyday lives and very necessary. They further described it as contributing to their state of well-being in many ways, primarily giving them an increased sense of self-esteem, freedom, empowerment, hope, happiness/joy, peace, contentment, and completeness. Furthermore, they described specific aspects of growth in their lives as a result of spirituality. These ideas are elaborated on further in the subsequent discussion.

Theme 12a. The essentiality of spirituality was evident in all participants' responses. Participants developed a more meaningful relationship with spirituality after the abuse and described spirituality as being fundamental to their lived experience of recovery in different ways. Participant 4, for example, described his experience in the following way:

It's extremely important… I …I know it sounds cliché, but it really is like… the air we breathe…you don't see it, It's all around us, and I need it to survive…it's ...it...it has that depth of importance for me where...I really...I can't think of any aspect of my life…literally...any aspect of my life that could or would survive without a spiritual component involved in it…so that is how vital it is to me.

Theme 12b. Spirituality was also seen by participants to bring positive things into their lives, which overall, gave them not only an improved concept of self, but they also reported having such feelings as a sense of freedom, empowerment, hope, joy, peace, contentment, completeness, and happiness. For all participants, their recovery journey had taken them to a place where they felt a general sense of well-being. Participants voiced, "…as I got older, then… spirituality as it related to my life experience began to grow. It began to say, Hey, it's ok, mistakes are made, things happen, but you can still love yourself" (Participant 4); "A burden has been released" (Participant 3); "It shows that you can overcome anything in your life…There's nothing that you can't forgive…there's nothing that you can't get over" (Participant 1); "I am satisfied with where I am, I'm at peace, I'm happy, and sometimes when you're at peace you're not

happy, but I'm happy…and I think …I just…yeah...I'm enjoying my life right now… I am" (Participant 3).

Furthermore, five participants identified specific areas of growth and transformation, demonstrated in changes in attitude and or behavior, as a result of spirituality and its influence in their lives. Participants stated, for example, the following: "I feel like there is help…I don't feel like …I'm not going to hell…so my attitude has changed" (Participant 2); "I'm becoming more vulnerable in expressing myself and letting down my guard…which I think is important" (Participant 3); "I wasn't able to speak out loud… but now I can…You know… I'm able to talk about it …and talk about it with other people in the room" (Participant 4);

My relationship with my mother…my relationship with my sisters, right…they

are all 10 folds better …the way I see myself in the community …I'm a worker of

workers among workers. I don't need that buffer. I don't need to be better than

you or hide under a behavior because I don't want you to notice my weakness.

(Participant 6)

Summary

In summary, six participants were recruited for an interpretive phenomenological study exploring the lived experience of recovery from childhood sexual abuse among Black adult male survivors, and the experienced role of spirituality in that recovery. Twelve superordinate themes were identified from the data collected and analyzed. These were identified as: sociocultural structures and dominant discourses shape experience of abuse**;** missing connections in early childhood are a common experience of abuse

survivors; CSA challenges healthy development of self-concept; CSA is associated with emotional/psychological/behavioral disturbances; sexual identity, orientation and behaviors are impacted by CSA; CSA impacts social/relational attitudes and behaviors; making sense of the abuse experience facilitates healing and recovery; supportive environments create safe spaces in which healing can take place; understandings of spirituality and transcendence contribute to 'meaning-making' of the abuse experience; connection and meaningful relationship with God/higher power moderates the impact of abuse and facilitates helping relationships towards others; partnership with God/higher power creates a catalyst for divine intervention; and spiritual transformation facilitates growth and well-being. While all themes describe aspects of the lived experience, the last four primarily focus on the role of spirituality. Participants shared many commonalities, but differences in experiences were also noted in the findings. All findings will be discussed in relationship to existing literature in Chapter 5. The significance of these findings, the implications for future research, clinical practice, and social change, as well as, recognized limitations of this study will also be discussed in this chapter.

Chapter 5: Discussion

Introduction

This interpretive phenomenological study examined the lived experience of CSA in ACB identified male survivors of CSA, and the role of spirituality in their recovery. The purpose of this research was to help fill a recognized gap in the scholarly literature in this area. The study produced rich, meaningful data and essentially found that while Black men's experiences can bear much similarity with other male survivors of abuse, there are some significant differences that need consideration. The following discussion will provide an interpretation of the findings in relation to other scholarly works, identifying how they further extend knowledge in the area of CSA in Black male survivors. The transactional model of stress and coping and the four domains model of spiritual health and well-being will also be used to explain the findings. In addition, limitations of the study, recommendations for future scholarly endeavors, and implications for practice and positive social change will be presented in this chapter.

Discussion of Findings

The findings of this study are consistent with previous studies, in that they indicate that CSA is associated with long lasting adverse effects (Aaron, 2012; American Psychological Association, 2012; Meyer et al., 2017; O'Leary, et al., 2017; Perez-Fuentes et al., 2013). These effects include negative self-concept, and emotional, psychological and behavioral disturbances (Cashmore & Shackel, 2014; Dorahy & Clearwater, 2012; Easton, 2014; Fergusson et al., 2013; Gagnier & Collin-Ve`zina, 2016; Jeong & Cha, 2019; Lindert et al., 2014; MacGinley, 2019; O'Leary et al., 2017). Issues related to

