

## Academic/Research Article

# Reclaiming Sexual Empowerment after Childhood Sexual Abuse

By Anita Lynch



## Literature Review

Irish attitudes to sex, religion, emotional expression, and authority have drastically changed in the last decades as a result of the influence of modernism. In this context, these topics require critical understanding in counselling (O'Morain et al., 2012). Numerous studies have demonstrated that the effects of CSA on adult sexuality are likely to be severely detrimental (e.g. see Kendall-Tackett, et al., 1993; Noll et al., 2003; Nurcombe, 2000). More than any other type of childhood trauma, CSA is believed to have an impact on an adult's sexual health and is linked to greater sexual dysfunction and lower sexual satisfaction as an adult, as well as to higher degrees of sexual compulsivity and sexual risk behaviours, according to research published over the past ten years (Bigras et al., 2020).

In Ireland, the SAVI report revealed that 30% of women and 24% of men experienced some form of sexual abuse before the age of 17 (McGee et al., 2002). Træen & Sørensen (2008) argue that the most challenging aspect of healing from trauma may be reclaiming a stolen body, as the wound won't mend on its own. Survivors were discovered to be more inclined to view their bodies as a source of suffering as opposed to a source of sexual pleasure (Godbout et al., 2020). The desire for sexual pleasure is likely to be suppressed by feelings of shame and intimacy issues are more likely to be closely related to abuse (Coleman et al., 2008).

## Introduction

According to the World Health Organization, (1999); Gewirtz-Meydon & Fir-Lovee, (2021), Childhood sexual abuse (CSA) is defined as: any sexual activity involving a child and an adult or another child who because of their age or stage of development holds a position of power or trust over the child. This abusive behaviour is undertaken for the sexual gratification of the perpetrator.

Sexuality encompasses more than just sexual orientation or preference. Hawkins et al., (2011) state, an essential component of our well-being is our sexuality in fact, they claim that our sexualities, sexual preferences, and sexual experiences determine who we are. Indeed, they further note that it is common to misunderstand the word "sexuality", because of this, it may be challenging to understand

how women's empowerment and sexuality are intimately related.

Sexual empowerment is defined as a psychosocial process enabling individuals to make informed decisions about their sexuality, which includes rejecting unwanted behaviours and nurturing sexual desires (Grose et al., 2020; Peterson, 2010).

After an extensive review of the literature, a gap was discovered on the theme of reclaiming sexual empowerment in survivors of CSA from an Irish therapeutic perspective. This research aims to establish potential barriers for adult survivors of CSA in reclaiming their sexual empowerment in an Irish therapeutic setting. The hope for this study is to add a valuable contribution to the literature in terms of improving survivors' experiences in an Irish therapeutic setting around sexual empowerment.

Maltz (2002) states sexual healing is a liberating process that enables survivors to deal with and resolve sexual issues brought on by prior trauma. However, Love & Faber (2017) state that discussing sex and sexuality in therapy is typically challenging and complex for both clients and therapists. Hawkins et al., (2011), argue that the most private and intimate part of who we are is our sexuality. They warn therapists not to ignore or further marginalise survivors whose concept of sexual empowerment might be different to their own.

Recent studies have shown that far from being rendered permanently crippled by their experiences, many adult CSA survivors are able to heal and move forward with their lives, (e.g. see Vilenica et al., 2013). The majority of earlier research on CSA focussed on female survivors. This makes it challenging to determine the prevalence of CSA among men due to under-reporting (Winder, 1996). Meaning-making seems to be a crucial aspect of recovery and development following this trauma (Park, 2010; Vilenica et al., 2013). Wheeler (2000) reminds us that a therapist's efficacy and competence are not causal with the therapeutic approach they use.

### Methodology

A qualitative methodology was used to understand the reclaiming of sexual empowerment and personal experiences of survivors of CSA from the experiences of therapists. Prosman et al., (2013) claim that qualitative research methods are preferable when seeking to comprehend the needs of abused women.

