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The Experience of Sexual Abuse of Afro Caribbean Women: The Interpretive Phenomenological Analysis of the Particularities Attached to Disclosure

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The Experience of Sexual Abuse of Afro Caribbean Women: The Interpretive Phenomenological
Analysis of the Particularities Attached to Disclosure

by

Angela Hood

A Dissertation Presented to the
College of Arts, Humanities, & Social Sciences
In Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

Nova Southeastern University

2018

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Angela Hood

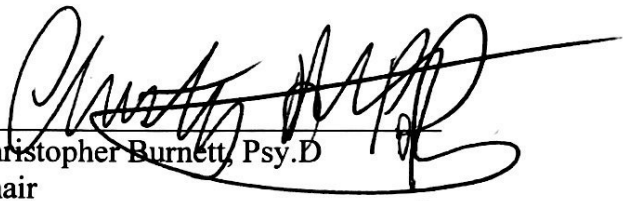
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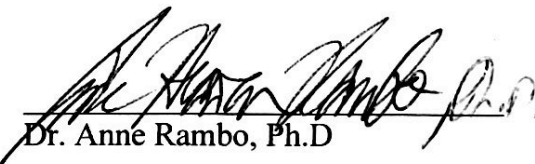
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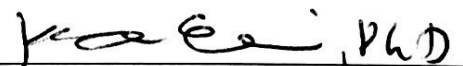
This dissertation was submitted by Angela Hood under the direction of the chair of the dissertation committee listed below. It was submitted to the Graduate School of Humanities and Social Sciences and approved in partial fulfillment of the requirements for the degree of Philosophy in the Department of Family Therapy at Nova Southeastern University.

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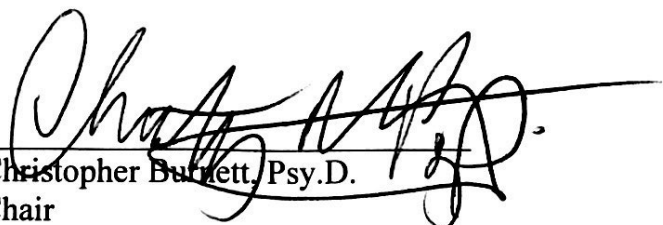
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Abstract

Sexual abuse is often associated with long-term distressing effects. The experience of sexual abuse differs between survivors and the disclosure of the abuse is a complicated process that may have many particularities attached. For this study, I conducted an interpretative phenomenological analysis to understand how Afro-Caribbean women who experienced sexual abuse understand and make meaning of their experiences and the particularities attached to disclosure. Although prior research regarding sexual abuse has been conducted, research amongst Afro-Caribbean women has been minimal. Further absent from the sexual abuse literature is the lived experience of this population and the meaning they ascribe to their experience. This study utilized semi-structured interviews to elicit data from a sample of five women who identify as Afro-Caribbean or Afro-American women of Caribbean decent who experienced sexual abuse. The emergent themes from the analysis were identity of self as a sexual abuse victim, protection of self from the perpetrator, release of self during and after disclosure, and resilience of self. Themes from the analysis of the participant interviews revealed the experience of sexual abuse in the context of Afro-Caribbean women. This information provides valuable knowledge that may contribute to the larger field of marriage and family therapy by expanding the horizon of cultural awareness around this specific population.

Keywords: Afro-Caribbean women, sexual abuse, gender issues, disclosure.

CHAPTER I: INTRODUCTION

Sexual abuse is a prevalent epidemic that often goes unreported among Afro-Caribbean women, due in part to the perception of what constitutes sexual abuse (Jones & Trotman-Jemmott, 2009). Current research related to Afro-Caribbean women who survived sexual abuse and the particularities attached to their disclosure experience is minimal. For this study, I conducted an interpretative phenomenological analysis to understand how Afro-Caribbean women who experienced sexual abuse understand and make meaning of their experiences and any particularities attached to disclosure.

Inception of Study

This study was inspired by my own personal experience with sexual abuse as a child through young adulthood. In addition to the abuse itself, I experienced betrayal by a relative I had confided in about the abuse, and subsequently had my experience invalidated and dismissed by those who were told about it. I was blamed for causing the sexual abuse, which resulted in physical abuse, emotional abuse, and trauma. After that experience, it took some time before I felt comfortable sharing my experience due to shame, fear, and rejection. Because of my own sexual abuse, I experienced low self-esteem, misused alcohol, and lived a promiscuous lifestyle. Due to my destructive behavior, I entered counseling where I realized I wanted to be heard and have my experiences validated. Participating in counseling was a turning point for me, which helped me develop the resiliency and strength to speak-up about what I had lived through. I was able to build a strong support system and a forum where now I can openly and publicly share my experience. In addition, writing became a safe source of disclosure for me. Although the objective of this study does not include the identification

of a specific intervention, the findings may contribute to the field of marriage and family therapy, by helping to develop an understanding of how Afro-Caribbean women make sense of their experience of being sexually abused and what factors contribute to the meaning they ascribe to their experience.

Statement of the Problem

Sexual abuse is a common problem that extends globally and has cultural and social implications. Ample information is available about sexual abuse among women of all races in the United States. Research by Kilpatrick, Resnick, Ruggiero, Conoscenti and McCauley (2007) indicates that, “approximately 20 million out of 112 million women in the United States (US) have been raped” (p. 2). Of that number, “only 16% of the cases were reported to law enforcement” (Kilpatrick et al., 2007, p. 2). The authors further note that individuals who experienced rape while under the influence of drugs or “who were incapacitated, were less likely to report to authorities than other victims of rape” (p. 2). The Rape Abuse and Incest National Network (2017) reports “90% of all rape victims are females” and “females between the ages of 16 -19 are 4 times more likely than the general population to be victims of rape, attempted rape and sexual assault” (p. 1). Many women have experienced sexual abuse, but according to reporting statistics, disclosure of sexual abuse is minimal across cultures and regions (Fisher, Daigle, Cullen, & Turner, 2003).

In 2008, Black females reported higher rates of sexual assault and rape than other races (Catalano, Smith, Snyder, & Rand, 2009). The statistics suggest that some countries and regions have been able to identify the pervasiveness of sexual abuse more frequently than other regions due to greater resources (Catalano, Smith, Snyder, & Rand,

2009). However, there remains a lack of researched information on the meaning attached to disclosure of sexual abuse. In addition to understanding the global meanings of sexual abuse on Afro-Caribbean women, researchers must also be aware of the personal meaning each individual associates with their experience and any specific details attached to their ability to disclose their experience to meet the treatment needs of this population. Therefore, this study does not include an investigation of whether Afro-Caribbean women's sexual abuse experience differs from other racial groups who experienced sexual abuse. Rather, this study examines the meaning-making Afro-Caribbean women utilize to shape their experience, as well as any additional particularities attached to disclosure contributing to their meaning-making process.

Definition of Afro-Caribbean Woman

Sexual abuse, assault and rape differ in meaning across cultures. The historical and cultural construct of Afro-Caribbean women and African American women of Caribbean descent is relevant to understanding the background, historical perspective, legacy of slavery, and sexual abuse of this racial group. An *Afro-Caribbean* woman is defined as any woman who self-identifies as Afro (African descent) and was born in the Caribbean Island or West Indies; while a woman of *Afro-Caribbean descent* is defined as any woman who self-identifies as Afro whose parents or grandparents were born in the Caribbean Islands, while they themselves were born elsewhere (Merriam-Webster Dictionary, 2017). An *African American* is anyone born in America whose ancestry is traced to Africa and who identifies as African American. *Black American* women are defined as a population having dark pigmentation of the skin and of African descent who identify as Afro-Caribbean or African-American of Caribbean descent (Merriam-Webster

Dictionary, 2017). *Black Caribbean* immigrant women are those who self-identify as “Black” due to the pigment of skin color and do not identify as African (descent), but self-identify as Caribbean or as Caribbean descent and live in the United States. This study focused on Afro-Caribbean women who have experienced sexual abuse. In this study, *culture* refers to the worldview, experience and factors that shape the experiences, beliefs, and practices of a culture (American Association for Marriage and Family Therapy [AAMFT], 2014).

The Relevance of Race in Sexual Abuse

Women of African descent have experienced slavery, discrimination, and segregation since the mid 1600’s (Frazier, 1932). By the mid-1860s, more than four million African men, women, and children were traded into slavery making up almost one-third of the population (History.com, 2009). Slavery over the years has contributed to the disenfranchisement of African Americans (Frazier, 1932). According to DuBois (1898), when African Americans were sold into slavery, they lost their cultural identity. Boyd-Franklin (2003) posits that slavery degraded slaves, stripping them of their right to freedom, dignity, and human rights. Black women were stripped naked and traded on the auction block and sold at auction (West & Johnson, 2013).

Slaves were not only used to build the economy—by picking cotton, working on plantations, or working the railroads—women’s contribution to the economy was also their ability to produce children (West & Johnson, 2013). Nearly 58% of enslaved women in the US were sexually assaulted between their 15th and 30th birthday. According to Bryant-Davis, Ullman, Tsong, Tillman, and Smith (2010), sexual assault and exploitation were used as means of dominance over enslaved African females during the

slavery era. Resistance of sexual advances by the female slaves was punished while those who accepted were rewarded for their submission and obedience (Bryant-Davis et al., 2010). Black enslaved women were also punished for disclosure of having sexual relations with White males whether they were willing or forced to participate (West & Johnson, 2013).

Rape laws in the 1800s were race-specific and did not protect black women and the perpetrators were only persecuted if White women were the victims (West & Johnson, 2013). For example, during a court case in 1859, a Mississippi judge overturned a case of a Black slave male who raped a 10-year-old Black female because a “Black woman’s innate hyper-sexuality made them unrapable and undeserving of protection” therefore, raping a black woman was not considered as crime (Bryant-Davis et al., p. 2). According to Bryant-Davis et al. (2013), this perspective of Black women’s sexuality contributed to the perpetual abuse of Black women blaming on the survivor’s “hyper-sexuality,” and not holding the perpetrator responsible (p. 2).

The effect of racial stereotyping contributes to the reluctance of women of African descent to disclose sexual abuse post-slave trade era (West & Johnson, 2013). Jacques-Tiura, Tkatch, Abbey and Wegner (2010) posit that Black women are less likely to disclose sexual abuse than other ethnic groups partly due to their history of slavery and racial discrimination. For many years after the abolishment of slavery, Black women were still excluded from the protection offered by laws criminalizing rape. The suffering of Black women was overlooked due in part to them being viewed as a disenfranchised group, unlike the apparent cohesiveness found in the legitimized experience of White women (Jacques-Tiura et al., 2010).

Women of all races experience sexual abuse as well as the marginalization of their experience within the dominant discourse of their culture. The unique nature of their lived experience corresponds to the degree of marginalization each race encounters. The increased marginalization of Blacks in the dominant social discourse extends to the experience of slavery, sexual abuse, and rape throughout history. The lack of protection from criminal justice systems perpetuates victims' reluctance to report sexual assault (Jacques-Tiura et al., 2010). In addition, the social discrimination experienced by Black women contributes to the lack of disclosure. According to West and Johnson (2013), Black women have utilized various strategies to stand up against sexual victimization by fighting back, running away, or developing a culture of silence that discouraged the disclosure of rape.

Prior literature suggests that Black women are unlikely to disclose sexual assaults for a number of reasons. "They feel that their claims will not be taken seriously and may perpetuate stereotypes of sexual violence within the Black community; they feel disloyal for reporting an assault by a Black man; they anticipate being derogated" (Jacques-Tiura et al., 2010, p. 3). A research study conducted on sexual abuse of women in Trinidad and Tobago found that women were reluctant to disclose sexual abuse due to fear of the breach of confidentiality by police authorities and concerns that the victim or the reporter of the abuse would suffer a consequence for disclosing the abuse (Hadeed & El-Bassel, 2007). An additional study reported that due to a lack of confidence in the ability of the police to address sexual abuse, participants chose to address the sexual abuse themselves (Jones & Trotman-Jemmott, 2009).

Cultural Limitations to Disclosure

There is a homogenizing of Blacks in America that does not support differentiation based on country of origin or ethnicity and as such, this segment of the population is overlooked. The unique struggles of Black women dealing with sexual abuse are lumped in with that of other racial minorities, thereby negating their ethnic and cultural implications (West & Johnson, 2013). Additionally, little information exists in the literature regarding Caribbean women's thoughts, perceptions, reactions to, and recovery from sexual abuse trauma individually and within the community. Blacks who are decedents of Africa and the Caribbean are not separately identified in the U.S. census; instead, they are categorized as "African," "African American," or "Black." Little to no consideration of the cultural differences, language, spiritual practices, and beliefs are considered, even though culture lies at the core of human existence and diversity in self-identification. The bifurcation of Blacks leaves no room for self-expression of cultural differences and experiences, and the society a person is raised in shapes their view of the world (O'Neil, 2008). Representatives with similar cultural backgrounds may find it easier to communicate with people within their culture due to shared values and beliefs (Maude, 2011).

When considering disclosure of sexual abuse, shame is a central factor that limits disclosure in many cultures, including that of Afro-Caribbean population (Fontes, 2005). According to several studies, disclosure is negatively perceived in cultures with numerous taboos about sexuality and where family is seen as the highest priority (Alaggia, 2004; Fontes, 1993). Within the scope of Afro-Caribbean society, the image of an entire community is often based on the behavior of its individual members. Although

sexual abuse occurs within all ethnic groups, cases involving Afro-Caribbean women are not talked about publicly because they may be used to exclude the victims from the society (Fontes & Plummer, 2010). Black women rarely choose to disclose or will delay disclosure of childhood sexual abuse entirely, because of previous negative experience (Tillman et al., 2010). According to Tillman et al. (2010), a Black woman is less likely to seek help from the dominant society (e.g., police officers, medical staff). This barrier is explained by the supposition that White staff members may have a negligent attitude towards cases of childhood sexual abuse where Black women are victims (Washington, 2001).

Such assumptions are based on evidence that “pervasive racism and limited knowledge about different cultures often results in service providers being predisposed to biases and prejudice that affects assessment, treatment, and therapeutic engagement with ethnic minorities in the helping services” (Tillman et al., 2010, p. 64). Additionally, there are strong social stereotypes about the sexuality of women of African descent. The origins of these stereotypes dates back to periods of slavery, where black women were presented as sexually promiscuous and immoral, but their effects are still considered as a barrier to disclosure (Collins, 1990). This stereotype still exists in modern society, although it is more hidden from public discourse. Religious beliefs and moral codes also warn against irresponsible sexual interaction by women (Tillman et al., 2010). Within modern culture, it is considered natural for males to boast about their heterosexual activities. However, such an attitude in women is unlikely and frowned upon if revealed. Moreover, an emphasis on a girl’s virginity and the shame of engaging in intercourse prior to marriage is still cultivated in many corners of society. Considering these factors,

it can be a great barrier for a girl and her parents to disclose the occurrence of sexual abuse (Fontes & Plummer, 2010).

According to Perrault (2011), sexual abuse can occur anywhere and to anyone and has serious psychological and physical impacts, to both the victim and the society. A study conducted by the Institute for Gender and Development Studies [IGDS] (2014) indicated that underreporting of sexual abuse in Trinidad and Tobago was a serious problem. The study findings further indicated that 85% of the 165 rape cases reported over six months in 2006 involved the violation of girls and 16% were incest (IGDS, 2014).

According to Jeremiah, Quinn, and Alexis (2017), nearly 34% of Afro-Caribbean women reported that they were sexually active prior to turning 16 years, 48% of which mentioned their family members as the sexual partners. The authors made note of the fact that Afro-Caribbean culture—Eastern Afro-Caribbean culture in particular—manifests within structural, cultural, and social norms that are driven by patriarchal beliefs, inequality between the genders, hegemonic male practices as well as legal and political frameworks that are inefficient and insufficient (Chevannes, 2001; Jones & Trotman-Jemmott, 2009; Reid, Reddock, & Nickenig, 2014). Another prominent factor noted by the authors is the cultural implications for Afro-Caribbean families to protect their family honor (Jeremiah et al., 2017; Jones & Trotman-Jemmott, 2009). The need to protect the family's honor is associated with the culture of silence surrounding sexual victimization, prompting victims to rationalize both the threat and experience of violence (Jeremiah et al., 2017). The silence surrounding rape creates barriers to perpetuate sexual assault (Reid et al., 2014).

Little scholarly literature is devoted to sexual abuse in the Afro-Caribbean community. Equally, little research is available regarding the evaluation of sexual abuse amongst Afro-Caribbean women. Jeremiah et al., 2017 noted that the paucity of research and literature on sexual assault with Afro-Caribbean families might be attributed to a lack of the survivors revealing the truth and the lack of data collection at the regional level, which causes many of the cases to remain unreported and undocumented. Most data come from government agencies, law officials, and social services once the victim or family members have reported (Jeremiah et al., 2017). At the same time, anecdotal accounts of sexual victimization are widely known among the families and the community at large (LeFranc, Wyatt, Chambers, & Ricketts, 1996; St. Bernard, 2002).

Risk Factors In The Caribbean

Many risk factors, such as patriarchal dominance, the legal system, drugs and alcohol, economic vulnerability, incest, and social norms in the Caribbean region serve to exacerbate the likelihood of sexual abuse and non-disclosure (see Figure 1). Sexual abuse is a common thread weaved into the fabric of society in the Caribbean culture, which is faced with many challenges, including transactional sex (Jones, Trotman-Jemmot, & Kimmage, 2008). Transactional sex involving children in the Caribbean continues to remain a prevalent problem, but tends to be under researched (Jones et al., 2008). Some parents and family members use transactional sex of children as a means for survival, arising from factors such as women being economically beholden to men and the desire to escape poverty (Jones et al., 2008; Melrose, 2004). For example, in Barbados, the prevalence of sexual involvement between older men and female minors

under the age of 18 is considered acceptable, particularly if it is a means for survival (Jones & Trotman-Jemmott, 2009).



Figure 1. A smart art representation of the risk factors in the Caribbean.

In one study conducted in Ethiopia by Hoot, Tadesse, and Abdella (2006), 70% of the children between the ages of 8 and 18 were found to be engaging in transactional sex. Families in half the cases were faced with two choices as a means for survival; they had to choose between going hungry, or selling their daughters for sex and money. Of the children interviewed for that study, 35 indicated they were involved in transactional sex to support their family, themselves or their own children (Hoot et al., 2006). While poverty may be the driving force behind transactional sex, the ideal of engaging in “risk-free” (Jones et al., 2008, p. 20) and “safer sex”, (Hoot et al., 2006, p. 130) is also a common factor.

It is commonly believed that younger girls who have not been exposed to Sexually Transmitted Diseases (STD'S) are safer sex objects and are less likely to be infected with the Human Immunodeficiency Virus (HIV) (Hoot et al., 2006; Jones et al., 2008). When considering transactional sex, it is also recommended to consider other factors, such as criminal activities which facilitate sexual abuse (Jones & Trotman-Jemmott, 2010). Numerous sexual abuse cases are reported to have occurred during violent crimes (Jones & Trotman-Jemmott, 2010). There is a widespread acceptance of deviant elements in most Caribbean societies, such as the presence of gangs, which perpetuate vices such as transactional sex abuse, drug use, violent crimes, theft, and other criminal behaviors (Perrault, 2011).

