POSTTRAUAMTIC GROWTH AMONG AFRICAN AMERICAN WOMEN SURVIVORS OF CHILDHOOD SEXUAL ABUSE: THE ROLES OF SPIRITUALITY, LOCUS OF CONTROL, AND SELF-CONCEPT

by

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ABSTRACT

LISA LITTLEJOHN HILL. Posttraumatic Growth Among African American Women Survivors of Childhood Sexual Abuse: The Roles of Spirituality, Locus of Control and Self-Concept (Under the direction of DR. PHYLLIS POST)

Research has suggested that childhood sexual abuse (CSA) can hinder normal cognitive, social and emotional development. Research has also suggested that CSA contributes to higher levels of pathology than other traumatic experiences. Rates of victimization are highest among African American girls; however, the specific experiences of African American women survivors of CSA is rarely examined in the literature. Over the past two decades research on the aftermath of trauma has moved away from an exclusive focus on the negative effects, to examinations on how the struggle with adverse life events can result in growth and positive change. This process is defined as posttraumatic growth (PTG).

The purpose of this study was to examine how spirituality, locus of control and self-concept related to PTG among African American women survivors of CSA. The study also examined how religious well-being, existential well-being, locus of control and self-concept related to PTG. A total of 60 African American women were included in this research study. Participants completed an online survey, which included the Spiritual Well-Being Scale (which includes the Religious Well-Being and Existential Well-Being subscales), Rotter's Locus of Control Scale, Rosenberg's Self-Esteem Scale, the Posttraumatic Growth Inventory, and a demographic questionnaire.

The first standard multiple regression analysis indicated that spirituality, locus of control and self-concept were not related to posttraumatic growth. The second multiple regression analysis indicated that religious well-being was related to PTG.

The findings of the present study suggest that religious beliefs and practices of African American women survivors of CSA do influence PTG. Results suggest that counselors who work with this population should assess how religious beliefs and practices can contribute to positive and sustainable outcomes.

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DEDICATION

This achievement is dedicated to the memory of my beloved mother, Nina. Your life, your light, and your love continue to show me the way. I love you through time and space.

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CHAPTER I: INTRODUCTION

Childhood sexual abuse (CSA) is an identified public health and psychological concern in the United States (U.S.) About 42% of female rape victims were first raped before age 18 and almost 30% were first raped between the ages of 11 and 17 (Center for Disease Control (CDC), 2012). The US Department of Health and Human Services (DHHS) Child Maltreatment report (2012) revealed that victimization by sex was similar for boys and girls (49% and 51%, respectively); however, the rate of abuse was higher among girls. Research also revealed that rates of victimization were highest among non-Hispanic Black children at a rate of 14.2 per 1,000 compared to 8.0 per 1,000 among non-Hispanic White children (CDC, 2012). It is also important to note that these statistics represent only reported cases.

Childhood sexual abuse can conjure negative emotions such as shame, powerlessness, and self-blame (Shakespeare-Finch & Dassel, 2009). The effects of CSA can also hinder normal cognitive, social and emotional development, causing psychosocial problems and contributing to higher levels of pathology than other traumatic experiences (Hall & Hall, 2011; Vilencia, Shakespeare-Finch, & Obst, 2013). Some of the negative long-term effects of CSA include body image issues and eating disorders, anxiety, depression, denial and repression, intimacy struggles, revictimization, and difficulty in establishing interpersonal relationships. Resources, as related to trauma, are personal traits such as self-esteem and social conditions such as employment or marriage, that people value and therefore strive to maintain (Hobfall, 2011). In women, specifically, CSA predicts increase in personal and social resource loss as well as posttraumatic stress disorder (Hall & Hall, 2011; Schumm, Stines, Hobfall, & Jackson, 2005; West, Williams, & Siegel, 2000).

African American Women and CSA

An examination of the specific experiences of African American women survivors of CSA is scarce in the literature. Issues of societal oppression along with contextual factors are important to understand when examining CSA experiences of African American women (Brazelton, 2011; Singh, Garnett, & Williams, 2012). For example, African American female victims of CSA often choose to keep their abuse a personal secret for a number of reasons that includes: (1) out of fear of their perpetrator being taken out of the home, (2) fear that family members might not believe them, and (3) fear that they could be blamed for the abuse. These fears typically lead to underreporting or delays in reporting (Glover et al., 2010; Singh et al., 2012). Although these behaviors are common across diverse groups, race and culture can add a layer of complexity for African American girls. Researchers have also identified factors that contribute to differences in African American women's individual adjustment following victimization compared to women of other races and ethnicities. Some of these factors include duration of abuse, support of family or peers, severity, use of force, relationship to the offender, and victim's age (Lev-Wiesel, Amir, & Besser, 2005; Singh et al., 2012). Like victims of other ethnicities, African American women experience both short and long-term negative consequences of CSA.

Factors that contribute to the resiliency of African American women following the trauma of sexual abuse have been explored (Banyard, Williams, Siegel & West, 2002; Cecchet, 2014; Singh et al., 2012; Singleton, 2004). These factors include utilizing social support, reclaiming or using spirituality as a source of healing, focus on positive thinking, creating multiple survivor identities, developing an internal locus of control and relying

on strong female role models. Although resiliency and posttraumatic growth (PTG) both support well-being, they are sometimes used interchangeably or confused in the literature (Levine, Laufer, Stein, Hamama-Raz, & Solomon, 2009). Resiliency is typically referred to as a "bouncing back" or healthy functioning after exposure to adverse events (Grynch, Hamby, & Banyard, 2015; Kaye-Tzadok & Davidson-Arad, 2016). Posttraumatic growth, however, is described as growth as a result of an adverse or traumatic event (Tedeschi & Calhoun, 1995).

Posttraumatic Growth

Posttraumatic growth is defined as positive change that result from the struggle with a traumatic event or major life crisis (Tedeschi & Calhoun, 1998, 2004). Growth is typically identified in five domains: change in perception of self, change in relationships with others, an increased or new appreciation of life, new possibilities and spiritual or existential change (Calhoun & Tedeschi, 1998). Within PTG, individuals essentially experience growth by altering cognitive schemas and personal narratives (Tedeschi, Calhoun & Cann, 2007).

There is a body of research that has focused on PTG. Researchers have explored PTG as related to traumatic events including natural disasters, terminal and chronic illness, war, grief, terrorism, race-related trauma and sexual assault. Though scarce, there are a few studies that have considered PTG in CSA survivors (Lev-Weisel et al., 2005; McMillen, Zuravin, & Rideout, 1995; Shakespeare-Finch & Dassel, 2009), and there are little to no extant PTG studies that examine African American women specifically. The proposed study seeks to fill this gap in the literature by exploring this growing phenomenon and its relationship to African American women survivors of CSA.

An examination of the research indicates that spirituality, locus of control, and self-concept emerge as factors contributing to PTG (Denney, Aten & Leavall, 2010; Heintzelman, 2010; Sattler, Boyd, & Kirsch, 2014), however, they have never been explored at collectively in relationship to PTG among CSA survivors. Even further, research with a focus on African American female survivors is nonexistent. Although there are some studies on African American's utilization of spirituality or religion as coping mechanisms from CSA (Ahrens, Abeling, Ahmad, & Hinman, 2010; Reinert, Campbell, Bandeen-Roche, Sharps, & Lee, 2015; Schultz, Tallman, & Altmaier, 2010) little research has focused on locus of control amongst this group (Hood & Carter, 2008; Simoni & Ng, 2002). A few studies have investigated categories of self-concept and CSA survivorship, however, these studies have focused mainly on posttraumatic stress disorder (PTSD) as opposed to PTG (George, Park, & Chaudoir, 2016; Robinaugh & McNally, 2011; Walter, Horsey, Palmieri, & Hobfoll, 2010). There are studies that have explored growth in trauma survivors including those with histories of CSA, however, the samples used were comprised mostly of Caucasian participants (Boals, Steward, & Schuettler, 2010; Hall et al., 2009). An examination of how spirituality, locus of control and self-concept might contribute to PTG in African American female survivors of CSA is a neoteric approach to explore how constructs work together to promote positive change in the aftermath of trauma.

Spirituality

Spirituality is unique to the individual, and experienced as an active and passive process that moves an individual toward knowledge, love, compassion, purpose, wholeness, belonging, connectedness and meaning (Bishop, Avila-Juarbe, & Thumme,

2003; Burke et al, 1999). Meaning, specifically, allows constructive coping processes and outcomes. Finding and maintaining meaning tends to be associated with more positive views of self and others, as well as perceived control in managing life events (Tedeschi & Calhoun, 1995). In the midst of pain, hurt and suffering many people turn to spirituality as a source of comfort and understanding and this turning towards spirituality can promote healing and growth after trauma (Werdel, Dy-Liacco, Ciarrocchi, Wicks & Breslford, 2014). The proposed study seeks to expand the body of research that focuses on spirituality as a method used by African American women to cope with CSA by exploring the relationship between the personal meaning-making process of spirituality and PTG.

Locus of control

For women who have experienced CSA, reasserting control can lead to effective coping strategies as well as growth and healing (Tedeschi & Calhoun, 1995). This control is particularly important for African American women because of the societal marginalization that they often experience. Researchers have identified a person's locus of control orientation as one way to examine beliefs about power and control over the events of our lives. A concept coined by Julian Rotter (1990) the underlying question regarding locus of control is *do I control my life or does something else control it*? Two domains include whether the outcomes of our actions are within our personal control (internal locus) or outside our personal control (external locus; Zimbardo, 1985). Cummings and Swickert (2010) assessed the relationship between locus of control and PTG and found that those with an internal locus focused more on well-being and reported greater levels of PTG than those with an external locus. This finding aligns with the

cognitive discipline necessary for a true experience of PTG; however, studies on locus of control as a factor in PTG among African American women survivors of CSA are minimum. The proposed research seeks to fill this gap and expand the literature in this area.

Self-Concept

Self-concept is a noteworthy psychological factor when examining PTG in the context of traumatic experiences such as CSA. Self-concept, defined as the physical, social, spiritual and moral idea of self, is developed on two levels: existential self (understanding one's self as separate from others) and categorical self (awareness of self as an experiential object; Bee, 1992; Gecas, 1982; Lewis, 1990). Since children start to develop an awareness of self as early as the first two years of life, an experience of CSA during formative years can have adverse influence on how a girl views herself as well as the world around her. Although research on self-concept is plentiful, the focus has been typically limited to chronic or terminal illness when PTG is included. This study aims to include self-concept as an important area of investigation within the larger body of PTG research when CSA is being explored.

Purpose of the Study

To expand the literature in some areas and fill the gap in others, the purpose of this study is to examine how spirituality, locus of control and self-concept are related to posttraumatic growth among African American women survivors of childhood sexual abuse.

Significance of the Study

Historically literature has focused on negative consequences of past sexual abuse as related to post-traumatic stress disorder. Further, the majority of the literature in the fields of counseling and psychology on survivorship of trauma are slanted toward the deficit perspective which is not culturally sensitive or responsive to marginalized groups like African American women (Singleton, 2004; Singh, Hays, Chung, & Watson, 2010). Few studies have investigated posttraumatic growth in childhood sexual abuse survivors and even fewer studies have looked specifically at African American women survivors (Glover et al., 2010; Liang et al., 2006). In a recent qualitative study, Brazelton (2015) explored the meaning that African American women make of their abuse and how they disclose of it over time. The author found that none of the participants in the study received counseling as a child, but eventually broke cultural norms and sought therapy as adults. The distorted views of self and the world that develop as a result of CSA can often lead to a lifetime of negative core beliefs about self and maladaptive behaviors that support those beliefs.

The significance of this study is not only that this is the first examination of how spirituality, locus of control and self-concept contribute to PTG, but also in how a deeper understanding of those contributions can provide practical information for clinicians who work with this population. As research continues to shift toward more growth-oriented responses to trauma, an awareness of the factors that assist in that growth, particularly for minority groups, is critical information. As author of this study, I consider it a professional imperative to add growth, healing and meaning-oriented research to a body of literature that normally leans toward psychological distress and pathology as outcomes

among CSA survivors. Driven by my own work with African American CSA survivors, my hope is that this research offers counselor educators and practicing clinicians increased awareness and cultural sensitivity to the impact of the intersectionality of race and gender for this understudied population. Further, PTG as an alternative to negative mental health consequences of CSA aligns with strength-based approaches that view minority clients as both resilient and capable of managing adversity.

Research Question

The following research question will be addressed in the study:

> How do spirituality, locus of control and self-concept contribute to posttraumatic growth in African American women survivors of childhood sexual abuse?

Research Design

The proposed study will be correlational with a non-experimental survey design. A multiple regression analysis will be utilized to examine the relationship between spirituality, locus of control, self-concept and posttraumatic growth among African American women survivors of childhood sexual abuse. The researcher will analyze the amount of variance accounted for in posttraumatic growth by each of the predictor variables.

Assumptions

The following assumptions have been made in proposing this study:

- Participants will complete survey honestly and willingly.
- Participants will comprehend and respond to each survey item.
- The intended respondent will be the person that completes the survey.

- Participants with different degrees of CSA experiences will be included in the study.

Delimitations

The following delimitations have been identified by the researcher:

- Participants will be African American women members of predominantly African American churches in the southeastern US.
- The sampling procedure will be purposive.
- Participants will be required to read and respond to English.
- Information will be obtained via self-report surveys.

Limitations

The following limitations are true of this study:

- A purposive sample limits the ability of the researcher to generalize results.
- Social desirability bias is the tendency of participants to answer survey questions in a way they think might be favorably viewed by others. Due to the wording of some of the survey questions, social desirability responses could limit the results of the study.
- The research study is correlational; therefore, causal inferences cannot be made.

Threats to Internal Validity

Threats to internal validity are related to how the results of a study can be accurately interpreted (Gay, Mills, & Airasian, 2009). One threat to consider in this study is social desirability which is when participants respond to survey questions in a way that

they think might be viewed favorably by the researcher. In an effort to minimize social desirability, participants will respond anonymously to increase comfort and to eliminate responses that they might be generally perceived as more acceptable. Another threat to validity is instrumentation. To address this potential threat, all instruments used have been evaluated for reliability and validity in previous studies.

Threats to External Validity

External validity refers to the extent to which the results of the study can be generalized to the sampled population (Gay, et al., 2009). With regard to the proposed research, African American women survivors of CSA within one state and attendants at religious places of worship will be investigated. The proposed study does expect that results will be generalizable to women with similar demographic backgrounds.

Operational Definitions

The operational definitions for the variables included in this research are as follows:

Posttraumatic Growth

Posttraumatic growth is the positive psychological change that occurs as the result of a person's struggle a traumatic event. In this study PTG will measured by the total score of the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996).

Spirituality

Spirituality is defined as one's ability to create meaning and purpose in life through connections with others and a connectedness with self (Burke et al., 1999). In the current study spirituality will be operationally defined as each participant's score on the Existential Well-Being subscale of the Spiritual Well-Being Scale (Ellis, 1983).

Locus of control

Locus of control is the degree to which a person accepts that situations or events are within their control (internal locus) or outside of their control (external locus). In the proposed study locus of control will be operationally defined as the total score on Rotter's Locus of Control Scale (Rotter, 1966).

Self-Concept

Self-concept is a person's perception of themselves and includes both self-image and self-worth (or self-esteem). Within this study self -concept will be operationally defined as the total score on the Rosenberg Self-Esteem Scale (Rosenberg, 1965).

Chapter Summary

This chapter provided a brief discussion of the issue of childhood sexual abuse along with the specific experiences of African American women. The concepts of posttraumatic growth, spirituality, locus of control, and self-concept were introduced followed by the purpose of the study. The study's assumptions, delimitations, limitations and threats to validity were identified, and all variables were operationally defined.

Organization of the Study

This research study is divided into five chapters. Chapter 1 is an introduction of the variables along with the purpose and significance of the study. The chapter briefly reviews the research design and includes research assumptions, delimitations, limitations and threats to internal and external validity. Finally, the section provides operational definitions of the variables being explored. Chapter 2 provides a theoretical basis for the research, a conceptual understanding of each variable and a synthesized view of related literature. The methodology in this study is presented in Chapter 3 and the participants

and procedures are described. Chapter 3 also includes an overview of the validity and reliability of the instruments used as well as the research design and data analysis methods. Chapter 4 will highlight the results of the study to include a description of participants, instrument reliabilities, and results from statistical analyses. Chapter 5 concludes the study with a discussion of the results, contributions and limitations of the study, implications of the study, recommendations for future research and concluding remarks.

CHAPTER II: REVIEW OF THE LITERATURE

The purpose of this study is to examine how spirituality, locus of control and self-concept are related to posttraumatic growth among African American women. This chapter will be divided into six main sections. The first section will provide a definition of childhood sexual abuse and an overview of CSA outcomes. In the next section, a theoretical framework will be provided. In the third section, a conceptual understanding of posttraumatic growth along with empirical research will be presented. In the remaining three sections, empirical research related to each of the predictor variables (spirituality, locus of control, and self-concept) and African American women, along with the relationships between these variables and the dependent variable, posttraumatic growth, will be discussed as a demonstration of the need for this research.

Childhood Sexual Abuse

There is a substantial amount of research on childhood trauma. Childhood sexual abuse specifically has been thoroughly examined, and a variety of definitions are used to explain it. Ratican (1992) provided the following simple but comprehensive definition in research on long-term effects of CSA: "any sexual act, overt or covert, between a child and an adult (or older child, where the younger child's participation is obtained through seduction or coercion)" (pg. 33). Despite how CSA is defined, the psychological impact on victims is undeniable and pervasive (Hall & Hall, 2011; Ratican, 1992).