### The Participants

Six participants responded to an advertisement. Adhering to the inclusion/exclusion criteria for professional and ethical safety. All

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participants were Irish, and female aged between 35 and 55 years old. Their therapeutic modalities ranged from Person -Centred, Psychodynamic, Integrative, Adlerian and Eye Movement Desensitization and Reprocessing.

### Data Collection

Data was collected via semi-structured interviews consisting of ten questions derived from the available literature. Participants were emailed a research pack including briefing and consent materials. Interviews were conducted online using Zoom and lasted between 25 and 40 minutes, were recorded and then transcribed. Recordings and transcripts were deleted following completion of the studies.

### Data Analysis and Interpretation

The data was analysed using Interpretive Phenomenological Analysis (IPA), a methodology for data analysis and interpretation growing in popularity in a variety of fields including the health sciences. IPA is considered a relatively new methodological technique, which has its roots in psychology (Oxley, 2016).

### Ethical Considerations

Although the participants were qualified psychotherapists, consideration was given that they may themselves be survivors of CSA. A debriefing service was offered should participants need to talk after the interviews. Participants names have

been anonymised to preserve confidentiality.

### Findings

All participants responded similarly when asked to describe their understanding of CSA, sexuality and sexual empowerment. However, Carol stated: *Ultimately I think when children are sexually abused, it's not just sexual abuse, it's nearly the rape of their soul...because of the long-term impact and the damage that it does to their whole psyche.* In their own way, interviewees voiced their subjective experiences of why clients were not reclaiming their sexual empowerment.

Five themes emerged from the data analysis; 1) The Impact of CSA on Sexuality, 2) Irish Culture, 3) the Irish Therapist, 4) CSA Training deficiencies and, 5) Meaning making.

### Theme 1- Impact on sexuality

Three participants identified themselves as survivors of CSA, two did not comment, although stated they specialize in this area. Olivia acknowledged the differences based on gender; *For males... there's a real prevalence of increase in sexual acting out and the use of pornography...for the female clients that I have, their experiences of sexual abuse... they have detached from their sexual self.*

For Yasmin, it was the interruption that led to a dysfunctional connection to their client's sexuality; *...the dysfunctional connection that's made when there's a sexual abuse or a sexual act to a minor, then there's a disconnect of what sexuality is...that connection is... badly formed... Interrupted.*

Linda disclosed being a survivor of CSA, illuminating views on how sexuality is skewed; *...thinking about the cases I've had, or my own experience of childhood sexual abuse, I'd say that it definitely, can*

*make things a lot more difficult for you in life....my view of sex and sexuality...was very skewed.*

Hazel, who had no personal history of CSA, stated some clients sexuality is not impacted; *Sometimes it doesn't impact a person's sexuality. Sometimes it does. Many people who have experienced childhood sexual abuse have very healthy sexual relationships and a very healthy relationship with their sexuality.*

### **Theme 2 - Irish Culture**

Almost every element of our lives is impacted by sex, it can be a source of fulfilment or conflict, an intimate deed or one implicated with shame (Love & Faber, 2017). All participants expressed their belief that CSA is still a taboo subject for the majority of Irish people. Five of the participants stated Irish people are not at all comfortable talking about sex;

*Sara stated; It is to do with culture but there is a whole taboo about sex still. There is a taboo about anything to do with sex and I think child abuse is one of those things. It is so debased and it is so wrong that people can't comprehend that it happened.*

Four participants discussed how growing up under the influence of the Catholic Church led to oppression and shame about sex and sexuality. Particularly in the area of sexuality, the Irish Catholic Church was opposed to any encroachments on family life (Chamberlain, 1983).