Another risk factor in the Caribbean is an inconsistency in the legal framework and criminal justice systems. Perrault (2011) observes that the language used in the construction of child protection laws throughout the Caribbean are idiosyncratic to each country and often inconsistent, which leads to ineffective protection of children. In some Caribbean countries, provisional laws allow corporal punishment as a legitimate form of corrective behavior and child rearing (Perrault, 2011). Additionally, sentencing laws related to sexual abuse of girls 14 years old and younger also show inconsistencies. In countries such as Barbados, weaknesses exist within in the legal system due to the lack of reinforcement by institutions entrusted with the responsibility to protect children (Perrault, 2011).

According to a baseline study conducted on policing and sexual offenses in the Caribbean, there are deficiencies in police responses, legislative provisions, and investigations of sexual offenders (United Nation Women, n.d.). In much of the

Caribbean, there is a tendency to toughen sanctions while offering little or no enforcement in the protection and care of abused children and no discreet way to report such crimes (Sjöberg & Lindholm, 2009). This baseline study highlighted that individuals charged with sexual abuse are often granted bail through the courts, which often places the victim at increased risk (United Nation Women, n.d.). “Less than 1% of all intimate rape cases result in incarceration or never reach the criminal justice system, allowing perpetrators to remain in the community” (Jones et al., 2014, p. 19).

In addition to poor systems for reporting, there are inefficient means of data collection from children, stemming from both the judicial system and the individuals’ reluctance to address the occurrence of sexual abuse (Jones et al., 2014). The challenge is augmented by what Jones and Trotman-Jemmott (2009) refer to as “coercion against reporting.” Perpetrators use their strength, power, and influence to threaten the victims with consequences if they report (Sjöberg & Lindholm, 2009). These factors suggest sexual abuse will continue to occur if there is no mechanisms in place for protecting against and reporting sexual abuse (Perrault, 2011). The argument made by the authors posit that a society that tolerates deviant acts embraces and encourages the vice indirectly (Perrault, 2011).

Drug and alcohol abuse are yet other antecedent factors that lead to sexual abuse of women and children (Jones & Trotman-Jemmott, 2009). According Planty, Langton, Krebs, Berzofsky, and Smiley-McDonald (2013), between the periods of 1994-1998; 1999-2004; and 2005-2010, results consistently showed 40% of the victims reported that they believed the offender was under the influence of drugs and alcohol prior to the abuse. Jones and Trotman-Jemmott (2009) reported less than 30% of sexual abuse

reports come from homes without drug or alcohol abuse problems. Although alcohol is believed to impair judgment and thereby have direct repercussions manifested in sexual abuse, there are also indirect relationships between sexual abuse, alcohol, and mental health issues (Abbey, Zawacki, Cuck, Clinton, & McAuslan, 2004). Individuals who suffer from personality disorders often use alcohol to manage their condition.

Additionally, these individuals are predisposed to abuse others as a symptom of their personality disorder. Therefore, the perpetrators' subjective problems also serve as risk factors. Another example of an individual risk factor for the survivors is re-victimization, in which early incidents of abuse trigger more vulnerability in the future (Browne & Finkelhor, 1986).

Economic vulnerability is prevalent in the Caribbean region and presents an additional risk factor for child and adult sexual abuse. With few financial resources available to them, those who suffer from poverty seek material gains by offering themselves for sex (Jones & Trotman-Jemmott, 2009). Upon closer evaluation, one can discern multiple facets to the influence of economic disadvantage in sexual abuse. One facet reflects genuine economic desperation, where the victim succumbs to the perpetrator for fulfillment of a need or fear of loss of sustenance. Jones and Trotman-Jemmott (2009) identified several risk factors associated with this population, including poverty, gender inequality, lack of parental supervision, and the lack of social support. In some Caribbean countries, poor living conditions result in girls having to share sleeping spaces with the males in the home, which can contribute to the occurrence of sexual abuse (Jones & Trotman-Jemmott, 2009). Additionally, lack of social support and poor parental supervision are contributing factors in creating the conditions for the sexual

abuse of girls. For example, when working mothers leave their daughters at home under the supervision of male partners, the girls are vulnerable to sexual abuse.

Incest is also a risk factor to consider when discussing sexual abuse in the Caribbean and abroad. Incest is defined as “sexual intercourse between persons so closely related that they are forbidden by law to marry” such as between a father and daughter, sister and brother, or uncle and niece (Merriam–Webster, 2017). Incest may also include sex between stepparents and adoptive parents or anyone closely related through first, second and third generation (Perrault, 2011; University of California, 2016). According to existing research, most Caribbean countries have incidents of incest related sexual abuse, with girls reporting the highest number of incidents (Karbeyaz, Toygar, & Celikel, 2016). Risk factors contributing to incestuous relationships include living in low socioeconomic communities, disenfranchised family systems, and closed society structure (Karbeyaz et al., 2016). Jones and Trotman-Jemmott (2009) report that in Caribbean countries where men and women have multiple children with multiple partners, individuals may not be aware of whom their blood relatives are, which may lead to individuals engaging in sexual relations with close relatives.

Global risk factors. Globally, the number of incest cases that are reported is minimal because incest is considered a controversial topic of discussion (University of California, 2016). A survivor’s choice to remain silent consists of many variables such as shame, guilt, protecting other family members, and having sworn to secrecy with the perpetrator (University of California, 2016). Incest disclosure can have an effect not only on the survivor but also on the household, severing family ties and bringing about division and regret (University of California, 2016). Family values are a thread woven

through the fabric of culture; disclosure of incest could cause frays, creating an adverse effect on the survivor. As Jones et al. (2014) suggest that a child who discloses incest risks experiencing social stigma and discrimination from the community for both themselves and their family which further causes negative impacts.

According to Baltimore County Government (2017), one in three girls and one in five boys are sexually assaulted and most often, the perpetrator is someone in the family. Perrault (2011) states that incest is likely to happen behind in secrecy without the knowledge of other family members. Incest has traditionally been considered condoned by the tactic of silence, tied by a shared sense of “affection and solidarity and equated family with sanctuary” (Perrault, 2011, p. 4). Incest is considered a crime in the United States, and all states have laws that protect the survivor of incest. However, some states differ in the punishment of incestuous relationships (National District Attorneys Association, State Criminal Statutes, 2010) . For example, in Alabama, marriage or intercourse with a legitimate or illegitimate ancestor is considered a class C felony; while in California, incest is considered sexual relations with a person over the age of 14, within degrees of consanguinity, and will result in a state prison sentence (National District Attorneys Association, State Criminal Statutes, 2010). In New Jersey, incestuous relationships are privately acceptable and not against the law if the survivor is older than age 18, whereas incestuous sexual penetration is a second-degree felony if the victim is younger than age 18. In Rhode Island, no man or woman is permitted to enter marriage with a relative within the degrees of affinity or consanguinity, except when allowed by their religion (National District Attorneys Association, State Criminal Statutes, 2010).

Regardless of the differences in laws, incestuous relationships are an “important issue with social and psychological affects that concerns the entire community” (Karbeyaz et al., 2016, p. 551). The effect of incest can cause mental health difficulties based on several factors, such as the relationship the survivor has with the perpetrator, the type of sexual activity, the age of the child and psychological development, and if violence was utilized (Karbeyaz et al., 2016).

Social norms such as inconsistency in the legal system, economic conditions, incest, and the abuse of drugs and alcohol are risk factors for sexual abuse (Karbeyaz et al., 2016). Aspects such as poverty, blurred sexual boundaries, and living in a patriarchal system that promotes gender inequality are also risk factors for sexual abuse (Jones et al., 2014). These social norms may also contribute to silence in disclosing sexual abuse.

The Current Study

The current study evaluated the experiences of sexual abuse in Afro-Caribbean women and the particularities attached to disclosure. The study involved interviewing Afro-Caribbean women who have suffered sexual abuse and exploring their lived experiences. This study examined the participants’ experience within the framework of interpretative phenomenological analysis, and discussed the implications for research and the delivery of therapeutic services for this population

Research Question

The research question I posed for this study was; How do Afro-Caribbean women understand and make meaning of their sexual abuse experiences and the meaning attached to the particularities of disclosure?” The specific research questions for the study were:

- How do sexually abused Afro-Caribbean women understand their experience?
- What meanings do Afro-Caribbean women associate with their experience of sexual abuse?
- How do the particularities attached to disclosure influence how Afro-Caribbean women understand their sexual abuse experience?

The individual components of these questions each contributed to the queries in a meaningful way. The utilization of the word “how” identifies my openness to embrace new knowledge of the participants experience. The word “sexual abuse” implies “unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent” (American Psychology Association [APA], 2017). The word “Afro” implies non-Hispanic Black women of African descent (Stockman, et al., 2014). The word “Caribbean” implies anyone born in the Caribbean island or West Indies who identifies as an Afro-Caribbean native or descent. The word “experience” describes the knowledge or meaning gained through the lived experience of sexual abuse. The word “particularities” implies contributing factors. The word “disclosure” describes making known an experience or secret that was unknown.

Theoretical Framework

The collaborative language systems model, which is a post-modern approach in guiding an inquiry, was the theoretical foundation of the study. The Collaborative language systems model was developed by Harlene Anderson and Harold Goolishian (Anderson, 1997). Collaborative language systems is influenced by the views posited by social constructionism such that an individual’s reality is co-constructed and founded on the definitions established through language (Gergen, 2009). Utilizing a collaborative

language systems approach, a therapist's process of connecting with his or her client comes through inviting the client into a shared inquiry of the client's lived experience, and how it is influenced by culture and social relationships (Anderson & Gehart, 2007). Within this approach, meaning is derived from social relational actions that are developed through conversation with others and with themselves (Anderson, 1997). Relationally, the collaborative language system approach is a system process that happens through language. Through this relational system, meaning is generated by the individuals who are physically present, and by those who have influenced the dominant discourse, which has been socially constructed through the participants lived experience (Freedman & Combs, 1996; White, 2007). Furthermore, language and collaboration are central as methods of conceptualizing and doing research. According to Anderson (1997), language is the process by which meaning and the lived experienced is constructed and expressed, while collaboration is the process of relating with the participants through conversation. A collaborative language systems approach differs from modern approaches by seeking to understand the meaning attributed to the human experience rather than predict it (Anderson, 1997). A collaborative language systems approach is further described as a process by which understanding and knowledge is created through shared communication (Anderson & Burney, 1996; Anderson & Gehart, 2007). The process is also expressive of the participants and their experiences of the research topic (Bray, Lee, Smith & Yorks, 2000, p. 7). Bray et al. (2000) also described the collaborative language systems process as, "doing research with the participants rather on them (p. 7)".

I chose to use this framework because I wanted to make sure to capture the meaning constructed from the participant's perspectives, thus giving a full picture of the emerging information and factors. I intended to study the lived experiences of Afro-Caribbean women who were sexually abused, their individual meaning-making process regarding the abuse, and how meaning attached to disclosure influences how the participants understand their experience. As a marriage and family therapist, I am in a position to be curious about the meanings associated with the lived experience of the participants. A collaborative framework directed my focus on the meanings of each participant and brought into focus the different perceptions of the abuse. Furthermore, semi-structured interview provided insight into the different voices of their experiences. Using a collaborative language systems approach served to answer the research question of the meanings attributed by those who lived the phenomenon. I sought to understand the complexity of the lives of the participants who were sexually abused, and valued the various meanings ascribed to their lived experiences.

Significance of the Study

Understanding the sexual abuse experienced by Afro-Caribbean women elicit the meanings this population attributes to the incident, and work to co-create desired therapeutic outcomes to enhance the participants' quality of life. This study examined the participants' experience within the framework of interpretative phenomenological analysis, and discussed the implications for research and the delivery of therapeutic services for this population. The study brought to perspective the experiences of the participants, which improves the understanding of how culture and social norms facilitate non-disclosure of sexual abuse among Afro-Caribbean women.

The study contributes knowledge about sexual abuse and disclosure among Afro-Caribbean women, and provides a description of how they regard their experiences. Therapists can utilize the study to understand the experiences of Afro-Caribbean women on sexual assault and their concerns regarding disclosure. Such information may influence the development of culturally-sensitive structures for providing relief to the victims. Understanding the Caribbean culture could also help marriage and family therapists to develop culturally-sensitive strategies and practices using systemic theories that are inclusive of cultural context for Afro-Caribbean clients. The information obtained can also be used in marriage & family therapy (MFT) to increase the awareness of the meanings of sexual abuse and disclosure as they relate to the clients' experiences, culture, relationship to the perpetrator, and the dynamics of their family system.

Summary

Sexual abuse is a global problem bearing cultural and social implications for the victim. An approximate 18% of the women in the US have experienced sexual abuse, with Blacks reporting more incidences than their White counterparts do. Most cases of sexual assault are not reported across different cultures and regions. The Caribbean regions report higher incidences of sexual abuse with a prevalence of 29.8% of the women, most of whom are children under the age of 15 years. Patriarchal dominance, economic vulnerability, social norms, incest, and legal system in the Caribbean region are the main risk factors which increase the likelihood of sexual abuse and non-disclosure. The current study will explore the experiences of sexual abuse of Afro-Caribbean women and the particularities attached to disclosure. The collaborative systems approach will guide the inquiry of the study. The study will enquire how Afro-Caribbean women

understand and make meaning of their sexual abuse experience and the meaning attached to the particularities of disclosure.

CHAPTER II: REVIEW OF THE LITERATURE

This literature review presented the current research regarding sexual abuse and its effects on children, girls, and women. The research study outlines an overview of the prevalence of sexual abuse in women, the definition of rape from a global Western perspective, and the definition from the perspective of select Caribbean countries. The research study outlined sexual abuse and HIV/AIDS, contributing factors to sexual abuse, disclosure of sexual abuse, the effects of sexual abuse, as well as presenting a review of information on gender-based violence, intimate partner violence and alcohol. The review discusses the goal of this study and the theoretical framework.

Definitions of Sexual Abuse

For sexual acts to be categorized as *sexual abuse*, the sexual act must be an unlawful sexual interaction forced and against the will of the individual (Eady-Norman, Reinhart, & Martino, 2003). Sexual abuse can include *sexual violence*, which may be defined as sexual act that is physically forced, including kissing, touching, oral, vaginal, or anal penetration (Abbey et al., 2004). With this definition, *rape* becomes an element within the more inclusive sexual abuse definition. Rape can be defined as vaginal, oral, or anal penetration obtained through force, threat of force, or in absence of consent (Abbey et al., 2004). Exposing children to pornographic material, during which the perpetrator does not necessarily obtain direct sexual stimulation, is also classified as sexual abuse (Perrault, 2011).

Additionally, sexual abuse is regard as sexual violence, which is defined as any act of molestation, or any advances that consist of obtaining any sexual act without consent (Contreras et al., 2010) that is sexually or intimately instigated (Watson, 2009).

However, according to Abbey et al. (2004), different jurisdictions have different definitions for criminal sexual behavior, usually in conformance with most state laws. In the Eastern Caribbean, the definition of sexual abuse is predicated upon how it is experienced (Abbey et al., 2014). At one end of the spectrum, sexual abuse is considered rape and incest, whereas sexual engagement between “men and consenting underage teenagers for money or material goods is wrong, but not sexual abuse” (Jones & Trotman-Jemmott, 2009, p. 7).

Violence by intimate partners also falls into the definition of sexual abuse (Krug et al., 2002). Sexual abuse not only occurs within unhealthy or unwarranted relationships or as acts perpetrated by strangers, but also within meaningful marital relationships (Mahoney & Williams, 1998). Research on the sexual abuse of married women by their husbands is limited due to the cultural debate on the legal rights of a husband to have sexual intercourse with his wife as a binding agreement of the marriage (Jeffrey & Barata, 2016). Spousal sexual abuse may also come in the form of sexual coercion, which is considered as any sexual intercourse forced through verbal pressure, manipulation or arousal tactics (Jeffrey & Barata, 2016). Studies have reported most sexual coercion goes unreported because the women affected did not view the sexual act as forced. In a study conducted by Jeffrey and Barata (2016), the women reported that they did not think they had been sexually abused because the male partner used guilt tactics, such as expressing feelings of disappointment with their female partners to acquire unwanted intercourse. The report further stated that women who indicated being sexually coerced did not report the abuse because they did not conceptualize verbal

manipulation as abuse and they minimized or normalized the assault (Jeffrey & Barata, 2016).

Sexual abuse also occurs at the hands of law-enforcement, referred to as “*sexual related police misconduct*” (Stinson, Liederbach, Brewer, & Mathna, 2014). In a study conducted by Reed (2013), 610 law enforcement officers were involved in sexual misconduct, 56 of whom allegedly had multiple victims. Reed (2013) also reported that 58% of the cases involved non-consensual sexual relations and that 49% of the victims were adults. Stinson et al. (2014) describes police sexual violence as pattern-prone and involving victimization of the survivors leading to escaping of the perpetrators from penalties.

Reed (2013) noted, that while the general public report higher incidences of robbery, the rate sexual abuse among law enforcement is even higher. In a study conducted by Stinson et al. (2014) involving 548 cases of law enforcement officers who were arrested for sexual related crimes, 48% of those crimes occur in the Southern United States. “Most of the victims are strangers or non-stranger acquaintances and most of the cases involving adult victims (i.e., non-stranger acquaintances and stranger) occurred when the officer was on-duty” (p. 16). The study further posited 118 of the sexual abuse crimes committed by officers occurred over a period of three years, from 2005-2007, with 32.3% being forced sex crimes. Sexual misconduct at the hand of police officers also goes undisclosed due to fear of retaliation, the brotherhood between police officers that prevent the exposure of sexual misconduct, and barriers associated with the process of filing a complaint (Stinson et al., 2014). Sexual abuse by police officers is a form of misuse of power and authority earned through occupational status (Stinson et al., 2014).

This sense of misuse of power perpetuates sexual assault and abuse at the hands of law enforcement may contribute to whether the victims disclose the sexual abuse.

The Prevalence of Sexual Abuse in Women

Sexual abuse in any form, language or description is a legitimate problem that extends globally and can happen at any time and by anyone. The intensely personal nature of the phenomenon and the scant research data continues to hamper sexual abuse prevention in our society. Studies indicate that an approximate 20 million out of 112 million women in the United States have been raped with only 16% of the cases reported to law enforcement (Kilpatrick et al., 2007, p. 2). More than one in five women has experienced sexual assault or rape in their lifetime. A U.S. Department of Health and Human sciences (HHS) report indicates that 18% of American women have been raped with 12% of the cases involving college students (HHS, 2012). The Rape Abuse and Incest National Network, reports “90% of all rape victims are females” and “females between the ages of 16-19 are 4 times more likely than the general population to be victims of rape, attempted rape and sexual assault” (2017, p. 1). A study by Catalino et al. (2009) reported that Black women experiences higher cases of rape and sexual assault than other races.

