

SOUTH EASTERN CENTRE AGAINST SEXUAL ASSAULT

Understanding the Impacts of Childhood Sexual Abuse on Sexuality

A Review of the Literature

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Consistent in all the studies discussed are results that suggest child sexual abuse is experienced by a significant number of women (Lancelle et al., 2012). In addition, Watson et al. (2012) highlights that sexual abuse disproportionately affects women and children. The associated consequences of child sexual abuse may continue long into adulthood effecting women's sexual satisfaction, intimacy, long term relationships, their sexual self-esteem and the way they view their bodies. Additional consequences of childhood sexual abuse on women include adult sexual revictimisation, involvement in high-risk sexual behaviours, and avoidance of sex. Maltz (2002, p.321) states 'sexual abuse involves the profound betrayal of human trust and affection which negatively influences future relationships'. Cognitive theories propose that female sexual abuse survivors learn maladaptive ways of coping with life experiences that affect the way that they view themselves, their world and others (Filipas & Ullman, 2006, p. 653). Maltz (2002, p.323) finds that the impact on sexuality can be interpreted as 'trauma reactions of hypersensitivity, withdrawal, dissociation and avoidance'. Female survivors are either experiencing negative reactions when they engage in sex or alternatively they are attempting to avoid reliving their sexual assault experience (Maltz, 2002).

For the purpose of this literature review the definition of sexual abuse will encompass any behaviour of a sexual nature that makes someone feel uncomfortable, frightened, intimidated or threatened. It is sexual behaviour that someone has not agreed to, where another person uses physical or emotional force against them (Victorian Centres Against Sexual Assault, 2014). Green (1996, p.73) defines child sexual abuse as 'the use of a child under the age of 18 years as an object of gratification for adult sexual needs and desires'. Victorian Legal Aid (2014) outlines sexual assault to include 'rape, incest, child abuse, and unwanted sexual behaviour, for example, unwanted kissing and touching'. In

addition, The Victorian Legal Aid (2014) states that sexual assault 'also includes behaviour that does not involve actual touching'. For example, forcing someone to watch masturbation or pornography is also sexual assault (Victorian Legal Aid, 2014). Calangelo and Keefe-Cooperman (2012) recognise that women's sexuality is illustrated through both internal feelings and external behaviours. Sexuality encompasses how people feel about their bodies, their capacity for sexual feelings, how they choose to express sexual energy and who they prefer to share their sexual feelings with. Sexuality incorporates intimacy, communication, pleasure and feeling.

South Eastern Centre Against Sexual Assault (SECASA) provides therapeutic counselling services to survivors of sexual assault and family violence. In addition, SECASA also deliver workshops, group therapy and community education. The purpose of this literature review is to update previous research findings that influence the delivery of the SECASA workshop titled *Reclaiming your Sexuality after Childhood Sexual Assault*. The objective of the workshop is for women to explore and gain knowledge, in a group setting about how their experience of childhood sexual assault has impacted their sexuality in adulthood. The workshop aims to unpack participant's sexuality through psychoeducation by helping them to understand why they feel and do what they do. The workshop involves discussing sexual arousal, response and satisfaction, adaptive behaviours, communication, receiving affection and assertiveness. In addition, the workshop aims to create a new meaning for sex by identifying false and healthy ideas about sex, adopting a clean slate philosophy and gaining control over automatic responses and triggers. It is intended that this review will influence the content and delivery of future workshops. Additionally, the findings will inform and relate to other work in the field.

Review of the Findings: Impacts of Childhood Sexual Assault on Sexuality

Severity of Abuse

Sawer and Durlark (1996) confirm that particular elements of the abuse experience, such as the relationship between the victim and the perpetrator and the nature of the sexual assault, influence the victim's later adjustment in sexual relationships and their personal experience of sexuality (Sawer & Durlark, 1996). Specifically, Sawer and Durlark (1996) report that abuse by a close relative as opposed to by a stranger, sexual penetration in comparison to non-penetrative abuse and the use of physical force during the abuse are associated with an increase in adult sexual problems. Furthermore, findings regarding other characteristics of childhood abuse, including the victim's age and the duration and frequency of the sexual abuse are also identified to be influential. Similarly, Lemineus and Byers (2008) found that child sexual abuse involving penetration was associated with more negative sexual functioning in comparison to child sexual abuse that involved fondling only. These results suggest that the degree or level of the sexual intrusiveness has an impact on women's sexuality (Lemineus & Byers, 2008). Rellini et al. (2012) sample of 192 women, aged between 18 and 25 years recruited through in an Internet survey found that the severity of childhood sexual abuse was negatively associated with relationship satisfaction. Supporting the research of Lemineus and Byers (2008) and Sawer and Durlark (1996), Merrill et al. (2003) suggests that severity is associated with maladaptive coping strategies. For example, it is argued that women who experience sexual assault involving penetration and the use of physical force report greater use of avoidance strategies such as, avoidance of sex and sexual thoughts. This could be demonstrated by the female survivor insisting to sleep on the couch or constantly being too busy or tired for sexual contact if she is in a long-

term relationship. Oppositely, if the woman is single she might avoid dating or social events. Similarly, research suggests (Merill et al., 2003) that other factors including the frequency and duration of the abuse is associated with self-destructive coping strategies. Self-destructive coping strategies might include the use of drugs such as alcohol or having a number of casual sexual partners in an attempt to have a positive sexual experience. In contrast, Noll, Tickett and Puttnam (2003, p.583) prospective investigation into the impact of childhood sexual abuse on the development of sexuality found that if the female victim was not physically forced into adult-child sexual relation she was more likely to consider herself a willing participant and engage in self-blame to a greater degree. Participants included 84 sexually abused participants and 82 comparison participants ranging in ages 6- 17 years. Noll, Tickett and Puttnam (2003) identified that this guilt and self-blame may result in considerable confusion about issues surrounding sexual arousal and may contribute to the development of sexual ambivalence. It is important to note that no abuse experience is unimportant or insignificant. Noll and his colleagues (2003), emphasise that despite the severity, patterns of sexual distortion can arise for all female survivors of child sexual abuse.