CSA Outcomes

The effects of CSA occur on cognitive, social and emotional levels and contribute to long-term maladaptive adjustment (Hall & Hall, 2011; Vilencia et al., 2013). Finkelhor and Browne (1985) proposed a framework for understanding the traumatic impact of

CSA to explain dynamics central to the psychological issues that are often a result of the abuse experience. Within this framework, the authors theorized that betrayal, traumatic sexualization, powerlessness, and stigmatization, referred to as *traumagenic dynamics*, affect how survivors see themselves and the world around them along with their emotional capacities. In addition, the authors posit that these factors combined within a set of circumstances are what makes the trauma of CSA potentially severe. In a study that explored the relationships between CSA, relationships and psychological distress, Kallstrom-Fuqua, Marshall and Weston (2004) discovered that powerlessness and stigmatization mediated the effects of sexual abuse severity on women's psychological distress as adults. In addition, powerlessness was a mediator of the effects of severity on unproductive social relationships.

The impact that CSA can have on adult adjustment and functioning is harrowing. Many women struggle with relegating thoughts and feelings about self, and engage in self-defeating behaviors and patterns as result. Women tend to dissociate beliefs about self and the world, negative emotions, and unhealthy interpersonal relationships from their abuse experience reinforcing feelings of inadequacy, isolation and inferiority. Along with negative emotions like powerlessness and shame, studies have found CSA related to negative long-term effects such as depression, anxiety, denial and repression (Shakespeare-Finch & Dassel, 2009; Hall & Hall, 2011; West et al., 2000). In a study that explored how CSA predicted and sensitized women to the effects of sexual exposure, researchers found that CSA increased resource loss, the depreciation of personal traits such as self-worth, which then predicted posttraumatic stress disorder (Schumm et al., 2005). To add, several studies have shown marital dissatisfaction, intimacy and

relationship issues such as an inability to trust, discomfort with sexual intimacy, emotional avoidance and ineffectual communication as outcomes of the trauma of CSA (Cherlin, Burton, Hurt & Purvin, 2004; Liang, Williams, & Siegel, 2006; Oz, 2001; Whisman, 2006).

African American Women and Childhood Sexual Abuse

Research on the effects of CSA among minorities, specifically, is sparse (Liang et al., 2006); however, the likelihood that psychological professionals will work with African American women survivors of CSA is high considering they compromise 52% of the total African American population (US Census Bureau, 2013). There are a few studies that have looked specifically at minority or Black women's individual adjustment and outcomes following victimization (Banyard, Williams, Siegel, & West, 2002; Marcenko, Kemp, & Larson, 2000; Singh, Garnett, & Williams, 2012). These studies are significant in that they allow for the consideration of how culture and cultural norms might influence adjustment. In this proposal, African American and Black will be used interchangeably.

In a study sample of 132 minority females, where 63% were African American, Glover and associates (2010) sought to explore pre- and post-trauma factors that predicted post-traumatic stress and health risks. A significant finding was that 44% of CSA victims failed to even disclose their CSA incident. Two studies highlighted medical issues that emerged as related to CSA outcomes among African American women. In a sample of over 35,000 women, researchers found that a higher frequency of sexual abuse indicated a higher likelihood of early menarche which increases the risk of gynecological issues across the lifespan (Wise, Palmer, Rotham, & Rosenberg, 2009). To add, a

longitudinal study investigating variability in risk and protective factors among CSA survivors showed that revictimization, a common negative outcome, had an adverse impact on the sexual and reproductive health of Black women (Banyard et al., 2002). In another study using a sample of low-income African American mothers, researchers discovered that CSA was not only related to more psychological distress later in life, but that the age during the abuse and the severity of the trauma correlated with later drug use and a history of heavy substance abuse (Markenco, Kemp, & Larson, 2000).

Like victims of CSA in other racial and ethnic groups, African American women also experience negative intrapersonal and interpersonal experiences as outcomes of CSA. Meadows and Kaslow (2002) conducted a study that examined precursors of suicidal behavior in African American women. Results indicated that among disadvantaged African American women with a self-reported history of CSA, hopelessness mediated the relationship between the abuse and suicide attempts. Other studies have indicated that CSA experienced by low-income African American women contributed to lower marriage rates. Unfortunately, the trauma of the abuse is regularly overlooked as a factor in the research (Cherlin et al., 2004; Liang et al., 2006).

An examination of the experiences of African American women survivors of CSA is limited. However, the literature has revealed that some factors emerge as important considerations for understanding this population and the cultural idiosyncrasies that might affect adjustment of these women. For example, whether CSA is disclosed can be heavily influenced by in-group practices and expectations to keep certain matters private. Additionally, outcomes such as substance abuse and physical health issues are vulnerable to the reality of societal discrimination and marginalization. Research has shown that

African American women survivors can be resilient following trauma (Singh et al., 2012) but few studies have explored the factors that contribute to positive transformation because of the trauma.

Summary

Childhood sexual abuse disrupts how children view themselves and the world in which they exist. Repair and refocus of these views promote forward progression and growth in the lives of survivors of CSA. The concept of PTG provides a lens through which positive change and development in the face of trauma can be understood, however, factors that contribute to this understanding have yet to clearly emerge in research.

Spirituality is how we make sense of our place and purpose in the world and one way of conceptualizing this is through the lens of existential philosophy. Freedom is what we do with what has been done to us therefore our control locus is an essential element in understanding its contribution to PTG. Self-concept, cited repeatedly in CSA literature, is an important construct in examining the effects of CSA as well as how one might growth through the experience. This study will be among the first to explore how spirituality, locus of control and self-concept are specifically related to growth following trauma among African American women survivors of CSA.

Theoretical Framework: Existentialism

Existential philosophy can be helpful in illuminating the complexities of CSA. Existential psychology examines self-actualization that occurs when life's difficulties are confronted as opportunities (Tedeschi & Calhoun, 1995). One of the fundamental goals of existentialism is helping people find purpose, meaning and value in their lives

(Seligman, 2006). Often this comes as a result of dealing with painful present or past experiences. The search for understanding of life's circumstances and situations is recognized as the primary motivational force of existence and is based on the concepts of *freedom*, *will*, and *meaning* (Frankl, 1959). Otherwise stated, existential psychology explores the freedom and responsibility to choose how we respond to conditions in our lives to include the certainty of our death and the actions of others which are outside of our control (Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 1995).

The concept of freedom means that individuals have the responsibility to address their own biological, social and psychological conditions. The power and personal liberty to shape one's own life is derived from one's spiritual dimension and allows for autonomous action even in the case of physical or psychological issues (Frankl, 1959). The concept of will suggests that the freedom humans possess also enables them the independence to achieve goals and purposes that are specific and unique to the individual. When a person is either unwilling or unable to realize their meaning potentials, existential frustration can give rise to problems such as addiction, depression, suicidality, and other physical and psychological maladies (Frankl, 1959). In contrast, when a person can accept the responsibility of creating meaning in everyday life, he or she can draw value and worth into their lives. Frankl (1959) suggests that meaning can be discovered through creativity, experiencing or connecting with others, and by the attitude one takes toward suffering.

Within existential philosophy, abuse is conceptualized as an *existential injury* in that it can damage, distort or even destroy our sense of self and how we make sense of the world around us. Understanding CSA as an existential injury helps us to understand

how it affects personal psychological issues such as self-concept and identity, as well as social aspects like work and family (Frankl, 1959; Hall & Thompson, 2011; Seligman, 2006). In a case study to provide an account of how people who have experienced CSA find a pathway to healing, researchers found that meaning-making, defined as the process of how a person makes sense of life events and circumstances, is an essential part of acceptance of the impact of CSA and subsequent growth (Vilencia et al., 2013).

Summary

Existential psychology is helpful in conceptualizing not only the effects of CSA but the potentials of the human condition as a result of such trauma. It can be a powerful lens for understanding how healing from painful experiences such as CSA can be achieved through meaning-making and developing a sense of purpose in life.

Posttraumatic Growth

Posttraumatic growth is positive change and development that occur as a response to struggle with a stressful or traumatic life event (Tedeschi & Calhoun, 2004). It is both a process and an outcome and occurs through thought processes initiated when coping with the traumatic event takes an extreme emotional and cognitive toll (Tedeschi, Park & Calhoun, 1998). Posttraumatic growth begins with the same set of events that produce psychological distress and difficulties, however, it is important to delineate characteristics of circumstances and events that make them a threat to psychological adjustment (Calhoun & Tedeschi, 1998). Within the concept of PTG, perceived growth is typically reported in three broad domains: changes in perception of self, changes in relationships with others, and a changed philosophy about life in general (Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 2004).

Existential philosophy encourages embracing the opportunity to do what you choose with what has been done to you. An important step in PTG is the change in the perception of self from a victim to a survivor. This change supports the idea that survivors have the personal strength to create meaning from their circumstance (Frankl, 1959; Tedeschi et al., 1998). Growth outcomes, as related to change in perception of self, include self-reliance and vulnerability. Increased self-reliance or self-efficacy involve a sense of survival and fortitude. In addition, persons with PTG can recognize their strengths along with expressing an increased sense of vulnerability about the fragility of existence. This often prompts positive changes in relationships and an overall increased gratefulness for life (Tedeschi et al., 1998; Tedeschi & Calhoun, 2004).

Compassion, empathy and providing help to others are sometimes growth outcomes that are realized through interpersonal relationships. Although the time between the occurrence of a traumatic event and a survivor's recognition that they have something specific to offer varies for individuals, recognition of the universality of suffering and compassion for that suffering can offer deeper healing (Tedeschi et al., 1998). Fundamental questions about life are often queried in the aftermath of traumatic events and these questions usually rest within the realms of existential and spiritual changes as well as life priorities. When trauma occurs, examinations within these areas become necessary to survival (Tedeschi et al., 1998). The purpose of this study will be to understand how spirituality, locus of control and self-concept are related to posttraumatic growth among African American women survivors of childhood sexual abuse.

Posttraumatic Growth and African American Women

Although PTG has been examined in CSA and similar traumas, there has been very little empirical research on the potential of PTG among African American females. A search in a comprehensive psychological database using the terms “posttraumatic growth” and “African American or Black women” yielded a list of only seven studies within the last ten years (Ahrens, Abeling, Ahmad, & Hinman, 2010; Bellizzi et al., 2009; Lowe, Manove, & Rhodes, 2013) . To garner more literature, the search was expanded to the past fifteen years and one study was added to the list. After examination of the eight research studies, two were excluded from the review due to different sample populations (i.e. one study sample was mostly male and the other was a small sample of Black adolescents). Only one study utilized an entire Black female sample and African American female representation in the remaining five studies averaged about 40%. It is also important to note that only one study was in the field of mental health counseling therefore limiting generalization to the counseling profession. Overall, however, the findings provided useful information for initial understanding of the phenomenon within the African American female population.

Four studies explored PTG among breast cancer survivors (BCSs). In one of the studies, authors invited participants to share, how through the cancer journey, they believed they had changed, as well as how they made meaning in the process (Sadler-Gerhardt, Reynolds, Britton, & Kruse, 2010). The sample included 8 female BCSs between the ages of 28 and 80 at the time of diagnosis. Their findings supported the PTG model of change with participants reporting growth through altered life priorities and relationships, as well as increased altruism. Another study explored PTG by examining

health-related quality of life (HRQL), race, religion and the role of support seeking (Bellizzi et al., 2009). In a multi-racial cohort of 802 BCSs, researchers found African American BCSs reported higher levels of PTG than Caucasian women (β = -4.48; $p <$ .02), with the relationship mediated by religiosity ($p < .001$; mediated effect = 3.51). In a separate, but similar study Kent et al. (2013) reported like findings but also found that support seeking (such as participation in support programs or confiding in a healthcare provider) was lower among African American women when compared to their Caucasian counterparts (odds ratio = .14; confidence intervals [0.08, 0.23]. Von Ah et al. (2012) compared HRQL between Black BCSs and Black women reporting no history of breast cancer (control group). A total of 140 women (to include 78 controls) were assessed using disease-specific, physical, psychological and role functioning scales. Results revealed although BCSs experienced more negative physical functioning such as more fatigue and worse sleep quality, BCSs also experienced significantly more positive change compared to the control group (p = .001).

Posttraumatic growth was also investigated through exposure to natural disaster and sexual trauma. To understand religious coping and mental health outcomes among sexual assault survivors and to explore specific ethnic differences, Ahrens and associates (2010) recruited 100 sexual assault survivors that believed in God. The sample consisted mostly of African American (37%) and Caucasian (38%) women with an average age of 38 years. Posttraumatic growth was measured by the *Posttraumatic Growth Inventory* (PTGI; Tedeschi & Calhoun, 1996) and results indicated that African American survivors had high levels of PTG ($M = 4.03$, $SD = .83$). In slight contrast to a previously mentioned study (i.e. Bellizzi et al., 2009), spiritually based religious coping only marginally related

to overall PTG (F (2, 34) = 3.08; p = .06). This finding, however, was likely because of little variability in the PTG scoring. In a sample of mothers exposed to Hurricane Katrina (n = 348), where 82% of the sample identified as African American, researchers discovered that posttraumatic stress, assessed 1 year and 3 years post-hurricane, was significantly associated with PTG (Lowe et al., 2013). It was also revealed that identifying as African American was a significant unique predictor of PTG.

Summary

Although minimum, research related to PTG and African American women clearly acknowledge the potential reality of PTG among this population when managing various types of trauma. The research, however, does not elucidate what factors contribute to PTG among this group. Another important limitation to this small body of research is that most of the studies were cross-sectional designs which make associations difficult to interpret and not necessarily effective in understanding what contributes to PTG over time (Gay et al., 2009). This study will seek to fill this gap by producing a correlational design that examines the specific relationships between PTG and the predictor variables of spirituality, locus of control and self-concept among an African American female population of CSA survivors.

Spirituality

A definition of spirituality can be elusive and is often used interchangeably with religion. Although spirituality and religion are interrelated, they are not synonymous. Religion is a social phenomenon and viewed as an institutionalized set of beliefs and practices by which its adherents understand life as well as how one must live as directed by a Higher Being. Spirituality, on the other hand, is unique to the individual and

experienced as both an active and passive process by which a person moves toward knowledge, love, compassion, purpose, connectedness, and meaning (Bishop et al., 2003; Burke et al, 1999). Through the lens of spirituality, we can view meaning-making as a cognitive and affective shift in the way a person perceives a traumatic experience (Frankl, 1959; Tedeschi & Calhoun, 2004). As meaning making can shift a person's worldview and create a renewed sense of purpose, there is both a psychological and a spiritual component to trauma-related searches for meaning (Frankl, 1959).

Spirituality and African American Women

African Americans report high religiosity with 87% reporting belonging to one religious group or another (Pew Research, 2009). Eighty-four percent of African American women report religious commitment with six-in-ten reporting attendance at a religious service once a week. Collectively, 69% of African Americans also report a sense of spiritual peace and well-being (Pew Research, 2009).

Trauma sometimes provides an opportunity for those coping spiritually to experience an increased sense of personal meaning, as well as a more developed spiritual life (Park, Edmondson, Fenster, & Blank, 2008). Further, a person's faith aids in the process of rebuilding life assumptions that are often crushed by traumatic experiences (Werdel et al., 2013). Research related to spirituality and trauma are plentiful, however, adding in the demographics and being African American, a woman, and a CSA survivor dwindles the pool of research significantly.

Qualitative inquiry has shown to be popular in examining the role of spirituality in the lives of Black women trauma survivors. For example, Blakey (2016) sought to address the way African American women with trauma and substance abuse histories

used spirituality in the recovery process. The sample consisted of 26 women recruited form a large, urban Midwestern city. The researcher used a maximum variation sample which are typically samples made up of extremes in an effort to ensure diversity (Gay et al.,2009). A sample demographic of particular import was that all the women reported at least two traumatic events in their lives with a little more than half reported being abused as children. The research revealed finding meaning and purpose, reclaiming spirituality, trusting the process and active faith involvement as components used to facilitate healing. One participant with a history of CSA described her use of active faith involvement to facilitate growth and healing by stating:

> Using drugs made me numb and dull. When I stop using drugs, all these memories and flashbacks keep coming back. I don't know what to do. I know God and I am working on trusting my higher power to help me. (p. 51)

Singh et al. (2012) used the phenomenological approach with another sample of African American women survivors of CSA in an effort to identify resiliency strategies. The themes of transforming religion and spirituality into sources of healing emerged in this study as well. One participant illustrated this theme by sharing:

> Now it [religion and spirituality] has [become an important part of healing], because spiritually I understand what really happened to me when I was a child. Because in my church [now], what we are taught is that when things [sexual abuse] happen to you in your childhood—that is an attack on your faith. I was 8 and then when I was 11 by two different people. And basically what ended up happening is you start to perceive yourself differently. So when I was younger, being molested I thought I was bad person, this innately bad dirty person who

> deserved what happened to her. And spiritually, I am learning now that that is a lie and I need to work on those faulty belief systems and help the "child" in me. (p. 1108)

As previously mentioned, one main tenant of existential philosophy is to help people find meaning and value in their lives (Seligman, 2006). In a study that examined cultural correlates among African American women survivors of trauma, researchers recruited 162 community-based women with self-reported trauma histories (Steven-Watkins, Sharma, Knighton & Leukfeld, 2014). Fifteen percent of the sample reported unwanted or unconsented sexual contact before the age of 18 and 11% reported this type of occurrence three or more times. Results indicated that those with higher existential well-being were more likely to actively cope with daily life stressors. This finding is significant because it speaks to the existential nature of spirituality which focuses on personal meaning-making.

Despite the limitations of smaller sample and cross-sectional designs, these studies clearly validate the role of spirituality amongst this population. To add to this small, but significant literature base, this study will use a quantitative approach to further investigate spirituality around the demographics of race and CSA survivorship as related to PTG.