Internationally, instances of sexual abuse are much more prevalent than reported. According to World Health Organization [WHO] (2013), 30% of partnered women experience sexual violence, with the Afro-Caribbean Islands, recording 29.8%, which is slightly lower than the global average rates. The Western Pacific Region recorded the highest prevalence of sexual abuse at 68% of the women (WHO, 2013). According to a report conducted by UNDP Caribbean Human Development Report, (2012), women

reported 30.4% higher levels of fear of sexual assault or being beaten by a partner or spouse in the Caribbean. Moreover, in non-partnered violence, the study further reported higher prevalence of sexual assault in African regions than in the Americas (Abbey et al., 2004).

Abusers are most often men, across all sexual orientations, social class, ages, profession, and educational backgrounds (Jones & Trotman-Jemmott, 2009). According to Klein, Boersma, Jong, and de Bruijn (2013), sexual abuse prevalence among Caribbean high school students alone is estimated at 43%. To affirm the latter statistic, Perrault (2011) reports that between 20% and 45% of adults in the Caribbean report having experienced behavior that could pass for child sexual abuse in their formative ages.

In the Caribbean, children are introduced into sex as early as 10 years of age, with girls reporting a higher rate than boys (Jones & Trotman-Jemmott, 2009; Krug, Dahlberg, Mercy, Zwi, and Lozano, 2002). The United Nations International Children's Emergency Fund [UNICEF] (2012) reports that an approximate 150 million girls under the age of 18 have experienced forced sexual intercourse or other forms of sexual abuse. Jones and Trotman-Jemmott (2010) have ascribed sexual abuse of children to commercialization of sex, which entails exploiting children for sexual satisfaction by luring them with material gifts. The authors have also observed the problem of child sexual abuse within the social and cultural context of Caribbean nations.

Sexual Abuse and HIV/AIDS

It is worth noting that sexual abuse often occurs during childhood and the effects can have long lasting impacts into adulthood. Although there is significant data on

reported cases of sexual abuse in women, little information is available regarding children from the Caribbean and abroad. Childhood sexual abuse is among the most concealed forms of child abuse (Perrault, 2011). Despite its hidden nature, child sexual abuse is not a new issue, occurring in every country and across ethnic, racial, socioeconomic, religious, and age groups of children. Moreover, sexual abuse affects children of all genders, although girls tend to be more vulnerable than boys (Perrault, 2011).

Child sexual abuse is a public health problem, which contributes to factors such as HIV and STD's (Centers for Disease Control and Prevention [CDC], 1997). HIV is a wide spread health problem that occurs across the world. In the Caribbean regions, 420,000 people have been infected with the HIV virus, primarily due to unprotected sex; an approximate 11,000 are children under the age of 15 (UNICEF, 2012). As of 2015, approximately 1.1 million people above the age of 13 are living with HIV in the US (Division of Violence Prevention, National Center for Injury Prevention and Control, CDC. 2017). African Americans account for 44% of HIV diagnoses in the US and have the highest rate compared to other ethnic groups (Division of Violence Prevention, National Center for Injury Prevention and Control, CDC, 2017). In a study conducted by Lindegren, Hanson, Beil, Fleming and Ward (1998) regarding sexual abuse of children and HIV epidemic, 206 cases were reviewed and of the 9,136 participants who reported having HIV, 26 were sexually abused. Of the 26 children, 14 females and three males were exposed to or confirmed having HIV. Seventeen participants confirmed being sexually abused and having HIV through exposure (i.e., sexual abuse, physical abuse through drug injection, prenatal exposure). Of the 17 participants, nine (eight females

and one male) suspected being infected with HIV through sexual abuse. Most of the exposure to HIV occurred through perpetrators who the children identified as a parent or relative (Lindegren et al., 1998).

Children living in poor communities experience higher rates of sexual abuse with Black and Hispanic adolescent males from disadvantaged backgrounds recording high HIV/STD infection rates (McKay et al., 2010). Sexual abuse of children in the Caribbean, US, and abroad happens in all contexts—school, homes, and in the streets—and can have lifelong devastating effect on the survivor (Perrault, 2011).

Disclosure of Sexual Abuse

Disclosure of sexual abuse is complex in nature and often has far-reaching implications. Sexual abuse is present in most cultures, but it is mostly kept secret due to cultural or societal norms. Empirical studies investigating sexual abuse indicate that around 50% of child victims do not disclose their experience prior to adulthood (London, Bruck, CeCi & Shuman, 2005). In the study by Lawson and Chaffin (1992), it was revealed that 57% of child participants denied abuse initially, only to have it later confirmed during further investigation. One of the reasons why children are inclined to avoid reporting abuse is their lack of certainty in the help and understanding they will receive from family, friends, and society (Sciolla et al., 2011).

Sexual abuse carries a stigma of shame and embarrassment as well as other factors that may prevent disclosing sexual trauma. According to the study by Briere and Elliott (2003), experiencing sexual abuse as a child may lead to serious adult psychopathology disorders found in 15-22% of some women. One third of female victims never disclose their sexual abuse experience (Briere & Elliott, 2003). Even

though two thirds of females disclose experiencing sexual abuse as a child, many are more comfortable with delaying disclosure until years after the event occurred (Briere & Elliott, 2003). Such delayed disclosure may lead to several negative effects (Sciolla et al., 2011). First, if the process of disclosure lasts for a relatively long time, children (and later, adults) might suffer from negative effects of the abuse, such as symptoms of post-traumatic stress disorder (PTSD). Second, the internal struggle and pressure a child may feel to remain silent, and then to eventually disclose the sexual abuse, may have already caused them physical harm and psychological disorders (Sciolla et al., 2011). Further, children may get accustomed to sexual abuse as a normal event, even enjoying some aspects of their relationship with the offender, which may later evolve into a more serious pathology (Sciolla et al., 2011).

Existing studies imply variables that influence sexual abuse disclosure.

According to the National Sex Offender Public Health Website (2017), “Studies of adults suggest that factors such as the relationship to the perpetrator, age at first incident of abuse, use of physical force, severity of abuse, and demographic variables, such as gender and ethnicity, impact the victim’s willingness to disclose abuse”. In some cases, disclosure of sexual abuse may be delayed until adulthood because the victims fear their perpetrator, or fear the perpetrator will harm their family member (London et al., 2005). As noted by Fontes and Plummer (2010) “the act of disclosing does not necessarily result in increased safety for a child” (p. 494).

According to Jacques-Tiura et al. (2010), when an individual has the freedom to disclose without fear of rejection or negative social stigma, disclosure can contribute to a restoration of physical and mental wellbeing—such as a decrease in depression, decrease

of symptoms of PTSD, and increase self-esteem. Conversely, disclosure of sexual abuse has also been found to have a negative impact on the survivor, such as increased fear, social isolation, shame, and rejection, which prevents the victim from revealing their experience to family and friends (Ellsberg & Heise, 2005). Research indicates that when sexually abused women disclosed to family members, they were scrutinized and their sense of identity scarred (Ellsberg & Heise, 2005; Jewkes, Sen, & García-Moreno, 2002).

Social stigma “surrounding sexual abuse or assaults are often daunting to talk about because of the personally invasive nature of the crime” (Shoenberger, 2016, p. 3). Social stigma and isolation can have a lasting impact on the relationship a survivor develops with themselves and others, as well as their ability to fit in with people who have not experienced sexual abuse (Ellsberg & Heise, 2005). Shoenberger (2016) also states that sexual abuse victims often try to live with the shame, embarrassment and reactions from those who have not experienced sexual abuse. When the dominant discourse in a society places blame on the victims of abuse, it can serve to perpetuate the experience and re-victimize the survivor (Shoenberger, 2016). Cultural attitudes of victim blaming can be found in comments such as “look at what she is wearing; she is asking for it” or “if she knows what is good for her she would change her clothes” which give the perpetrators validation and permission to abuse their victims and for society to look the other way (Bates, 2012).

Negative social stigma may contribute to the survivor’s ability to psychologically adjust to being sexually abused, feeling as though it was their fault, and contributing to a sense of guilt and self-blame. In a longitudinal study on social reaction and coping strategies conducted by Ullman (1996), unsupportive social reaction can have an adverse

effect on sexual abuse survivors' ability to cope with the experience of sexual abuse. Ullman (1996) further suggested that the reactions can occur in the form of ineffective support attempts. For example, ineffective support attempts can be found when an individual with good intentions may make a choice on behalf of the survivor to help the survivor cope with the experience of being sexually abused (Ullman, 1996). However, the actions of the individual may be interpreted by the survivor as asserting control over their ability to choose the behavior experienced during sexual abuse. Therefore, the individual's ineffective support attempt reinforces the lack of control the survivor experienced during the crime (Ullman, 1996). Researchers have suggested that because of the unique nature of sexual abuse, it is of particular importance to understand how social reactions affect sexual-abuse victims (Ullman, 1996). In addition to this specific social context of sexual abuse, other research suggests that specific explanations may need to be developed to understand social support and social reactions in relation to sexual abuse (Easton, Leone-Sheehan, & O'Leary, 2016). Due to the associated stigma, some sexually abused women may choose to disclose in a more informal setting such as to their therapist, priest or pastor (Easton et al., 2016).

Patriarchal System

Sexual abuse goes unreported partly due to families adhering to cultural patriarchal principles and hegemonic masculine practices (Jeremiah et al., 2017). As noted by Jeremiah et al. (2017), "those who live within such norms have little choice but to accept the dominant ideology" thus contributing to the use of silence and preventing victims from disclosing the abuse (p. 3). The literature suggests that the victim's silence in some ways maintains the family's honor and respect, protects the family, or results

from a sense of fear that the sexual abuse would be dismissed in the interest of the male patriarchal power, “particularly male adults who were breadwinners and providers” (Jeremiah et al., 2017, p. 4). A study conducted in Trinidad and Tobago, found that 47.6% of females aged between 10 and 18 years reported their first sexual experience was forced or coerced from a male in power within the family (Reid et al., 2014). Therefore, the male figure is often important to a female’s formation of her perception of sexual abuse (Fontes & Plummer, 2010).

According to Reid et al. (2014), the social context for sexual abuse, assault, and rape in Afro-Caribbean countries involves “gender inequality, social norms based on patriarchal values, domestic violence and the economic dependence of many women on men” (p. 257). Jones and Trotman-Jemmott (2009) further posit that power imbalance and the patriarchal values held by men in Afro-Caribbean countries gives them a “sense of entitlement to sexually abuse the children of their partners because they are the breadwinners (p. 23). In Afro-Caribbean patriarchal society, children and women have little or no power and survive by learning to maneuver through the cultural censorship imposed by institutions and social groups to establish their own legitimacy (Tankink, 2004).

For years, sexual abuse was considered an unmentionable topic in most cultures due to the norms, social factors, and infused patriarchal values (Jeremiah, et al., 2017; Jones & Trotman-Jemmott, 2009). In a patriarchal social system, the social norm is dominated by male power and privilege over the rights of women and children (Jones et al., 2014). Any male relative may hold the patriarchal position, by blood or kinship (Jones et al., 2014). The patriarchal position can also be bestowed upon men outside of

the nuclear family, to individuals such as the mother's boyfriend or close-family friend (Reid et al., 2014).

A study conducted by Cooney-Miner (2003) on Jamaican families suggests the patriarchal system is a result of "the agency and adaptation of its members" (p. 27). In the patriarchal family system, male children are trained to assume positions of power within the family unit that perpetuates cultural norms and the inheritance of patriarchal dominance through generations (Contreras et al., 2010; Petersen, Bhana, & McKay, 2010; Jones & Trotman-Jemmott, 2009). In addition, the adaptation of the patriarchal system "encourages men to believe they have the right to control women's bodies and sexualities" and contributes to the marginalization of women and exploitation of children, putting them at risk for sexual abuse (Contreras et al., 2010, p. 11). A recent study in Jamaica indicated that men believe they are entitled to have sex with girls that are in their care, while in Guyana, perpetrators blame sexual victimization on the way in which their female victim was dressed (UNICEF, 2012).

Traditionally, in some patriarchal societies, it is viewed as acceptable for adult men to have sex with girls between the ages of 13-16 (Jones & Trotman-Jemmott, 2009). In these cultures, sex between adult men and underage girls are viewed as a family problem rather than a problem for society to address (Jones & Trotman-Jemmott, 2009). One focus group study conducted in Grenada explored the patriarchal system and concluded the power imbalance afforded men more power and material benefits than women (Jones & Trotman-Jemmott, 2009). The study suggested that in St. Kitts and Nevis, economic survival played a large part in sexual abuse because women depended upon men for financial support, perpetuating the power imbalance (Jones & Trotman-

Jemmott, 2009). Mothers in these regions would allow men to have sex with their daughters in exchange for financial assistance to meet the socio-economic needs of the family, while in the Eastern Caribbean, transactional sexual abuse was a growing phenomenon and was permitted if it brought money into the home (Hadeed & El-Bassel, 2007; Jones & Trotman-Jemmott, 2009).

Effects of Sexual Abuse

Sexual abuse is fueled by a complex interplay of socio-cultural norms (Jones et al., 2014). For example, although people know sexual abuse occurs, they avoid acknowledging it due to the way in which sexual abuse is addressed in Caribbean countries (Jones et al., 2014). The public, policy makers, religious leaders, and politicians in the Caribbean view sexual abuse as an “open secret” that is “hiding in plain sight” and, therefore, do not see sexual abuse as a significant problem (Jones et al., 2014, p. 191).

Sexual abuse has the potential to cause long lasting trauma predicated upon the intensity of the abuse (Bogar & Hulse-Killacky, 2006). Victims experience psychological, physical, and social effects of sexual abuse. Research indicates that women who are sexually abused experience significantly higher health problems and negative consequences, than those who have not, because of its long-lasting psychological effect (Krug et al., 2002). Many victims of sexual abuse may experience years of emotional health problems, such as PTSD, depression, and low self-esteem following their sexual abuse (Office on Women’s Health, 2017). Women who have experienced sexual abuse may also experience unhealthy social relationships due to being rejected by their peers and family members, which can lead to social stigma and isolation.

These impacts are not unique to Caribbean population, and are observable in nearly all sexual abuse victims.

Jones and Trotman-Jemmott (2009) identified behavioral patterns within the Caribbean population, which are congruent with the generic patterns described by Hall and Hall (2011). Generic psychological effects include PTSD, depression, guilt, shame, self-blame, eating disorders, anxiety, dissociative patterns, denial, relationship problems, and sexual problems (Hall & Hall, 2011). Victims of sexual abuse have difficulties coping, which leads them to have a negative opinion about themselves (Hall & Hall, 2011). Coping difficulties are more severe in children if the sexual abuse occurs from someone whom they trust, since they tend to blame themselves for the suffering the experience, rather than attributing it to the trusted party (Hartman, Finn, & Leon, 1987). Jones and Trotman-Jammott (2009) reported that social factors such as cultural perception, family history of sexual abuse, patriarchal values, physical violence and substance abuse might contribute increase risk of sexual abuse in the Caribbean.

Social problems. Social problems for victims of sexual abuse are also far reaching. They include relationship failures, low self-esteem, gang involvement, teen pregnancies, running away, and risky sexual behavior (Kimberley, 2002). In a study conducted by Easton et al. (2016), sexual abuse survivors reported experiencing social isolation and stated that they kept low profiles to avoid attention. The study further posited that sexually abused victims reported experiencing feelings of being socially awkward and “unable to identify with anybody” and “as a result of the abuse, participants saw themselves as living life on the fringes of society and never connecting to a larger community” (p. 13).

Victims of sexual abuse may feel responsible for the act having been perpetrated on them, which has dire consequences for their ability to reach their full potential. Often, they fail to fully utilize their strengths for fear of making mistakes or encountering such acts again (Kimberley, 2002). In a quest for identity, they find themselves desiring association with certain identity groups such as gangs, which provides them with a sense of belonging and fills a gap in their social life, helping to resolve their identity issues (Perrin, 2012).

Physical symptoms. Physical symptoms might include somatic disorders where the sexually abused victim focuses on the symptom resulting from the sexual abuse. In the case of rape, there may be physical trauma, such as body lacerations, sexually transmitted infections, and skin lesions and bruises from the struggle (Hall & Hall, 2011). Physical manifestations such as obesity or severe weight loss could be indirectly inflicted by the physical symptoms. Later in life, women who have experienced sexual abuse have presented with significantly more medical problems than those who have not, which may include; gastrointestinal problems, pelvic bone pains, swallowing problems and headaches (Ratican, 1992).

Post-traumatic stress disorder. Sexual abuse is a traumatic experience that can contribute to dysfunctional relationships, sexually transmitted illness, and/or psychological dysfunction such as PTSD, which is one of the most common effects of sexual abuse (Watson, 2009). This comes with a host of other psychosocial disorders including shame, embarrassment, isolation, and distress (Watson, 2009). One research study reported that individuals who experience sexual abuse also experience secondary consequences such as poor academic and vocational performance (Watson, 2009).

Research further indicates that cultural and contextual factors must be taken into consideration when gaining an understanding of trauma and PTSD. According to Erolin, Wieling, and Parra (2014), economic hardships and the resulting conditions contribute to the negative responses associated with the development of PTSD that may have occurred due to trauma. In a study conducted by Maharaj et al. (2010), 67.8% of abused women in Trinidad and Tobago had achieved education up to age 14 and reported a monthly income of \$794 per month. Out of the 432 women who participated in the study, 173 reported positive for sexual and physical abuse while 40.7% of the women reported having lower educational achievements. The researchers found that women who reported being employed and in a higher income bracket were more likely to disclose their abuse versus their unemployed low-income counterparts

Poverty and lack of resources are additional contextual factors, which are universal and can also have a negative impact on a sexual abuse victim's ability to cope with traumatic stressors (Erolin et al., 2014). Domestic violence and exposure to community violence also needs to be considered when seeking to understand PTSD in developing countries and the impact these and other factors have on women. In addition, living in countries such as Trinidad and Tobago, where child welfare systems are undeveloped, and social support services to insure safety are unavailable (Reid et al., 2014) adds to the challenges these women face.

Gender-based violence. Violence against women and girls is defined as “any act of gender based violence that results in or is likely to result in physical, sexual and psychological harm or suffering to women” (United Nations, 1993, p. 1). In the Caribbean, violence against women and girls is one of the most common forms of crimes

and security concerns in the Caribbean because gender is the primary predictor of criminal behaviors such as sexual assaults (United Nations Development Program [UNDP], 2012). Sexual violence rates in the Caribbean are higher than other regions in the world and fall within the top three of recorded occurrences of rape ratings (United Nations Office on Drugs and Crime, 2007). The increase of violence against women and girls has also shown an increase in the cruelty of violence, consisting of kidnapping, strangulation, and gang rape. The increase in violence against women and girls are causing a call for the judicial and policing system to expand prevention efforts to address the perpetuation of violence against girls (United Nation Women, n.d).