sexual identity, sexual orientation, and sexual behavior, as well as, social/relational issues also were dominant themes (Aaron, 2012; Alagia & Mishna, 2014; Easton, 2014; Easton et al., 2014; Fergusson et al., 2013; Gagnier & Collin- Vezina, 2016; Hillberg et al., 2011; Maniglio, 2009; Meyer et al., 2017; O'Leary et al., 2010; O'Leary et al., 2017; Roode et al., 2009; Ullman, 2007). Findings also seemingly confirm that sociocultural norms and dominant discourses contribute to the experience of CSA and that CSA is sustained by an environment that fosters secrecy and the silencing of abuse (Curry & Utley, 2018; Fontes & Plummer, 2010; Jone & Trotman-Jemmott, 2016; Morgan, 2019; Stoltenborgh et al., 2011). Gendered norms, stereotypical images of masculinity, and stigma persist as key aspects of this dynamic (Cashmore & Shackel, 2014; Dorahy & Clearwater, 2012; Easton, 2014; Easton et al., 2014; Elkins et al., 2017; Gagnier & Collin-Ve`zina, 2016; Jone & Trotman-Jemmott, 2016; Pasura et al., 2013; Stoltenborgh et al., 2011). Missing connections in early childhood, including the influence of familial dynamics and communication patterns, are also in alignment with previous scholarly works on CSA (Cagnier & Collin-Vezina, 2016; Easton, 2013).

Furthermore, participants' narratives support findings that suggest that, despite the negative effects of CSA, positive growth, healing, and recovery following CSA is possible and such outcomes are facilitated by processes of meaning making that occur within the contexts of supportive environments (Arias & Johnson, 2013; Bogar & Hulse-Killacky, 2006; Domhardt et al., 2014; Easton et al., 2013; Easton et al., 2015; Fuller-Thomson et al., 2020; Graves et al., 2017; Grossman et al., 2006; Jeong & Cha, 2019; Manda, 2015; Marriot et al., 2014; Vilenica et al., 2013; Walker-Williams et al., 2013).

Changing perspectives of God/higher power, greater commitment to spirituality, and using spirituality as a way of coping with CSA were common characteristics of participants' narratives. Participants' accounts revealed that spirituality contributed to meaning making and facilitated healing and recovery and improved connection with others. These findings are also consistent with those of other scholars (Arias & Johnson, 2013; Draucker et al., 2011; Gall, 2006; Jeong & Cha, 2019; Kerlin & Sosin, 2017; Knapik et al., 2008; Lee, Park & Hale, 2016; Murray- Swank & Pargament, 2005; Murray- Swank & Waelde, 2013; Vilenica et al., 2013). Moreover, healing and recovery as a life-long process or journey continues to manifest as an important feature of survivors lived experience (Bogar & Hulse-Killacky, 2006; Jeong & Cha, 2019).

While findings in this study capture themes that are apparently similar to those identified by other scholars examining CSA, it should be noted that this study is unusual in that it illuminates the unique lived experience of ACB identified male survivors of CSA living in Canada, the United Kingdom and the United States, who have Caribbean/South African heritage. The lived experience of participants suggest that Black male survivors may encounter additional circumstances that impact their experience of CSA when compared to other survivors. For instance, participants' narratives suggest that there may be environmental factors faced within the Black community that interface with CSA. These environmental factors may be augmented for Black men because of historical and sociocultural influences. The following discussion will highlight what some of those factors are and how they might influence the experience of Black male survivors of CSA. More specifically, the following areas will be discussed: the influence

of historical legacies and sociocultural expectations on Black masculinity and on the acknowledgement of emotional/psychological pain; the influence of institutional racism/ discriminatory practices on CSA; media influences on CSA; historical/sociocultural influences impacting body privacy, safety, and agency; and the influence of migration on familial dynamics, attachment security, and CSA. In addition, barriers to professional mental health services will be discussed in relation to alternative support mechanisms, such as the Black church.

Historical/Sociocultural Influences on Black Masculinity

Participants' narratives suggest they may face unique sociocultural pressures to conform to masculine views, when compared to other men. Scholars highlight the influence of legacies of patriarchy and oppressive victimization that have resulted from histories of colonization and/or enslavement, and that have helped formulate Black masculine identities (Curry & Utley, 2018; Freedman, 2011; Hasford, 2016; Slatton & Spates, 2014). For example, historical narratives that portray Black men as hypersexual and hypermasculine shape present sociocultural representations of Black men (Hasford, 2016). Cultural emphasis on traditional forms of masculinity in Black communities add another element to this arena (Downing et al., 2018; Pasura et al., 2013; Plummer, 2013). Plummer's (2013) analysis, for instance, suggests that African Caribbean men may experience sociocultural pressures to demonstrate masculinity by having multiple sexual liaisons with females, and that failure to demonstrate adequate heterosexual interest can give rise to homophobic consequences. Similarly, participants in this study draw attention to sociocultural expectations of 'manliness' and virility, early sexualization, and

homophobia. Furthermore, my findings suggest that such expectations might contribute to Black male survivors of CSA experiencing increased stigmatization and silencing of their abuse histories, which might further result in denial of any adverse effects from CSA. Moreover, such pressures might also result in Black male survivors experiencing more issues to do with hypersexualized behavior or sexual identity.

Historical/Sociocultural Influences on Acknowledgement of Emotional/Psychological Pain

Participants' accounts indicate Black males may encounter distinctive cultural pressures to deny or minimize emotional/psychological pain associated with their experience of CSA. This appears to be rooted in cultural scripts that emphasize being strong. Campbell's (2017) analysis illuminates how historical and cultural legacies contribute to Black people having a sense of pride in being strong through adversity and being able to overcome difficulties. One participant captured this dynamic in his experience when he highlighted, "you don't really show signs of weakness" … "I feel like that's the culture… like… you have to be tough". While having this belief might be adaptive in certain situations, failure to recognize and respond to CSA appropriately might also be a consequence of such expectations. The findings in this study indicate that cultural perceptions and pressures of this nature might provide an added complexity to Black survivor's experience of abuse, making it more difficult to recognize or admit CSA effects, or to seek help. Previous scholarly works, examining barriers to accessing mental health services among Black ethnic minority groups, support this finding (Mckenzie et al., 2016; Memon et al., 2016; Robinson et al., 2018; Yorke et al., 2016). For instance,

Memon and colleagues (2016) found that, amongst other barriers, Black males may not seek mental health services because of cultural perspectives that emphasize being emotionally strong and that downplay mental illness symptoms or signs of post-traumatic stress disorder. Understanding how historical/cultural concepts of 'being strong' shape experiences of CSA for Black men, is an area of focus indicated by participants' narratives, and one that might benefit from further exploration.