Spirituality and PTG

Research within the two last decades have shifted from a pathogenic exploration of the outcomes of trauma to a more growth-oriented examination. Within this shift, the contribution of spirituality to PTG has been explored among different populations. While the majority of the overall research has focused on spirituality as related to PTG among

physical trauma survivors; such as those with traumatic brain injuries (McGrath, 2011; Silva, Ownsworth, Sheilds,& Fleming, 2011), and accidental injuries (Wang, Wang, Wang, & Liu, 2013), when the sample population is women, the majority of the research has been among those diagnosed with cancer. This growing body of research has offered significant findings when it comes to an understanding of the relationship between spirituality and PTG. For example, research has shown that psycho-spiritual integrative therapy can stimulate PTG (Garlick, Wall, Corwin, & Koopman, 2011) which typically develops soon after diagnosis and increases in the weeks following (Danhauer et al., 2013; Danhauer et al., 2013). To add, attending to negative aspects of spirituality early in diagnosis is also important in facilitating PTG (Gall, Charbonneau, & Florack, 2011). Research has also indicated that greater spirituality and advanced stages of cancer predict higher levels of PTG (Smith, Dalen, Bernard, & Baumgartner, 2008) and that among this population spirituality occurs across several domains (Denney, Aten, & Leavell, 2010). These findings are valuable in our understanding of spirituality and PTG, however, very little research has focused specifically on the relationship between spirituality and PTG as related to CSA survivorship. To follow is a review of three studies within this limited body of research.

Survivors of CSA often struggle with forgiveness of self as well as their perpetrator. This internal friction is certainly understood, as CSA is for some an unforgivable transgression. Schultz and associates (2010) examined the importance of spirituality in PTG after an interpersonal offense within a diverse sample of 146 adults, where almost half identified as female. Regression analysis showed compassion toward the offender predicted growth in the area of interpersonal relationships ($r = .28$, $p < .01$).

This finding supported Tedeschi, Park and Calhoun's (1998) claim that components of spirituality, such as compassion for others, can provide an appropriate framework for meaning construction. Examining the moderating effects of spirituality and religion, Werdel et al. (2013) utilized a predominantly female volunteer sample (n = 428; 75% female) recruited from a mid-Atlantic university to study growth following stress and trauma. Participants reported were assessed by scales measuring faith, religious and spiritual coping, perceived stress and social support, personality, stress-related growth and mid-life affect. Results indicated that women reported more PTG than men ($t = 3.87$, $p < .001$) supporting claims in previous research. Results also indicated the maturation of a person's faith and the absence of a punitive God image contributed to growth after stressful life events. Castella and Simmonds (2013) used a phenomenological approach to examine the daily lived experiences of spiritual PTG in 10 female survivors of trauma, to include sexual abuse, domestic violence, traumatic bereavement, car accident and serious illness. All the women identified as Christian and the mean age was 37 years old. The authors found that trauma experienced by the women prompted questioning and meaning-making which in turn facilitated spiritual growth. Dominant themes included the process of spiritual and religious growth, strengthening of beliefs and personal healing. These themes further align with Tedeschi and Calhoun's (1995) dimensions of PTG.

The reviewed studies offer valuable insights about the relationship between spirituality and PTG. Though informative, the results have limited generalizability outside of a female, Caucasian population. To fill this gap, this study seeks to add diversity to the literature by examining the spirituality and PTG among an African American sample population.

Summary

Research shows that spirituality can provide a person a sense of strength, direction and purpose and indicates that it can help those experiencing the effects of trauma to successfully cope. In addition, we know that spirituality can also lead a person through the pain towards a place of healing, growth and an ultimate sense of renewal. Unfortunately, very little is known about how spirituality can help facilitate growth among African American women survivors of CSA. The goal of this study is to contribute to the literature by examining the specific contributions of spirituality to PTG among this group.

Locus of Control

Derived from social learning theory, Rotter's (1966) concept of locus of control is described as one's beliefs about the controllability of what happens to and around them. A person's locus of control is understood to be either externalized or internalized. Those with an external locus of control tend to believe that events and situations are outside of their control, whereas individuals with an internal locus of control believe that they can control as well as influence these events and situations. Beliefs typically fall on a spectrum with some possessing wholly internal loci and others wholly external. Many, however, have views that vary dependent on the presenting situation (Lefcourt, 1966; Rotter, 1990). Regardless of where a person may be on the spectrum, examination of locus of control beliefs are important to consider when growth through trauma is being considered.

There is heuristic value for survivors of trauma in understanding how locus of control might contribute to growth through the trauma. As a personality trait, locus of

control may influence the perception of benefits that can follow a traumatic event and act as a potential moderator for negative outcomes such as revictimization (Cummings & Swickert, 2010; Ireland, Alderson & Ireland, 2015). It is important to note, however, that westernized ideologies such as personal autonomy have influenced research on locus of control (Marks, 1998). For marginalized groups like African American women, the idea that one must determine her own fate can be a potentially overwhelming and essentially unreachable feat. On the other hand, members of this group that have acculturated might embrace the value of self-sufficiency. The construct of locus of control is within itself dynamic, and adding factors of influence such as race, culture and trauma history make it even more intriguing, as well as an important variable in this research.

Locus of Control and African American Women

Research examining locus of control among sample populations of African American women is somewhat limited and has focused mostly on racial identity and self-perception, racial disparities, and health locus of control (Andrews, Stefurak, & Mehta, 2011; Baker, Buchanan, & Carson, 2008; Jones, Ahn, & Chan, 2016; Pieterse & Carter, 2008; Zahodne et al., 2015). Two studies were identified that have explored locus of control among African American women with sexual trauma histories, and both offer important although somewhat different results. In an African American sample of women with a history of sexual trauma (n = 67), some during childhood as well as adulthood (37%) and others during adulthood only, researchers used a series of univariate analyses of variances to examine the relationships between trauma history and, locus of control and PTSD (Hood & Carter, 2008). Rotter's (1966) *Internal-External Scale* was used to measure locus of control and posttraumatic stress was assessed using the *Posttraumatic*

Stress Diagnostic Scale (Foa, 1995). Results revealed that although the sample reported lower externalized control in comparison to previous studies (M = 8.97, SD = 2.44), trauma history was not significantly related to overall locus of control (F (1, 65) = 1.23; p = .27). In contrast, Mapp's (2006) investigation of the path between CSA and the risk of physical abuse as an adult found a more externalized locus of control (M = 13.18, SD = 2.99) among 265 mothers, most of whom were African American. Further, the research showed that along with depression, locus of control impacted the risk of physical abuse accounting for almost half the variance (R^2 = .46). This finding suggests that resolution of the trauma and the role that locus of control has in that resolution are pertinent factors for consideration. The conflicting results of these studies promote further exploration of the manifestation of locus of control among this group.

Locus of Control and PTG

Although locus of control is a viable predictor of PTG, very little research has been conducted to explore the relationship between the two variables. In one of the first assessments of the relationship between locus of control and PTG, Cummings and Swickert (2010) surveyed 221 undergraduate students who reported a recent traumatic event. Measurements were used to assess locus of control (*Internal-External Scale*; Rotter, 1966) and PTG (*Perceived Benefits Scale*; McMillen & Fisher, 1998) and the researchers hypothesized that those with an internal locus of control would display greater levels of growth. Contrary to the hypothesis, research indicated no relationship between overall locus of control and growth (r (203) = -.077, p = .139). However, a significant correlation was found between locus of control and enhanced self-efficacy, a subscale of the *Perceived Benefits Scale* (r (204) = -.15, p = .02). This finding is

noteworthy because self-efficacy speaks to an individual's belief in their ability to achieve a goal, which in this study would be managing the aftermath of the trauma. It is also important to note that sexual trauma was not reported in this study. Similar findings emerged when Powell, Gilson, and Collin (2012) used a small sample of individuals with severe traumatic brain injury (n = 21), to investigate factors associated with PTG 11 and 13 years after the injury. Research indicated no significant correlation between locus of control and PTG, however, in a stepwise regression analysis for variables predicting PTG, a sense of purpose accounted for 63% of the variance. This finding is an important consideration in that a sense of purpose and meaning in life is often associated with a more internalized locus of control.

Sattler et al. (2014) sought to examine protective factors associated with PTG, as well as risk factors associated with posttraumatic stress, among 286 mostly male firefighters exposed to critical incidents. Hierarchical linear regression analyses were used to examine these factors. Results indicated a negative association between internal locus of control and posttraumatic stress (β = -.25; p < .001). In other words, higher levels of internalized control indicated lower posttraumatic stress suggesting that individuals that believed in their own ability to control themselves reported lower levels of stress related to the trauma.

To explore the relationship between CSA, resilience and adult sexual assault experiences Walsh and associates (2007) recruited 73 female undergraduates. The mean age was 20.42 (*SD* = 1.82) and 22% of the sample reported CSA. Locus of control was assessed using the *Internality, Powerful Others, Chance Scale* (Levenson, 1981). Multivariate analyses supported the hypotheses that locus of control along with other

factors would differ in women with and without adult sexual assault experiences. Further analysis indicated that those with reported coerced sexual assault experiences also reported lower internal locus of control ($F(1,72) = 8.98$, $p < .01$).

Summary

The reviewed research examining locus of control and PTG demonstrated mixed results. Although some research indicates locus of control unrelated to PTG, there are studies that highlight the benefit of an internalized locus of control in growth outcomes. All the studies reviewed aid in our understanding of the relationship between the two variables; however, the studies collectively present striking limitations. These limitations include smaller samples which are predominantly male and Caucasian with limited generalizability. The proposed research seeks to fill in the research gap by exploring the relations between locus of control and PTG among a minority sample of sexual trauma survivors.

Self-Concept

The term self-concept refers to how individuals understand and experience themselves as multidimensional beings (Gecas, 1982). It includes both an awareness of being separate or distinct from others, as well as being an object within the world (Bee, 1992; Lewis, 1990). Rogers (1959) posited that the self is comprised of three different parts. The first part is a person's *self-image* or how individuals view themselves. The second part is *self-worth* which is the extent to which a person feels valuable, and this component is sometimes understood as self-esteem. Lastly, the third part is the *ideal self* which is essentially how a person would like to be. These parts are formed during our childhood, as the idea of the self, starts to develop as early as two years old (Bee, 1992).

Experiences of trauma such as CSA can disrupt this development and cause complex and complicated understandings of self well beyond our formative years.

Porter and Washington (1979) suggested that as opposed to a psychological construct, self-concept is more a social product determined by the attitudes of others along with their interactions with an individual. Ashburn-Nardo (2010) add to this thought by suggesting that for minorities, self-concept includes aspects of both personal and social identity. These suggestions coupled with original self-concept theories make it an important and necessary inclusion in this research since minority groups such as African Americans, as well as women, have historically been on the marginalized end of social constructs.

Self-Concept and African American Women

Self-concept, as studied among African American women, is a growing body of research inclusive of a diverse range of topics. Researchers have explored body image (Capodilupo, 2015; Ghant et al., 2015), sexual self-schema (Blain, Galovski, & Peterson, 2011) academic or intellectual self-concept (Awad, 2007; Cokley & Chapman, 2008; Ivcevic & Kaufman, 2013; Williams & Chung, 2011) and more recently gendered racial identity centrality (Szymanski & Lewis, 2016). Gendered racial identity centrality is the degree to which race, and gender form an important part of self-concept (Leach et al., 2008). This concept is significant in that it aids in the conceptualization of how the intersection of race and gender influence psychological functioning. Within the African American community, the idea of the "strong black woman" (SBW) is both an empowering, yet sometimes problematic attribution. Qualitative inquiry has been conducted to describe characteristics of the SBW and to examine perceptions of the SBW

schema. Using an all African American female sample of participants with diverse religious and educational backgrounds, investigators identified various forms of personal strength, ethnic pride, self-acceptance, and spirituality as characteristics of the SBW (Abrams, Maxwell, Pope, & Belgrave, 2014). Using a similar sample population, Nelson, Cardemil, and Adeoye (2016) examined participant perceptions of the SWB. Themes that emerged included viewing themselves as independent, caretakers, having a strong work ethic, being high achievers, able to overcome adversity, and being emotionally contained. The consideration of how African American women perceive themselves is an essential element in understanding how they make meaning of the SBW role in the process of healing from trauma such as CSA.

Research investigating self-concept among African American female sexual trauma survivors is scarce; however, two studies reviewed offer pertinent contributions to this understudied group. Bradley, Schwartz and Kaslow (2005) recruited 134 low-income African American women to examine how religious coping, self-esteem (a component of self-concept), and social support mediated histories of abuse (i.e. intimate partner violence and childhood maltreatment) and symptoms of PTSD. Sixty-six percent of participants reported histories of CSA. The *Taylor Self-Esteem Inventory* (Jones, 1996) was used to assess self-esteem. Hierarchical regression analyses results indicated total abuse was related to self-esteem ($\beta = -.30$, $p < .001$), suggesting that abuse can lead to lower self-esteem which can in turn lead to more severe PTSD symptoms. In another sample of low-income African American women (n = 121) researchers investigated spiritual well-being and self-esteem as mediators of childhood emotional abuse and hopelessness (Lamis, Wilson, Shahane, & Kaslow, 2013). Path analysis procedures

revealed that positive self-esteem did mediate the relation between childhood emotional abuse and hopelessness (*ab* = 0.143, *SE* = 0.106, 95% CI: 0.002-0.404). The findings suggest that African American women with negative self-esteem are at risk of assuming negative thoughts about their future.

The reviewed studies clearly indicate that African American women with abuse histories and lower feelings of self-worth risk developing negative posttraumatic stress symptoms such as hopelessness. Though helpful, both studies were conducted using vulnerable, less functioning sample participants as data was collected on women with recent suicide attempts. Further, both studies highlighted the contribution of self-esteem on posttraumatic stress as opposed to how it assists in growth after trauma.

Self-Concept and PTG

The PTG model suggest that change and growth is precipitated by challenges to core beliefs about self that speak to life's meaning and purpose (Tedeschi & Calhoun, 2004). Surprisingly, very little research has explored self-concept as a predictor of PTG. A few international studies have used qualitative approaches to explore identity among cancer survivors (Horgan, Holcombe, & Salmon, 2011; Morris, Campbell, Dwyer, Dunn, & Chambers, 2011) and patients managing chronic fatigue (Arroll & Howard, 2012). Themes that emerged in the research included the importance of a strong survivor identity, increased self-confidence because of challenges with the illness and comparisons of the self before and after the diagnosis.

Two studies reviewed explored aspects of self-concept related to PTG among bereaved participants. Davis, Wohl, and Verberg (2007) conducted a mixed-methods study using a sample of 52, majority female, family members of miners killed in an

explosion. Hierarchical cluster analysis revealed those with reported PTG also reported that the growth was a result of new self-understanding. Engelkemeyer and Marwit (2008) recruited bereaved parents (n=111) to examine whether changes in what individuals believe about themselves and the world around them are necessary for PTG. The *World Assumptions Scale* (Janoff-Bulman, 1989) was used to assess respondents' assumptive world to include self-worth. Correlation analysis indicated lower self-worth to have a moderately negative relationship with growth (r = -.44, p < .001). Hierarchical regression analyses also indicated self-worth as a predictor of PTG (β = -.40, p < .001). These findings can be interpreted to suggest that bereaved parents with more positive beliefs about self-worthiness also displayed higher levels of growth. In another study, the relationship between unconditional positive self-regard (or self-acceptance) and PTG was explored using a convenience sample of Caucasian females reporting experiences of trauma (n = 99; Murphy, Demetriou, & Joseph, 2015). The results showed people who experienced greater positive self-regard were also likely to experience more PTG. Sexual trauma was not reported by any of the participants and therefore findings are not generalizable to those that have experienced this type of trauma.

Studies were also reviewed that include sample populations of trauma survivors. Heintzelman and colleagues (2014) investigated variables related to recovery from infidelity. Infidelity was conceptualized as trauma because of the potential impact on persons' psychological health. Participants were mostly Caucasian women (n = 587) and were involved in relationships that had recent experiences of infidelity. The PTGI was used to measure recovery and growth while the *Differentiation of Self Inventory – Revised* (Skowron & Schmidt, 2003) was used to assess differentiation of self from

respondent's family of origin, an important component of the existential self (i.e. being separate and distinct from others; Bee, 1992). Researchers conducted a hierarchical linear regression with time since infidelity, differentiation of self, trauma, commitment, relationship satisfaction and forgiveness as the predictor variables and PTG as the outcome variable. The regression equation significantly predicted PTG ($F (6, 58) = 16.23$, $p < .001$, $R^2 = .144$) indicating that these variables have some involvement in the process of recovery and growth from the trauma of infidelity. In a separate study, Valdez and Lilly (2015) conducted research that examined the relationship between schema change and PTG (assessed one year apart) among 23 female mostly African American survivors of intimate partner violence. Total score on the PTGI indicated growth was experienced among the sampled population ($M = 62.74$, $SD = 29.47$). The *World Assumptions Scale* (Janoff-Bulman, 1989) was also used in this study. Correlation analyses revealed world assumptions to be positively associated with PTG ($r = .50$, $p = .015$). Further, those who experienced growth showed greater positive world assumption change from Time 1 to Time 2 which accounted for 37% of the variance in PTG scores ($\beta = 1.96$, $t(12) = 2.83$, $p = .016$). These findings suggest that there is a relationship between restructuring of core beliefs, that include those about self-worth, that speak to more perceived growth.

Summary

The research reviewed offered some insight around the relationship between self-concept and PTG. Data has shown components of self-concept (e.g. self-understanding, self-worth, self-acceptance and differentiation of self) to be associated with PTG. However, sample populations utilized in the reviewed studies are primarily Caucasian and female contributing to the dearth of research examining the relation of these

constructs among African American women. The proposed research hopes to add to this limited body of literature by assessing the association of these two variables among this population.

Conclusion

Childhood sexual abuse has been extensively researched due to its pervasive nature and potentially harmful effects on psychological adjustment and functioning. These effects, as related to minority populations, have not been as generously examined; yet, the likelihood that mental health professionals will work with minorities presenting with abuse histories is almost certain. When CSA has been examined among African American women, the aim has more often been to highlight negative consequences of trauma. There is, however, a growing body of research that suggests growth and change as viable options for life after and because of trauma.

Although limited in scope, research conducted has consistently indicated that African American women report high levels of growth after trauma. Further, some findings have indicated that merely identifying as both female and African American are unique predictors of PTG (Lowe et al., 2013; Werdel et al., 2013). There are, however, limitations of this research that include cross-sectional designs with smaller sample populations.