Intimate partner violence. The existing literature denotes two contributing factors for sexual abuse within the Afro-Caribbean culture. These are intimate partner violence (IPV) and alcohol. According to CDC (2017), IPV is defined as “physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner.” IPV is a prevalent problem in the Americas, Asia, and Africa. In a 2009 statistical survey on rape or sexual assault against females, Catalano et al. (2009) denote “20% were committed by an intimate partner” (p. 5). For women above 15 years of age, the global prevalence of IPV is 30%, with low and medium income countries reporting up to 70%, while developed economies report as low as 13.7%. In Caribbean countries, limited data of IPV among Afro-Caribbean women exists. According to one study, within a women’s lifetime, the prevalence of IPV is 22.5% reported in the U.S. Virgin Island (USVI), and 19.5% reported in Puerto Rico. These figures may vary because of a possible relationship between social economic status (SES) and IPV (Marie-Choup, 2016). Other factors that may exacerbate the problem

include drug use, cultural factors, and occupational factors (Watson, 2009). In the U.S. “Black females experience a higher rate of IPV than White females” and “18 year old’s and older experience a higher rate of IPV than females age 12 – 17” (Catalano et al., 2009, p. 2).

Another major issue underlying the prevalence of IPV is the pervasive patriarchal hegemony that has dominated globally across history (Marie-Choup, 2016). This trend underscores male dominance and serves the perception that men are superior to women, who in the most extreme instances, are considered as property belonging to men. Research showing that morbidity from IPV is more prevalent among women than men also substantiates the trend (Stockman, Hayashi, & Campbell, 2015). Caribbean cultures such as St. Croix and St. Thomas were more accepting of IPV in relations (Stockman et al., 2014), which suggests that culture and gender based roles, which are entrenched in society’s norms, are a major underlying cause of IPV. There is also a strong relationship between Socioeconomic Status (SES) and IPV. Stockman et al. (2015) observed a high prevalence among poor and unemployed populations both in the US and in the Caribbean. Another factor correlated to SES is minority status. Sabri et al. (2013) reported a trend in which minority races in the US and the Caribbean usually dominate the low SES groups, which explains why racial minority women are more likely to be abused than White women. In the Caribbean, Black women similarly exhibit higher prevalence of abuse than Hispanic or White women do. Another unique finding is that women who have intimate partners with military background are more predisposed to becoming victims of violence (Watson, 2009).

There are as numerous reasons that drive perpetrators to violence, as there are that keep women predisposed to victimization. Various opinions exist regarding the cause of IPV. Despite the differences in opinion on the causes, most scholars agree that gender and power are a prominent cause (Watson, 2009). According to World Health Organization [WHO] (2016), common reasons why women remain in hostile relationships include customary attitudes and beliefs, psychological antisocial factors, lack of security, and other non-sexual crimes. Poverty and low SES have been observed as a prominent risk factor of sexual violence (Watson, 2009). Civil conflict has also been cited as a risk factor for gender-based sexual violence. Large populations of sexual workers in the coastal belts of Caribbean countries create an environment in which sexual violence thrives (Perry, 2012). Between the years 1993-1998, women in urban areas experienced higher rates of IPV than women who lived in suburban and rural areas (Rennison & Welchans, 2000).

Alcohol. Alcohol is both a risk factor and a consequence of sexual abuse (White, 2012). Watson (2009) highlights the influence of substance use as a direct risk for sexual abuse for two primary reasons, (a) alcohol abuse has an inhibitive effect on an individual, which is likely to cause aggression and clouded judgment; and (b) peer pressure, in which men using alcohol socialize and share irrational advice because of the intoxication. Within the Afro-Caribbean cultures, alcohol is an important socialization component for males and contributes to more than 50% of the sexual violence cases (Abbey et al., 2002). According to literature, Afro-Caribbean men mingle at settings serving alcohol until the evening, returning home intoxicated (Jeremiah et al., 2017). In many cases, the risk of violence and/or sexual abuse is most likely to be associated with the consumption of

alcohol and other substance abuse (Jeremiah et al., 2017). As such, alcohol use becomes a central area of concern in addressing sexual violence.

Alcohol abuse can also be a consequence of sexual abuse, with women reporting abusing alcohol as a way of tranquilizing themselves in an attempt to forget memories of the traumatic event (White, 2012). According to Abbey et al. (2002), women who have been sexually abused by alcoholic men reported higher than usual drug and alcohol use, with some reporting lifetime dependence of the substances. According to studies by Abbey et al. (2002) and Krug et al. (2002), women who had experienced physical aggression by alcohol-abusing partners also reported low SES, poverty, and high unemployment. There is also a correlation between the abuse of alcohol and criminal behavior, which is another risk factor in sexual violence (Krug et al., 2002). As with gun possession, alcohol abuse is frequently a precursor to violent crimes, and often leads to rape or sexual abuse of female victims (Krug et al., 2002). Therefore, alcohol is implicated in multiple crimes, which are usually concomitant with sexual violence on women (Krug et al., 2002). Additionally, alcohol is also seen to increase the likelihood of a man committing rape independent of other criminal behavior (Abbey et al., 2004).

There is a high prevalence of sexual violence amongst women in bars and entertainment venues in which alcohol is sold (Krug et al., 2002). According to Krug et al. (2002), women who lack employment and suffer from poverty are highly predisposed to prostitution. Consequently, they end up soliciting men in entertainment venues, which expose them to the consumers of alcohol who abuse them. Caribbean coastlines like Jamaica and the Dominican Republic are known for such trends (World Health

Organization, 2013). This factor underscores the relationship of SES, alcohol consumption by men and sexual violence on women.

Another critical finding shows that biological links between alcohol and sexual violence are complex. However, scholars argue that the relationship between violence, alcohol, and inebriation are passed on through socialization (Krug et al., 2002). The same argument illustrates that alcohol provides a diversion from normal social expectations. Research by Abbey et al. (2002) notes that women who wish to break away from the social norm will often seek out opportunities to socialize in areas where alcohol is served. Consequently, the effects of alcohol allow them to become more relaxed, outgoing, and jovial, beyond their normal presentation. In the process, men—whether intoxicated or not—observe these behaviors and often incorrectly interpret them as sexual cues, providing motivation to initiate sexual acts without consent translating into sexual violence (Watson, 2009). Socialization is usually responsible for an individual's understanding of societal norms, behaviors, and expectations, which are often misinterpreted in the context of alcohol abuse (Abbey et al., 2002).

#MeToo

The sexual assault and abuse prevalent in our society has been ignored for years. With the recent accusations of the sexual assault of women by high profile, powerful men in the political and entertainment industry, the sexual violation of women has come to the forefront of our collective consciousness and part of the dominant discourse. Sexual abuse victims who previously had not disclosed their experience with sexual abuse are now coming forward. The “#MeToo” movement has encouraged women of all races and backgrounds to come forward about their experience with sexual assault, abuse and rape.

This social media awareness-raising initiative has provided a public platform and given women the courage to expose the sexual aggression they have experienced.

Many people are asking, “why now?” For years, women have been accusing famous men of sexual abuse or assault. For example, in 1991, Anita Hill accused Clarence Thomas of sexual assault and harassment while she was an employee (Sonner & Wilcox, 1999). Former president Bill Clinton was accused of sexual harassment for exposing himself to Monica Lewinsky, as well allegations by other women of groping and even rape while he was governor (Sonner & Wilcox, 1999). In almost all these cases, the accusers were socially stigmatized for exposing the sexual violation at the hands of men who were powerful and influential. When the dominant cultural discourse contains negative sentiments, and blames women for being sexually assaulted, it perpetuates the abusive behavior of the victim, and contributes to their experience of living with shame and regret (Lithwick & Thomas, 2016).

The #MeToo movement has allowed survivors of sexual violation to put a face and a name to the abuse and the abuser, which transcends beyond celebrities and politicians, and includes fathers, uncles, brothers, priest, coaches and teachers. #MeToo has given a voice to the voiceless and the movement continues to find ways to strengthen the voices of those previously unheard.

Summary

Little information exists in the literature regarding the thoughts, perceptions, reactions to, and recovery from sexual abuse by Afro-Caribbean women. The scholarly literature addressing this specific matter is nascent and generally quantitative. As such,

additional qualitative studies with this population will add to the literature and offer insight into the lived experience of sexually abused Afro-Caribbean women.

Victims of sexual abuse worldwide may benefit from the information garnered in this study to assist in moving from victim to survivor. This study will help marriage and family therapists deepen their cultural and ethical understanding of the experiences of Afro-Caribbean women who have been victims of sexual abuse and how the particularities attached to disclosure influence the meaning making attached to sexual abuse. This study will also provide insight into the resources these women have used as tools in their recovery process, as well as new possibilities for preventive and intervention techniques. Based upon the findings from previous literature outlined within this chapter, it is important that a qualitative analysis of the sexual abuse experienced by Afro-Caribbean women be explored. For this study, the research question, “How do Afro-Caribbean women who experienced sexual abuse understand and make meaning of their experiences and the particularities attached to disclosure?” was used as a guide for exploring this topic.

CHAPTER III: METHODOLOGY

This chapter outlines the research method I used to examine the meaning making process of the participants. This research offers both an understanding of the participants' experience with the phenomenon, as well as particularities attached to their disclosure of the abuse. The following is an outline of how I conducted the study, beginning with a description of qualitative inquiry using a phenomenological research design called interpretative phenomenological analysis (IPA) followed by descriptions of sample and participation selection, recruitment, preliminary phone interview, data collection procedures, data analysis, and conclusion,

Qualitative Research

Generally, qualitative research methods are particularly useful in the discovery of meanings individuals associate with events that occur in their lives (Denzin & Lincoln, 2005). According to the scholarly literature, a qualitative approach is used when exploration is a part of the research process (Stake, 1995), to study things in their natural setting, and understand the meanings attributed to them (Denzin & Lincoln, 2005). Most often, qualitative research questions are open-ended questions that allow the researcher to get an in-depth understanding of what is going on in relation to the subject matter (Patton, 2002). Creswell (2013) states researchers utilize qualitative research when they are interested in exploring a phenomenon that cannot be easily measured numerically, or with those who have been silenced and should be heard. Afro-Caribbean women who experienced sexual abuse are often silenced by social norms, peers and family loyalties and because of a set of various experiences. The meaning associated with their

experiences cannot be understood by quantitative measures alone because they do not adequately capture the complexities of these experiences.

For this study, the exploration of the lived experience of sexual abuse among Afro-Caribbean women was informed by the following questions:

- How do sexually abused Afro-Caribbean women understand their experience?
- What meanings do Afro-Caribbean women associate with their experience of sexual abuse?
- How do the particularities attached to disclosure influence how Afro-Caribbean women understand their sexual abuse experience?

Using this kind of qualitative method gave me the opportunity to gain a rich description of the participants' lived experiences and how they make sense of their experience of sexual abuse, beyond simply numerical data.

With conventional quantitative research methods, exploration of thought processes and feelings are not a part of the process. However, a qualitative phenomenological research methodology is designed to explore feelings and thought processes that may be hard to elicit utilizing other research methods (Strauss & Corbin, 1998). For the present study, participants' meanings, thoughts, feelings, and lived experiences were explored in order to analyze the experience of Afro-Caribbean women with sexual abuse (Freeman & Combs, 2006; Jones, Torres, & Arminio, 2006; White, 2007). Further, this research employed a qualitative approach because highlighting the participants' personal experiences and the essence by which each of their understandings differs are noteworthy aspects of examining the lived experiences of the participants

(Creswell, 2007). Each woman's perception of her experience was unique, thereby producing a different story which reflected their own personal experience.

Phenomenology

The specific qualitative method I used for this study was a phenomenological research design because it allowed the participants and the researcher to understand the meaning of sexual abuse and the lived experiences of the participants. Phenomenological research was originally developed by Edmund Husserl in order to understand the "meaning and essence in knowledge" (as cited in Moustakas, 1994, p. 27). Moustakas explained phenomenological research as the first method of knowledge because it begins with things themselves and is the first court of appeal. According to Giorgi and Giorgi (2007), a phenomenological research method is a method used to provide a description of a person's everyday lived experience and the meaning ascribed to those experiences. Moustakas (1994) states, "The aim is to determine what an experience means for the person who had the experience and are able to provide a comprehensive description of it" (p. 13). These detailed accounts of the experiences, as told by the research participants, helped to create an understanding of what it means to be an Afro-Caribbean woman who experienced sexual abuse, and to gain further insight into how the participants make sense of the experience (Smith, Flowers, & Larkin, 2009).

Interpretative Phenomenological Analysis

IPA enables the researcher to reflect on the subjective nature of reality, thereby illuminating each participant's view of the phenomena while maintaining the validity and uniqueness of the individual's experiences (Smith & Osborn, 2007). The methods and procedures of IPA were used for this research project to examine the lived experiences of

Afro-Caribbean women who were sexually abused. Phenomenology allows for inquiry and investigation into lived experiences (Creswell, 2007). I chose a phenomenological research design to focus on the experience of the participants, as phenomenological inquiry draws from various sources of meanings and can be used to understand the phenomenon or the essence of the lived experience. IPA allowed me to explore the sexual abuse experience from a first-person perspective to discover the meaning of participants' lived experience (Creswell, 2013; Smith et al., 2009).

According to Smith and Osborn (2007), IPA allows the researcher to obtain an insider's perspective of the participant's world which is accomplished by the researcher's own conceptions through interpretative activity. Interpretative activity involves two primary processes, (a) the participants are making sense of their world or experiences, and (b) the researcher is trying to make sense of the participant's ability to make sense (Smith & Osborn, 2007). This interpretative process is also called double hermeneutics which is a "two-stage interpretation process is when participants are trying to make sense of their world and the researcher is trying to make sense of the participants trying to make sense of their world" (Smith & Osborn, 2007, p. 53). In other words, the double hermeneutics is the discovery and interpretation of the participants meaning making process and at the same time the researcher is innately focused on experience and the participant (Smith et al., 2009). IPA also employs other interpretative stances such as empathic hermeneutics and questioning hermeneutics. This is in line with its phenomenological origins, because it seeks to make sense of the experience from the participant's perspective using questions (Smith & Osborn, 2007). Understanding the lived experience of Afro-Caribbean women who were sexually abused allows researchers

the opportunity to gain insight from the participants who are the expert of their own experiences. IPA gives researchers a first-hand account of what it is like to experience sexual abuse as an Afro-Caribbean woman. Furthermore, IPA also allows researchers to understand the meaning and sense-making process at an idiographic level (Smith & Osborn, 2007).

Sampling and Participation Selection

The sample size for this project consisted of five participants. The researcher gathered participants by utilizing purposeful sampling, which refers to the intentional selection of a specific number of participants for a study, and snowball sampling (Creswell, 2007). Snowball sampling is described as a recruiting process whereby participants are recruited by enlisting the assistance of prior research participants to identify individuals who may be interested in participating in the research study (Creswell, 2007). I also utilized social media, flyers, and my personal network through churches to locate specific participants.

When using IPA, the number of participants selected is usually a small number (Denzin & Lincoln, 2005), with a normal sample size between 1-10 participants (Reid, Flowers, & Larkin, 2005). IPA suggests researchers utilize a purposeful sample to define participants for whom the “research question will be significant” (Smith & Osborn, 2007, p. 56). Participants in a purposeful sample are those who have personal experience with the phenomenon, the willingness to be participants, and a high level of commitment (Smith & Osborn, 2007). Participants were purposively selected to share their experience with the phenomenon. Participation in this study was predicated upon participants meeting the following criteria: Participants had to (a) self-identify as an Afro-Caribbean

woman or Afro-Caribbean descent by birth, (b) be 40 years or older, (c) have experienced the phenomenon, (d) speak English, and (e) be currently living in Broward County. For this study, the exclusion criteria consisted of anyone who did not meet the inclusion criteria.

Recruitment

I used various means to recruit participants, including sending letters of interest to therapists and agencies that were given to individuals who may have been interested in participating in the research study (see Appendix B). For participants who were not affiliated with a therapist or agency, I created a recruitment poster and disseminated the posters at diverse locations including universities, churches, libraries, online social media forums and community organizations. The posters included my name and contact information, participant compensation, the purpose of the study, and the role of the participants (See Appendix G). One potential challenge in recruiting participants was the potential reluctance of women who had previously experienced backlash from telling their story of sexual abuse, which might have caused them to avoid participating in the research project. When having trouble in recruiting participants, Creswell (2007) states researchers must be aware that when discussing sensitive topics participants may decline to participate in the interview due to the nature of the topic. Being sensitive to a participant's reluctance made it important for me to reassure them of confidentiality, present "general information and not specific information" (Creswell, 2007, p. 142), adjust my questions, and go as slow as needed for the participant to feel comfortable. I had to be willing to end the session if the participant did not want to continue, to prevent the participant from feeling forced to participate.

Preliminary Phone Interview

Once the participant contacted me, I conducted a phone pre-interview to determine if the participant met the inclusion criteria and to ensure the participant had previously received counseling related to the sexual abuse. I used the demographics form to determine if the participant fit the inclusion criteria (see Appendix A). Once I established the criteria with the participant, I scheduled an appointment to conduct a semi-structured in-person interview (see Appendix C). Participants were given pseudonyms to honor the confidentiality of their identity.

Data Collection Procedures

Informed consent. Once I verified that the participant met the inclusion criteria to participate in the study, I provided and discussed the informed consent (see Appendix D) with the participant. The informed consent contained information that participation in the study was not a therapy session and that the subject could withdraw at any time they wanted to. In addition, I discussed confidentiality, their rights and any additional risks associated with discussing such a traumatic experience. I assured participants that I was the only one with access to the data they provided with the exception to my chair and the internal review board (IRB), which would be later destroyed. The informed consent also discussed the benefits of participating in the study, the amount of time required for the interview, the consent to record, my contact information, my Chair's contact information, and the contact information of the university review board. I had arranged for a licensed professional to be available in case of an emergency. Each participant received a copy of the informed consent at the start of the interview, which they signed and returned to me, indicating they had agreed to participate in the study.

Semi-structured interview. In order to generate the data to be analyzed, I used reliable sources to collect the information such as audio recordings of the interviews and professional documents kept throughout the process such as a reflective journal to record my thoughts, feelings, hunches, reactions, and assumptions during the interview. My journal also reflects my personal thoughts, feelings, and experiences during the course of the research (Groenewald, 2004). I utilized semi-structured interview questions to generate data from the participants. IPA suggests the best way to collect the data from participants is through semi-structured interviews (Smith & Osborn, 2007). Semi-structured interview questions are utilized to understand the lived experience of the participant through open-ended, descriptive questions that ask about their experience (Creswell, 2007). Semi-structured interviews were also appropriate for the study because they “engage in a dialogue whereby initial questions are modified in the light of the participants responses and the investigator is able to probe interesting and important areas which arise” (Smith & Osborn, 2007, p. 57). Interviews provide an in-depth information of the participants’ experiences and viewpoints of a particular topic (Turner, 2010). When conducting an interview, Turner (2010) suggests choosing from one of three different types of interview, (a) “informal conversational interview, (b) general interview guide approach, and (c) standardized open-ended interview” (p. 3). For this study, I utilized the following general open-ended interview question to guide all of my subsequent questions: How do Afro-Caribbean women who experienced sexual abuse understand and make meaning of their experiences and the particularities attached to disclosure?