The influence of Institutional and Systemic Racism and Discriminatory Practices on CSA

Scholars have also documented the contemporary challenges of racial stress and discrimination for Black CSA survivors, which include issues to do with over policing of Black communities, victimization, racial profiling, anti-immigration policies, and the marginalization and exclusion of Black people from economic, social and political arenas (Curry & Utley, 2018; Elkins et al., 2017; Sanchez et a., 2019). Recent times have seen an increased awareness of anti- Black racism, especially in light of media coverage showing police brutality against Blacks, and in particularly, with the death of "George Floyd" in May of 2020 (Sobo et al., 2020; Syed et al., 2018). Organized responses protesting against these and other injustices faced by Black people, have proliferated in many countries, including the United States of America, United Kingdom and Canada (Sobo et al., 2020; Syed et al., 2018). The complexity that issues of social inequalities and racial injustices might create in the lives of Black men surviving abuse is alluded to in the statement – "…as Black men we are fighting against a lot of other social issues that we forget that an issue like what you're exploring is very much a part of our make up in a

lot of ways". It is noteworthy that 'social issues', in this context, are described as "antagonistic". Evidently the experience of having to deal with and address these additional and antagonistic societal issues interferes with Black male survivors being able to recognize and properly address the issue of CSA in their lives. Furthermore, the ongoing, and systemic nature of oppressive and racist practices can result in Black persons internalizing a sense of powerlessness and futility, which might be projected onto other adverse experiences in life, such as CSA (Sanchez et al., 2019). This might also explain why cultural recognition of CSA might be lacking in the experience of Black survivors and why a sense of futility in seeking help or in trying to address trauma related symptoms might be present.

Media Influences on CSA

The intersectionality of media and CSA is another area highlighted in participants' accounts. For participants in this study, hypersexualized 'music and music culture' were seen as contributing to the prevalence of CSA. It was also a means by which they encountered dominant messages of masculinity and male sexuality, which was further seen as influencing their own sexual behaviors following abuse. Scholars have found that sociocultural norms can be influenced and transmitted through various media forms (Arabi-Mianrood et al., 2019; Bleakley et al., 2008; Collins et al., 2011; Coyne & Padilla-Walker, 2015; Johnson-Baker et al., 2016; O'Hara et al., 2012; Smiler et al., 2017; Wright & Centeno, 2018). Furthermore, media can be a strong source of sexual information particularly where taboos around sex and sexuality are emphasized (Arabi-Mianrood et al., 2019; Smiler et al., 2017). When it comes to mainstream media for

example, approximately 81% of movies and 82% of TV media contain sexual content

(Coyne et al., 2019). The influence of media containing sexual content, on sexual

attitudes and behaviors has been well documented (e.g Arabi-Mianrood et al., 2019;

Bleakley et al., 2008; Collins et al., 2011; Coyne & Padilla-Walker, 2015; Coyne et al.,

2019; Johnson-Baker et al., 2016; O'Hara et al., 2012; Rodenhizer & Edwards, 2017;

Smiler et al., 2017; Wright & Centeno, 2018). For example, Coyne and colleagues (2019)

meta-analysis showed a strong association of sexual media with peer sexual norms,

permissive sexual attitudes, risky sexual behaviors, and acceptance of rape myths.

More specifically, popular songs and music videos often contain forms of sexual

messaging. Evidently, one third of popular songs have sexual content that is explicit, with

two thirds of these being of a negative or degrading nature (Wright & Qureshi, 2015).

Furthermore, 40-75% of music videos are estimated as having sexual imagery (Wright &

Qureshi, 2015). Studies show links between sexual content in music and sexual beliefs,

attitudes, and behaviors, suggesting that sexually explicit content in music can be a

factor, in combination with other factors, that results in early sexual initiation, sex role

stereotyping, sexually permissive attitudes and behaviors, and an increased risk of

adverse sexual outcomes (Arabi-Mianrood et al., 2019; Coyne & Padilla-Walker, 2015;

Johnson-Baker et al., 2016; Smiler et al., 2017; Wright & Centeno, 2018; Wright &

Qureshi, 2015). Furthermore, sexual content in music video's is associated with

stereotypes of males being hypersexual, promiscuous, and engaging in early sexual

initiation (Wright & Rubin, 2017). Sexual content in music videos might also influence

sexual cognitions, which include the objectification of women, sex as a form of

recreation, early sexual initiation, stereotypical gender roles, and rape myths (Cundiff, 2013; Kistler & Lee, 2009; Wright &Rubin, 2017).

Sexual content in music and the nature of that content varies depending on the type of music genre. For instance, explicit sexual content and misogynistic lyrics may be more apparent in rap music, while violence against women, casual sex involving numerous partners, sexual experimentation and engagement in sexual acts considered taboo, or unusual, may be more evident in rock music; and more sexually covert messages, or sexual activities depicted as romantic might be more prevalent in pop music (Wright & Rubin, 2017). While the tendency is to highlight sexually explicit content in music, it is also recognized that non-explicit sexual content in media is also related to sexual attitudes and behaviors (Coyne et al., 2019).