Spirituality as a coping mechanism and facilitator of healing is evident among African American women which is a group reporting regular religious and spiritual practice. However, the connection between spirituality and PTG among Black female survivors of CSA has been all but excluded from empirical analysis. There has been some investigation of locus of control among African American women, but the examination of

this construct among CSA survivors is severely understudied. In addition, research on locus of control and PTG have produced mixed results underscoring the continued need for further exploration in this area. Self-concept is vital in assessing growth after trauma; yet, research that has utilized African American sample populations have produced findings that speak to the potential negative outcomes of trauma and abuse as related to components of self-concept, such as self-image and self-worth. When investigated in relation to PTG, more empirical data is needed.

This study will be among the first to examine predictors of PTG among an understudied population of CSA survivors. An important gap in the expanding literature on PTG are the factors that contribute to the growth among specific groups. As such, the purpose of this research will be to explore how spirituality, locus of control and self-concept are related to PTG among African American women survivors of CSA.

CHAPTER III: METHODOLOGY

The purpose of the study was to examine how spirituality, locus of control and self-concept are related to PTG among African American women survivors of childhood sexual abuse. A secondary objective was to examine how religious well-being, existential well-being, locus of control and self-concept related to PTG. This chapter describes the methodology of the study. Included within the methodology is a description of participants, procedures conducted, instruments used, the research design, and how data was analyzed.

Description of Participants

The population of interest in this study was African American women who have experienced CSA. The sample was a non-random purposive sample recruited through predominantly African American churches in the local area, state historically Black colleges and universities (HBCUs), professional counseling associations and organizations such as the American Counseling Association and the Black Mental Health Symposium, and social media (i.e. Facebook). The sample included African American women who met the following inclusion criteria: a) at least 18 years old, and b) have experienced at least one incident of childhood sexual abuse. Childhood sexual abuse was defined as *forced or coerced sexual contact between a child and an adult (or an older child)* (Browne & Finkelhor, 1986; Ratican, 1992). A question regarding CSA experience as well as the definition was included on the demographic questionnaire. The target sample size was 115 participants in order to achieve adequate power to conduct multiple regression analyses (Huck, 2011).

Seventy-two African American women completed the electronic survey; however, twelve were excluded because they did not meet the inclusion criteria of having experienced at least one incident of CSA as defined in this study (Browne & Finkelhor, 1986; Ratican, 1992). Therefore, 60 participants were included in this study.

Data Collection Procedures

After receiving IRB approval from the University, the principal researcher contacted leadership of the local churches to scheduled meetings (via phone or in-person) to explain the purpose, risks and benefits of the study. With approval of church leadership, the researcher recruited participants by attending ministry events (e.g. a women's conference and women's weekly bible study) and via ministry email lists or listservs. At the events, the principal investigator provided a brief explanation of the study (Appendix A) and distributed cards with the survey link to all in attendance. The explanation highlighted that participation in the study would be done anonymously, confidentially and voluntarily. It was also explained that participants could leave the study at any time, for any reason without explanation.

After several weeks with limited response to the survey, the researcher obtained IRB approval to expand recruitment efforts to include mental health associations and organizations, social media, local and regional HBCUs, and other relevant local and regional organizations (e.g. Black sororities). Recruitment strategies included emails, creation of a Facebook page and posting to other relevant Facebook forums such as the Black Therapists Rock™ page, and in-person recruitment at a mental health symposium.

Women interested in participating in the study acknowledged informed consent electronically (see Appendix B). The consent included the purpose of the study, risks,

benefits, and inclusion criteria. Participants also completed the survey electronically which included the demographic questionnaire and instruments used for the study.

The researcher used SurveyShare to generate the survey. A secure link to the survey was provided and participants acknowledged voluntary participation in the study by clicking on or going to the link. Instructions along with the informed consent were included before the survey and after consenting participants were asked to complete the survey in its entirety. The survey remained open for five months and data collected was kept secure on a password-protected drive.

Instrumentation

The four instruments used in the study was combined into one electronic survey using SurveyShare. The creators of each of each instrument were contacted to grant permission to the researcher in the creation of electronic versions of each instrument. Participants responded to the self-reported survey inclusive of the electronic versions of the following instruments: Demographic Questionnaire, Posttraumatic Growth Inventory, Spiritual Well-Being Scale, Rotter's Locus of Control Scale, Rosenberg's Self-Esteem Scale. The complete survey was a total of 85 questions.

Demographic Questionnaire (See Appendix C)

The Demographic Questionnaire gathered descriptive information about the participants. The survey questions addressed participants' age, education level, socioeconomic status, whether they have participated in counseling because of their abuse experience, and how they learned about the study.

Posttraumatic Growth Inventory (See Appendix D)

The Posttraumatic Growth Inventory (PTGI) was developed by Tedeschi and Calhoun (1996) to measure positive outcomes reported by those who have experienced a traumatic event. The instrument includes 21-items and five factors: a) New Possibilities, b) Relating to Others, c) Personal Strength, d), Spiritual Change, and e) Appreciation of Life. The instrument was validated through a sample of 604 undergraduate psychology students at a large university in the southeast that had experienced a significant negative life event. The items are on a 6-point Likert-type scale ranging from "I did not experience this change as a result of my crisis" to "I experienced this change to a very great degree as a result of my crisis." Intermediate scores were given for "small", "moderate" and "great" degrees. Items include statements such as "I am better able to accept the way things work out", "I discovered that I am stronger than I thought I was", and "I have a greater feeling of self-reliance." The total scale had a coefficient alpha of .90. The factors had coefficient alphas that ranged between .85 and .67. A 28-person sample was obtained to determine test-retest reliability which was acceptable at r =.71. Participants' total score was used for this study. Higher scores indicate more perceived growth.

Spiritual Well-Being Scale (See Appendix E)

The Spiritual Well-Being Scale (SWBS) was created by Ellison and Paloutzian (1976) and was developed to assess a person's spiritual well-being. It is a 20-item instrument with two subscales of 10-items each: Religious Well-Being subscale (RWB) and the Existential Well-Being subscale (EWB). Both subscales are self-assessments. The RWB subscale measures a person's relationship with God and the EWB subscale measures a person's sense of purpose and satisfaction with life. The original sample

included 206 college students, however, the scale has been used in studies with a variety of populations and environments. Items are rated on a 6-point Likert scale from Strongly Agree (1) to Strongly Disagree (6) and there is no middle value. To avoid pattern responses, items are worded in both positive and negative terms. Items include statements such as “I believe there is some real purpose in my life,” “I feel unsettled about my future,” and “I believe that God is concerned about my problems.”

Bufford, Paloutzian, and Ellison (1991) obtained test-retest reliability in a sample of 100 college students. Coefficients were .93 for the total scale, .96 for the RWB scale and .86 for the EWB scale with all coefficients demonstrating adequate reliability. Construct validity, assessing an instrument’s consistency in measuring the concept that it is designed to measure, is one of the strongest features of the SWBS (Ellison, 2006). A study by Genia (2001) supported this claim as she stated “the item groupings corresponded to the RWB and EWB subscales as designed by the scale's developers. In addition, differential patterns of correlations suggest that RWB and EWB are measuring unique constructs" (p. 31). The total scale and the subscales was the focus for this study. Higher scores reflect a higher perception of well-being while lower scores reflect a lower perception.

Rotter’s Locus of Control Scale (See Appendix F)

Developed by Julian Rotter (1966), the Locus of Control Scale (LOC) measures whether a person believes situations or events are under their control or the control of external influences. The scale is a 29-item forced choice scale where two statements are presented and the participant must choose the statement that they agree with most. The scale is widely used and is one of the earliest studies conducted with a sample of 541

Catholic high school students where test-retest reliabilities ranged between .45 and .87 which is consistent with other research (Zerega, Tseng & Greever, 1976). In addition, concurrent validity was established (r = .42, p<.001). Although Rotter posited that personality traits tended to possess either an external or internal locus of control, he also acknowledged that control varied based on circumstances (Rotter, 1989). A higher score indicates an external locus of control and a lower score an internal locus of control.

Rosenberg Self-Esteem Scale (See Appendix G)

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) is a 10-item scale that captures the global essence of self-concept. It measures self-worth by evaluating both positive and negative feelings about self. Items are rated on a 4-point Likert scale ranging from 1 ("strongly agree") to 4 ("strongly disagree"). The scale was initially normed on over 5000 high school juniors and seniors randomly selected. Reliability was confirmed for the scale with Cronbach's alpha coefficients ranging from .77-.88. Evidence for criterion and construct validity was also presented. A higher score indicates more self-esteem and the total scale will be used for this study.

Research Design

A non-experimental correlational design was conducted to measure the association of the relationship between the independent variables of spirituality (that include religious well-being and existential well-being), locus of control, and self-concept and the dependent variable of posttraumatic growth among African American women survivors of childhood sexual abuse. A bivariate correlation analysis was employed to determine the relationship between variables.

Data Analysis

The following research questions were addressed in the study: 1) how do spirituality, locus of control and self-concept relate to PTG in African American women survivors of CSA and 2) how do religious well-being, existential well-being, locus of control and self-concept relate to PTG in African American women survivors of CSA? Data was collected from the electronic survey and entered in the Statistical Package for the Social Sciences (SPSS) data analysis software. This software was used to screen data, provide descriptive analysis and to conduct the regression analysis. Data were screened for missing data and outliers as well as assumptions of a correlation analysis which include normality, multicollinearity and homoscedasticity (Tabachnick & Fidell, 2007).

An examination of demographic variables was conducted using descriptive statistical analysis in the SPSS software. Two multiple regression analyses were conducted by utilizing SPSS Regression. The researcher determined multiple regression analyses as an appropriate method due to the small set of predictor variables and uncertainty of which predictor variables would create the best prediction equation.

Chapter Summary

This chapter outlined the research methodology for this study. Participants and procedures were discussed, and information about the different instruments being used in the study was provided. The research design along with how data was analyzed was also provided.

CHAPTER IV: RESULTS

The purpose of this research study was to examine how spirituality, locus of control and self-concept are related to posttraumatic growth (PTG) among African American women survivors of childhood sexual abuse. The primary research question was: how are spirituality, locus of control and self-concept related to PTG*?* A secondary question included the religious and existential well-being subscales of the spirituality assessment. That question was: how are religious well-being, existential well-being, locus of control, and self-concept related to PTG?

The results of the study are presented in this chapter. The first section provides a description of the sample population. The next section of the chapter presents information regarding the reliabilities of the instruments used in the study. The third section presents the bivariate correlations and results of the multiple regression statistical procedures conducted to analyze the data. This chapter concludes with a summary.

Description of Participants

The population of interest in this study was African American women survivors of childhood sexual abuse (CSA). Childhood sexual abuse was defined as *forced or coerced sexual contact between a child and an adult (or an older child)* (Browne & Finkelhor, 1986; Ratican, 1992). African American women who were at least 18 years old and acknowledged having experienced at least one incidence of childhood sexual abuse were included in the study. Participants were initially recruited through local churches. One recruitment method included information about the study disseminated through ministry emails and church listservs. Another recruitment method involved the principal researcher attending relevant church events, such as a women's conference and women's bible study to recruit participants. Due to lower participant response, additional

recruitment strategies were employed. During the second recruitment other relevant organizations were contacted, including mental health associations and organizations, state Historically Black College and Universities (HBCUs), social media, and Black Greek sororities. Recruitment efforts were conducted through emails, postings to webpages (e.g. Facebook and the American Counseling Association), and presentations at events (e.g. the Black Mental Health Symposium). Of the 72 women that attempted to complete the survey 12 were excluded because they did not meet the inclusion criteria. The final number of participants included in this study was 60.

The sample population reported an overall age range from 25 to 71 with a mean of 41 years (M=41.03, SD=8.77). One participant did not report their age. Thirty-three percent of participants reported an annual income between $40,000 and $59,000 ($n$=20), while 20% ($n$=12) reported income between $60,000 and $79,999. Ten percent of participants (n=6) reported income of $100,000 or more. Fifty-two percent (n=31) reported completion of a graduate or professional degree. Most of the participants learned about the study through social media (n=22), however 30% of participants (n=18) were recruited at an event (e.g. a church ministry meeting, women's conference, Black Mental Health Symposium). Half of the participants reported participation in counseling because of their CSA experience(s).

Table 1

Numbers and percentages of demographic variables

Variable	Frequency	Percentage
Education		
High School	1	1.7%
Some College	10	16.7%
College Degree	18	30%
Graduate Degree	31	51.7%
Income		
$9,999 and under	4	6.7%
$10,000 - $19,999	4	6.7%
$20,000 – $39,999	10	16.7%
$40,000 - $59,999	20	33.3%
$60,000 - $79,999	12	20%
$80,000 - $99,999	4	6.7%
$100,000 or more	6	10%
Previous counseling		
Yes	30	50%
No	30	50%
Recruitment		
At an event	18	30%
Listserv	5	8.3%
Someone emailed it	15	25%
Social media	22	36.7%

Screening of Data

Before conducting statistical analyses, data were screened for missing data, outliers, and assumptions. To account for a missing value a mean substitution was performed for religious well-being one case and the spiritual well-being item was summed. There were no univariate or multivariate outliers detected. An examination of skewness and kurtosis, along with a visual inspection of frequency distribution did not indicate major departures from normality. An examination of scatterplots did not indicate issues for concern. Variation inflation factors ranged from 1.00 to 1.06 indicating no violation of the multicollinearity assumption.

Reliability of Instruments

Instrument reliability is described as consistency across the questions or subset of questions within the instrument and it is indicated by acceptable values of alpha. Cronbach's alpha's internal consistency measures were used to estimate reliability for each instrument in the study. Mean scores, standard deviations and estimates of internal consistency for each scale are presented in Table 2. These data provide information regarding spirituality, religious well-being and existential well-being, locus of control, self-concept, and posttraumatic growth.

Cronbach's alpha's internal consistency estimates for the Spiritual Well-Being scale (SWB), Existential Well-Being subscale (EWB), and the Religious Well-Being subscale (RWB), were .77, .56, and .62 respectively. These statistics demonstrate acceptable internal consistencies for this study. Internal consistency estimates for Rotter's Locus of Control scale (LOC) and the Rosenberg Self-Esteem scale (RSE) were also

acceptable at .71 and .87 respectively. The PTGI's reliability estimate was .96 which indicates acceptable internal consistency.

Table 2

Reliability Estimates, Items, Means and Standard Deviations

Instrument	*Coefficient α*	*Items*	*M*	*SD*
SWB	.77	20	78.2	9.53
EWB	.56	10	37.9	5.24
RWB	.62	10	40.5	4.86
LOC	.71	23*	10.7	3.74
RSE	.87	10	20.2	5.40
PTGI	.96	21	47.3	29.9

Note. SWB = Spiritual Well-Being Scale; EWB = Existential Well-Being subscale; RWB = Religious Well-Being subscale; LOC = Locus of Control Scale; RSE = Rosenberg's Self-Esteem Scale; PTGI = Posttraumatic Growth Inventory

* Participants responded to a total of 29 items on the LOC scale, however 6 items were filler items.

The PTGI was utilized to assess participants' perception of growth as result of the struggle with their CSA experience. Scores could range between 0 and 105 and higher scores suggest more perceived growth. In the current study PTGI scores ranged from 0 to 111 with an overall mean of 47.2 (*SD*=29.92). Based on the development of the scale by Tedeschi and Calhoun (1996) women who had experienced trauma reported significantly more growth (*M*=90.26) than women in the current study sample.

Participants' spirituality, religious well-being, and existential well-being was

assessed using the SWB scale. Scores could range between 20 and 120 for the total SWB scale and 10-60 for each subscale with higher scores reflecting more positive perceptions of well-being. In the current study, participant scores on the total SWB scale ranged between 62 and 120 with an overall mean of 78.2 (*SD*=9.53). Participant scores for the RWB scale ranged between 32 and 60 with a mean of 40.5 (*SD*=4.86) and scores for the EWB scale ranged between 30 and 60 with a mean of 37.9 (*SD*=5.24). Bufford, Paloutzian, and Ellison (1981) presented norms from different sample populations and women with sexual abuse histories reported slightly higher mean scores on all three scales reporting a total mean score of 85.8 (*SD*=19.61) for the total SWB score, a mean score of 46.4 (*SD*=11.48) for RWB, and a mean score of 39.3 (*SD*=10.58) for EWB.

Rotter's LOC scale was used to assess participants' locus of control. Scores could range between 0 and 23 with lower scores reflecting an internal locus and higher scores an external locus. Participant scores in this study ranged between 1 and 17 on the LOC scale with a mean of 10.7 (*SD*=3.74). These scores reflect a more externalized locus than those presented by Rotter (1966) in sample populations of Black college students (*M*=9.05, *SD*=3.66) and Black inmates (*M*=8.97, *SD*=2.97).

The RSE scale was used to assess participants' self-concept. Higher scores indicate higher self-esteem or perceptions of self and scores could range between 10 and 40. In the present study participants' scores ranged from 9 to 30 with a mean of 20.1(*SD*=5.40). These scores indicate lower perceptions of self when compared to a study with a similar sample in which Black women with self-reported histories of trauma had a total mean score of 32.4 (*SD*=5.47) on the RSE (Steven-Watkins et al., 2014).

Descriptive data related to the predictor variables and the outcome variable in the study is shown in Table 3.

Table 3

Descriptive statistics of predictor and outcome variables

	SWB	EWB	RWB	LOC	RSE	PTGI
Mean	78.2	37.9	40.5	10.7	20.2	47.3
Median	76.0	37.0	40.0	10.98	20.0	44.6
Std. Deviation	9.53	5.24	4.86	3.74	5.40	29.92
Variance	90.78	27.42	23.60	14.02	29.14	894.07
Skewness	1.23	1.25	1.06	-.242	-.029	.159
Range	58	30	28	16	21	111
Minimum	62	30	32	1	9	0
Maximum	120	60	60	17	30	111

Bivariate Correlations

A Pearson product-moment coefficient was conducted to examine the relationships between the predictor variables (spirituality, religious well-being, existential well-being, locus of control, and self-concept) and the outcome variable (PTG). The Pearson correlation matrix is displayed in Table 4. The SWB scale consists of the RWB and EWB subscales. To explore the data, the Pearson product-moment coefficient was conducted to include both subscales of the SWB scale. Relationships between the

religious well-being, existential well-being, locus of control, self-concept, and PTG were examined. There was a statistically significant correlation between PTG and religious well-being (r=.316, p<.05). This relationship suggests that higher religious well-being beliefs was related to greater likelihood of experiencing PTG.