Smith and Osborn (2007) suggest when utilizing semi-structured interview questions, the researcher should use the questions as a guide, in an attempt to establish rapport with the participants, to probe, and to follow the participants concerns or interests to produce richer data. The interviews were 60-90 minutes in length (Jacob & Ferguson, 2012). IPA suggests researchers create an interview schedule in advance to think of what should be covered during the interview, such as the description, effect, and coping strategies of the phenomena (Smith & Osborn, 2007). I asked the participants questions in accordance to phenomenological inquiry, using a curious stance and research from the literature review. For example, “Tell me as much as you are comfortable with about your background” (Jacob & Ferguson 2012) and “Tell me about your experience of being sexually abused and what that experience meant for you”. The interviews took place in a private office. Safety is always an important factor, therefore, only participants who were no longer experiencing any form of abuse were selected. I safeguarded the participants’ safety by ensuring that no identifying information was included in the study and by ensuring pseudonyms were used to protect the identity of the participants (see Appendix E). I tape recorded the interview to ensure all data was captured accurately during the interview. Tape recording the interview allowed me to establish rapport with the participants and helped insure all nuances were captured (Smith & Osborn, 2007).

Data Analysis

Upon successful completion of the interviews and transcribing the recordings, I followed an idiographic approach described by IPA. The data was analyzed using the steps outlined below:

1. Read and re-reading. The first step of an IPA analysis is for the researcher to immerse themselves in some aspect of the data collected from the first transcript by reading and re-reading the interviews to ensure the participants are the focal point of the analysis.
2. Initial noting. Initial noting is conducted to produce detail and comprehensive notes on the data. This step examines the language and content on an exploratory level (Smith et al., 2009). As the researcher, I kept an open mind and noted anything of interest within the transcript. During this step, Smith et al. (2009) suggests three different processes with different focuses that include:
 - a) *Descriptive comments* focus on describing the content of what the participants has said—the subject of the talk within the transcript.
 - b) *Linguistic comments* focus on exploring the specific use of language by the participants.
 - c) *Conceptual comments* focus on engaging at a more interrogative and conceptual level.
3. Developing emerging themes. Developing emerging themes consists of reflecting on the participant's words and the researcher's interpretation. This is accomplished by focusing on distinct sections of the transcript, breaking up the flow of the transcript, and transforming the data into concise phrases to capture the essential quality of the theme chronologically (Smith et al., 2009).
4. Searching for connections across emergent themes. Once a set of themes has established within the transcript and organized chronologically, it is important to map how the themes fit together, to point out the important aspects of the participant's

words (Smith et al., 2009). This process is accomplished based upon the research question, which determines what emerging themes will be included, and which may be discarded (Smith, et al., 2009). When searching for connections across emergent themes during the process of analysis, the researcher uses abstraction to look for patterns and connections of themes.

5. Moving to the next case. This step involves moving to the next participant's case and repeating steps 1-4. Smith et al. (2009) point out that it is important for researchers to note the possibility of new themes emerging as new data is analyzed and to treat the new data on its own terms.
6. Looking for patterns across cases. Once the data analysis has been completed, identifying patterns across cases requires creating a table of themes in an orderly and coherent fashion, by capturing themes that most strongly represent the participants related to the phenomenon being studied. Smith et al. (2009) recommend answering the following questions to ensure patterns are captured across cases:
 - a) What connections are there across cases?
 - b) How does a theme in one case help illuminate a different case?
 - c) Which themes are the most potent?

Once these questions have been answered, the themes are described to reach a conclusion.

Ethical Considerations

The qualitative method of research is increasingly being utilized as a primary source of data inquiry. Qualitative research is generally held to the same ethical standard as other forms of research; however, researchers' obligation to practice care varies, as

they will often encounter dissimilar types of ethical quandaries. Because of the nature of phenomenology specifically, qualitative research in general, and the level of interaction between the participants and the researcher, there are ethical considerations in all phases of the research project. Researcher bias can largely influence the direction and validity of the study. When researchers have an explicit bias, they can deviate from the facts. This deviation can result in problems in the study design or execution that yield distorted outcomes (Johnson, 1997).

I monitored my biases and managed them throughout this process.

Confidentiality and informed consent are ethical considerations that should be addressed in qualitative research (Schwartz, 2002). Confidentiality can prove difficult in this method of inquiry because of the detailed accounts of lived experiences. I had to be careful to protect the identity of the participants, for example, by using pseudonyms only and avoiding disclosing exact locations or demographic information (Schwartz, 2002). Informed consent is the act of letting the participants know what data is going to be collected and for what purpose. It was my responsibility to inform participants of various aspects of the research in a way that they understand. Clarification was essential so that the participants understood the nature and purpose of the study, their role within it, the objective of the research, and how the information will be published (Orb, Eisenhauer & Wynaden, 2001).

Resources. As a researcher, I remained vigilant to ensure that participants in the study were aware of their rights to confidentiality and the precise occasions in which confidentiality could be broken, as required by law (See Appendix D). As the principal investigator of this study, I took careful consideration to maintain an impartial

deportment when interviewing the participants. I recognized that this would be a difficult experience, and made certain to attend to risk—as the retelling of traumatic experiences had the potential to open old wounds for some participants. Therefore, I provided each participant with a list of local and online resources that provided sliding scale therapeutic services and where to call in case of an emergency (See Appendix F). This was done in the most objective way possible. As per the American Association for Marriage and Family Therapists (AAMFT), marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments, which limit understanding and/or communication (AAMFT, 2017). This consequence threatened to challenge both the collection of data and the trust established between myself and the participants. Herein lies my ethical obligation to protect those who could not otherwise protect themselves.

Epoché. One of the concepts created by Husserl (1931) used in phenomenology is *epoché*, a Greek word meaning, “to stay away from or abstain”. As cited in Moustakas (1994) Husserl states, “In the epoché, we set aside our prejudgments, biases and preconceived ideas about things. We ‘invalidate,’ ‘inhibit,’ and ‘disqualify’ all comments with reference to previous knowledge and experience” (p. 85). Epoché can be operationally defined as trying to enter into openness to the phenomenon or lived experience, by putting aside personal experiences and taking a fresh perspective of the participants lived experience (Creswell, 2007) or “freedom from suppositions” (Moustakas, 1994, p. 85). According to Creswell (2007), avoiding biases is seldom achieved, however, researchers can engage in epoché at the beginning of the research by

describing their own experience and then “bracketing out their own views before proceeding with the experience of others” (p. 60).

Researcher biases. As the researcher, I engaged in the epoché process as described by Moustakas (1994) “as a way of creating an atmosphere and rapport with participants for conducting the interview” (p. 181) to ensure the data collection is precise and to maintain a fresh perspective on the participant’s experience. I accomplished this by setting aside my judgment, biases, assumptions, and knowledge based on my own personal experience with the subject matter and by legitimizing what the participants described as their experience, while reminding myself that every experience is different for each participant. I used each participant’s interview to ascertain a description of the participant’s experience. I also employed epoché as a researcher by journaling my biases, documenting my notions and my efforts to recruit participants, and any challenges I experienced during the process. Counter transference could have threatened the validity of the study as well as infringed upon the autonomy of the participants during the interviewing process. This ethical quandary could have radically informed the manner of questioning to manipulate a one-sided outcome. Therefore, I sought supervision when necessary.

Self of the researcher. Being a Black American woman of Afro-Caribbean descent who experienced sexual abuse from an early age until my teenage years, I have extensive experience with the research topic in question. As the researcher, I was aware that the study could reflect possible biases because of my personal experience with the phenomenon. Therefore, I remained vigilant by remaining aware of this bias and by putting a process of member checking in place to minimize its potential impact and to

develop trustworthiness. Member checking was used to allow the participants the opportunity to review the transcribed and coded transcript to determine if the interpretation of the information was accurate based upon what was stated during the interview and not from my personal biases (Harper & Cole, 2012). I accomplished this by conducting a follow-up interview with the participants regarding the transcribed interview to ensure for accuracy. I also asked the participants to review the themes interpreted and coded from the data analysis (Harper & Cole, 2012).

As outsiders of the research study, those who have the least connection with the study and subject may have had biases of their own, and may have demonstrated a lack of empathy for the participants. The women's reality of how they view their experience could have been at risk of being exposed to any number of biased views. I was aware also of holding a strong bias in my expectation that participating family members should help individuals who were sexually abused, which could also have been a hindrance to the impartiality of the study. For this reason, I used *epoché* to set aside my prejudgments, biases, and preconceived notions about the participants experience (Moustakas, 1994) and monitored my emotional reactivity and biases via journaling, member checking, and peer checking for ethical scrupulousness. As the researcher who experienced sexual abuse, it was important that I remained aware of any potential triggers that might arise within me. Therefore, I kept a reflective journal of my own personal feelings, emotions and thoughts. I sought supervision and consulted with committee members to check my potential biases while analyzing and reporting the data. In consideration of firsthand experience, I may have postulated my preliminary knowledge of the experience of the participants. This could potentially have resulted in skewed transcription of data due to

the supposition of its meanings. All procedures of validation were an auxiliary component to managing this bias.

Summary

Through a qualitative collaborative inquiry research method, I had the opportunity to answer the “what” and “how” questions and gain in-depth insight into this phenomenon, while at the same time, seeing how the phenomenon was influenced by the context in which it occurred. This study set out to understand how disclosure influenced the meaning making of sexual abuse among Afro-Caribbean women. The scholarly literature on the subject matter is minimal, and the gap between the availability of empirical research would benefit from further exploration. Sexual abuse is a crime and “the crime exists in deeply patriarchal cultures” (Jones et al., 2014, p. 193). I sought to fill the gap in the literature, through semi-structured interviews with willing participants. The semi-structured interviews give clarity and may answer some biases that individuals from the outside may have. My overall objective is to bring about awareness to the many challenges Afro-Caribbean women who were sexually abused face. To bring about awareness, I conducted the interviews to learn of the experiences and meanings the participants associated with the experience. I plan for this to be continuous research, hoping to bridge the gap in literature on this topic.

CHAPTER IV: RESEARCH FINDINGS AND DISCUSSIONS

The purpose of this study was to understand the lived experiences of Afro-Caribbean women who have suffered sexual abuse, as well as the contributing factors around the act of disclosure. The participants shared their lived experiences, the meanings attached to these experiences, and the contributing factors to disclosing the abuse. This chapter presents the results of the analysis based on the sexual abuse experiences of each participant.

The general questions on the interview protocol were designed to establish rapport with the participants, while the open-ended items were used to collect data involving the respondents' experience with sexual abuse and the process of disclosure. The respondents participated in the current study to share their experiences of sexual abuse and disclosure, and the knowledge they gained through their preferred disclosure method. Employing IPA, the analysis explains how the participants perceived their personal experiences with sexual abuse and evaluate their disclosure decision-making processes.

In the current study, participants were recruited using various methods. After recruitment, the participants were de-identified and assigned pseudonyms. The participants were from different age groups with three being born in the Caribbean before immigrating to the United States and two were born in the country. The current study was based solely on Afro-Caribbean women. Delimiting the study to only Afro-Caribbean participants who had experienced sexual abuse and disclosed that abuse enabled the researcher to cultivate a vivid description of Afro-Caribbean women's lived experiences of sexual abuse and disclosure. The researcher employed bracketing by

focusing on her role as an investigator's rather than as a therapist, consulting with my chair, and keeping a personal journal.

Participant Profiles

Mary is a 40-year-old Afro-Caribbean woman who is the youngest of 12 siblings. Mary was born in the Bahamas and immigrated to the United States when she was five years old. Mary experienced sexual abuse between ages 8-16. Mary was sexually abused by her brother, who was 16 at the onset of the abuse, and by her step-sister, whose age was not disclosed during the interview. Mary would hide in her mother's car as a failed attempt to disclose her abuse to her mother. Mary did not report her abuse until she was 20 years old to prevent her brother from being deported and avoid hurting her mother. She later informed her mother about the abuse, initially through indirect disclosure. Mary never reported her abuse to law enforcement. Because of the sexual abuse by her brother and step-sister, Mary became promiscuous and experienced self-blame because of her mother not being in a relationship.

Fran is a 47-year-old Haitian-born woman who experienced sexual abuse from ages five to 16 years old by her uncle and family friend. Fran moved to the US at the age of five to live with her parents. Based on Fran's recollection, her mother was submissive, while the father, who was the head of the household, was emotionally, physically and verbally abusive. Fran's parents moved to the US when she was only three years old and left her with an aunt and uncle back in Haiti. Fran experienced her first incidence of sexual abuse at age five at the hands of a family friend in Haiti. Fran shared that she "peed on the floor" in a failed attempt to disclose her sexual abuse. However, after telling her aunt about the abuse, she was illegally sent, under a false name, to live with

her parents in the US. According to Fran, she also continued to experience sexual abuse by her male and female cousins, and uncle in the US until age 16. However, Fran did not disclose any of her sexual abuse experiences until she was 19 when she informed her mother. Fran also never reported the abuse to law enforcement.

Martha is a 40-year-old Afro-Caribbean woman who is the eldest of two siblings. Despite being born in the United States, Martha identifies as a second generation Haitian American. Martha experienced her first occurrence of sexual abuse at the age of five. She was also sexually abused twice again while attending boarding school, four times by different people, and by her stepfather at the age 12. After failing in her attempt to disclose her stepfather's sexual abuse to her mother, Martha went to live with her aunt who noticed her unusual behavior and pressured her to disclose her experience. Martha's aunt approached and informed her mother about the sexual abuse but she reacted negatively, which prevented Martha from disclosing her other encounters. At the age of 18, Martha disclosed the sexual abuse by her stepfather to her mother because he tried to sexually abuse her cousin; however, she never reported her abuse to law enforcement.

Eve is a 42-year-old Afro-Caribbean woman born in Jamaica who migrated to the United States at age seven. Eve has two children and was sexually abused both in Jamaica and in the United States. Eve first experienced sexual abuse at the age of three by a brother and sister who were friends of the family. This abuse continued until she was seven years old. Eve was also molested when she moved to Florida at 13 by an uncle who was like a father figure. After asking her why she did not shed any blood after the encounter, Eve was forced to disclose a different sexual abuse experience, separate from the one by the brother and sister in Jamaica. However, Eve did not disclose her

sexual abuse experience to anyone until her 20s when she informed her uncle who also raped her. In addition, Eve never reported her abuse to law enforcement.

Esther, a 58-year-old Afro-Caribbean woman of Bahamian descent, was born in Fort Lauderdale, Florida. Esther is married to her husband of 29 years and has one son and one granddaughter. Esther is the youngest of 12 siblings and experienced sexual abuse by her stepfather between ages six and 13. The abuse only ended after her mother passed away and she went to live with her sister. In her failed attempts to disclose the abuse to her mother, Esther would leave her torn panties with holes in the house for her to find. When her mother asked her why she had holes in her panties, Esther would cry hoping that she would continue asking more questions. Esther never disclosed her sexual abuse experience by her stepfather to her mother or anyone else. Esther's next disclosure experience was to God and her therapist at 57 years. Esther never reported her abuse to law enforcement. Table 1 provides a summary of the participants' background information.

Table 1

Participant Information

Participant	Age at first occurrence	Place of Birth	Occurrence
Mary	8	Bahamas	Repeated
Fran	5	Haiti	Repeated
Martha	5	United States	Repeated
Eve	7	Jamaica	Repeated
Esther	6	United States	Single

Disclosure

Disclosure is a multifaceted and complex process that presents challenges for victims and their family members. Disclosure is a lifelong process that can change over

time based on context rather than a one-time event. The barriers to disclosure of sexual abuse are linked to the patriarchal honor held by many Afro-Caribbean families.

Following traditional religious beliefs, men are positioned as the primary and dominant figures in the family, with the responsibility and right to rule over the family (Jewkes et al., 2002). Male-informed cultural beliefs including the dominance, privilege, power, and social control over women's bodies and sexuality are also contributors of sexual victimization and major barriers to disclosure of abuse by women and girls who are the major victims (Dobash & Dobash, 1979; Jewkes et al., 2002).

Throughout the interview process, the participants shared their sexual abuse experiences and their challenges associated with disclosing the abuse to someone else. Historically, disclosing abuse has been associated with the assumption that if the sexually abused victim "told" someone they could receive help or protection from the perpetrator (Aratal, 1998). However, other factors must be considered when prevention programs, families or helping professionals are encouraging the victim to disclose the abuse such as the relationship the participant had with the perpetrator; the relationship the participant had with their mother and the influence of culture on the mother. Aratal (1998) examined the current functioning of child abuse survivors who disclosed their victimization. She discovered that the mothers' responses to disclosure is significant to the child ability to function. Aratal reported negative reactions and lack of maternal support to the disclosure process increases the portrayal of negative symptoms of sexual abuse experienced by children. All of these factors must be considered when someone is being asked to disclose their experience with sexual abuse.

Aratal (1998) further posits, that reactions to disclosure whether negative or positive also has ramifications on the functioning. Individuals who reported receiving negative or adverse parental response reported experiencing “higher levels of psychopathology” than women who were not abused or did not disclose the abuse (p. 2). According to research, when an individual has the freedom to disclose without fear of rejection or negative social stigma, disclosure can contribute to a restoration of physical and mental wellbeing—such as a decrease in depression, decrease of symptoms of PTSD, and increase self-esteem (Jacques-Tiura et al., 2010). One of the more prominent comments from the interviews in this study is that disclosure involves more than just telling someone about the abuse. According to one respondent, it is important to consider the traumatic ramifications of disclosure on the victims and their families. Lengthy delays in disclosure and non-disclosure are common among individuals who have experienced sexual abuse to prevent repeat-victimization by family members (Paine & Hansen, 2002).

Analysis

Step 1: Reading and re-reading. Smith et al. (2009) explained that the first step in IPA analysis is reading and re-reading which allows researchers to analyze the data collected from all transcripts and ensures participants remain the focal point of the research. After transcribing the audio recordings, I read the transcripts and listened to the audio recordings again, and re-read the transcripts both before and after listening to the audio recordings.

Step 2: Initial noting. The next step in IPA involves initial noting in order to produce detailed and comprehensive notes on the data (Smith et al., 2009). During this

stage, the researcher documented the participants' rate of speech and tone of volume, and body language during specific questions. The researcher documented initial notes and comments during the interview and during the reading and re-reading phase of analysis. Smith et al. (2009) indicated that three different processes with different foci occur during initial noting: descriptive comments, linguistic comments, and conceptual comments. The researcher distinguished these processes by: (a) italicizing descriptive comments, (b) underlining linguistic comments; and (c) bolding conceptual comments. During the final stage of the reading and re-reading, and the beginning stage of the initial noting, the researcher color-coded the investigative comments. Table 2 provides an illustration of this coding process based on a passage from the interview with Mary.