Scholars have also explored the interconnection between ethnicity and music media preference. A study of persons living in the USA for example, indicated that white participants preferred rock and country music genres, Black participants preferred rap and R&B music genres, and Asian participants had a preference for R&B music (Wright & Qureshi, 2015). Studies examining ethnicity in relation to music preferred/listened to and sexual content in music media however, are very few and need further inquiry (Coyne et al., 2019). Furthermore, it is not clear from participants' accounts what particular music genres are being referred to, which may not be the same as the music genre's studied in this area.

While studies indicate an association between sexual content in music and sexual attitudes and behaviors, it is not clear how this might be associated with CSA prevalence.

On the other hand, sexual messaging in music media might create added pressure on Black male survivors to demonstrate/prove masculinity through hypersexualized behaviors, and to not give voice to their abuse histories as a result. This too appears to be an undetermined area of research. In addition, while there is a preponderance of findings demonstrating associations between sexual content in music media and sexual attitudes and behaviors it should be noted that they do not indicate causal relationships. Neither is the evidence consistent or conclusive, since other scholars provide evidence that suggest there is minimal relationship between media and sexuality (Ferguson et al., 2017). Furthermore, it is not clear whether associations found might be explained by other findings that indicate individuals with particular sexual experiences, attitudes and behaviors are more likely to expose themselves to sexual media content (Bleakley et al., 2008). Moreover, although sexual lyrical content and sexual imagery have been frequently studied in various media forms, including music media forms, the connection between music and CSA experiences appears to be a new idea in the literature. Further inquiry examining the relationship between music and CSA is therefore needed to increase our understanding around this topic.

Historical/Sociocultural Influences Impacting Body Privacy, Safety, and Agency

The issue of body privacy, safety, and agency was also illuminated in participants' responses as a contributing factor in CSA. It is recognized that children who do not have an appropriate understanding of sexuality, as well as, a corresponding understanding of body privacy, safety, and agency, are more vulnerable to CSA (Wurtele & Kenny, 2011). Scholars indicate that children should be encouraged to have personal

boundaries and body ownership (Wurtele & Kenny, 2011). This concept conflicts with historical legacies of oppression and patriarchy that marginalize children from having autonomy or power, and which continue to manifest as a dominant narrative in certain African/Caribbean communities (Jewkes et al., 2005; Jeremiah et al., 2017).

Hegemonic discourses construct children through patriarchal lenses that position children as having no status, no voice, and needing to be controlled (Butler et al., 2019; Haring et al., 2019). From this perspective, children may be expected to demonstrate respect to people viewed as being on a different hierarchical level of age, sex, position or status in a community (Jewkes et al., 2005). 'Respect' might mean being polite, being obedient, not speaking until you are spoken to, children being seen but not heard, not speaking when adults are talking etc. (Jewkes et al., 2005). In certain situations, however, such relations might increase CSA risk for children in that they may find it more difficult to reject or disclose uncomfortable touching or inappropriate sexual behavior towards them (Jewkes et al., 2005), a difficulty highlighted in participants' narratives. It might also be assumed that inadequate responses to CSA disclosure might result, as those disclosed to may be reluctant to confront a perpetrator because of beliefs and practices inherent within patriarchal/hierarchical norms.

Participants' narratives further highlight cultural scripts that position the child's body as accessible to others in ways beyond their own control, such as when older adults touch their bodies in sexualized play. Such practices might create confusion and ambiguity in the child as to appropriate body and sexual boundaries and thus limit their potential agency, making them more vulnerable to abuse (Jewkes et al., 2005). This was

also featured in participants' accounts. Not having adequate knowledge about CSA can affect how a parent perceives CSA risk, as well as, how well a parent implements protective strategies against CSA (Rudolph & Zimmer-Gembeck, 2018). Cultural beliefs and practices that normalize sexualized play between adults and children might be perceived as not being harmful to the child (Jewkes et al., 2005). Parents may not therefore see the need to protect their child from older persons, such as adolescents or adults, whether familial or known and trusted community members, touching them in this way; nor recognize any discomfort the child may experience in such instances. In addition, they may feel that any remonstrance on their part might be downplayed by the community because of the cultural acceptance of such practices. Cultural scripts of this nature might also create ambiguity in relation to touching and how this is interpreted in relation to sexual abuse, further complicating this issue (Jewkes et al., 2005).

Furthermore, discourses that position children as 'innocent' influence perceptions regarding their sexuality and their need to learn about sexual matters, such as, how to identify inappropriate sexual touch or abuse (Butler et al., 2019). Evidently, parents are hesitant about communicating with their children on such issues, and refrain from speaking to their children with any specificity about CSA, including the characteristics of those likely to be perpetrators, such as family or community members or persons that may be perceived by the child as likeable (Rudolph et al., 2018). On the other hand, the effectiveness of programs that emphasize educating children about CSA has not been demonstrated to prevent actual abuse and may result in unwanted psychological effects in the child, such as anxiety, fear and confusion (Rudolph et al., 2018).

Participants' narratives suggest that sociocultural scripts that position children where they have minimal or no agency can be a key factor in Black men's lived experience of abuse. Black male survivors of CSA might face specific challenges in the area of body privacy, safety, and agency, due to legacies of oppressive patriarchal structures that perpetuate perceptions of the child as having little or no personal rights or 'power', and cultural beliefs and practices. The descriptions given by participants suggest the need for understandings about normal sexuality and development in childhood, and what might be harmful to that development. They further suggest that understandings about what might lesson a child's ability to recognize sexually abusive behaviors, or their ability to exercise a degree of agency when such behaviors are directed towards them and how to counteract these, are also important. Studies exploring the degree and type of knowledge parents have regarding the complex nature of CSA are however, limited (Rudolph & Zimmer-Gembeck, 2018). Furthermore, there appears to be few studies exploring childrearing beliefs, styles and practices in relation to CSA among ACB identified communities. More research is needed in these areas that would increase our understanding on this topic.