Table 4

Pearson correlation matrix between predictor variables and outcome variable

Variable	PTG	SWB	RWB	EWB	LOC	RSE
PTG	1	.250	.361*	.174	-.094	-.037
SWB		1	.957**	.967**	-.005	-.033
RWB			1	.851**	-.052	-.012
EWB				1	.054	-.050
LOC					1	-.242
RSE						1

Note. * *Indicates significant correlation at p < .01 level (2-tailed).
*Indicates significant correlation at p <.05 level (2-tailed).

Multiple Regression Analysis

A standard multiple regression was performed to address the following research questions: (a) how do spirituality, locus of control and self-concept relate to posttraumatic growth, and (b) how do religious well-being, existential well-being, locus of control and self-concept relate to posttraumatic growth?

The initial regression analysis was conducted to examine the relationship between spirituality, locus of control, self-concept and PTG. The unstandardized regression

coefficients (*B)* and intercept, the standardized regression coefficient *(ß*) and semi-partial correlations (sr_i) are reported in Table 5 for the first regression model. The variance accounted (.07) was not statistically different from zero (F (3, 59) =1.50, p =.224). None of the three predictor variables contributed significantly to the prediction of posttraumatic growth among African American CSA survivors.

Table 5

Unstandardized Regression Coefficients (B) and Intercept, the Standardized Regression Coefficient (β), Semipartial Correlations (sr_i), t-values, and p-values

Independent Variables	*B*	*β*	sr_i	*t*-value	*p*-value
Intercept	15.81			.47	.64
SWB	.60	.25	.25	1.93	.06
LOC	.91	-.11	-.11	-.82	.42
RSE	-.31	-.06	-.05	-.42	.68

*R^2 = .07, F = 1.50, p =.224

The second regression analysis was conducted to examine the relationship between religious well-being, existential well-being, locus of control, self-concept and PTG. The unstandardized regression coefficients (*B)* and intercept, the standardized regression coefficient *(ß*) and semi-partial correlations (sr_i) for the second regression model are reported in Table 6. The variance accounted for was not statistically different from zero. Results did indicate that religious well-being contributed significantly to the

prediction of posttraumatic growth (p =.018). Religious well-being had the largest positive standardized beta and semi-partial correlation coefficient.

Table 6

Unstandardized Regression Coefficients (B) and Intercept, the Standardized Regression Coefficient (β), Semipartial Correlations (sr_i), t-values, and p-values

Independent Variables	*B*	*β*	sr_i	*t*-value	*p*-value
Intercept	-5.71			-.17	.87
EWB	-1.44	-.33	-.17	-1.36	.18
RWB	2.95	.59	.31	2.45	.02*
LOC	-.50	-.06	-.06	-.46	.65
RSE	-.35	-.06	-.06	-.47	.65

*R^2 = .14, F = 2.20, p =.081

Post hoc power analyses were conducted. The post hoc analysis for the first regression had a power of .12. Post hoc analysis for the second regression was .36. Power analyses for both regression models were very small indicating the need for a larger sample to detect significance.

Summary

The purpose of this research was to examine how spirituality, locus of control, and self-concept related to PTG among African American women survivors of CSA. A secondary objective was to examine how religious well-being, existential well-being,

locus of control, and self-concept related to PTG. The SPSS was used to analyze the data. Participants were recruited from local churches, mental health organizations and associations, HBCUs, and through social media. An analysis of demographic data indicated that a total of 60 mostly middle aged, middle income, professional African American women learned about this study via social media. Of these women, only half had sought counseling because of their CSA experience(s). Standard multiple regression analyses were conducted. The initial regression analysis was conducted using spiritual well-being, locus of control and self-concept as the predictor variables and PTG as the outcome variable. Results indicated that there was not a statistically significant relationship between the predictor variables and the outcome variable. The second regression analysis was conducted using religious well-being, existential well-being, locus of control, and self-concept as the predictor variables and PTG as the outcome variable. Results indicated that there was no statistically significant relationship between the predictor variables and PTG. However, results also indicated that religious well-being contributed significantly to the prediction of PTG.

CHAPTER V: DISCUSSION

The purpose of this study was to examine how spirituality, locus of control and self-concept are related to posttraumatic growth (PTG) among African American women survivors of childhood sexual abuse (CSA). The study also examined how religious well-being, existential well-being, locus of control and self-concept are related to PTG among African American women survivors of CSA. The findings of this study, as they relate to previous research and relevant literature, are presented in this chapter. The chapter includes a brief overview of the study, a discussion of demographic data and the variables of interests, contributions of the study, limitations of the study, implications of the study, recommendations for future research, and concluding remarks.

Overview of the Study

Childhood sexual abuse is an acknowledged public health concern due to its pervasive nature and the potential high levels of pathology that can occur because of CSA experiences (Center for Disease Control (CDC), 2012; Hall & Hall, 2011; Vilenica, Shakespeare-Finch, & Obst, 2013). Although much research has been conducted around CSA, and research has shown that African American girls experience CSA at a higher rate than their racial counterparts, there has been limited focus on the specific experiences of this population (CDC, 2012; DHHS, 2012). Even further, research on the survivorship of African American women with CSA histories is scarce (Brazelton, 2011; Glover et al., 2010; Singh, Garnett, & Williams, 2012).

A little over two decades ago, Tedeschi and Calhoun (1996) introduced the idea of PTG, which was conceptualized as growth because of the struggle with a traumatic life event. This concept provided an alternative to posttraumatic stress in that it theorized how

a person could struggle with the experience of an adverse event, and as a result, embrace a new philosophy about life, develop closer interpersonal and intrapersonal relationships, and create a renewed or refined sense of meaning and purpose in life (Tedeschi & Calhoun, 1998). Overall there has been little research on the potential of PTG among African American women; however, when PTG has been examined among this group, a relationship was evident (Ahrens et al, 2010; Bellizzi et al., 2009; Kent et al., 2013; Lowe, Manove, & Rhodes, 2013; Sadler-Gerhardt et al., 2010; Von Ah et al., 2012). This study sought to garner a better understanding of factors that contribute to PTG among Black female survivors of CSA.

A review of relevant research and literature along with tenants of the theoretical framework for this study supported an examination of three potential factors: (a) spirituality, (b) locus of control, and (c) self-concept. Thus, the primary objective of this study was to explore the relationship between the predictor variables of spirituality, locus of control, and self-concept on the outcome variable of PTG among Black women survivors of CSA. To further explore the data, a second objective was to investigate the relationship between the two components of spiritualty (religious well-being and existential well-being), locus of control and self-concept and PTG.

Discussion of the Results

The findings from this study help provide an understanding of factors that contribute to PTG among a specified population of CSA survivors. The discussion section highlights demographic findings, followed by findings that emerged through the regression analysis. All the findings are discussed in relation to previous literature and research.

Demographic Data

Data collection for this study was a lengthy and laborious process. Data collection began in April 2017 with recruitment through local churches. Recruitment was conducted through ministry emails and at church events. The researcher attended events specifically for female congregants to recruit participants, shared information about the purpose and goal of the study, inclusion criteria, contact information for questions or comments, and the link to the confidential survey. Participants at the events were receptive to the information presented; however, their response to the survey did not reflect their interest. This low response rate could have been due to the negative stigma attached to CSA in the Black community which would prevent women from acknowledging their experience. For Black women who attend church, the low response rate could also have been a product of religiosity overshadowing the ability to securely acknowledge their past CSA experience. After almost three months of little participant response, recruitment efforts were expanded to mental health organizations, Historically Black College and Universities (HBCUs), and social media.

An increase in participant response occurred as result of study information being presented at the Black Mental Health Symposium and some attendees sharing information about the study within their networks and circles of influence. Attendees were mental health professionals who were very supportive of the study's purpose and goal. The link to the survey was distributed to attendees, and they were asked to share information about the study with others in their networks and circles of influence. Though this snowball approach contributed to more participant response, a disadvantage is that representativeness of the sample cannot be guaranteed. That is to say, the

researcher was unable to accurately describe the population. The approach, however, did offer access to a population that was difficult to reach in effort to better understand a gravely under-researched target population. Many of the attendees at the symposium were clinicians who acknowledged the prevalence of the issue of CSA in minority populations not only in their professional lives, but in their personal lives. Support for the research study was accompanied by encouragement to complete the study because Black women were the target population. Several studies that have sought to understand the phenomenon of PTG among Black female trauma survivors have done so by utilizing their Caucasian counterparts to explore group differences (Ahrens et al., 2010; Bellizzi et al., 2009; Kent et al., 2013). This study is one of only a few inquiries that have investigated PTG among an all-Black female population (Singh et al., 2012, Singleton, 2004). A few attendees at the symposium privately shared with the researcher their intention to complete the survey; several more shared their intention to pass the study information along to family and friends they knew fit the criteria to participate. Perhaps there was greater trust because the researcher was of the same racial background that may not have been present with a researcher of another racial group.

Most of the participants in this study were middle-aged Black women with graduate or professional degrees, and mid-level incomes ranges. These findings contrast with research that showed CSA was related to resource loss in victims, such as inability to maintain employment and attaining formal education (Hall & Hall, 2012; Schummes et al., 2005). This finding could be attributed to mental health professionals from the symposium completing the survey themselves or sharing information about the study with peers or colleagues who also had graduate degrees and subsequent higher incomes.

Half of the participants reported having sought counseling because of their CSA experience (*n*=30). This finding suggests two points for consideration. On the one hand results are consistent with research that has indicated that Black female victims of CSA keep their abuse private or a secret for fear that they might be blamed or that others might not believe them (Glover et al., 2012; Singh et al., 2012). On the other hand, the mid-level socioeconomic status of most of the participants in this study could afford them access to mental health services that women with lower socioeconomic statuses might not be afforded. Although the majority of women in this study were recruited for participation through social media (37%), 30% of participants were recruited at an event such as a women's church conference. The personal appeal by the researcher could have contributed to the comfort level necessary for women with CSA histories to participate in a study on such a sensitive topic.

Variables of Interest

The current study was the first to examine how spirituality (that include religious well-being and existential well-being subscales), locus of control and self-concept were related to PTG. The original research question in this study sought to explore how spirituality, locus of control, and self-concept contributed to posttraumatic growth among African American women survivors of CSA. In the initial analysis, the variance accounted for about 8%, and the results indicated that none of the variables contributed significantly to the prediction of PTG. These findings appear to be inconsistent with previous research that indicated spirituality, locus of control and self -concept as predictors of PTG (Engelkemeyer & Marwit, 2008; Powell et al., 2012; Schultz et al., 2010). These studies, however, were conducted with sample populations that had

experienced traumas different from CSA such as bereavement and traumatic brain injury. Findings in the current study may have been different because experiences of CSA often challenge core beliefs about self and the world. Concepts such as spirituality, locus of control and self-concept can be understood as areas of ongoing processes rather than defined outcomes.

In bivariate correlation analysis findings did reveal a statistically significant positive correlation between religious well-being and PTG ($r = .32$, $p < .05$); therefore, an additional research question was added using the subscales of the spirituality assessment in lieu of the total score on the assessment. The question was: how do religious well-being, existential well-being, locus of control and self-concept relate to PTG? In a second analysis, religious well-being and existential well-being were used in a regression model instead of the total score on spirituality. In this model the variance accounted for was about 14% and only one of the four predictor variables, religious well-being, contributed significantly to the prediction of PTG. These results are similar to those in other studies that have also found religious elements to be indicators of growth after trauma (Blakey, 2016; Singh et al., 2012). Previous research, along with the findings of the current study promote further understanding of the distinction between spirituality or spiritual well-being and religious well-being. In general, spirituality can be understood as a personal (active and passive) process by which individuals seek to understand themselves and the world around them (Burke et al., 1999). Spirituality can include religion or religion could be exempt from a person's spiritual philosophy. Religion, on the other hand, can be understood as a person's belief in a Higher Power, supported by practices such as prayer and worship that reiterate those beliefs. For many people, it is religious acts and

influences that provide meaning and purpose in their lives. Research findings have acknowledged Black women's commitment to religious practice along with the importance of a person's faith when trying to rebuild life after trauma, and this study suggest the same (Pew Research, 2009; Werdel et al., 2013). The religious well-being (RWB) subscale includes items that refer specifically to "God" and denotes aspects of personal communion with a God-image through items such as "*I believe that God loves and cares about me*," "*I have a personally meaningful relationship with God*," and "*I believe that God is concerned about my problems.*" Black women who are committed to their religious beliefs regularly attend religious services at least once a week (Pew Research, 2009). Religious services might include gatherings such as bible study, prayer groups, choir rehearsal, or support groups. These services feed the faith of a person, often allowing them to manage life's issues and problems through transcendental fellowship with others and their religious deity. Recognizing that symptoms of posttraumatic stress and PTG can occur simultaneously, the absence of a punitive God-image and a belief in a God-image that is caring, concerned and acts as a conduit for meaning and purpose in life can be significant contributors to growth as one struggles with the effects of adverse life events like CSA.

Studies have indicated that spirituality can be a source of healing, coping, and growth after trauma (Singh et al., 2012; Tedeschi & Calhoun, 1996). There were no statistically significant findings between spirituality and PTG in the current study, however, participants did report moderate perceptions of overall spiritual well-being. Two salient characteristics of spirituality are questioning and meaning-making. These processes often take time and may not manifest as growth until later in life. Participants

in this study could be experiencing high levels of spirituality in response to their work to understand how their abuse experience informs thoughts about themselves and the world around. This supports research that suggest that using spirituality to cope with adverse life experiences can often increase a sense of life purpose and meaning (Park et al., 2008). Intentional rumination on these thoughts can, over time, facilitate growth and personal development which would support theoretical predictions (Calhoun & Tedeschi, 1998) that suggest event-related rumination can be positively related to PTG.

Previous research and the theoretical framework for this study suggest locus of control and self-concept as reasonable predictors of PTG (Davis et al., 2007; Engelkemeyer & Marwit, 2008; Mapp, 2006; Sattler, 2014). However, analyses of data did not provide evidence that the variables contribute to the prediction of PTG among this population. In this study locus of control was conceptualized as a person's beliefs about the controllability of events and situations (Rotter, 1966). With higher scores indicating a more externalized locus of control, women in this study reported higher externalized control in comparison to similar samples in previous studies (M= 10.72; Hood & Carter, 2008; Rotter, 1966), but lower than others (Mapp, 2006). Overall, the sample in the current study did not demonstrate a propensity toward internal locus of control or an external locus control, but presented more towards the middle. Lefcourt's (1966) suggestion that people tend to shift their locus according to the situation being presented may have contributed to this finding. For example, Black women may see themselves as in control at work, but not in their interpersonal or intrapersonal relationships. Another consideration is the westernized ideology and value for personal autonomy that support the concept of locus of control (Marks, 1998). That is to say, African American women

survivors of CSA (and other marginalized groups) may not believe that they have the license to even consider the personal controllability of adverse life events or situations, which would speak to a more internalized locus of control. Similar to past studies (Cummings & Swickert, 2010; Hood & Carter, 2008), the findings from the present study did not demonstrate that locus of control was a predictor of PTG; however, there is need for continued exploration of factors that contribute to PTG.

This study conceptualized self-concept as a person's perception and experience of self. Studies have suggested that Black women with abuse histories have lower self-concept and are more at risk of developing posttraumatic stress symptoms (Bradley et al., 2005; Lamis et al., 2013). In slight contrast, Black women in this study reported average levels of self-concept. A brief exploration of how the "strong black woman" (SBW) race-gender schema might contribute to these results is warranted. The SBW is a schema that prescribes an exclusive set of ways that Black women should think and behave (i.e. ways of being). Research has illustrated the construct to be both empowering as well as limiting (Abrams et al., 2014; Nelson et al., 2016; Watson & Hunter, 2016). The dichotomous manifestation of the SBW schema that is both empowering and, at the same time, limiting could support the findings from this study. For women in the sample population of the current study, the SBW schema might encourage them to view themselves as able to overcome adversity (i.e. an empowered way of being) while at the same time promote emotional inhibition (i.e. a limited way of being). The presence of this tension could result in a personal perception of PTG, but still not have a strong self-concept. Persons actively engaged in the PTG process can recognize personal strengths

and vulnerabilities using both to promote growth (Tedeschi et al., 1998; Tedeschi & Calhoun, 2004).

Relatively low levels of PTG were reported by participants in this study. The lower perceptions of growth are inconsistent with findings reported in the original study in which the PTGI was created (Tedeschi & Calhoun, 1996). In the original study, women who self-reported severe trauma also reported high perceptions of growth It is important to acknowledge, however, that 95% of the participants in that study were between the ages of 18 and 28% and recruited from a predominately White institution. In the current study the sample was not only all Black females, the average age was 41 years. The disparity between these two groups suggest that there might be important cultural factors that contribute to the perception of growth. The finding also contrast research that suggest that women report more PTG as their age increases (Vishnevsky et al., 2010). Though the intentional rumination required for access to PTG also requires a cognitive discipline that typically comes with age; the intersectionality of race and gender are also important factor that must be considered when assessing growth.

Contributions of the Study

This study contributes to the current literature base by being the first to investigate factors that contribute to PTG among African American women survivors of CSA. In doing so, the study also expands a literature base that typically ascribes negative effects or maladaptive behaviors to cultural factors alone when investigations of trauma and abuse among marginalized groups have been conducted. In addition, the study supports the importance of religion in the lives of Black women in general, and specifically in the lives of Black women who are survivors of CSA. One of the main

strengths of the study is its exploratory nature. As the first empirical examination of how dimensions of spirituality (religious well-being and existential well-being), locus of control and self-concept collectively predict PTG outcomes, this study can influence continued explorative research with similar goals.