Table 2

Initial Comments

Original Comments	Researcher Comments
Okay. How would you define sexual abuse?	Felt the need to describe family system before she could discuss her abuse.
Sexual abuse would be any act of intimacy that's not agreed upon by both parties.	
What type of sexual abuse did you experience?	
The sexual abuse that I experienced happened later on in my childhood. My mom separated from my father because he got incarcerated. So, that time I got separated from the original twelve that were in the house because none of them were my mom's children. I was the only one that was my father's and mom's child in the house.	Is there difficulty discussing the type of sexual abuse she experienced?
All of the other children were children from the other women. So, he went to prison, that separated everyone so everyone had to go their own way. So, when she went her own way, single parent, no papers to work here, she made it work. But she, at that time had already had four children before me.	What are parental relationships?
So, there was my two eldest brother and my two sisters. They were with my grandma, but the siblings felt like it was too much for their mother anymore to have your children. So, they started to put them in something called the [inaudible] [00:08:48] which is the HRS here.	Does that mean safety or an absent of safety?
	Is being both parents only child in the house a burden?
	Emphasizing the struggle of women by consistently stating the women responsibility for the children.

Original Comments	Researcher Comments
<p>So, she didn't want her children to be given away so she went and got them and brought them here. So, it went from me and her, to me, her and three.</p>	
<p>Because the daughter never came, she went to her father in Freeport. In that time I'm excited because I get to meet these new siblings but they were not excited about me because I was that child that they felt, I guess you would say privileged. Because I was here in the States and they were left. So, they abused me verbally and physically hit me and stuff.</p>	
<p>So, the sexual abuse, the first act was my eldest brother. He was very mean towards me. He wasn't only mean towards me, he was mean towards them as well. I think he was 16 and I was about maybe 8. My other sister she would be 9 going 10 and my brother would have been 13 then my sister would have 15 and he would be 16. But the 15 year old sister never really came, she was with her father and then she would come to visit. But she never really came to stay, she never liked it here.</p>	
<p>He would push us, hit us all but the sexual part was only towards me. He would take me in the room and he would act like he's beating me up but he was literally trying to penetrate me. I would be crying and screaming and they were thinking that he was just trying to beat me up or whatever. Like, "Oh! my goodness, she's getting beat up."</p>	
<p>When my mom would come, I never said anything because, where was he going? After she talks to him or after she disciplines him, he would still be there. So, as a child you are trying to figure out what would be best for me. How can I make this better? So, I never really said anything so, my actions would discipline me trying to do what's best.</p>	

Original Comments	Researcher Comments
<p>So, she would go to work in her little station wagon, I'll be in the back and I wouldn't get up. At those times the streets were very different than they are now, it's much easier to commute its more fast. 441, is so much easier than 441 was back in 1980 something, 1990 something. So, I wouldn't get up, I lived in the Miami area and she worked in the Coral Springs area. So, that was like a good 40 minute drive and she was doing maid work. I would literally not get up for 30 minutes in the back of the car.</p>	<p>Chose not to disclose abuse because she was felt sorry for them not having any other place to live. Fear he would be</p>
<p>Right when I know she's too far to turn around and take me back is when I'd get up. She's like, "You scared me, what are you doing back there?" and I'm like, "I wanted to go work with you." and she was like, "You can't do that, I can't take you to work with me all the time." So, she got to the place and she'd start checking the car before she gets too far. So, those were the things I would do and then I would also ask to go to my father's, one of his sweethearts.</p>	<p>deported back to the Bahamas.</p>
<p>young lady that he was dating. He never had children with her but she really loved my dad and she would do anything for me because I was his last baby girl. She would do anything for me and I just loved going to her house. Because, at her house I would be sexually molested there as well but it was by her daughter. But the pain was different.</p>	<p>Her choice for not disclosing was for her survival.</p>
	<p>Failed attempted at disclosure</p>
	<p>hides in her mother station wagon "I'll be in the back and wouldn't get up"</p>
	<p>Need for feeling safe?</p>
	<p>This experience with sexual abuse was not as painful and more acceptable?</p>
	<p>Maybe ideas like genital touch. Clear differences between the two types of abuse.</p>

Step 3: Developing emergent themes. The next step involved developing emergent themes, during which I focused on specific sections of the transcripts by grouping concise phrases to identify emergent themes (Smith et al., 2009). The emergent themes included disclosure as function, loss of self, protecting others, and silence. The researcher captured the essential qualities of the themes chronologically case-by-case from the initial noting to emergent themes stages.

Step 4: Searching for connections across emergent themes. The researcher searched for connections across emergent themes and organized them in chronological order within the transcript. This phase was important to evaluate how the themes fit together to highlight important aspects of the participants' responses (Smith et al., 2009). The researcher grouped the emergent themes to identify superordinate and subordinate themes (see Table 3). Table 3 presents the emergent and superordinate themes found in step 4.

Table 3

Emergent and Subordinate Themes

Emergent Themes	Superordinate Themes
Disclosure as function	Protection of Self
Loss of self	
Protecting others	
Silence	

Step 5: Moving to the next case. The researcher moved to the next case and repeated steps 1-4. According to Smith et al. (2009), it is important for researchers to note the possibility of new themes emerging during analysis and to treat new data independently to identify additional themes.

Step 6: Looking for patterns across cases. After completing data analysis, the researcher searched for patterns across all the cases and developed a table of themes by capturing topics that strongly represented the participants' perception of their sexual abuse experiences and disclosure (see Table 4). Smith et al. (2009) recommended answering the following questions to ensure that patterns are captured across cases: (i) What connections exist across the cases? (ii) How does a theme in one case help illuminate a different case? and (iii) Which themes are the most prevalent? Table 4 shows the patterns of superordinate and subordinate themes across all the cases.

Table 4

Patterns across Cases

Superordinate Themes	Subordinate Themes
Identity of self	The meaning sexual abuse
Protecting self	Failed attempted of disclosure
Releasing self from the burden	Initial disclosure
Resilience of self	Subsequent disclosure

Main Findings

Four salient themes concerning the participants' perceptions about their experiences with sexual abuse and the contributing factors of disclosure emerged during the analysis. All the participants in the current study reported that their sexual abuse experiences began before age eight. The youngest and oldest respondents experienced their first sexual abuse cases at ages three and eight respectively. The average duration of abuse reported was six years. For most participants, the severity of sexual abuse involved full penetration, genital contact, kissing and fondling, and/or simulated intercourse. All but one participant reported experiencing sexual abuse by both male and female perpetrators. The findings provide an outline of the emergent and subordinate themes

derived from the analysis of the findings. The four emergent themes included identity of self, protecting of self, releasing of self, and resilience of self. The four subordinate themes included the meaning of sexual abuse, failed attempt of disclosure, initial attempt of disclosure, and subsequent attempts of disclosure.

Identity of self as a victim of sexual abuse. Four of the five participants reported a change to their identity of self after being sexual abused. All the four participants who reported sexual abuse indicated that they were made to feel as though they were the cause of the abuse. This included not only feelings of guilt and shame but also of “self-blame” and identifying as a “willing participant.” The following excerpts outline how the participants conceptualized their identity of self in relation to this theme.

Esther: What meaning? Oh gosh, what meaning? Demeaning, it causes you to demean yourself, it cause you low self-esteem, it cause you, especially low self-esteem, sexual abuse, fear, hate, very emotional, yeah. Never could see nothing good about myself, that sexual abuse done to me. I felt like I was at fault, I don't know, I'm to blame for maybe I should have told my mom.

Similarly, Fran reported that:

I just feel like I'm a decent person, why did this have to happen to me, and so many times? That's why at first, I used to blame myself. So many times. I'm like, “What vibe am I putting off for people to think they can come and just touch my body?” You know?

Martha noted that:

Well, I knew it wasn't right. I knew it was wrong, but in the sense that I was doing something wrong.

Researcher: So you thought you were doing something wrong.

Martha: Right. So, there was a sense of shame in thinking that I allowed this to happen.

Eve related her narrative thus:

The first one I can say is the family friend where I would go over their house or my mom would allow me to go over there because, like I said, she was a teen mom. She was also working full time. So, this gentleman and his sister would sort of take turns and rape me. I really had struggled with over time labeling it as rape because of this. There was one instance that we ... so, instances of me being over there where they used to touch me inappropriately and things like that because we had this ritual before bedtime that he would molest me and rape me. There was this one instance where I remember there was a party going on and he wasn't paying attention to the ritual. So, I went out there and said, "Hey, I'm ready to go to bed now." So, I'm prompting him to come and tuck me in or do the thing that we normally would do which is him raping me. That instance in hindsight had made me feel like I was complicit in the enacting of my own rape and molestation.

The participants' perception of themselves was consistent with the findings of Fontes (2005) which indicate that sexual abuse is accompanied by feelings of shame, embarrassment, self-blame, and low self-esteem, and other factors that may prevent disclosure of sexual trauma in the Afro-Caribbean and many other cultures.

Protecting self. The participants in the current study spoke at length regarding the meaning of disclosure. During the analysis process, the "don't tell" theme emerged

as a strategy which participants had attempted to protect themselves from the perpetrators. Participants underwent a period where they were afraid to disclose their ordeal because they were either afraid of the perpetrators or their loved ones would be harmed by the perpetrators. One of the participants left home after the sexual abuse incident and went to live with her aunt whom she told about the incident. The other 4 participants attempted and failed to inform their mothers or female caregivers regarding their abuse. Mary noted that:

When my mom would come, I never said anything because, where was he going? After she talks to him or after she disciplines him, he would still be there. So, as a child you are trying to figure out what would be best for me. How can I make this better? So, I never really said anything so, my actions would demonstrate me trying to do what's best. So, she would go to work in her little station wagon, I'll be in the back and I wouldn't get up. At those times the streets were very different than they are now, it's much easier to commute its faster. 441, is so much easier than 441 was back in 1980 something, 1990 something. So, I wouldn't get up, I lived in the Miami area and she worked in the Coral Springs area. So, that was like a good 40-minute drive and she was doing maid work. I would literally not get up for 30 minutes in the back of the car. Right when I know she's too far to turn around and take me back is when I'd get up. She's like, "You scared me, what are you doing back there?" and I'm like, "I wanted to go work with you." and she was like, "You can't do that, I can't take you to work with me all the time." So, she got to the place and she'd start checking the car before she gets too far. So, those were the things I would do.

Fran reported that:

My aunt came, and she's like, "What's wrong with you? Why did you pee on the floor?" I just cried, and she goes, "Why is there blood in your ...?" and I was scared to say anything, because I remember him saying something in my ear, "You tell, I'll kill your whole family" or something like that. I was like ... It was just really weird how you could be in a room full of people and a person does something to you, and I still feel, somebody didn't notice what he did?

Martha related her narrative thus:

Martha: I remember Star Search was playing in the background, and I just froze. I didn't know what to do. I didn't know what to say. I just stood there, and I remember asking my mom to let me go stay with my aunt, and she said, "Why?" I said, I just want to go stay with my aunt. When I got to my aunt's house, she immediately started ... she noticed something was up with me.

Researcher: What did she notice?

Martha: I don't know what she noticed. I just know that she kept asking me what happened, what's wrong. I refused to tell her.

Similarly, Esther noted that:

Okay, it never came out, and I would never tell my mom, even though my mom should have asked why is your underwear torn, what I would do was cry. To me, that should have been a signal to her that something was wrong, but my mother didn't see it. She didn't see it, she missed it.

Releasing self. The participants' subsequent attempts of disclosure were interpreted by the researcher as releasing themselves from the need to protect the

perpetrators, family secrets, or their mothers. The participants compared the process of disclosure to a burden being lifted. The participants' experiences with disclosure did not occur until they were older because their mothers did not recognize their failed disclosure attempts. The participants reported disclosing their abuse after realizing that they were not to blame for their ordeal, and reported feeling free of the burden.

Martha noted that:

I disclosed to my mom, and I told her that I wasn't coming home for ... I think it was summer break. I said, I'm not coming home, and when she asked me why, I said because it happened again, and I think I just blurted everything. I just said, I just went off, that he's done it, he's doing it again, and I'm not coming home until he's out of the house. I think that's what finally broke them up.

Mary reported that:

It was painful disclosing that to her because I think the conversation derived out of talking about children being abused and how she would, "I'd kill somebody if they touched my children." And you as a child is being touched. So, what's touched in your care you would kill them, I was saying to myself, as an adult we're having this conversation and I'm an adult now and I'm waiting. I was in your car driving for 30 minutes popping off the back, that's not a sign something's going on. Or, I'm always wanting to be gone on the weekends, that's not a sign something's going on? She and I were inseparable before the other children came along. So, you go from being inseparable to the child wants to be gone. I didn't get that. The signs, I'm thinking she should have seen those. We were having a conversation of something and I said, "Mommy, to be honest with

you,” and that’s how it came out and I told her. She was like: “What?” And I was like: “Yeah.”

Similarly, Fran addressed her disclosure experience:

Fran: Anyway, it came to a head, because my cousin started saying ... “One time she ...” Cause her and my mom would use the same kitchen. “How you gonna live in our house and come and try to attack my mom?” Saying that, “Oh, your daughter, you need to watch your daughter, because she’s trying to take my husband.” My mother’s like, “What are you talking about?” My mother’s like, “she is only 16. I don’t understand where that’s coming from.” All hell broke loose.

Researcher: Did the husband, or the uncle, did he tell the wife?

Fran: He was my cousin’s husband.

Researcher: He was your cousin’s husband.

Fran: I don’t know what he told the wife, but she’s stupid, and she came and started talking. That’s when I said everything. I said, “Well, maybe he’s doing that because when my mother is at work, you and my father be in the living room doing stuff to each other.” I said, “Maybe that’s why he be trying to touch me.” I said, “I’m not trying to get with your husband,” I said, “I’m 16.” I say, “Your husband,” then it all spilled out. All of it. I said, “He came in my room, tried to touch me,” I said, “He’s always come in the kitchen when people are in other rooms, trying to touch me.”

The disclosure process was different for Esther because she was sexually abused by her stepfather between ages six and 13. Esther’s mother died when she was 13;

therefore, she had to go and live with her elder sister. Esther reported that, “I never told anyone except God.” She further stated that after the death of her older brother, she decided to consult a therapist about the anxiety because her sister started asking her questions about the sexual abuse by her father. Though her sister asked whether their father had ever touched her, Esther failed to disclose the sexual abuse to avoid hurting her. Esther further stated that she heard God say, “deal with the inward man,” which to her meant that she needed to disclose her sexual abuse. Esther shared that she consulted a therapist and was able to disclose her experience with sexual abuse for the first time in 57 years.

Eve’s initial disclosure process was different from those of the other participants because she was forced to disclose her initial abuse to her then abuser. Eve described her initial disclosure of sexual abuse as follows:

Eve: The other experience I was sort of forced into disclosing before I was 20. I was 13.

Researcher: Okay. Do you mind me asking who did you disclose that to?

Eve: I disclosed that to my uncle.

Researcher: Your uncle.

Eve: Well, my aunt’s lover at the time. So, he was not my biological uncle. He also happened to be a person that raped me. So, I disclosed it to him because the way it came out is he had ... It was just a whole thing, but long story short I had some time alone with him because my aunt left to go to Jamaica and I was there with him with my cousins. There was no reason for me to believe that he would do anything to me because he was trusted person. I loved him like a father. I

really trusted him and really engaged with him. He was everything that I wanted, envisioned that to be. Then so when she left, I was relieved that she would leave because she was hard on me all the time and he would take up for me. So, I fell asleep one time watching TV in their room and next thing I remember he was on top of me and had been finishing inside of me and then when I realized it I asked him if I was pregnant. He said, “No, but he wanted me to freshen up and come talk to him.” When I did, I felt like I was disclosing this to my father. Because he said, “Well, I noticed when I came inside of you that you didn’t bleed. What’s that? What happened?” So, I felt compelled to tell him about another experience that happened instead of telling him about Jamaica. So, he got furious and was really upset with that man and it was complicated to me because of course, he had just done this, but at the same time, I was feeling: “But you just did this.”

The research shows that only a few survivors disclose their sexual abuse experiences before adulthood, and few report to the authorities. In some cases, disclosure of sexual abuse was delayed until adulthood due to the fear of the perpetrator harming them and their family member (London et al., 2005). The participants in the current study initiated their disclosure attempts during adulthood as an attempt to release themselves from the burden and guilt of holding the secret.

Resilience of self. Participants who disclosed their abuse experiences reported feeling empowered after the process. The participants who disclosed their abuse shared the contributing factors for their subsequent disclosure experiences. These reflections included the significance of disclosure, their own personal strength in the re-telling of their personal experience with sexual abuse, and the process of disclosing their

experience(s) to others. Participants reported gaining strength from their experiences and learning to let go of the past and have something to look forward to as a result of disclosure. Mary shared that she had become an advocate for other children and shares her story with mothers when she notices signs similar to her personal experience, and teaches her son and other children about the no-no spot.

I remember always talking to him about the no-no spots, what are your no-no spots? Identifying those four areas that are no-no spots. What are not good behaviors for anyone to have sit on their lap, play horsy, and all those different things? I feel like those things should be discussed because sometimes a child can be taken advantage of and don't even realize that they're being taken advantage of. If you disclose or talk with them concerning, "Anybody play horsy with you? No, and where do you sit when you play horsy." Because I was being advantage of as a child by my aunt's husband, and not knowing it until later on. He was like, "Come, let's play horsy." So, yeah, you have to tell the children about those things.

Eve shared that her disclosure occurred when she was 28 years old. She was in the middle of her PhD dissertation process when she began feeling angry towards her mother. Writing about her experiences with sexual abuse, feelings of sadness and anger begin to emerge that she did not understand. Eve shared that she experienced pain and guilt towards her mother and did not want to associate with her because her mother continued to force her subsequent disclosure:

It wasn't easy. It was awkward and it was scary, but I don't know I had to do it. It was an interesting process because I think I remember her saying ... I don't

remember how the entire thing went, but I do remember her saying, “If I knew that you’d be where you are today, I wouldn’t change anything.” Because her belief was it’s always in me to survive and I appreciate it, but as a person who had experienced these things, wanting to hear something different from your mother is a desire that was sort of when you say that, it almost takes no responsibility for the actions, but I think that that’s also important because saying anything different would mean that she would take responsibility for her part in it. I think that would be devastating to her to say “I take responsibility. I could have been more responsible and I allowed this to happen. I took part in allowing this to happen.” I think that would be more devastating to her. So, now, I think almost that I understand, I don’t hold her not responsible, but I don’t need to if that makes any sense. I don’t need her to admit or say anything different because as a mother, today I understand. As her child, I didn’t understand, but as a mother today, I understand her position a little bit differently. I still think she has obviously a responsibility in it. I don’t think she could have done anything different. I think in hindsight she certainly can’t. I don’t think that whatever she could say to me would ... I don’t even think saying, “I’m sorry,” or anything like that would mean anything to me today.