The Influence of Migration on Familial Dynamics and Attachment Security in CSA Survivors.

Attachment security to both fathers and mothers, including parental care, warmth, and support is highlighted by scholars as being important in mitigating adverse outcomes of CSA (Cyr et al., 2019; Easton & Renner, 2013; Hébert, et al., 2018; Lind et al., 2018). Missing connections in childhood that result from familial dynamics and closed

communication patterns were found to be integral components of the lived experience of participants in this study, and appear to support such findings. The experience of Black adult male participants suggests there are added elements, such as parental migration, that need to be considered.

Figures estimate that globally, migrants account for approximately 1 in 7 individuals, the majority of whom are labour migrants (Fellmeth et al., 2018). This study highlights the experiences of ABC identified participants that are primarily first and second generation migrants living in Canada, the United Kingdom and the United States of America, with Caribbean/South African roots. International migration, enabled by post-colonial shortages in labor provide a way of bettering family circumstances economically for many communities, including Black communities (Dillon & Walsh, 2012; Fellmeth et al., 2018; Jone & Trotman-Jemmott, 2016). Scholars highlight the negative impact that international migration can have on family structures and psychological well-being, including attachment security (Dillon & Walsh, 2012; Fellmeth et al., 2018; Gustafsson, 2018). As a result of immigration to other countries, children are often left behind with extended family members or other care givers until a way can be provided for them to join their parents or until the parents return to their home country (Dillon & Walsh, 2012; Fellmeth et al., 2018). Evidence suggests that while children left behind may experience economic benefits as a result of parental migration, this experience may also result in negative impacts on their physical and mental health (Fellmet et al., 2018). Fellmeth and colleagues (2018) meta-analysis for example, indicate children left behind have a significantly higher risk of depression, suicidal

ideation, anxiety, wasting, stunting, and substance abuse, in comparison to children of non-migrant parents. How contextual factors such as, family structure, living conditions, level of care giver support and supervision, and parental- child relationship might mediate these outcomes, however, is also important to consider. (Fellmeth et al., 2018).

In a sense, children receiving the benefits from remittances sent to them and/or their caregivers might conclude that parental absence was for their own benefit and therefore have positive feelings towards parents who are physically absent (Gustafsson, 2018). The separation of parents from children is nonetheless, found to create some challenges. For instance, parental absence can create emotional distress and guilt feelings in migrant parents, and feelings of abandonment and loss in children (especially where there is a lack of communication between parent and child) (Arciniega, 2011; Gustafsson, 2018). Care giver neglect or maltreatment may also be an issue (Gustafsson, 2018). Migrant mothers are especially found to have a significant impact on children, since responsibility for the emotional well-being of the child often continues to be held by the mother (Gustafsson, 2018). Providing that support may prove to be difficult when the mother is experiencing the stresses that come with being an immigrant in a foreign place, as well as dealing with her own feelings of guilt, lack of control over her children, and worry and anxiety as a result of the separation (Arciniega, 2011).

Participants in this study provide illustrations that indicate migration to another country impacted parental ability to prevent or respond appropriately to CSA, and as a result contributed to feelings of abandonment, powerlessness, resentment, and emotional disconnect to the parent, more specifically, the mother. Scholars indicate that

explanations for CSA might be given that attribute blame to migrant mothers (Reddock et al., 2020). Traditional patriarchal hierarchies contribute to this dynamic, given that these often assume childcare responsibility to the migrant mother despite her additional burden of economic support for the family (Reddock et al., 2020). Furthermore, patriarchal attitudes and male hegemony may result in a lack of consequences to male perpetrators of abuse who might be considered as having minimal sexual accountability (Reddock et al., 2020). In addition, perpetrators might be protected by family or extended ties, the reluctance to have dirty laundry aired in public, or the fear of being stigmatized (Reddock et al., 2020). These factors create added circumstances and pressures for migrant mothers that can pose difficulties in her ability to address the issue of abuse and can also create a situation that puts children at risk. Moreover, fear of jeopardizing support mechanisms, or fear of consequences that might further disadvantage the child/children, and lack of support services or opportunities for legal redress, might also result in parents feeling they have no ability to control what is happening, and their failure to adequately respond to CSA (Jeremiah et al., 2017). Participants' narratives indicate that Black male survivors of abuse who have gone through experiences related to parental migration, may have added nuances to their lived experience of abuse that need consideration. More research in this area would provide further understanding on this issue, particularly as it relates to separation experiences and attachment security.

Barriers to Professional Mental Health Services and Alternate Support Mechanisms

From another perspective, Cross and colleagues (2018) highlight the very significant role of informal support mechanisms among Black ethnic minority groups in

mitigating adverse outcomes. Furthermore, the role of social supports as a protective

factor and in facilitating healing and recovery in CSA survivors is well documented (e.g.

Bogar & Hulse-Killacky, 2006; Domhardt et al., 2014; Easton, 2013; Fuller-Thomson et

al., 2020; Jeong & Cha, 2019; Marriot et al., 2014). Informal social support mechanisms

that protect participants from the harmful effects of CSA also appear to be an important

feature of participant's narratives. As well as, family, spouses/partners, and friends,

participants also turned to the church for support. The church provided another means of

social support to participants by way of pastoral staff, informal ministries/groups, and the

support and/or mentorship that could be accessed from these.