This study also provides useful information to clinicians that serve this population. With religious well-being identified as a significant contributor to PTG, counselors must take into consideration how the therapeutic setting can be used to support the inclusion of healthy religious beliefs and practices for clients managing the effects of CSA. This requires an active exploration of how personal attitudes, beliefs and values about religion might inform work with clients and encourages the use of supervision and training to increase cultural competency in this area.

The study also contributes to the importance of spirituality and religion in counselor education. The Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2016) standard for professional counseling identity, suggest that programs include theories and models of multicultural counseling, as well as, the impact of religious and spiritual beliefs on both client and counselors' worldviews throughout program curriculum. Hage and associates (2006) recommend increasing awareness about the distinct contribution of religiosity and spirituality to the health and well-being of clients, as well as providing appropriate supervision to enhance spirituality and religious competency to assist novice counselors in being prepared and trained to address spiritual and religious values in counseling. This includes educating counselors-in-training on the different orientations toward religious and spiritual issues in counseling.

Limitations of the Study

There were several limitations within this study that warrant acknowledgement. A major limitation of the study was the sample size. Research in the future should be conducted with larger sample sizes to allow for more sufficient statistical power perhaps through randomized sampling. In addition, because it was a non-random sample, as well as the challenges that came with recruiting, it is difficult to know how well the population of interest was represented among participants which contributes to the limitation of sample generalizability. To increase generalizability in future research a more varied sample of Black women should be used.

Although the survey was administered anonymously and confidentially, social desirability was a potential limitation. Because of self-reporting measures, respondents may have responded to statements related to PTG and spirituality (specifically) in a way that they think would be viewed more favorably.

Finally, a potential limitation is related to the instrument used to measure the locus of control variable. Although *Rotter's Locus of Control Scale* has been widely used in research and demonstrates acceptable internal consistency, the instrument was designed to measure more generalized expectancies for internal and external control (1966). Perhaps an instrument designed to measure locus of control as related to specific situations related to trauma would be a more appropriate scale.

Implications of the Study

This study expands the literature base of a severely under-researched population of Black women with CSA histories. Like that of previous studies, PTG was evidenced, and the findings indicate that religious well-being contributed to this growth. The sample

reported average scores for both self-concept and slightly more externalized locus of control. Therapy could help Black women with CSA histories operate from an a more internalized locus and increase perceptions of self; both potentially increasing PTG. The demographic data of this study indicated that Black women have the personal resources to seek counseling to address effects of their abuse, yet only half reported doing so. This lends itself to consider how much the "strong black woman" schema (a race-gender schema that prescribes an exclusive set of ways that Black women should think and behave) influences a Black woman's engagement in behaviors that preserve psychological durability as opposed to simply *being* psychologically durable (Watson & Hunter, 2016). That is to say Black women may see counseling as a potentially effective method to address effects of their CSA experience, but the SBW schema might prevent them from actually seeking counseling. In the same vein, the westernized influences that undergird the concept of locus of control may be more of a barrier to growth after trauma for marginalized groups like Black women, than a supporter of it. The personal autonomy that is valued by westernized culture could elude minorities with different cultural backgrounds. In sum, the intersectionality of race and gender must be carefully considered when examining these concepts in relationship to PTG and in the therapeutic setting.

In this study there was a positive correlation between religious well-being and PTG which supports research that suggests that religiosity can be important in managing the effects of trauma for Black women (Blakey, 2016; Sing et al., 2012; Stevens-Watkins et al., 2014). This, however, justifies two important implications for consideration. First is the potential of *spiritual bypassing* which is a tendency to use religious beliefs and

practices to avoid unresolved psychological and emotional issues (Cashwell, Bentley, & Yarborough, 2007). The phenomenon convinces a person that their religious beliefs and practices alone signify wellness which can abdicate a healthy integration of the religious and spiritual self with the emotional and psychological self. Counselors should be aware of the potential for spiritual bypassing with clients and be prepared to address the issue in the therapeutic setting, particularly with Black women presenting with CSA histories. On the other hand, the second implication is for the counseling professional in that religious values are an important area for assessment in therapy and can be an essential component in effective interventions. Research has indicated that psycho-spiritual integrative therapy, which included religious beliefs in the therapeutic process, can stimulate PTG (Garlick et al., 2011); therefore, education and training that include it among effective theories and techniques when working with Black female survivors of CSA can assist in creating positive, sustainable growth outcomes for their clients.

Lastly, one major outcome of this study lies not in the statistical results, but in the intangible. This study gave voice to a group of women that for different reasons, have been silent. Research has shown that Black girls do not share their sexual abuse experience with authorities or those closest to them (Glover et al., 2010, Sing et al., 2012). These Black girls grow into Black women. This study, however, gave the women who participated not only permission to acknowledge their experience(s), but the opportunity to share how they have used their experience to grow and develop. Essentially, it reiterated the truism that liberty comes with what you do with what has been done to you.

Recommendations for Future Research

This was the first study to examine spirituality, locus of control, self-concept and PTG among African American women survivors of CSA. Though the findings expand the research within the larger body, it is vitally important that future research continue to explore what factors predict PTG among this group. Recruiting participants for this study was a major challenge and decelerated the research process. This was likely due to the personal and sensitive nature CSA along with the purposive sampling procedure. Future researchers should be cautioned in that interest or support by potential participants for a study on women with CSA histories does not necessarily materialize as participation. To address these problems recruitment in future studies should be expanded to female CSA survivors of all races to generate a larger, varied sample population. In addition, researchers should give serious consideration to how recruitment strategies can be both personalized and provide participants with anonymity. Lastly, research that chooses to focus on Black women survivors, specifically, could replicate this study with Black and non-Black women and use hierarchical regression analysis with ethnicity as a variable to determine the amount of variance accounted for by race in the regression equation. To provide an expanded description of the sample population, future researchers should consider adding demographic variables, such as marital status and number of children.

In addition, future researchers should consider if other assessments are more appropriate for measuring locus of control within this sample population. While Rotter's LOC scale is a reliable instrument, it measures more generalized expectancies of control and does not address the specificity required for internal and external control expectancies related to trauma.

Finally, the sensitive nature of the topic of CSA supports a qualitative research design. Qualitative research is exploratory in nature and is typically conducted to understand underlying motivations and reasons for a phenomenon (Gay, Mills, & Airasian, 2009). The phenomenological research tradition focuses on the essence of meaning or lived experiences of a phenomenon. Future research employing the phenomenological approach should be conducted to explore the participants' perception of factors that have influenced PTG despite of their past CSA experiences.

Concluding Remarks

Childhood sexual abuse has been researched extensively because of the potentially negative outcomes for the victims. There is, however, a body of research that supports exploration of how a person can achieve growth and positive development as result of the struggles with an adverse life experience such as childhood sexual abuse. The concept of posttraumatic growth has been examined among several different populations, but limited focus has been on Black women and very little on Black female CSA survivors. The contributions of this study begin to address this critical gap in the literature and give voice to group whose experiences have been silenced in the literature for too long.

The results of this study indicate that both locus of control and self-concept do not contribute to PTG and require further examination as potential predictors. Religious well-being, an element of spirituality, was identified as a significant contributor to posttraumatic among this population; however, how spirituality and religion are manifested in the lives of Black women with abuse histories needs to be clearly understood. Even further, the intersectionality of race and gender as likely moderators is

vital to comprehensive understanding. Though limited in scope, research has consistently evidenced posttraumatic growth in African American women survivors of trauma. However, this study diverges from previous literature with Black women reporting lower levels of PTG. Even still, how PTG is achieved, and if it has its foundation in healthy or maladaptive roots is yet to be confidently understood. Counselors are in a unique position to aid in a deeper understanding of this under-researched population and to help these women experience positive change as a result of the struggle with their abuse experiences.

References

Abrams, J. A., Maxwell, M., Pope, M., & Belgrave, F. Z. (2014). Carrying the world with the grace of a lady and the grit of a warrior: Deepening our understanding of the ‘’strong black women” schema. *Psychology of Women Quarterly*, *38*(4), 503-518. doi: 10.1177/0361684314541418

Ahrens, C. E., Abeling, S., Ahmad, S., & Hinman, J. (2010). Spirituality and well-being: The relationship between religious coping and recovery from sexual assault. *Journal of Interpersonal Violence*, *25*(7), 1242-1263. doi:10.1177/0886260509340533

Andrews, S. L., Stefurak, J. T., & Mehta, S. (2011). Between a rock and a hard place? Locus of control, religious problem-solving and psychological help-seeking. *Mental Health, Religion & Culture*, *14*(9), 855-876. http://dx.doi.org/10.1080/13674676.2010.533369

Arroll, M. A., & Howard, A. (2013). The letting go, the building up, and the gradual process of rebuilding: Identity change and post-traumatic growth in myalgic encephalomyelitis/chronic fatigue syndrome. *Psychology and Health*, *28*(3), 302-318. doi 10.1080/08870446.2012.721882

Ashburn-Nardo, L. (2010). The importance of implicit and explicit measures for understanding social stigma. *Journal of Social Issues*, *66*(3), 508-520. http://dx.doi.org.librarylink.uncc.edu/10.1111/j.1540-4560.2010.01659.x

Awad, G. H. (2007). The role of racial identity, academic self-concept, and self-esteem in the prediction of academic outcomes for African American students. *Journal of Black Psychology*, *33*(2), 188-207. doi:10.1177/0095798407299513

Baker, T. A., Buchanan, N. T., & Corson, N. (2008). Factors influencing chronic pain intensity in older black women: Examining depression, locus of control, and physical health. *Journal of Women’s Health*, *17*(5), 869-878. doi: 10.1089/jwh.2007.0452

Banyard, V. L., Williams, L. M., Siegel, J. A., & West, C. M. (2002). Childhood sexual abuse in the lives of Black women. *Women & Therapy*, *25*(3/4), 45-58. http://dx.doi.org/10.1300/J015v25n03_04

Bee, H. L. (1992). *The developing child*. London: HarperCollins.

Bellizzi, K. M., Smith, A. W., Reeve, B. B., Alfano, C. M., Bernstein, L., Meeske, K., … Ballard-Barbash, R. R. (2009). Posttraumatic growth and health-related quality of life in a racially diverse cohort of breast cancer survivors. *Journal of Health Psychology*, *15*(4), 615-626. doi: 10.1177/1359105309356364

Bishop, D. R., Avila-Juarbe, E., & Thumme, B. (2003). Recognizing spirituality as an important factor in counselor supervision. *Counseling and Values*, *48*(10), 34-46. http://dx.doi.org.librarylink.uncc.edu/10.1002/j.2161-007X.2003.tb00273.x

Blain, L. M., Galovski, T. E., & Peterson, Z. D. (2011). Female sexual self-schema after interpersonal trauma: Relationship to psychiatric and cognitive functioning in a clinical treatment-seeking sample. *Journal of Traumatic Stress*, *24*(2), 222-225. http://dx.doi.org.librarylink.uncc.edu/10.1002/jts.20616

Blakey, J. M. (2016). The role of spirituality in helping African American women with histories of trauma and substance abuse heal and recover. *Social Work & Christianity*, *43*(1), 40-59.

Boals, A., Steward, J. M., & Schuettler, D. (2010). Advancing our understanding of posttraumatic growth by considering event centrality. *Journal of Loss and Trauma*, *15*, 518-533. DOI: 10.1080/15325024.2010.519271

Bradley, R., Schwartz, A. C., & Kaslow, N. J. (2005). Posttraumatic stress disorder symptoms among low-income, African American women with a history of intimate partner violence and suicidal behaviors: Self-esteem, social support and religious coping. *Journal of Traumatic Stress*, *18*(6), 685-696. http://dx.doi.org.librarylink.uncc.edu/10.1002/jts.20077

Brazelton, J. F. (2011). African American women looking back: Making meaning of the disclosure process of incest survivors across the life course. *Dissertation Abstracts International*: Section A. Humanities and Social Sciences, *72*(2-A), 738.

Brazelton, J.F. (2015). The secret storm: Exploring the disclosure process of African American women survivors of child sexual abuse across the life course. *Traumatology*, *21*(3), 181-187. http://dx.doi.org.librarylink.uncc.edu/10.1037/trm0000047

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin, 99,* 66–77. http://dx.doi.org.librarylink.uncc.edu/10.1037/0033-2909.99.1.66

Bufford, R. K., Paloutzian, R. F., & Ellison, C. W. (1991). Norms for the Spiritual Well-Being Scale. *Journal of Psychology and Theology, 19*(1), 56-70.

Burke, M. T., Hackney, H., Hudson, P., Miranti, J., Watts, G. A., & Epp, L. (1999). Spirituality, religion, and CACREP curriculum standards. *Journal of Counseling & Development*, *77*(3), 251-257. http://dx.doi.org.librarylink.uncc.edu/10.1002/j.1556-6676.1999.tb02448.x

Center for Disease Control and Prevention. (2012). Child maltreatment: Facts at a glance. Retrieved from http://www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-glance.pdf

Calhoun, L.G., & Tedeschi, R.G. (1998). Beyond recovery from trauma: Implications for clinical practice and research. *Journal of Social Issues*, *54*(2), 357-371. http://dx.doi.org.librarylink.uncc.edu/10.1111/0022-4537.701998070

Cashwell, C. S., Bentley, P. B., & Yarborough, J. P. (2007). The only way out is through: The peril of spiritual bypass. *Counseling and Values*, *51*(2), 139-148. http://dx.doi.org.librarylink.uncc.edu/10.1002/j.2161-007X.2007.tb00071.x

Capodilupo, C. M. (2015). One size does not fit all: Using variables other than the thin ideal to understand Black women's body image. *Cultural Diversity and Ethnic Minority Psychology*, *21*(2), 268-278. http://dx.doi.org/10.1037/a0037649

Castella, R.D., & Simmonds, J.G. (2013). There's a deeper level of meaning as to what suffering is all about: Experiences of religious and spiritual growth following trauma. *Mental Health, Religion and Culture*, *16*(5), 536-556. http://dx.doi.org.librarylink.uncc.edu/10.1080/13674676.2012.702738

Cecchet, S. J. (2012). The psychological experience of child and adolescent sex trafficking in the United States: Trauma and resilience in survivors. *Dissertation Abstracts International*, *73*, (8-B).

Cherlin, A.J., Burton, L. M., Hurt, T. R., & Purvin, D. M. (2004). The influence of physical and sexual abuse on marriage and cohabitation. *American Sociological Review*, 69(6), 768-789. http://dx.doi.org.librarylink.uncc.edu/10.1177/000312240406900602

Cokley, K. O., & Chapman, C. (2008). The roles of ethnic identity, anti-white attitudes, and academic self-concept in African American student achievement. *Social Psychological Education*, *11*, 349-365. doi:10.1007/s11218-008-9060-4

Council for Accreditation of Counseling and Related Educational Programs. (2015). *2016 CACREP Standards*. Alexandria, VA: Author.

Cummings, J., & Swickert, R. (2010). Relationship between locus of control and posttraumatic growth. *Individual Differences Research*, *8*(3), 198-204.

Davis, C. G., Wohl, M. J. A., & Verberg, N. (2007). Profiles of posttraumatic growth following an unjust loss. Death Studies, 31, 693-712. doi:10.1080/07481180701490578

Danhauer, S. C., Case, L. D., Tedeschi, R., Russell, G., Vishnevsky, T., Triplett, K.,…Avis, N. E. (2013). Predictors of posttraumatic growth in women with breast cancer. *Psycho-Oncology*, *22*, 2676-2683. doi: 10.1002/pon.3298

Danhauer, S. C., Russell, G. B., Tedeschi, R. G., Jesse, M. T., Vishnevsky, T., Daley, K., … Powell, B. L. (2013). A longitudinal investigation of posttraumatic growth in adult patients undergoing treatment for acute leukemia. *Journal of Clinical Psychology in Medical Settings*, *20*, 13-24. doi: 10.1007/s10880-012-9304-5

Denney, R. M., Aten, J. D., & Leavell, K. (2010). Posttraumatic spiritual growth: a phenomenological study of cancer survivors. *Mental Health, Religion & Culture*, *14*(4), 321-391. doi: 10.1080/13674671003758667

Ellison, C. W. (1983). Spiritual well-being: Conceptualization and measurement. *Journal of Psychology and Theology,* 77(4), 330-340.

Ellison, L. (2006). A review of The Spiritual Well-Being Scale. *NewsNotes*, 44(1).

Engelkemeyer, S. M., & Marwit, S. J. (2008). Posttraumatic growth in bereaved parents. *Journal of Traumatic Stress*, *21*(3), 344-346. http://dx.doi.org.librarylink.uncc.edu/10.1002/jts.20338

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530-541. http://dx.doi.org.librarylink.uncc.edu/10.1111/j.1939-0025.1985.tb02703.x

Foa, E. B. (1995). *Posttraumatic Stress Diagnostic Scale*. Minnetonka, MN: NCS.

Frankl, V. E. (1959). *Man's search for meaning*. Beacon Press: Boston.

Gall, T. L., Charbonneau, C., & Florack, P. (2011). The relationship between religious/spiritual factors and perceived growth following a diagnosis of breast cancer. *Psychology and Health*, *26*(3), 287-305. doi: 10.1080/08870440903411013

Garlick, M., Wall, K., Corwin, D., & Koopman, C. (2011). Psycho-spiritual integrative therapy for women with primary breast cancer. *Journal of Clinical Psychology in Medical Settings*, *18*, 78-90. doi:10.1007/s10880-011-9224-9

Gay, L. R., Mills, G. E., & Airasian, P. (2009*). Educational research: Competencies for analysis and applications* (9th ed.). Upper Saddle River, NJ: Pearson.