Linda shared; *I come from a very strict Catholic background ... being an Irish citizen ... is a big barrier ... there's a lot of shame around sexuality, especially for women ... no sex outside marriage ... we certainly don't talk about what we do in it.*

Yasmin believes; *... because of the way we are in Ireland, we're very closed around the topic of sex and indeed sexual empowerment.*

### **Theme 3 - The Irish Therapist**

The strongest theme to emerge regarding Irish therapists when counselling is not being comfortable when talking about sex, CSA, their fears, biases and judgements. For both clients and therapists, discussing sex and sexuality in therapy is frequently a difficult task (Love & Faber, 2017).

Olivia queried; *how comfortable is the therapist to sit and talk to clients about pornography, masturbation, ejaculation, just the basic things, sexual basics.*

Findlay (2012) argues that sex is a typical cause of problems and a part of life. While discussing sex is widespread in media such as television, movies, books, and the internet, it is not always common in relationships and is infrequent in therapy, he posits that maybe it should be.

Hazel stated... *the barriers for therapists are their own personal history. Their own associations of shame around sex and sexuality ... that would be the biggest barrier.*

How therapists handle the subject of sex can either open the discussion or close it. An environment of safety can be created by the therapist's open-minded, non-judgmental, and affirmative approach to discussing sexual topics (Love & Faber, 2017).

Sara believes there is a ... *huge fear element. A fear of it, because it is something that has to be reported ... You have to go and deal with guards ... you have to deal with TUSLA.*

Whilst Yasmin makes this suggestion; *The ability to sit in discomfort, sometimes its uncomfortable ... it's a heavy topic ... you got to know your limits, if you are sitting there struggling, you've got to refer. It's an artform.*

When a client discloses sexual assault, many counsellors are appalled (Courtois, 1988; Knight, 1997; Jones, 1998). Carol shared

her clients experience of one client stating;

*... he experienced horrific CSA by his mother and he kind of blocked it out ... he began to have flashbacks ... went to a counsellor and said that he was sexually abused by his mother and the counsellor said, 'Mothers don't do that to their sons', so he left and never went back to therapy until he was in his 30s.*

### **Theme 4 – CSA Training Deficiencies**

All participants voiced their concerns about the lack of training in Ireland on CSA and sexuality in their undergraduate and postgraduate degrees, with some opting for specialised training or further training abroad. Studies support a positive correlation between the level of training in sexual issues and sexual intervention self-efficacy and the degree to which therapists discuss this subject with clients and their comfort in doing so (e.g. see Byers, 2011; Miller & Byers, 2008 and Love & Faber, 2017). Indeed, Yasmin shared; *I don't know does it even come up in most trainings ... did I do anything on sexual empowerment? No. That's actually the important bit, is the other side of it. Linda mirrored this stating that; ... a lot of therapists are not equipped ... the trainings are not covering it effectively ... and from Olivia;*

*... there's such a void there in terms of information ... training, it's like a massive area ... we don't have degrees in sexology ... no degrees in psychosexual training ... they are not trained in sex education or sexuality or sex positivity ... the empowerment piece ... we need much diverse training, much broader training ...*

Sara further suggested that; *You can't study sex therapy in Ireland. There is nowhere to study it ... I really think the training in sex*



education with child abuse should be mandatory across the colleges. It should be at least minimum one module.

Two participants disclosed different experiences of attending training at the Rape Crisis Centre (RCC), a service which provides counselling, training and additional services to people who have experienced sexual assault, rape or CSA (Dublin Rape Crisis Centre, 2023). Olivia shared having to go abroad for training; *Most therapists are going to the UK, I've gone to the UK for some of my training because it's just not available here, so that's a huge barrier.*

### Theme 5 – Meaning Making

The participants were asked if reclaiming sexual empowerment is meaningful to clients. They all responded affirmatively and shared how they thought it was meaningful. “Meaning making” refers to the active process of transformation or reconstruction of inner global perceptions (Joseph & Lindley, 2005; Park & Ai, 2006; Vilenica et al., 2013).