Scholars show that among Black communities, there is often a preference for

reliance on informal social support networks, as opposed to accessing mental health

services that offer professional counselling or psychotherapy (Memon et al., 2016).

Barriers to mental health services, such as, financial, racism and discrimination,

fear/distrust, and community cultural beliefs that stigmatize mental health issues, might

contribute to this dynamic (Dempsey et al., 2016; Fante-Coleman & Jackson, 2020;

McKenzie et al, 2016; Memon et al., 2016; Motley et al., 2018; Robinson et al., 2018;

Yorke, 2016). Many of these barriers were alluded to in participants' accounts. Such

barriers might also contribute to Black survivors of abuse turning to informal supports,

such as the church, for help with emotional/psychological issues they might be

experiencing. Indeed, the Black church is often seen as a chief avenue through which

unmet mental health needs of many Black individuals are addressed (Dempsey et al.,

2016; Robinson et al., 2018). Scholars suggest that Black individuals may find it easier to

access and to build rapport and trust in this environment, since its services are usually free, built on restorative principles, more culturally sensitive, and are delivered by persons that are more ethnically alike with their own ethnicity (Dempsey et al., 2016). Moreover, for most participants, the church was linked to the engagement of spiritual practices, such as singing, prayer, and bible study, which helped promote spirituality and a sense of well-being. A supportive environment, such as what might be gained from the church, might contribute to this positive effect, since these activities might often be done as a collective/shared activity in a supposed environment of fellowship and caring.

From another perspective, participants also illuminated some potential limitations to the church being able to meet the needs of Black male survivors of CSA, particularly because of potentially strong traditional, cultural, and biblical perspectives on masculinity and homosexuality. Participants highlight the heightened stigmatization and marginalization survivors may experience as a result of such beliefs, and the silencing that this might create for Black male survivors of CSA. Scholars suggest that clergy/pastoral staff may not be able to respond to mental health issues adequately, particularly issues that have to do with sexuality, because of these potential biases or because they lack training in these areas (Dempsey et al., 2016). Despite many of the benefits that might be realized as a result of connection to the church, this dynamic can potentially create an added barrier for Black male survivors of CSA in help seeking.

The Transactional Model of Stress and Coping as an Interpretive Framework

The transactional model of stress and coping provides a framework for understanding how individuals cope with stressful life events, such as CSA. A key

premise to this model is the understanding that there is a continuous interaction between the individual and the environment (Lazarus & Folkman, 1987). Stress occurs when individuals appraise their interaction with the environment as threatening to their well-being (Lazarus &Folkman, 1987). According to Lazarus & Folkman (1987), individuals engage coping processes as a result of their appraisal of a situation and these coping efforts can be either emotion focused or problem focused.

The findings of this study indicate that cognitive appraisal processes were used by participants to develop coping processes to CSA. Coping processes involved emotional, cognitive, and behavioral strategies that were identified as emotion focused or problem focused. All participants seemingly appraised their CSA experience as having negative and devastating consequences in their lives that were confusing, emotionally painful, overwhelming, and out of their control. In an effort to manage these and other feelings, their initial response was to develop emotion focused coping strategies, such as denial, avoidance, hypersexualized behaviors and substance misuse. Such responses align with Lazarus and Folkman's (1987) concept that individuals are more likely to use emotion focused coping strategies when they appraise a situation as something they are not able to change in any way. While emotion focused coping might have helped participants adapt to their situation in the short term, participants still struggled with post-traumatic stress disorder symptoms, such as flashbacks, anxiety, difficulties in relationships, depression, and suicidal thoughts. Evidently, however, emotion focused coping might have been more maladaptive in the long term, since it prevented participants from actually facing,

processing, and addressing their experience of CSA (Lazarus & Folkman, 1987; Phanchrat & Townsend, 2010).

Participants' narratives indicate that they experienced turning points in their lives that propelled them towards more problem focused coping. In other words, turning points brought them to the place where they sought help and support and were able to engage in meaning making. Meaning making seemingly facilitated emotional and cognitive processing of their CSA experience that encouraged positive meaning and reappraisal of this stressful event. As a result, participants were able to engage more adaptive responses, including more active or problem focused coping, external attribution of blame, forgiveness, acceptance, increased self-esteem, and optimism. Consistent with other scholars findings, these characteristics were found to promote resiliency in participants (Bogar & Hulse-Killacky, 2006; Domhardt et al., 2014; Easton, 2013; Fuller-Thomson et al., 2020; Jeong & Cha, 2019; Marriot et al., 2014). Moreover, they helped protect participants from the negative effects of CSA to the point where they were able to heal and experience recovery. Positive meaning, positive reappraisal, and problem focused coping therefore, were able to bring about 'positive effect' in participants' lived experience of abuse, which supports scholarly works on stress and coping (Folkman, 2008; Folkman & Moskovitz, 2000). Furthermore, participants engaged spirituality to help them in the meaning making process which helped facilitate their positive reinterpretation of their experience of abuse, such that they could move towards healing and recovery. Using spirituality in this way further supports the transactional model of stress and coping (Glanz et al., 2008).

The Four Domains Model of Spiritual Health and Well-Being as an Interpretive

Framework

The four domains model offers a framework that can further explain the findings in relation to spirituality. Essentially, this model is based on the premise that spirituality plays a significant role in overall health and well-being (Fisher, 2011). It further supposes that spiritual health is determined by how one interacts with, as many as four spiritual domains, that is, the personal interaction with oneself, communal interaction with others, environmental interaction with nature and the eco-political and social environment, and transcendental interaction with supernatural/ higher being/God domains (Fisher, 2011). Having a positive relationship with each of these domains contributes to spiritual health and well-being (Fisher, 2011).