Gecas, V. (1982). The self-concept. *Annual Reviews in Sociology*, *8*, 1-33. http://dx.doi.org.librarylink.uncc.edu/10.1146/annurev.so.08.080182.000245

Genia, V. (2001). Evaluation of the Spiritual Well-Being Scale in a sample of college students. *The International Journal for the Psychology of Religion, 11*(1), 25-33. http://dx.doi.org.librarylink.uncc.edu/10.1207/S15327582IJPR1101_03

George, L. S., Park, C. L., & Chaudoir, S. R. (2016). Examining the relatiomship between trauma centrality and posttraumatic stress disorder symptoms: A moderated mediation approach. Traumatology, 22(2), 85-93. http://dx.doi.org.librarylink.uncc.edu/10.1037/trm0000063

Ghant, M. S., Sengoba, K. S., Recht, H., Cameron, K. A., Lawson, A. K., & Marsh, E. E. (2015). Beyond the physical: A qualitative assessment of the burden of symptomatic uterine fibroids on women's emotional and psychosocial health. *Journal of Psychosomatic Research*, *78*, 499-503. http://dx.doi.org/10.1016/j.jpsychores.2014.12.016

Glover, D. A., Loeb, T. B., Carmina, J. V., Sciolla, A., Zhang, M., Myers, H. F., & Wyatt, G. E. (2010). Childhood sexual abuse severity and disclosure predict posttraumatic stress symptoms and biomarkers in ethnic minority women. *Journal of Trauma and Dissociation*, *11*(2), 152-173. http://dx.doi.org/10.1080/15299730903502920

Grych, J., Hamby, S., & Banyard, V. (2015). The resilience portfolio model: Understanding healthy adaption in victims of violence. *Psychology of Violence*, *5*(4), 343-354. http://dx.doi.org/10.1037/a0039671

Hage, S. M., Hopson, A., Siegel, M., Payton, G., & DeFanti, E. (2006). Multicultural training in spirituality: An interdisciplinary review. *Counseling and Values*, *50*(3), 217-234.

Hall, J. M., Roman, M. W., Thomas, S. P., Travis, C. B., Powell, J., Tennison, C. R., …McArthur, P. M. (2009). Thriving as becoming resolute in narratives of women surviving childhood maltreatment. *American Journal of Orthopsychiatry*, *79*(3), 375-386. doi:10.1037/a0016531

Hall, M., & Hall, J. (2011). The long-term effects of childhood sexual abuse: Counseling implications. Retrieved from http://counselingoutfitters.com.

Heintzelman, A., Murdock, N. L., Krycak, R. C., & Seay, L. (2014). Recovery from infidelity: Differetntiation of self, trauma, forgiveness, and posttraumatic growth among couples in continuing relationships. *Couple and Family Psychology: Research and Practice*, *3*(1), 13-39. doi: 10.1037/cfp0000016

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44, 513-524. doi:10.1037/1941-1022.S.1.3

Hood, S. K., & Carter, M. M. (2008). A preliminary examination of trauma history, locus of control, and PTSD symptom severity in African American women. *Journal of Black Psychology*, *34*(2), 179-191. http://dx.doi.org.librarylink.uncc.edu/10.1177/0095798407310541

Horgan, O., Holcombe, C., & Salmon, P. (2011). Experiencing positive change after a diagnosis of breast cancer: A grounded theory analysis. *Psycho-Oncology*, *20*, 116-1125. DOI: 10.1002/pon.1825

Huck, S. W. (2011). *Reading statistics and research* (6th ed.). Upper Saddle River, NJ: Pearson.

Ireland, C. A., Alderson, K., & Ireland, J. L. (2015). Sexual exploitation in children: nature, prevalence, and distinguishing characteristics reported in young adulthood. *Journal of Aggression, Maltreatment & Trauma*, *24*(6), 603-622. doi: 10.1080/10926771.2015.1049765

Ivcevic, Z., & Kaufman, J. C. (2011). The can and cannot do attitude: How self-estimates of ability vary across ethnic and socioeconomic groups. *Learning and Individual Differences*, *27*, 144-148. http://dx.doi.org/10.1016/j.lindif.2013.07.011

Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, *7*, 113–136. http://dx.doi.org.librarylink.uncc.edu/10.1521/soco.1989.7.2.113

Jones, L. V., Ahn, S., & Chan, K. T. (2016). Expanding the psychological wellness threshold for Black college women: An examination of claiming your connections intervention. *Research on Social Work Practice*, *26*(4), 399-411. doi: 10.1177/1049731514549631

Jones, R. (Ed.). (1996). Handbook of tests and measurements for black populations (Vol. 2). Hampton, VA: Cobb & Henry.

Kallstrom-Fuqua, A.C., Weston, R., & Marshall, L.L. (2004). Childhood and adolescent sexual abuse of community women: Mediated effects on psychological distress and social relationships. *Journal of Consulting and Clinical Psychology*. *72*(6), 980-992. http://dx.doi.org.librarylink.uncc.edu/10.1037/0022-006X.72.6.980

Kaye-Tzadok, A., & Davidson-Arad, B. (2016). Posttraumatic growth among women survivors of childhood sexual abuse: Its relation to cognitive strategies, posttraumatic symptoms, and resilience. *Psychological Trauma: Theory, Research, Practice and Policy*, *8*(5), 550-558. http://dx.doi.org.librarylink.uncc.edu/10.1037/tra0000103

Kent, E. E., Alfano, C. M., Smith, A. W., Bernstein, L., McTiernan, A., Baumgartner, K. B., & Ballard-Barbash, R. (2013). The roles of support seeking and race/ethnicity in posttraumatic growth among breast cancer survivors. *Journal of Psychosocial Oncology*, *31*(4), 393-412. http://dx.doi.org/10.1080/07347332.2013.798759

Lamis, D. A., Wilson, C. K., Shahane, A. A., & Kaslow, N. J. (2013). Mediators of the childhood emotional abuse-hopelessness association in African American women. *Child Abuse and Neglect*, *38*, 1341-1350. http://dx.doi.org.librarylink.uncc.edu/10.1016/j.chiabu.2013.11.006

Leach, C. W., van Zomeren, M., Zebel, S., Vliek, M. L., Pennekamp, S. F., Doosje, B., . . . Spears, R. (2008). Group-level self-definition and self-investment: A hierarchical (multicomponent) model of in-group identification. *Journal of Personality and Social Psychology*, *95*, 144–165. doi:10.1037/0022-3514.95.1.144

Lefcourt, H. M. (1966). Internal versus external control of reinforcement: A review. *Psychological Bulletin*, *65*(4), 206-220. http://dx.doi.org.librarylink.uncc.edu/10.1037/h0023116

Levenson, H. (1981). Differentiating among internality, powerful others, and chance. In H. M. Lefcourt (Ed.), *Research with the locus of control construct* (Vol. 1, pp. 15-63). New York, NY: Academic Press.

Levine, S.Z., Laufer, A., Stein, E., Hamama-Raz, Y., & Solomon, Z. (2009). Examining the relationship between resilience and posttraumatic growth. *Journal of Traumatic Stress*, *22*(4), 282-286. http://dx.doi.org.librarylink.uncc.edu/10.1002/jts.20409

Lev-Wiesel, R., Amir, M., & Besser, A. (2005). Posttraumatic growth among female survivors of childhood sexual abuse in relation to the perpetrator identity. *Journal of Loss and Trauma, 10*, 7-17. http://dx.doi.org.librarylink.uncc.edu/10.1080/15325020490890606

Lewis, M. (1990). Self-knowledge and social development in early life. In L. A. Pervin (Ed.), *Handbook of personality*. New York: Guilford.

Liang, B., Williams, L.M., & Siegel, J.A. (2006). Relational outcomes of childhood sexual trauma in female survivors: A longitudinal study. *Journal of Interpersonal Violence*, *21*(1), 42-57. http://dx.doi.org.librarylink.uncc.edu/10.1177/0886260505281603

Lowe, S. R., Manove, E. E., & Rhodes, J. E. (2013). Posttraumatic stress and posttraumatic growth among low-income mothers who survived hurricane Katrina. *Journal of Consulting and Clinical Psychology*, *81*(5), 877-889. doi:10.1037/a0033252

Mapp, S. C. (2006). The effects of sexual abuse as a child on the risk of mothers physically abusing their children: A path analysis using systems theory. *Child Abuse and Neglect*, *30*, 1293-1310. http://dx.doi.org.librarylink.uncc.edu/10.1016/j.chiabu.2006.05.006

Marcenko, M. O., Kemp, S. P. & Larson, N. C. (2000). Childhood experiences of abuse, later substance use and parenting outcomes among low-income mothers. *American Journal of Orthopsychiatry*, *70*(3), 316-326. http://dx.doi.org.librarylink.uncc.edu/10.1037/h0087853

Marks, L. I. (1998). Deconstructing locus of control: Implications for practitioners. *Journal of Counseling and Development*, *76*, 251-260. http://dx.doi.org.librarylink.uncc.edu/10.1002/j.1556-6676.1998.tb02540.x

McGrath, J. C. (2011). Posttraumatic growth and spirituality after brain injury. *Brain Impairment*, *12*(2), 82-92. http://dx.doi.org.librarylink.uncc.edu/10.1375/brim.12.2.82

McMillen, C. Zuravin, S., & Rideout, G. (1995). Perceived benefit from child sexual abuse. *Journal of Counseling and Clinical Psychology*, *63*(6), 1037-1043. http://dx.doi.org.librarylink.uncc.edu/10.1037/0022-006X.63.6.1037

McMillen, J. C. & Fisher, R. H. (1998). The Perceived Benefits Scales: Measuring perceived positive life changes after negative events. *Social Work Research, 22,* 173-187. http://dx.doi.org.librarylink.uncc.edu/10.1093/swr/22.3.173

Meadows, L. A., & Kaslow, N. J. (2002). Hopelessness as mediator of the link between reports of a history of child maltreatment and suicidality in African American women. Cognitive Therapy and Research, 26(5), 657-674. http://dx.doi.org.librarylink.uncc.edu/10.1023/A:1020361311046

Morris, B. A., Campbell, M., Dwyer, M., Dunn, J., & Chambers, S. K. (2011). Survivor identity and post-traumatic growth after participating in challenge-based peer-support programmes. *British Journal of Health Psychology*, *16*, 660-674. http://dx.doi.org.librarylink.uncc.edu/10.1348/2044-8287.002004

Murphy, D., Demetriou, E., & Joseph, S. (2015). A cross-sectional study to explore the mediating effect of intrinsic aspiration on the association between unconditional positive self-regard and posttraumatic growth. *Person-Centered & Experiential Psychotherapies*, *14*(3), 201-213. doi:10.1080/14779757.2015.1051238

Nelson, T., Cardemil, E. V., & Adeoye, C. T. (2016). Rethinking strength: Black women's perception of the "strong black women" role. *Psychology of Women Quarterly*, *40*(4), 551-563. doi:10.1177/0361684316646716

Oz, S. (2001). When the wife was sexually abused as a child: Marital relations before and during her therapy for abuse. *Sexual and Relationship Therapy*, *16*(3), 287-298. http://dx.doi.org.librarylink.uncc.edu/10.1080/14681990120064540

Park, C. L., Edmonson, D., Fenster, J. R., & Blank, T. O. (2008). Meaning making and psychological adjustment following cancer: The mediating roles of growth, life meaning, and restored just-world beliefs. *Journal of Counseling and Clinical Psychology*, *76*(5), 863-875. doi:10.1037/a0013348

Pew Research Center. (2008). *U.S. religious landscape survey*. Retrieved from http://www.pewforum.org/files/2013/05/report-religious-landscape-study-full.pdf

Pew Research Center. (2009). *A religious portrait of African Americans*. Retrieved from http://www.pewforum.org/2009/01/30/a-religious-portrait-of-african-americans/

Pieterse, A. L., & Carter, R. T. (2010). An exploratory investigation of the relationship between racism, racial identity, perceptions of health, and health locus of control among Black American women. *Journal of Health Care for the Poor and Undeserved*, *21*(1), 334-348. http://dx.doi.org/10.1353/hpu.0.0244

Porter, J. R., & Washington, R. E. (1979). Black identity and self-esteem: A review of studies of Black self-concept, 1968-1978. *Annual Review of Sociology*, *5*, 53-74. http://dx.doi.org.librarylink.uncc.edu/10.1146/annurev.so.05.080179.000413

Powell, T., Gilson, R., & Collin, C. (2012). TBI 13 years on: Factors associated with posttraumatic growth. *Disability & Rehabilitation*, *34*(17), 1461-1467. http://dx.doi.org.librarylink.uncc.edu/10.3109/09638288.2011.644384

Ratican, K. (1992). Sexual abuse survivors: Identifying symptoms and special treatment considerations. *Journal of Counseling and Development*, *71*(1), 33-38. http://dx.doi.org.librarylink.uncc.edu/10.1002/j.1556-6676.1992.tb02167.x

Reinert, K. G., Campbell, J, C., Bandeen-Roche, K., Sharps, P., & Lee, J. (2015). Gender and race variations in the intersections of religious involvement, early trauma, and adult health. *Journal of Nursing Scholarship*, *47*(4), 318-327. doi:10.1111/jnu.12144

Robinaugh, D. J., & McNally, R. J. (2011). Trauma centrality and PTSD symptom severity in adult survivors of childhood sexual abuse. *Journal of Traumatic Stress*, *24*, 483–486. http://dx.doi.org/10.1002/jts.20656

Rogers, C. (1959). A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. In (ed.) S. Koch, *Psychology: A study of a science. Vol. 3: Formulations of the person and the social context*. New York: McGraw Hill.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Rotter, J. B. (1966) Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs: General and Applied, 80*, 1-28. http://dx.doi.org.librarylink.uncc.edu/10.1037/h0092976

Rotter, J.B. (1990). Internal versus external control of reinforcement: A case history of a variable. *American Psychologist*, *45*(4), 489-493. http://dx.doi.org.librarylink.uncc.edu/10.1037/0003-066X.45.4.489

Sadler-Gerhardt, C. J., Reynolds, C. A., Britton, P. J., & Kruse, S. D. (2010). Women breast cancer survivors: Stories of change and meaning. *Journal of Mental Health Counseling*, *32*(3), 265-282. http://dx.doi.org.librarylink.uncc.edu/10.17744/mehc.32.3.q14777j84kx3285x

Sattler, D. N., Boyd, B., & Kirsch, J. (2014). Trauma-exposed firefighters: Relationships among posttraumatic growth, posttraumatic stress, resource availability, coping and critical incident stress debriefing. *Stress and Health*, *30*, 356-365. http://dx.doi.org.librarylink.uncc.edu/10.1002/smi.2608

Schultz, J. M., Tallman, B. J., & Altmaier, E. M. (2010). Pathways to posttraumatic growth: The contributions of forgiveness and importance of religion and spirituality. *Psychology of Religion and Spirituality*, *2*(2), 104-114. doi:10.1037/a0018454

Schumm, J. A., Stines, L. R., Hobfall, S. E., & Jackson, A. P. (2005). The double-barreled burden of child abuse and current stressful circumstances on adult women: The kindling effect of early traumatic experience. *Journal of Traumatic Stress*, *18*(5), 467-476. doi:10.1002/jts.20054

Seligman, L. (2006). *Theories of counseling: Systems, strategies and skills*. Upper Saddle River: Pearson.

Shakespeare-Finch, J., & Dassel, T.D. (2009). Exploring posttraumatic outcomes as a function of childhood sexual abuse. *Journal of Child Sexual Abuse*, *18*, 623-640. http://dx.doi.org.librarylink.uncc.edu/10.1080/10538710903317224

Silva, J., Ownsworth, T., Shields, C., & Fleming, J. (2011). Enhanced appreciation of life following acquired brain injury: Posttraumatic growth at 6 months discharge. *Brain Impairment*, *12*(2), 93-104. http://dx.doi.org.librarylink.uncc.edu/10.1375/brim.12.2.93

Simoni, J. M., & Ng, M. T. (2002). Abuse, health locus of control, and perceived health among HIV-positive women. *Health Psychology*, *21*(1), 89-93. doi:10.1037//0278-6133.21.1.89

Singh, A.A., Garnett, A., & Williams, D. (2012). Resilience strategies of African American women survivors of child sexual abuse: A qualitative inquiry. *The Counseling Psychologist*, *41*(8), 1093-1124. http://dx.doi.org.librarylink.uncc.edu/10.1177/0011000012469413

Singh, A.A., Hays, D.G., Chung, Y.B., &Watson, L. (2010). South Asian immigrant women who have survived child sexual abuse: Resilience and healing. *Violence Against Women*, 16(4), 444-458. http://dx.doi.org.librarylink.uncc.edu/10.1177/1077801210363976

Singleton, K. W. (2004). Strategies of survival: Coping, characteristics of resiliency, a perceived impact of abuse in resilient Black female survivors of sexual trauma. Dissertation Abstracts International, 64(1), 12-B.

Skowron, E. A., & Schmitt, T. A. (2003). Assessing interpersonal fusion: Reliability and validity of a new DSI Fusion with Others subscale. *Journal of Marital and Family Therapy, 29,* 209–222. doi:10.1111/j.1752-0606.2003.tb01201.x

Smith, B. W., Dalen, J., Bernard, J. F., & Baumgartner, K. B. (2008). Posttraumatic growth in Non-Hispanic White and Hispanic women with cervical cancer. *Journal of Psychosocial Oncology*, *26*(4), 91-109. http://dx.doi.org/10.1080/07347330802359768

Stevens-Watkins, D., Sharma, S., Knighton, J.S., Oser, C.B., & Leukefeld, C.G. (2014). Examining cultural correlates of active coping among African American female survivors of trauma. *American Psychological Association*, *6*(4), 328-336. http://dx.doi.org.librarylink.uncc.edu/10.1037/a0034116

Szymanski, D. M., & Lewis, J. A. (2016). Gendered racism, coping, identity centrality, and African American college women's psychological distress. *Psychology of Women Quarterly*, *40*(2), 229-243. doi: 10.1177/0361684315616113

Tabachnick, B. G., & Fidell, L. S. (2013). *Using Multivariate Statistics*. (5th ed). Boston:Pearson.