Olivia stated; *... absolutely ... empowering piece, is having intimacy, sensation, pleasure, eroticism for yourself, with yourself and with a partner but not for them ... so that's huge.* Linda echoed this sentiment with; *Absolutely ... I think working through it in therapy is essential to have a happy fulfilling life.*

However, Olivia reflected deeply on the use of the word “reclaiming”;

*I know you use the term “reclaim” and I love that word but on the other hand, I often feel that it's not that they are reclaiming something, because they never actually had it ... its more that they are finding it for the first time.*

### Discussion

The findings provided rich insight into the barriers Irish therapists

experience when working with sexually abused clients and reclaiming client sexual empowerment. Few authors have written directly about the challenges faced by counsellors working with this demographic, despite the possibility that counsellors will frequently encounter sexual abuse survivors (Jones et al., 1998; Knight, 1997; Lindy et al., 1994; Parisien & Long, 1994; Pearlman & Saakvitne, 1995b).

The data suggests a strong correlation with the opinion of Maltz (1995b) in relation to sexual healing discussed earlier. Developing a positive sexual self-concept, quitting harmful sexual behaviours, coping with unpleasant reactions to touch, and learning new skills for experiencing touch and sexual sharing in safe, life-affirming ways are all common components of sexual healing.

Participants raised the issue of clients not feeling comfortable to talk about sex in therapy. Although they are aware of the significance of sexual difficulties in their life, clients frequently find themselves reluctant or unable to adequately express their ideas and feelings regarding these matters (Hall & Farber, 2001; Hill et al., 1993; Martin, 2006; Pope & Tabachnick, 1994; Love & Faber, 2017).

The discussion of sexual themes by clients can be difficult for therapists as noted by all participants. Their discomfort with these issues, which is frequently accompanied by a lack of adequate clinical training regarding sexual topics, may lead to avoidance behaviour that manifests as implicit signals to their clients that sexual matters simply don't need to be discussed in therapy to any great extent (Love & Faber, 2017). It follows that the aspects of sexual abuse that survivors need to express and process

the most, are also the ones that make the counsellor feel the most uncomfortable (Jones et al, 1998). Although asking directly about abuse can be stressful for many survivors, doing so is a necessary step in treatment because it breaks the cycle of denial and secrecy and allows for a discussion about the unpleasant feelings of shame and guilt that followed the abuse (MacIntosh et al., 2020; Gewirtz-Meydana & Ofir-Lavee, 2021). The intricate relationships between CSA and sexual health highlight the value of open dialogue between therapist and survivor to determine solutions that are most suited to their needs and unique experiences (Bigras et al., 2020).

Another concern for participants was the bias and judgements of therapists working with CSA survivors. Morrow & Diedan, (1992) argue that counsellors will be less susceptible to being influenced by inferential bias if they continuously check knowledge of their biases and work to lessen their vulnerability to prejudice during the counselling process.

Another participant shared how one counsellor negatively reacted to a client's disclosure and the long term impact of that for the client. Jones et al, (1998) acknowledge counsellors who work with clients who have experienced trauma from CSA have unique challenges or reactions. These reactions may jeopardize the client's welfare through a breakdown in the therapeutic alliance, denial or avoidance of the client's history of abuse, or a loss of boundaries between the counsellor and the client (Jones et al., 1998). Compared to clients who have encountered other types of trauma, clients who have survived CSA tend to elicit more personal responses from therapists (Faller, 1993; Jones et al, 1998). According to Lindy et al. (1994) and Pearlman &

Saakvitne (1995b), CSA causes counsellor reactions that are unique to the sexual abuse itself. These responses depend on the client, the counsellor, the treatment model, and their worldviews. They alter counsellor reactions, which can have an adverse effect on treatment success and possibly cause client harm (as cited in Jones et al., 1998). MacIntosh et al. (2020), warn that therapists may unintentionally validate the negative internal working models that emerged after the abuse regarding the client's self (e.g., You are to blame for the abuse, sex is taboo, etc.) by failing to ask direct questions about the abuse or about sexual functioning. (Gewirtz-Meydana & Ofir-Lavee, 2021).