Fran shared that she found strength during her subsequent disclosure process while in therapy:

Fran: Like telling? Talking about it? Oh, it was very therapeutic.

Researcher: Very therapeutic?

Fran: Mm-hmm (affirmative) 'cause it helped me to speak it, to put it out there, and to see it. Whereas before, it would come up and I kept pushing it back and not realizing that's what I was doing, but talking about it, each time I spoke about it, it was like going through some kind of ... it was always like a new type of pain, something new would always come up. Some new feeling would always come up that I didn't have before. I felt like it was helping me purge all that stuff, because the more I spoke about it when I went to therapy, the better I felt.

For Esther, disclosure occurred 44 years after her abuse because she had tried for years to understand why her perpetrator would violate her near her mother's bedroom door: "Why would he take me out of the bed and bring me right at the door, lay me down in the floor right at the door where my mother was sleeping?" Esther shared that she lived her life in shame and regret while dealing with low self-esteem. Esther reported that, as an abused child, faith in God was not a supportive factor during her abuse, but important during her disclosure and healing process.

The meaning attached to personal experience is derived from social relational actions that are developed through conversations with others (Anderson, 1997). Through the relational system, meaning is generated by individuals who are physically present and by those who have influenced the dominant discourse, which has been socially constructed through the participants' lived experience (Freedman & Combs, 1996; White, 2007). The participants described their decision-making process to disclosure utilizing the language, resources, and support system to describe their own personal strength in the re-telling their experiences. For this study, the ability to tell their story in their own words was "rewarding."

Other Findings

Culture

Culture was identified as a sub theme in the study being portrayed in two aspects. The influence of culture was notable from the two groups of women, those who identified as Afro-Caribbean and those who described themselves as descendants. The three women who self-identified as Afro-Caribbean reported culture as an influential factor in how they disclosed their sexual abuse, whereas the two participants who identified as “Afro-Caribbean descendants did not associate their meaning of disclosure to their culture. The participants who experienced sexual abuse by female perpetrators reported that the abuse was not as harmful or shameful compared to abuse by male perpetrators; therefore, they did not see the immediate need to disclose the experience to anyone. Mary who identifies as an Afro Caribbean descendant reported that she did not experience any family changes after disclosing her abuse. In comparison with Fran who identifies as Afro-Caribbean, reported that family relationships changed after disclosure, and her father defended the perpetrator who was his nephew. The patriarchal dominance of the culture came to play when during and after disclosure, making it impossible for the victims to access help for those who had emigrated from the Caribbean region.

Coping Mechanism

Coping mechanism in the analysis was observed as similar after disclosure for the participants who did not get support from their families. All the participants had delayed disclosing their abuse as a coping mechanism after their experiences due to the fear of rejection from family and harm from the perpetrators. Eve stated that:

I think it's still very much a complex experience of the telling and the disclosing of any kind of abuse or maltreatment. Because the idea is that you have to prove it. You have to prove that you weren't complicit in it before anyone could believe you. Evidence has to surface. That makes it true. Your experience becomes a moot point in a lot of cases. So, what comes up for me for disclosing in terms of my experiences, experience today becomes a moot point. They have to have evidence and that evidence could potentially allow for the abuse to continue. So, it's delicate. To say the least.

Participants in the present study discussed “becoming promiscuous” as a coping strategy to manage the thoughts and feelings associated with experiencing sexual abuse and rejection during disclosure. One participant said, “It hurts so bad that this person just robbed your childhood, just robbed your life, because what it did, it made me promiscuous. Yes, it makes you promiscuous because you’re just out there.” Another participant stated that, “I became very promiscuous. You just start looking for love, I didn’t have my dad and stuff like that. Then because you’re introduced to that at such a young age, you try to find love in all the wrong places.” Eve stated: “As I said, in those instances, when it came out, I was the person who was wrong. So, at seven or the ages that I was, there was no point when the rape and the molestation came out that the person, the adult was not held accountable. It was me who was held accountable for being promiscuous. For taking somebody’s man. For being inappropriate and the men would always stay in the relationships.”

Summary

The researcher employed IPA to explore Afro-Caribbean women’ experiences with sexual abuse and analyze the meaning attached to the contributing factors of

disclosure. Each participant shared relevant aspects of their lived experiences through interviews. After analyzing all the cases, the researcher identified emergent and superordinate themes (Smith et al., 2009). The emergent themes highlighted the abuse, after abuse, and disclosure experiences of the participants. The findings indicate that sexual abuse led to changes in how the participants viewed themselves, mostly self-blame for the experience. The findings also indicate that non-disclosure of abuse served as means to protect the victims and their loved ones from the perpetrators. The emergent themes from the disclosure are releasing of self and resilience, all which describe the feelings of the participants after the experiences. However, the findings concerning the personal meaning attached to the participants' lived experiences of sexual abuse and specific experiences unique to Afro-Caribbean women serves to expand existing research on sexual abuse and disclosure.

CHAPTER V: DISCUSSION AND IMPLICATIONS OF THE STUDY

The aim of the current study was to gain an understanding of the lived experiences and decision-making processes surrounding sexual abuse among Afro-Caribbean women, as well as the contributing factors of disclosure. The research was conducted using semi-structured interview questions and analyzed through IPA. Limited research has thus far addressed the experiences and disclosure processes of Afro-Caribbean women who experienced sexual abuse. Therefore, the current study contributes to the existing body of literature by improving the understanding of lived experiences of Afro-Caribbean women who have experienced sexual abuse and the process of disclosure. The theoretical framework, grounded in collaborative language systems, allowed the researcher to understand the meaning the participants attributed to sexual abuse and disclosure.

Similarities and Differences

The current study's key findings included the fact that, although all the participants experienced sexual abuse, they differed in terms of the overall meaning they associated with sexual abuse. Additionally, the meaning and process attached to disclosure of sexual abuse was different for each participant. The meaning attached to disclosure was dependent upon several factors: (a) The type of sexual abuse experienced; (b) the relationship of the victim to the mother, the relationship of the mother to the perpetrator, and the relationship of the perpetrator to the victim; and (c) the context of culture and patriarchal structure in the home. The age between the onset and initial disclosure of the abuse, relationship to the perpetrator, and relationship to the mother are also important factors. Though these issues are addressed in prior literature, the meaning

attached to these experiences by Afro-Caribbean women must be addressed to understand sexual abuse and disclosure in the context of this population.

Relationship to Previous Research

The Type of Sexual Abuse

Research indicates that the timing and severity of sexual abuse affect the victim's association with and functioning of disclosure, whose timing may be related to the impact of abuse (Ullman, 2008). According to the participants in the current study, disclosure depended on several factors; for example, whether the sex involved full penetration, vaginal to vaginal contact, or was forced. Mary, for example, shared that she was abused multiple times by both her brother and stepsister. Mary stated that the pain she experienced during her brother's sexual abuse was different: "For him, he was trying to penetrate me, for her, she was just rubbing her privates to my privates and the pain of the actual act didn't hurt as bad as with him." Mary also shared that she did not disclose her abuse to her mother until her brother was sent back to the Bahamas. Mary was 18 when her brother was sent back home, but never disclosed the abuse until she was in her 20s. All participants indicated that they disclosed all sexual abuse by the male perpetrators when they were older, but felt the sexual abuse by female perpetrators had a different meaning; therefore, the need and process of disclosure was different.

The Relationship of the Victim to the Mother

Extant research indicates that women from Caribbean families who take on a matriarchal role have power solely because of the absence of a male; thereby, forcing children to become more loyal to their mothers (Goode, 1960). Research also suggests that sexual abuse may be disclosed to mothers depending on their anticipated responses

(National Sex Offender Public Website, 2017). The participants in the present study shared that their fathers were mostly absent from home, whereas their mothers or female caregivers were always present in their lives. Four of the five participants reported that their mothers had to work to financially support them; therefore, were rarely at home. One of the reasons children avoid reporting abuse is the uncertainty about the help and understanding they will receive from family, friends, and society (Sciolla et al., 2011). One participant did not disclose other incidences of sexual abuse because of her mother's reaction to her disclosure of her stepfather's abuse. As a result, the participant remained silent about her other sexual abuse experiences. The word "silence" is prevalent throughout existing literature describing the position of women who experience sexual abuse. Research further suggests that "silence" is often used to maintain family honor and loyalty (Jeremiah et al., 2017), which is consistent with the results of the current study.

Relationship to the Perpetrator

Research suggests that the victims' relationship to the perpetrators influences their willingness to disclose sexual abuse (National Sex Offender Public Website, 2017). Most Caribbean countries have high rates of incest-related sexual abuse, with girls being the most targeted population (Karbeyaz, Toygar, & Celikel, 2016). The participants in the current study shared that, in most cases, their abuse was perpetrated by someone they knew; three were abused by their stepfathers, two by their uncles, and one by her brother and step-sister. In the current study, the victim's relationship to the perpetrator was a key factor in delaying disclosure. One participant shared that her brother sexually abused her

when she was five but she delayed disclosure until she was 20 to prevent his deportation and to avoid hurting her mother.

Eve shared that her abuser was her uncle by marriage and a father figure.

According to Eve, her uncle abused her even after becoming an adult and she never told anyone until she was 28. She further stated:

I was experiencing the wonderful activation of the protective father in him and the complicated experience of him having done the same thing that other men had done...I was disappointed and I was hurt and I was confused and I loved him. This is a man, before that happened, he was my everything. He was my dad. He was my protector.

Esther reported being sexually abused by her step-father and she did not disclose the abuse because she did not want to hurt her mother.

All three instances include an emotionally close victim-perpetrator relationship, and in all three instances, the victims were hesitant to disclose the abuse. This finding is also consistent with existing literature indicating that the frequency and duration of abuse by family members or caregivers contribute to delayed disclosure. In some cases, the perpetrator fulfils a significant missing element in the victim's life (Paine & Hansen, 2002).

Culture and Patriarchal Structure

According to extant literature, sexual abuse often goes unreported due to families adhering to patriarchal cultural principles and hegemonic masculine practices (Jeremiah et al., 2017). As Jeremiah et al. (2017) suggested, "those who live within such norms have little choice but to accept the dominant ideology" (p. 3), thus contributing to the use of silence and preventing victims from disclosing abuse. A victim's silence can be

viewed as maintaining family honor and respect, protecting the family, or resulting from a sense of fear that sexual abuse would be dismissed because of male's patriarchal power: "particularly male adults who were breadwinners and providers" (Jeremiah et al., 2017, p. 4). Culture and patriarchal values were contributing factors to the particularities attached to disclosure for several participants in the present study. The participants described how their mothers' cultural views about sex and sexual abuse, identified in the terms "don't tell" and "don't talk about it," influenced them to not disclose sexual abuse. Eve shared that: "the culture has kept me quiet and it caused harm." She further mentioned that her mother told her that disclosure of sexual abuse "dishonored the family."

Throughout existing literature, culture and patriarchal values play a significant role in the obstacles victims face regarding disclosing their experiences with sexual abuse (Jeremiah et al., 2017). Cultural barriers contribute to isolation, immigration and deportation issues, lack of support, and variations in cultural belief systems about sex, sexual abuse, and inappropriate relationships (Paine & Hansen, 2002). Eve stated that the idea of "big man and little girls" is viewed as normal within the Jamaican culture. Therefore, seeing a significantly older man with young girls is commonplace, which is consistent with existing research.

Specific to Afro-Caribbean Women.

There are limited studies investigating the issue of sexual abuse among Afro-Caribbean women. The Caribbean Human Development Report (2012) stated that, "citizen insecurity has become an urgent challenge of human development in ... the Caribbean, with gender considered as "the strongest predictor of criminal behavior and criminal victimization" (UNDP Caribbean Human Development Report, 2012, pp. 1).

Studies that collected data on sexual abuse in Caribbean regions reported that half of the victims reported the incident to authorities (Kilparick et al., 2007). Women who disclose abuse often try to seek help from family members, religious advisors, or friends. There are several reasons why Afro-Caribbean women decide against disclosing incidents of sexual abuse. First, the shame and fear of discrimination seem to be the most influential factors for non-disclosure of sexual abuse experiences by Afro-Caribbean women. Second, the Afro-Caribbean society advocates patriarchy; therefore, women fear reprisal from male perpetrators. Third, the victims' unwillingness to disclose sexual abuse could be linked to the fact that reporting is complicated or unlikely to benefit victims (Contreras et al., 2010). The process of disclosing sexual abuse can be uniquely challenging for Afro-Caribbean women because the meaning they ascribe to their disclosure process is influenced by culture and their relationship to the perpetrator. For instance, Eve shared:

Even though the times are changing and the Jamaican people are coming to understand the different discourses that are emerging. Many of the islanders are consistent with not diluting the process and are even digging in their heels with the way things used to be and the way it ought to be. Because the cultural ideologies are still ingrained in the minds of native Caribbean people.

Similarly, Eve believed that, within the Caribbean culture, the act of proving their innocence in the abuse causes the victim's experience to be a "moot point." Therefore, the responsibility falls to abused children to prove they were sexually abused.

Afro-Caribbean women are a culture unto themselves. Respect for parents' view of the culture has a significant influence on many Afro-Caribbean women. Therefore, it is important to consider the participants' subcultures, their understanding of the larger

culture, and how they filter their dominant discourse of sexual abuse and disclosure, to determine who they are apart from their experience with sexual abuse. It is also important to understand that the upbringing of parents of Afro-Caribbean women will influence the outcome of their disclosure process. Because the parents' way of thinking could be inherited by their children, it is necessary to consider where the parents of abused victims come from and their experiences.

Strengths and Limitations

A primary strength of the current study is the readiness of the participants to share their sexual abuse and disclosure experiences. The interview allowed the researcher to explore areas that were not previously considered as new insights emerged during the interviews. During the interview, some participants were honest about the challenges they encountered when disclosing their sexual abuse experiences with their family members. However, others were somewhat cautious and did not disclose their experiences until trust was established with the researcher as a way of protecting their families. The participants' experiences improved the understanding of how culture and social norms such as "silence" may contribute to non-disclosure of sexual abuse. Literature suggests that the victims' silence maintains the family's honor and respect, and protects the family (Jeremiah et al., 2017). An additional strength of the study was the use of IPA, which allowed the researcher to understand and interpret how the participants perceived their lived experiences with sexual abuse and the particularities attached to disclosure.

There were a few limitations with the study that need to be considered. One limitation of the current study was the recruitment of participants. The current study

employed a homogeneous purposive sample of Afro-Caribbean women who had experienced sexual abuse in childhood. Research indicates that purposive samples are highly susceptible to researcher bias (Creswell, 2014). The fact that purposive samples are made based on the researcher's judgment increases the possibility of biases (Creswell, 2014). However, this subjective element of purposive sampling is only a limitation of the research when such biases are ill-conceived (Etikan, Musa, & Alkassim, 2016). Another limitation of purposive sampling involves the non-probabilistic nature of unit selection (Etikan et al., 2016). Because the unit selection is based on the researcher's judgment, it is difficult to guarantee the representativeness of the sample. Therefore, snowball sampling became the most useful source for recruiting participants. The semi-structured questions aided as a guide to answer the research question however, the interview question presented on the schedule did not capture every aspect of the particularities attached to disclosure. Despite the aforementioned limitations, the current study remains relevant to the body of research that has not been established in literature relating to sexual abuse of Afro-Caribbean women and the particularities of disclosure. The current study expands on what little is known about sexual abuse and disclosure of Afro-Caribbean women as it provided a rich description of the meaning they ascribe to their experience.

Implications

Recommendations

Given the patriarchal nature of the Afro-Caribbean society, most of the women did not report the perpetrators because of the fear of reprisal. Therefore, there is need for increased educational interventions for parents, especially those who have busy work

schedules to detect potential clues of sexual abuse in children from close family members.

The findings of the current study also indicated that sexual abuse is rife among Afro-Caribbean communities. Most of the victims avoid disclosure because of the manner in which such cases are addressed in Caribbean countries and within their families. According to Jones et al. (2014), people avoid acknowledging sexual abuse because the Caribbean public, religious leaders, policymakers, and politicians treat it as a normal occurrence, “hiding in plain sight”; therefore, it is not viewed as a major problem (p. 191). Some of the reports made by the survivors were not believed and they had little help considering they were children. Therefore, it is recommended that mechanisms for reporting sexual abuse among children of Afro-Caribbean origin be set up to avoid prolonged cases of sexual assault.

The current study also indicated that the participants’ motivations for disclosure differed and were complex depending on their relationship with the perpetrator and their mother. For example, Mary failed to report the sexual abuse until she was an adult to prevent her brother from being deported and avoid hurting her mother. Also, Eve delayed disclosing the sexual abuse she suffered to absolve herself from the blame she would receive from her family. Therefore, it is important for therapists to understand concerns and fears of clients from different cultural and ethnic groups and how culture influences disclosure. Often, the culture in which an individual is raised shapes their perceptions of the world. Cultural beliefs are extremely powerful in influencing help-seeking behaviors including disclosure among the victims. In their study, Jeremiah et al. (2017) stated that sexual abuse has been considered an unmentionable topic in most cultures for many years

because of social factors, cultural norms, and infused patriarchal values. The power imbalance and infusion of patriarchal values in Afro-Caribbean families gives men a false sense of entitlement which may cause them to sexually abuse their partners' children because of their role as breadwinners (Jones & Trotman-Jemmott, 2009, p. 23).

Therefore, there is need for more awareness of concerns for diverse populations to allow therapists, practitioners, and support sources including rape crisis centers to enhance their strategies of accessing and helping victims from these groups and to devise treatment plans that are culture specific.

Research indicates that the way therapists view the events occurring in families determines what they will address during therapy (Anderson & Gehart, 2007). In relation to the current study, most of the perpetrators were male family members. Therefore, therapists should incorporate questions about the victims' interactions with family members, their cultural belief system, and seek to understand the unique circumstances of the clients' family system to gain an understanding their experiences. Sexual abuse is a traumatic experience and is often difficult to talk about. The participants in this study attended therapy prior to participating in the study. They reported therapy has helped them in many ways such as being able to freely share their experience, which has made it possible for them to participate in this study. Without therapy they would not have been so open because the findings of the current study indicated that most of the participants suffered sexual abuse from known perpetrators, mainly from family members including brothers and step-sisters. Most of the participants did not disclose the sexual abuse, which lasted for an average of six years, until they were adults and have attended therapy; therefore, future research should focus on the role of family members in child

abuse, cultural influence, and support systems after disclosure. For instance, there is need for more research on how the family system of sexual abuse victims can help support them emotionally as they disclose their sexual abuse experiences. Additionally, further research is needed to understand how disclosure influences the dynamics of family function of Afro-Caribbean families.