Tedeschi, R.G., & Calhoun, L.G. (1995). *Trauma and transformation: Growing in the aftermath of suffering*. Thousand Oaks, CA: Sage

Tedeschi, R. G., & Calhoun, L.G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, *9*, 455-471. http://dx.doi.org.librarylink.uncc.edu/10.1037/t03776-000

Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). Posttraumatic growth: Conceptual issues. In R. G. Tedeschi, C. L. Park, L. G. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 1-22). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.

Tedeschi, R.G., & Calhoun, L.G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, *15*(1), 1-18. http://dx.doi.org.librarylink.uncc.edu/10.1207/s15327965pli1501_01

Tedeschi, R.G., Calhoun, L.G., & Cann, A. (2007). Evaluating resource gain: Understanding and misunderstanding posttraumatic growth. *Applied Psychology*, *56*(3), 396-406. http://dx.doi.org.librarylink.uncc.edu/10.1111/j.1464-0597.2007.00299.x

United States Census Bureau. (2013). American community survey. Retrieved from https://www.census.gov/programs-surveys/acs/data/race-aian.html

Valdez, C. E., & Lilly, M. M. (2015). Posttraumatic growth in survivors of intimate partner violence: An assumptive world process. *Journal of Interpersonal Violence*, *30*(2), 215-231. doi:10.1177/0886260514533154

Vilenica, S., Shakespeare-Finch, J., & Obst, P. (2013). Exploring the process of meaning in healing and growth after childhood sexual assault: A case study approach. *Counseling Psychology Quarterly*, *26*(1), 39-54. http://dx.doi.org.librarylink.uncc.edu/10.1080/09515070.2012.728074

Vishnevski, T., Cann, A., Calhoun, L. G., Tedeschi, R. G., & Demakis, G. J. (2010). Gender differences in self-reported posttraumatic growth: A meta-analysis. *Psychology of Women quarterly*, *34*, 110-120. http://dx.doi.org.librarylink.uncc.edu/10.1111/j.1471-6402.2009.01546.x.

Von Ah, D. M., Russell, K. M., Carpenter, J., Monahan, P. O., Qianqian, Z., Tallman, E., … Champion, V. L. (2012). Health-related quality of life of African American breast cancer survivors compared with healthy African American women. *Cancer Nursing*, *35*(3), 337- 346. doi:10.1097/NCC.0b013e3182393de3

Walsh, K., Blaustein, M., Knight, W. G., Spinazzola, J., & van der Kolk, B. A. (2007). Resiliency factors in the relation between childhood sexual abuse and adulthood sexual assault in college-age women. *Journal of Child Sexual Abuse*, *16*(1), 1-17. doi:10.1300/J070v16n01_01

Walter, K. H., Horsey, K. J., Palmieri, P. A., & Hobfall, S. E. (2010). The role of protective self-cognitions in the relationship between childhood trauma ad later resource loss. *Journal of Traumatic Stress*, *23*(2), 264-273. doi:10.1002/jts.20504

Wang, Y., Wang, H., Wang, J., Wu, J., & Liu, X. (2013). Prevalence and predictors of posttraumatic growth in accidentally injured patients. *Journal of Clinical Psychology in Medical Settings*, *20*, 3-12. doi:10.1007/s10880-012-9315-2

Watson, N. N., & Hunter, C. D. (2016). I had to be strong: Tensions in the strong Black woman schema. *Journal of Black Psychology*, *42*(5), 424-452. doi:10.1177/0095798415597093

Werdel, M.B., Dy-Liacco, G. S., Ciarrochi, J. W., Wicks, R. J., & Breslford, G. M. (2014). The unique role of spirituality in the process of growth following stress and trauma. *Pastoral Psychology*, *63*, 57-71. http://dx.doi.org.librarylink.uncc.edu/10.1007/s11089-013-0538-4

West, C. M., Williams, L. M., & Siegel, J. A. (2000). Adult sexual revictimization among Black women sexually abused in childhood: A prospective examination of serious consequences of abuse. *Child Maltreatment*, *5*, 49-57. http://dx.doi.org.librarylink.uncc.edu/10.1177/1077559500005001006

Whisman, M. A. (2006). Childhood trauma and marital outcomes in adulthood. *Personal Relationships*. 13(4), 375-386. http://dx.doi.org.librarylink.uncc.edu/10.1111/j.1475-6811.2006.00124.x

Williams, W. S., & Chung, Y. B. (2011). Do cultural attitudes matter? The role of cultural orientation on academic self-concept among Black/African college students. *Journal of College Counseling*, *10*(16), 228-242. doi:10.1002/j.2161-1882.2013.00039.x

Wise, L. A., Palmer, J. R., Rothman, E. F., & Rosenberg, L. (2009). Childhood abuse and early menarche: Findings from the Black women's health study. *American Journal of Public Health*, *99*(2), 460-466. http://dx.doi.org.librarylink.uncc.edu/10.2105/AJPH.2008.149005

Zahodne, L. B., Meyer, O. L., Choi, E., Thomas, M. L., Willis, S. L., Marsike, M., …Parisi, J. M. (2015). External locus of control contributes to racial disparities in memory and reasoning training gains in ACTIVE. *Psychology and Aging*, *30*(3), 561-572. http://dx.doi.org/10.1037/pag0000042

Zerega, W.D., Tseng, M.S., & Greever, K.B. (1976). Stability and concurrent validity of the Rotter Internal-External Locus of Control Scale. *Educational and Psychological Measurement*. *36*, 473-475. http://dx.doi.org.librarylink.uncc.edu/10.1177/001316447603600230

Zimbardo, P. G. (1985). *Psychology and life*. Glenview, IL: Scott Foresman.

APPENDIX A: OUTLINE OF STUDY FOR CHURCH LEADERSHIP

Dear Church Leader:

Thank you for your consideration of this research study. Below is important information for your review.

Purpose of the study: The purpose of the study is to examine how spirituality, locus of control and self-concept are related to postttraumtic growth among African American women survivors of childhood sexual abuse.

Participants must be:

- 18 years or older
- Have at least one experience of childhood sexual abuse (childhood sexual abuse will be defined as forced or coerced sexual contact between a child and adult (or older child).

Description of Participation: The decision to participate in the study is completely voluntary. Participants may at any time to leave the study for any reason without explanation.

Confidentiality: Participants completing the paper survey will not be required to include identifiable information. The emails of those completing the electronic version of the survey, will remain confidential to the extent possible and will only be disclosed with their written permission or as required by law. All surveys will be assigned a code and after data has been entered into statistical software will be discarded.

I sincerely appreciate your assistance with this research project. I am hopeful that this research will contribute substantially to the literature on the area of mental health and postttraumatic growth as it relates to African American women survivors of trauma. If you have any questions or concerns please don't hesistate to contact me at 704-785-5982 or email llittl25@uncc.edu.

Sincerely,

Lisa Littlejohn Hill, MA, NCC, LPCA

Doctoral Candidate

University of North Carolina at Charlotte

APPENDIX B: INFORMED CONSENT

UNC CHARLOTTE

Department of Counseling

9201 University City Boulevard, Charlotte, NC 28223-0001

Informed Consent for

Posttraumatic Growth Among African American Women Survivors of Childhood Sexual Abuse: The Roles of Spirituality, Locus of Control, and Self-Concept

Dear Participant,

You are invited to participate in a research study conducted as part of the requirements for a doctoral degree in counseling. To follow is more information about the study.

Purpose of the Study

The purpose of the study is to examine how spirituality, locus of control and self-concept are related to postttraumtic growth among African American women survivors of childhood sexual abuse.

Principal Investigator

This study is being conducted by Lisa Littlejohn Hill in the Department of Counseling at the University of North Carolina at Charlotte as part of the requirements for a doctoral degree. The responsible faculty member is Dr. Phyllis Post, Department of Counseling, UNCC.

Eligibility

You are invited to participate in this study if you (a) are at least 18 years old, and (b) have experienced at least one incidence of childhood sexual abuse. Childhood sexual abuse is defined as forced or coereced sexual contact between a child and an adult (or older child).

Description of Participation

You will be asked to complete a survey that consists of 86 items. The survey asks for demographic information as well as ratings of your spirituality, locus of control and self-concept. Your name will not be included on the survey and your responses will be kept in a secure electronic drive accessible only to the researcher.

Length of Participation
Your participation will take approximately 15-20 minutes.

Risks and Benefits of Participation
Potential risks of participation may include psychological and/or emotional discomfort due to the personal nature of some of the questions.

Your participation in this research will contribute to the mental health field at both the educational and professional levels. Information gathered from this study will contribute to the literature on African American women who have experienced trauma during their childhood and ultimately the work of mental health professionals with this specific population.

Volunteer Statement
Your decision to participate in this study is completely voluntary. You may decide at any time to leave the study for any reason without explanation.

Confidentiality Statement
Your participation in the study is confidential. The electronic survey does not ask for identifying information such as name or email address. All surveys will be discarded after data has been entered into statistical software. Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.

Statement of Fair Treatment and Respect
UNC Charlotte wants to make sure that you are treated in a fair and respectful manner. Please contact the university's Research Compliance Office 704-687-1871 or uncc-irb@uncc.edu if you have questions about how you are treated as a participant in this study. If you have any questions about the actual study, please contact Lisa Littlejohn Hill at llittl25@uncc.edu or Dr. Phyllis Post at ppost@uncc.edu.

Participant Consent
☐ I have read the information in this consent form. I have had the chance to ask questions about this study, and those questions have been answered to my satisfaction. I am at least 18 years of age, and I agree to participate in this research project.

With Sincere Thanks,

Lisa Littlejohn Hill
Doctoral Candidate
Department of Counseling
University of North Carolina at Charlotte

Dr. Phyllis Post
Dissertation Chair
Department of Counseling
University of North Carolina at Charlotte

APPENDIX C: DEMOGRAPHIC QUESTIONNAIRE

1. Childhood sexual abuse is defined as forced or coerced sexual contact between a child and adult (or older child).

Have you experienced childhood sexual abuse? ___yes ___no

2. What is your age? _____

3. What is your highest completed education level?

___ High School Diploma ___ Some College ___ College Degree ___ Graduate/Professional Degree

4. What was your approximate annual income?

___$9,999 and under

___$10,000-$19,999

___$20,000-$39,999

___$40,000-$59,999

___$60,000-$79,999

___$80,000-$99,999

___$100,000 or more

5. Have you ever participated in counseling because of childhood sexual abuse? ___yes ___no

6. How did you hear about this study? __At an event __Listserv __Someone emailed it __Social media

APPENDIX D: POSTTRAUMATIC GROWTH INVENTORY

Indicate for each of the statements below the degree to which this change occurred in your life as a result of your childhood trauma experience(s) using the following scale.

0 = I did not experience this change as a result of my trauma.
1 = I experienced this change to a very small degree as a result of my trauma.
2 = I experienced this change to a small degree as a result of my trauma.
3 = I experienced this change to a moderate degree as a result of my trauma.
4 = I experienced this change to a great degree as a result of my trauma.
5 = I experienced this change to a very great degree as a result of my trauma.

Possible Areas of Growth and Change	0	1	2	3	4	5
1. I changed my priorities about what is important in life.						
2. I have a greater appreciation for the value of my own life.						
3. I developed new interests.						
4. I have a greater feeling of self-reliance.						
5. I have a better understanding of spiritual matters.						
6. I more clearly see that I can count on people in times of trouble.						
7. I established a new path for my life.						
8. I have a greater sense of closeness with others.						
9. I am more willing to express my emotions.						
10. I know better that I can handle difficulties.						
11. I am able to do better things in my life.						
12. I am better able to accept the way things work out.						
13. I can better appreciate each day.						
14. New opportunities are available which wouldn't have been otherwise.						
15. I have more compassion for others.						
16. I put more effort into my relationships.						
17. I am more likely to try to change things which need changing.						

18. I have a stronger religious faith.						
19. I discovered that I'm stronger than I thought I was.						
20. I learned a great deal about how wonderful people are.						
21. I better accept needing others.						

Adapted From: Tedeschi, R. G., & Calhoun, L.G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. Journal of Traumatic Stress, 9, 455-471.

APPENDIX E: SPIRITUAL WELL-BEING SCALE

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree	D = Disagree
MA = Moderately Agree	MD = Moderately Disagree
A = Agree	SD = Strongly Disagree

1. I don't find much satisfaction in private prayer with God. SA MA A D MD SD
2. I don't know who I am, where I came from, or where I'm going. SA MA A D MD SD
3. I believe that God loves me and cares about me. SA MA A D MD SD
4. I feel that life is a positive experience. SA MA A D MD SD
5. I believe that God is impersonal and not interested in my daily situations. SA MA A D MD SD
6. I feel unsettled about my future. SA MA A D MD SD
7. I have a personally meaningful relationship with God. SA MA A D MD SD
8. I feel very fulfilled and satisfied with life. SA MA A D MD SD
9. I don't get much personal strength and support from my God. SA MA A D MD SD
10. I feel a sense of well-being about the direction my life is headed in. SA MA A D MD SD
11. I believe that God is concerned about my problems. SA MA A D MD SD
12. I don't enjoy much about life. SA MA A D MD SD
13. I don't have a personally satisfying relationship with God. SA MA A D MD SD
14. I feel good about my future. SA MA A D MD SD
15. My relationship with God helps me not to feel lonely. SA MA A D MD SD

16. I feel that life is full of conflict and unhappiness. SA MA A D MD SD

17. I feel most fulfilled when I'm in close communion with God. SA MA A D MD SD

18. Life doesn't have much meaning. SA MA A D MD SD

19. My relationship with God contributes to my sense of well-being. SA MA A D MD SD

20. I believe there is some real purpose for my life. SA MA A D MD SD

APPENDIX F: ROTTER'S LOCUS OF CONTROL SCALE

For each question select the statement that you agree with the most.

1. a. Children get into trouble because their patents punish them too much.
   b. The trouble with most children nowadays is that their parents are too easy with them.

2. a. Many of the unhappy things in people's lives are partly due to bad luck.
   b. People's misfortunes result from the mistakes they make.

3. a. One of the major reasons why we have wars is because people don't take enough interest in politics.
   b. There will always be wars, no matter how hard people try to prevent them.

4. a. In the long run people get the respect they deserve in this world
   b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

5. a. The idea that teachers are unfair to students is nonsense.
   b. Most students don't realize the extent to which their grades are influenced by accidental happenings.

6. a. Without the right breaks one cannot be an effective leader.
   b. Capable people who fail to become leaders have not taken advantage of their opportunities.

7. a. No matter how hard you try some people just don't like you.
   b. People who can't get others to like them don't understand how to get along with others.

8. a. Heredity plays the major role in determining one's personality
   b. It is one's experiences in life which determine what they're like.

9. a. I have often found that what is going to happen will happen.
   b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

10. a. In the case of the well-prepared student there is rarely if ever such a thing as an unfair test.
    b. Many times exam questions tend to be so unrelated to course work that studying in really useless.

11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
    b. Getting a good job depends mainly on being in the right place at the right time.

12. a. The average citizen can have an influence in government decisions.
    b. This world is run by the few people in power, and there is not much the little guy can do about it.

13. a. When I make plans, I am almost certain that I can make them work.
    b. It is not always wise to plan too far ahead because many things turn out to- be a matter of good or bad fortune anyhow.

14. a. There are certain people who are just no good.
    b. There is some good in everybody.

15. a. In my case getting what I want has little or nothing to do with luck.
    b. Many times we might just as well decide what to do by flipping a coin.

16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
    b. Getting people to do the right thing depends upon ability. Luck has little or nothing to do with it.

17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.
    b. By taking an active part in political and social affairs the people can control world events.

18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
    b. There really is no such thing as "luck."

19. a. One should always be willing to admit mistakes.
    b. It is usually best to cover up one's mistakes.

20. a. It is hard to know whether or not a person really likes you.
    b. How many friends you have depends upon how nice a person you are.

21. a. In the long run the bad things that happen to us are balanced by the good ones.
    b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

22. a. With enough effort we can wipe out political corruption.
    b. It is difficult for people to have much control over the things politicians do in office.

23. a. Sometimes I can't understand how teachers arrive at the grades they give.
    b. There is a direct connection between how hard 1 study and the grades I get.

24. a. A good leader expects people to decide for themselves what they should do.
    b. A good leader makes it clear to everybody what their jobs are.

25. a. Many times I feel that I have little influence over the things that happen to me.
    b. It is impossible for me to believe that chance or luck plays an important role in my life.

26. a. People are lonely because they don't try to be friendly.
    b. There's not much use in trying too hard to please people, if they like you, they like you.

27. a. There is too much emphasis on athletics in high school.
    b. Team sports are an excellent way to build character.

28. a. What happens to me is my own doing.
    b. Sometimes I feel that I don't have enough control over the direction my life is taking.

29. a. Most of the time I can't understand why politicians behave the way they do.
    b. In the long run the people are responsible for bad government on a national as well as on a local level.

Source: Rotter, J. B. (1966) Generalized expectancies for internal versus external control of reinforcement. *Psychological Monographs: General and Applied, 80*, 1-28.

APPENDIX G: ROSENBERG SELF-ESTEEM SCALE

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1. On the whole, I am satisfied with myself.

Strongly Agree Agree Disagree Strongly Disagree

2. At times I think I am no good at all.

Strongly Agree Agree Disagree Strongly Disagree

3. I feel that I have a number of good qualities.

Strongly Agree Agree Disagree Strongly Disagree

4. I am able to do things as well as most other people.

Strongly Agree Agree Disagree Strongly Disagree

5. I feel I do not have much to be proud of.

Strongly Agree Agree Disagree Strongly Disagree

6. I certainly feel useless at times.

Strongly Agree Agree Disagree Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Agree Agree Disagree Strongly Disagree

8. I wish I could have more respect for myself.

Strongly Agree Agree Disagree Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.

Strongly Agree Agree Disagree Strongly Disagree

10. I take a positive attitude toward myself.

Strongly Agree Agree Disagree Strongly Disagree

Source: Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton

University Press.