All participants stated they believed reclaiming sexual empowerment is important and meaningful for clients. This is consistent with Bogar & Hulse-Killacky, (2006); Vilenica, Shakespeare-Finch & Obst, (2013), stating both genders have cited changing one's perspective on oneself as being crucial to recovering from CSA including modifying outdated self-perceptions, acknowledging and connecting with the CSA's impact on their life and sense of self, and letting go of previous self-beliefs. For meaningful change to happen, both the therapist and the client must be aware that this process requires time, effort, patience, and most importantly, compassion (Vilenica, Shakespeare-Finch & Obst, 2013).

The lack of training was noted by all participants as a barrier for working with survivors of CSA. This is also well documented in the literature. In some countries, therapists report some exposure during postgraduate study and an internship, this training is frequently shallow and focuses more on sexual difficulties than good

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*(cited in Wheeler, 2000)*

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sexual functioning (Byers, 2011). But this has immediate clinical ramifications for how comfortable and capable therapists are to treat sexual content (Love & Faber, 2017). Pearlman & Saakvitne, (1995b) recommend that graduate programs teach student therapists how to react professionally when working with sexual abuse survivors. Working in a supportive therapeutic partnership that fosters acceptance and non-judgement can give clients the safety they need to examine complex, frequently contradictory belief systems so that change may happen (Vilenica et al. 2013).

### **Recommendations for clinical practice**

The topics of CSA, sexuality and sexual empowerment needs to be addressed in undergraduate training as endorsed by participants. This is consistent with Jones et al., (1998) who argue, too frequently, mental health professionals lack the knowledge and training necessary to effectively engage with trauma survivors in general, much less those who have experienced CSA. This emphasizes the value of pursuing ongoing education to ensure that therapists are as knowledgeable and current as feasible (Love & Faber, 2017).

Participants raised concerns about therapists being uncomfortable when talking

about sex/CSA. The idea of being more direct and active in therapy sessions can be intimidating for therapists who have not received extensive training in sex, gender, and sexuality (Love & Faber, 2017). Increased exposure to didactics, supervision, and routine discussion can help therapists feel more competent to work through these areas with their clients (Love & Faber, 2017).

Participants spoke about therapists needing to know their limits and to refer on when they cannot hold the client; an effective counsellor is one who works with clients to generate a positive outcome or change in the clients' view or experience of themselves, or a reduction in unfavourable symptoms (cited in Wheeler, 2000). Ullman & Townsend (2008), found several approaches to working with survivors described by clinician's, including feminist, empowerment, client-centred, problem-oriented, crisis intervention, psychodynamic, crisis counselling, trauma treatment, and no specific treatment model were all used frequently. This fits within the pluralistic philosophy developed Cooper and McLeod, whom propose there is no right way of doing counselling and psychotherapy as no single theory that fits for clients (McLeod, 2018). They suggest therapists create and develop an integrative approach to therapy that builds on existing models of therapy, which would suit the needs of different clients, at different times.

### **Conclusion**

The findings highlight an important gap in the body of knowledge and the need for further research, on adult survivors of CSA reclaiming sexual empowerment. This study lays the groundwork for further investigation into the barriers of reclaiming sexual empowerment in

an Irish therapeutic environment. There is a critical need for more study that focuses on recovery from CSA. Future research would benefit from including the experiences of male survivors, as the majority of previous studies have focussed on female participants. Therapists who have had success working with survivors could make the greatest contributions to future research. The field of mental health would benefit significantly from practitioner-conducted research that outlines the benefits and drawbacks of various treatment modalities in helping clients reclaim

their sexual empowerment after surviving CSA. 

### Anita Lynch

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