The findings of this study indicate that spirituality was a vital component of participants lived experience of abuse. In fact, they saw it as fundamental to their healing and recovery. The findings further indicate that as participant's knowledge, understanding, and experience of spirituality obtained greater depth in meaning they were able to gain greater insight into personal, communal, and environmental aspects of their lives, and to interact with and experience positive growth in these areas. For example, positive growth was manifest in the personal domain by having more positive self-worth, joy and peace; in the communal domain by being able to connect with others more effectively and demonstrate forgiveness or improved ability to trust; in the environmental domain by responding to sociocultural pressures in more adaptive ways, such as resisting taboos about CSA and wanting to share one's experience with others; and, the

transcendental domain by having greater sense of meaning and connection to a higher power/God. This finding supports Fisher's (2011) analysis which suggests that, knowledge of the spiritual can give meaning and understanding to experiences in other domains, and that some domains, such as spirituality, can build up other domains (Fisher, 2011). Moreover, this characteristic, also describes the 'progressive synergism' that occurs between domains and which was evident in participants' narratives (Fisher, 2011). For example, whereas, spirituality/transcendence (the spiritual domain) facilitated an increased awareness and appreciation of the self, as in the experience of feeling loved or valuable (the personal domain), this enhanced self-concept further contributed to survivors interacting and trusting others more (the communal domain). This highlights the non-linear nature of the interaction between the self and the various domains. Participants accounts also illuminate how, as they were able to interact more positively with each of these domains, they were also able to experience improved spiritual health and well-being generally, which further supports Fisher's (2011) analysis.

Limitations of the Study

There are several limitations of this study. Firstly, this is a study based on a purposeful sample of ACB identified male survivors of CSA living in Canada, the United Kingdom and the United States of America who were able to provide meaningful data that answered the research questions. It is noteworthy that Black male survivors are not a homogenous group, but are rather, heterogeneous, having diverse lived experiences. While being "Black" might be a salient feature in this study and an important shared identity, the study focuses on African Caribbean Black men with Caribbean/South

African heritage. The study's findings, therefore, may not be transferable to the experiences of Black men generally, or to other ethnic groups.

Secondly, the sample used for this study was small, having six participants, which means the study's findings cannot be generalized. However, it should be noted that the purpose and design of this qualitative study, was not to achieve a sample that could provide generalizability, but to instead allow for a case by case analysis that would provide in-depth, rich, and meaningful data about the lived experience of CSA (Dawidowicz, 2016; Smith, 2017).

Thirdly, there may be limitations due to the age range of the sample (35-56 years of age), which does not necessarily reflect the general population of Black male survivors. Survivors of younger or older ages may have different experiences, and so a study with a sample of men representing a wider age range might be useful.

Fourthly, this study primarily highlighted the experience of men who gave histories of spirituality that were rooted and influenced primarily by "Christianity". Their accounts, therefore, may not reflect the experience of Black men having different religious/spiritual backgrounds or worldviews.

Recommendations

This study provides needed insight into the experiences of Black male survivors of abuse, as well as, highlighting the need for more inquiry in several areas. Black male survivors of abuse are situated in unique historical/sociocultural intersections which can impact their experience of abuse. While the findings indicate that historical/ intergenerational, and sociocultural factors, may influence the lived experience of CSA

for Black male survivors, further studies are needed that would provide more understanding on the specific nature of these in relation to CSA; in particular, the impact of historical/cultural concepts of masculinity, and 'being strong', as well as, the impact of societal issues such as institutional racism and discrimination. In addition, while sexual lyrical content and sexual imagery have been studied, research is needed in the area of music/music culture and the relationship between this and CSA. More understanding as to the relationship between highly sexualized music and the experience of Black male survivors of CSA, specifically, would also extend knowledge in this area. It is also not clearly defined in the literature how 'body privacy, safety, and agency' are understood among ACB identified communities, or how these intersect with parenting/childrearing or community values, and CSA. Understanding more fully the role of sociocultural factors in influencing these dynamics and how this might impact the lived experience of Black male survivors is needed. This too is an area therefore, that might benefit from further research. The influence of parental migration and its impact on familial dynamics and CSA in Black males, is another area that appears not well developed in the literature and needs further exploration.

As mentioned earlier, this study had limitations in respect to its transferability to other Black or ethnic groups, to black men from different age ranges, and to Black men having different religious/spiritual backgrounds. Future studies might consider these limitations and provide information that would expand our knowledge about a more diverse group of Black adult male survivors of CSA. Moreover, quantitative or mixed methods studies might also provide another dimension in terms of encapsulating larger

sample sizes and thus more potential for generalizability. Findings that can be generalizable to larger Black populations in combination with studies that are focused on the lived experience can provide a foundation for informing relevant policy development and change.

Implications

This study is an important contribution to existing literature, providing further insight into the role of spirituality in the recovery and psychosocial adjustment of survivors of CSA, especially as it relates to ACB identified male survivors of CSA living in Canada, the United Kingdom and the United States of America. Moreover, the findings help fill a gap in a knowledge base that is currently understudied and underdeveloped. Spirituality and unique historical/sociocultural influences were found to be significant factors in the experience of Black male survivors of CSA. An understanding of how to appropriately navigate these, such that intervention strategies are properly informed, and developed in order to prevent and mitigate the effects of CSA, is important. The findings indicate that intervention strategies require holistic concepts and flexible approaches. They also indicate the importance of health professionals having an awareness of their own biases, prejudices, and stereotypical beliefs about adult Black male survivors of CSA, and critically reflecting on how these might act as barriers to help seeking, and proper treatment and care.