Implications for Marriage and Family Therapists

The findings of the current study have significant practical implications for marriage and family therapists. Understanding the narrative of the importance of the larger social and cultural systems that influence the decisions of disclosure with sexual abuse survivors have emerged from the results of the study. Marriage and family therapists could utilize this information to become more aware of the meanings not only of sexual abuse but also its disclosure. Understanding the Caribbean culture could also help marriage and family therapists to develop culturally-sensitive strategies and practices using systemic theories that are inclusive of cultural context for Afro-Caribbean clients.

In addition, marriage and family therapists are in the unique position to discuss and understand the both/and perspective or multiple perspectives. Marriage and family therapist working from the both/and perspective may find it helpful to work with the family system to help them understand how to make sense of the victims' complexity of loving and caring for the perpetrator while holding the perpetrator accountable at the same time without the victim feeling judgment or shame. In addition, holding multiple perspectives could decrease the confusion of feelings the victim have to themselves for loving and caring for their perpetrator.

As shown in the findings, sexual abuse was linked to trauma and discomfort due to failed attempts at disclosure, regardless of the age at which these attempts were made. Thus, marriage and family therapists should intensify their outreach to Afro-Caribbean women living in the US through informal support systems and doctors to offer more practical help and counselling. For instance, the therapists could provide free seminars that target the need to understand the disclosure of sexual abuse early to facilitate prompt counselling. Such initiatives could make marriage and family therapists more visible to Afro-Caribbean women who might be willing to seek therapeutic help.

Most of the women in the current study also failed to disclose or report their sexual abuse experiences to their parents or authorities because of various reasons such as the fear of reprisal. The participants in the current study provided different motivations for disclosure of sexual abuse including fear of deportation of family members, avoid stigma, and to absolve themselves. By becoming culturally responsive marriage and family therapists can encourage Afro-Caribbean women to utilize mental health services. Such an effort could address misconceptions and certain prejudices about mental health services in the Afro-Caribbean community.

The Afro-Caribbean women who participated in the current study were willing to share their experiences and process of disclosure of sexual abuse. While there is still minimal evidence on how to help the women recover from past sexual experiences by improving their lives and encouraging them to seek help, more valuable lessons can be learned. For example, marriage and family therapists should understand that Afro-Caribbean women who have experienced sexual abuse, especially by known perpetrators are less likely to disclose their encounters. Therefore, it is essential for marriage and

family therapists to provide the women with a platform to disclose the causes of their distress. The results of the current study provide an in-depth understanding of narratives concerning the importance of larger social and cultural systems that influence the disclosure decisions of sexual abuse survivors. Marriage and family therapists could use this information to increase their awareness of the meanings of sexual abuse and disclosure as they relate to clients' experiences, culture, relationship to the perpetrator and the dynamics of their family system.

Conclusion

The purpose of the current study was to understand the lived experiences of Afro-Caribbean women who were sexually abused and the process of disclosure. Understanding the lived experiences of sexual behavior among Afro-Caribbean women is important because of the increased awareness and the chance to develop culturally sensitive care strategies for healing. Existing literature offers insights into empirical findings that identify the challenges faced by sexually abused children and women. However, specific scholarly literature relating to Afro-Caribbean women is scarce. The limited research on this issue creates a significant gap in literature in relation to experiences ascribed by sexually abused Afro-Caribbean women. The literature related to apprehending skills necessary to cope with this life transition is also limited. Significant insight can be gathered by examining this issue and the current study will serve to add to the body of scholarly literature.

Through the current study, I desire to support families and others directly affected by the growing number of Afro-Caribbean women who experience sexual abuse. By understanding the participants' experiences of sexual abuse and the process of disclosure,

I hope that policymakers will find value in its practicality and use the evidence to support policy related to improving services for sexual abuse victims. Additionally, therapists and support institutions providing services to Afro-Caribbean women who have experienced sexual abuse would greatly benefit from the current study by utilizing it as a tool to develop best practices when working with this population.

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Appendices

Appendix A**Demographics Form**

Participant pseudonym _____ Date: _____

Age: _____ Ethnic/Race/Cultural Background: _____

Birthplace: _____

How long have you lived in the USA _____

Do you currently live in Broward County?

Were you every sexually abused? YES NO

Have you received counseling relating to the sexual abuse experience? YES NO

Appendix B
Letter to Agencies

Angela Hood
3301 College Avenue
Fort Lauderdale, FL 33314

Date:

Dear Community Partners,

My name is Angela Hood I am a PhD student at Nova Southeastern University located in Davie Florida. I am currently conducting research study on how Afro-Caribbean women who experienced sexual abuse understand and make meaning of their experiences and the particularities attached to disclosure. Dr. Christopher Burnett, Psy. D., professor at Nova Southeastern University, is supervising my research. Nova Southeastern University IRB department has approved my research project. Please see approval letter attached.

I am writing to request your agency to post the attached recruitment flyer for my research project. The research will be a confidential interview with Afro-Caribbean women, 40 and older regarding their lived experience of sexual abuse and the particularities attached to disclosure. The participants should live in Broward County and have received counseling relating to the sexual abuse. The interview will focus on the participant's experiences and the meaning they ascribe to the experience in their own words as research is limited about the experiences of Afro-Caribbean women whose lives have been changed by their experiences.

The interview will last approximately 60-90minutes and the participants will receive \$15.00 visa gift card incentive for participating. Participants will receive a referral list of local therapists and online resources in the community in case they desire to speak with someone at a later time. Participants will receive the phone number to my Chair Dr. Burnett. I will also have a licensed therapist available in case of an emergency. If you should have any questions, please contact me, for additional information at (954) 297-9557 or email at ah845@mynsu.nova.edu

Sincerely,

Angela Hood

PhD MFT Student

Attachments:

IRB approval letter

Appendix C

Recruitment Script

Research Purpose

Thank you, for taking the time to consider participating in this research project. It is my intent to conduct an interpretative phenomenological analysis to understand how Afro-Caribbean women, who experienced sexual abuse, understand and make meaning of their experiences and the particularities attached to disclosure of the abuse.

Your insight into your personal experience is valuable to this research. Participation in this study requires that you be an Afro-Caribbean woman, 40 years or older, currently living in Broward County, who has experienced sexual abuse. Safety is another important component; therefore it is essential that the abuse is no longer occurring, and that you have previously received counseling for the sexual abuse experience. If the abuse is still occurring, I will refer you to treatment centers and/or provide you a list of resources where you can receive additional services. Due to this being a research project about your experience with sexual abuse, therapy is not provided. Therefore, if you have not received counseling for the abuse, participation in this study is not permitted. In such case, I will provide a list of low-cost centers that offer counseling.

Confidentiality

All information will remain confidential except in the event of disclosure of child abuse, elderly abuse, abuse to persons with disabilities, or if reports are made that you have an intention to harm yourself or others.

Consent

Interviews will take place in a location that offers privacy, confidentiality, and is comfortable for you. The interview will take place at a local agency. During our meeting, we will review the consent form. If you consent to participate in the research project, you will be asked to check the agreed box and sign the consent form. The interview process is voluntary and you can end or withdraw your participation at any time. The interview will be audio recorded to capture the essence of your experience in your own words. You are not required to disclose any personal identifying information about yourself that you are not comfortable sharing.

Financial Incentive

At the conclusion of the first interview, you will receive a Visa gift card with a \$15.00 value as my way to say thank you for taking the time to participate in this study. Withdrawal of participation in follow-up sessions will not impact your receipt of the \$15.00 gift card.

Resources

My dissertation chair, Dr. Christopher Burnett, will be available/on-call should you require any additional assistance. Dr. Burnett is a licensed psychologist. In addition to Dr. Burnett, a licensed therapist will also be available for immediate consultation if necessary. I will also provide you with a list of therapists and community resources that you can contact in case you would like to speak to someone further about your experience at the beginning of the interview.

Do you have any questions?

Date: _____ Time: _____ A.M/P.M

If participant chooses not to participate: Thank you very much for your interest

If they chose to participate, I will continue to the pre-screening tool.

Appendix D

Informed Consent



NOVA SOUTHEASTERN UNIVERSITY
College of Arts, Humanities, and Social Sciences

General Informed Consent Form

NSU Consent to be in a Research Study Entitled

*The Experience of Sexual Abuse of Afro Caribbean Women: The Interpretive
Phenomenological Analysis of the Particularities Attached to Disclosure*

Who is doing this research study?

College: Department of Family Therapy, College of Arts, Humanities, and Social
Sciences

Nova Southeastern University

Principal Investigator: Angela Hood, MS

Faculty Advisor/Dissertation Chair: Christopher F Burnett, Psy.D.

Site Information:

Local Agency

3301 College Avenue

Fort Lauderdale, FL 33314

Funding: This study is funded by: Local Agency

What is this study about?

This is a research study, designed to test and create new ideas that other people can use.

The purpose of this research study is to understand the experiences of women, who self-identify as Afro-Caribbean, Black, and African American of Caribbean descent who have experienced sexual abuse and particularities attached to disclosure.

Why are you asking me to be in this research study?

You are being asked to be in this research study because your experience will contribute greatly to the study aims at understanding sexual abuse experienced by Afro-Caribbean woman and the particularities attached to disclosure.

This study will include about 5 people.

What will I be doing if I agree to be in this research study?

While you are taking part in this research study, the researcher, Mrs. Angela Hood, will interview you. Mrs. Hood will ask you questions about your experience as an Afro-Caribbean woman and your experience with sexual abuse and the process of disclosure.

The interview will last no more than 60 minutes. The interview will take place at a local agency located at 3301 College Avenue Fort Lauderdale, FL 33314. If during the interview you chose to withdraw from the interview, you can do so as participation in the study is voluntary and Mrs. Hood will end the interview. You may be asked to come back to the local agency for one time to review your written transcript. The review will last 30 minutes.

Research Study Procedures - as a participant, this is what you will be doing:

You will be interviewed. You will be asked a series of open-ended questions regarding you're your experience with sexual abuse and the disclosure process; this will take up to

60 minutes. The interview will be recorded using a digital voice recorder by Mrs. Hood. The interview will take place face-to-face, involving only you and the researcher at a local agency located at 3301 College Avenue Fort Lauderdale, FL 33314. You will then return for approximately 30 minutes or less, to review your transcript.

Could I be removed from the study early by the research team?

There are several reasons why the researchers may need to remove you from the study early. Some reasons are: if it appears that you may be in danger or no longer meet inclusion criteria.

Are there possible risks and discomforts to me?

This research study involves minimal risk to you. To the best of our knowledge, the things you will be doing have no more risk of harm than you would have in everyday life. However, during the course of this interview; you may find some questions about your experience or family members to be upsetting or stressful. You may experience feelings of anxiety or feeling overwhelmed at times. If this should occur, I will provide you with a list of resources who may be able to help with these feelings. In addition, a licensed therapist will be immediately available to assist in the case of an emergency. Please note participation in this study is voluntary and you can stop participation at any time.

What happens if I do not want to be in this research study?

You have the right to leave this research study at any time or refuse to be in it. If you decide to leave or you do not want to be in the study anymore, you will not get any penalty or lose any services you have a right to get. If you choose to stop being in the study before it is over, any information about you that was collected before the date you

leave the study will be kept in the research records for 36 months from the end of the study and may be used as a part of the research.

What if there is new information learned during the study that may affect my decision to remain in the study?

If significant new information relating to the study becomes available, which may relate to whether you want to remain in this study, this information will be given to you by the investigators. You may be asked to sign a new Informed Consent Form, if the information is given to you after you have joined the study.

Are there any benefits for taking part in this research study?

There are no direct benefits from being in this research study. We hope the information learned from this study will benefit other people in similar conditions in the future and the information obtained from this research will help clinicians to be more culturally aware and culturally competent in their treatment of Afro-Caribbean women who have experienced sexual abuse.

Will I be paid or be given compensation for being in the study?

Participants will receive a \$15.00 Visa gift card upon completion of the interview.

Refusal to attend follow-up sessions will not impact receipt of the \$15.00 gift card.

Will it cost me anything?

There are no costs to you for being in this research study.

How will you keep my information private?

Information we learn about you in this research study will be handled in a confidential manner, within the limits of the law and will be limited to people who have a need to review this information. Confidentiality will be reinforced throughout the study and in

the final text. The interviews will be transcribed by the researcher, using earphones to guard participants' privacy. During the transcription process, identifying information will be removed from transcripts and replaced with pseudonyms. The transcription and other study documents will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any regulatory and granting agencies (if applicable). If we publish the results of the study in a scientific journal or book, we will not identify you. The transcripts and other study documents will be stored in a file cabinet in the researcher's home office. As mentioned, the recording and all documents will be destroyed 36 months after the study ends by shredding paper documents and permanently deleting electronic files. All information obtained in this study is strictly confidential unless law requires disclosure. The IRB, regulatory agencies, or Dr. Burnett may review research records.

Will there be any Audio or Video Recording?

This research study involves audio recording. This recording will be available to the researcher, the Institutional Review Board and other representatives of this institution, and any of the people who gave the researcher money to do the study (if applicable). The recording will be kept, stored, and destroyed as stated in the section above. Because what is in the recording could be used to find out that it is you, it is not possible to be sure that the recording will always be kept confidential. The researcher will try to keep anyone not working on the research from listening to or viewing the recording.

Whom can I contact if I have questions, concerns, comments, or complaints?

If you have questions now, feel free to ask us. If you have more questions about the research, your research rights, or have a research-related injury, please contact:

Primary contact:

Mrs. Angela Hood can be reached at (954) 297-9557 or ah845@mynsu.nova.edu.

If primary contact is not available, contact:

Dr. Burnett, Psy.D can be reached at (954) 262-3010 or burnett@nova.edu.

Research Participants Rights

For questions/concerns regarding your research rights, please contact:

Institutional Review Board

Nova Southeastern University

(954) 262-5369 / Toll Free: 1-866-499-0790

IRB@nova.edu

You may also visit the NSU IRB website at www.nova.edu/irb/information-for-research-participants for further information regarding your rights as a research participant.

All space below was intentionally left blank.

Research Consent & Authorization Signature Section

Voluntary Participation - You are not required to participate in this study. In the event you do participate, you may leave this research study at any time. If you leave this research study before it is completed, there will be no penalty to you, and you will not lose any benefits to which you are entitled.

If you agree to participate in this research study, sign this section. You will be given a signed copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE STATEMENTS LISTED BELOW ARE TRUE:

- You have read the above information.
- Your questions have been answered to your satisfaction about the research.

Adult Signature Section

I have voluntarily decided to take part in this research study.

Printed Name of
Participant

Signature of Participant

Date

Printed Name of Person
Obtaining Consent and
Authorization

Signature of Person Obtaining
Consent & Authorization

Date

Appendix E

Interview Protocol

Date/Time of interview:

Location during interview:

Introduction:

1. Introduce myself to the participant (to connect/join with them)
2. Review consent forms
3. Recite confidentiality statement

General Questions:

1. Tell me a little about yourself.
2. How long have you lived in Florida?
3. Where were you born?
4. What country is your family from?
5. What do you know about your culture?
6. Does your culture practice patriarchal values?
7. What was it like growing up in your culture?
8. Does your country have any resources available for individual who experience sexual abuse?
9. How many people lived in your home?
10. Did religion play a part in your cultural?
11. What were the family rules about sex?

Research Questions on Sexual Abuse:

1. How do you define sexual abuse?
2. What does your culture say about sexual abuse?

3. What are your parents/caregivers view of sexual abuse?
4. What type of sexual abuse did you experience?
5. Did the abuse occur in the United States or in your country of origin?
6. How old were you when you first experienced the abuse
7. How often did it occur?
8. Where did the abuse occur?
9. What was your relationship to the perpetrator?
10. Did it occur at the same place every time?
11. How long did it last?
12. What were your thoughts and feelings during the abuse?

Research Questions on Disclosure:

13. What are your thoughts on disclosure at the time of the abuse?
14. What does your culture say about disclosure?
15. Did you disclose to anyone you were being abused?

How old were you when you first disclosed?

If disclosure was delayed, what contributed to the delay.

Was your disclosure direct or indirect?

16. Whom did you tell?

What were the conditions surrounding your disclosure? (accidental/purposeful)

17. What was the length of time between the abuse and the time you told someone?

What age were you when you first disclosed?

18. What were their response? (supportive/non-supportive)
19. What were your thoughts about their response?

20. Did you tell anyone outside of your family (if first disclosure was to family member)

Has your disclosure change over time?

How has your disclosure change?

What has been different in the way you disclose now?

How does your family feel about your disclosing your experience to outsiders?

21. Do you think your culture play a part in the way they responded?

22. What has been different for you since your disclosure?

23. Does the patriarchal values in your culture influenced your reason for disclosure?

24. Did you experience any challenges such as relationships/family/physical since your disclosure?

25. What were those challenges (if they answer yes to question 24)

26. What meaning would you ascribe to your experience with sexual abuse

27. What meaning would you ascribe to your experience with the way you disclosed the abuse?

28. What effect if any, did the sexual abuse experience have upon you?

29. What effect if any, did the disclosure experience have upon you?

30. What support have you experience after the disclosing the abuse?

31. Who did you receive the support from?

32. How have you been able to cope?

33. What are your resources?

34. What advice would you give others who experienced or sexual abuse who may be afraid to disclose the abuse?

35. What do you think is helpful for others to know about being an Afro-Caribbean woman who experienced sexual abuse?

Conclusion Questions

1. Is there anything else you would like to share that we have not discussed?
2. Please describe your experience during this interview

Appendix F

Resource List

Resource List

Brief Therapy Institute (BTI)

3001 College venue

Fort Lauderdale, FL 3314

(954) 678-2273

Florida Department of Children and Family

1-800-96-ABUSE

Henderson Mental Health Clinic

4700 North State Road 7, Suite 220

Lauderdale Lakes, FL 33319

954-735-4530

National Sexual Assault Hotline

1-800-656-HOPE (4673)

Broward 2-1-1 First Call For Help

(954) 537-0211

Dial 211 (from your phone)

Dr. Christopher Burnett-

Dissertation Chair

(954) 262-3010

Dr. Ann Rambo-

Dissertation Committee Member

(954) 262-3002

Dr. Kara S. Erolin

Dissertation Committee Member

kerolin@nova.edu

Web Resources Links

SAMHSA <https://www.samhsa.gov/trauma-violence>

Sexual Trauma and Abuse <https://www.guidestar.org/profile/47-0883661>

The National Traumatic Stress Network

<http://www.nctsn.org/resources/audiences/parents-caregivers>

CDC's Rape Prevention and Education

<https://www.cdc.gov/violenceprevention/rpe/index.html>

RESEARCH PARTICIPANTS NEEDED



- Would you be willing participate in a dissertation study on the lived experience of sexual abuse in Afro-Caribbean women and the meaning attached to the particularities of disclosure. I am recruiting women who experienced sexual abuse to participate in the study. Your participation is voluntary and confidential and you can withdraw at any time.

You will be compensated \$15.00 visa gift card as a way to say thank you for your participation and time.

To learn more about participating in this study, please contact Angela at (954) 297-9557 or ah845@mynsu.nova.edu