In addition, policies need to be in place that facilitate trauma-informed, culturally competent and culturally sensitive practices that effectively meet the needs of adult Black male survivors (Dempsey et al., 2016; Memon et al., 2016). A focus on strengths rather

than deficits should be a key feature of service delivery, including strategies that identify and promote resiliency factors in survivors. Holistic and flexible approaches also necessitate a willingness to integrate spirituality into treatment responses, as spirituality can be an added resource for adaptive coping and recovery from CSA in Black male survivors.

Furthermore, there are potential implications for the allocation of resources. For example, providing education and training around sociocultural influences that might impact CSA in Black males and how to help survivors navigate or reconcile these in relation to CSA; providing cultural competency training; and/or hiring staff that reflect communities being served, such as black communities. Media campaigns can also be developed as a way of raising awareness, challenging stereotypes, reducing stigma and encouraging Black male survivors to access support.

Building respectful relationships and forming collaborative partnerships with Black organizations and community groups/leaders might be a way to develop more trust of the health care system and health care services, facilitating better access and use of such services amongst the black community, and amongst Black male survivors in particular. Such partnerships can also be a way of providing awareness and education around the potential risks and effects of CSA, and how these might be responded to more effectively by the community and community leaders.

Conclusion

This study examined the lived experience of CSA in adult Black male survivors and the role of spirituality in their recovery. While the findings highlight similar themes

captured by other scholars examining CSA, this study is unusual in that it illuminates the experience of survivors not well studied, that is, ACB identified male survivors of CSA living in Canada, the United Kingdom and the United States of America, and thus provides an important contribution to existing literature. The findings suggest that Black male survivors of abuse are situated in unique historical/sociocultural inter-relationships which might create an added complexity to their experience of abuse. They also suggest that spirituality can play a very prominent role in helping survivors navigate influences of this nature in order to achieve healing and recovery. Scholars are urged to continue to expand the focus of inquiry around CSA in Black male survivors, as well as other people groups, to facilitate more knowledge and understanding of the impact of historical/sociocultural factors on CSA and how this might intersect with spirituality. Furthermore, it is imperative that policies, intervention strategies and practices are developed which reflect an understanding of historical/sociocultural factors and promote accessibility and an appropriate and effective response to CSA in Black male survivors. Treatment services must also adequately consider the potential role of spirituality in facilitating healing and recovery in CSA and move towards more holistic treatment modes that integrate spirituality. As a result of such strategies Black male survivors might more readily engage in help seeking after CSA, and potentially experience enhanced opportunities for positive growth and recovery. Moreover, the potential for raising awareness and understanding about the lived experience of CSA in ACB identified male survivors has implications for the empowerment of families and communities to actively engage in and develop strategies and supportive mechanisms that promote individual and

community health and well-being in relation to CSA.

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Appendix A: Background Questionnaire

Interview ID#_____ (To be filled out by researcher)

Date of interview (mm/dd/yy): _____ (To be filled out by researcher)

<u>Demographic Questions</u>

1. Age: _____
2. Ascribed sex at birth: _____
3. Race/Ethnicity: _____
4. What is your country of birth? _____
5. What is your country of residence? _____
6. What is your religion/religious affiliation? _____
7. Are you married, single, divorced, widowed, in a stable relationship, not in a stable relationship _____
8. State your current level of education: _____
    a. No schooling completed
    b. Elementary school
    c. Some high school, no diploma
    d. High school graduate
    e. Some university or college
    f. Trade/technical/vocational training
    g. Associate degree
    h. Bachelor's degree
    i. Master's degree
    j. Professional degree
    k. Doctorate degree
    l. Other (please explain) _____

9. State your current employment status:
    a. Employed for wages
    b. Self-employed
    c. Out of work and looking for work
    d. Out of work but not currently looking for work
    e. A homemaker
    f. A student
    g. Military
    h. Retired
    i. Unable to work
    j. Other (please explain) _____

Appendix B: Interview Guide

This study aims to explore the lived experience of recovery from childhood sexual abuse.

1. How old were you when the abuse first began?

2. How old were you when the abuse stopped?

3. Who were you abused by? (parent, close family member, community figure, stranger).

4. How has the experience of abuse affected your life? (emotional/ psychological, social, physical)

   Past – childhood/adolescence/adulthood

   Current daily life

5. What do you believe to be the most significant impact?

6. How has the experience of abuse impacted your experience of masculinity?

7. How has the experience of abuse impacted your sexuality?

8. How did/do you cope/manage the effects of your abuse experience?

   Past – childhood/adolescence/adulthood

   Current daily life

9. Before this interview, were you able to speak to anyone about your abuse?

10. If yes, when were you first able to do this? How helpful did you find this experience? What has been your experience in speaking about it since?

11. If no, why not?

12. What other supports did/do you attempt to make use of?

   What did/do you find to be the most helpful? Why?

   What did/do you find to be the least helpful? Why?

One of the main interest in this study is exploring connections between spritualty and

recovery from childhood sexual abuse**.**

13. What does spirituality mean to you?

14. How important is spirituality or religion in your current daily life?
include spiritual/religious traditions/rituals/ routines e.g frequency of attendance at places
of worship/spiritual gatherings, prayer, meditation etc.

15. In reviewing your life, how has the way in which you perceive and engage in

spiritual matters developed over time?

> Past – childhood/adolescence/adulthood

> Current daily life

16. What impact did/does spirituality/religion have on your experience of abuse?

> Past – childhood/adolescence/adulthood

> Current daily life

17. How have spiritual/religious supports/practices been utilized by you in coping
with/managing your abuse experience?

> How helpful did/do you find these?

18. How would you describe your current state of well-being and satisfaction with life?

19. What do you think are the most significant contributors to this?

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