Triggers

Salter (1995) explains that when the sexual assault occurs in childhood the child typically internalises the messages communicated to them by the offender. These messages frequently remain unconscious in the child's mind until the sexual assault is triggered by a future situation that in some way replicates the experience (Salter, 1995). Consequently sexual activity post assault can be associated with feelings of humiliation, exploitation, danger and secretiveness and shame (Schiraldi, 2009). Lemieus and Byers (2008) study of 270 female undergraduate university students measured the sexual

well-being of women who had experienced child sexual abuse. Lemieus and Byers (2008) study gathered demographic information in addition to collating information regarding the participant's sexual histories such as frequency of intercourse, casual sex, unprotected sex, the contraction of sexually transmitted diseases and unintended pregnancies. In addition, participants in the Lemieus and Byers (2008) study completed The Sexual Opinion Survey, The Sexual Self-Esteem Inventory and The Sexual Self-Schema Scale to measure cognitive affective sexual appraisals. Findings indicated through the process of classical conditioning women who have experienced childhood sexual abuse pair their sexually abusive experience with damaging 'cognitive, emotional and physical responses', such as fear and pain (Lemieus & Byers, 2008, p.127). Furthermore, Lemieus and Byers (2008, p.127) state 'over time, though the process of first and second order conditioning along with stimulus generalisation, these conditioned negative responses may be triggered by a wide array of stimuli and lead to a range of behaviours aimed at avoiding painful thoughts, feelings and memories.' For example, Marendaz and Wood (1999) identify that the emotional closeness of a committed relationship can be frightening and uncomfortable for the survivor. A relationship may replicate the sexual expectations that existed in the ongoing sexual assault situation that they experienced as a child. Even if the survivor's current partner is trusted, certain smells or circumstances can trigger painful memories of a previous sexual assault experience. For example, Schiraldi (2009) identify that the smell of semen can trigger painful memories. Similarly certain ways of being touched, even non-sexual touches, or certain positions taken by the partner during sex can trigger traumatic memories. Likewise, if the victim climaxed during the sexual assault, climaxing can also become associated with the traumatic memory (Schiraldi, 2009).

Merrill et al. (2003, p.987) defines adult sexuality that has been shaped by child sexual abuse as 'traumatic sexualisation'. Traumatic sexualisation results in the individual associating sexual activity with negative feelings such as fear, anger, disgust and powerlessness. For example, a woman who was sexually assaulted in childhood may be conditioned to partner sex with negative emotions and memories. These negative emotional reactions may subsequently generalise to non-abusive sexual experiences (Merrill et al., 2003). Consequently, sexual dysfunction such as phobic reactions to sexual intimacy and avoidance of sex may result (Merrill et al., 2003). Conversely, in other cases the child sexual abuse experience may teach the child to associate rewards, attention and affection with sexual behaviour (Merrill et al., 2003).

Schiraldi (2009, p.331) defines disgust as a 'strong aversion to something perceived as dangerous because of its powers to contaminate, infect, or pollute by proximity, contact or injection'. Disgust is an adaptive emotion and can serve, as a protective factor by keeping away something that is harmful. The emotion of disgust may be accompanied with physical sensations such as nausea, queasiness or feeling sick and thoughts such as "it makes my skin crawl", "it give me the creeps". The principle of classical conditioning provides a theoretical understanding of how a non-threatening stimulus can become threatening when it is associated with an abuse experience. For example, survivors of sexual assault may experience negative feelings of disgust when they experience touch that they associate with their experience of sexual assault, even if the touch is unthreatening (Coady & Lehmann, 2011). The use of Albert Ellis ABCD model can help clients understand the relationship between our thoughts, feeling and behaviours following a triggering event. Coady and Lehmann (2011) demonstrate how the ABC model links cognitive theory to human functioning. Coady and Lehmann (2011) explain

that A is a significant event from the environment or a recalled memory, such as child sexual assault, B refers to the beliefs or covert behaviours, which can be rational or irrational, that the women uses to makes sense of the sexual assault, such as “sex is hurtful”. Finally, C is the behavioural or cognitive/emotional consequence of the interaction of A and B, for example resulting in avoidance of sex. Willows (2009, p.137) confirm ‘if our perception is that we are in danger, then we are more likely to change our behaviour accordingly’.

Briere (1996, p.133) states ‘most good therapy must acknowledge and honour the survivors competing needs to maintain safety and internal stability while at the same time open to new information and experience so that she can grow’. ‘Each new experience is an opportunity to create a new and positive memory’ (Schiraldi, 2009, p.326)

Behavioural Impacts of Childhood Sexual Assault

Avoidance and Social Withdrawal

‘When someone who is expected to be the child’s protector causes harm, and sexual boundaries are grossly distorted, the child may overgeneralise the abuse experience to all or most men, resulting in sexual and social withdrawal’ Noll, Tickett and Puttnam (2003, p.583). The DSM 5 Diagnostic criteria for PTSD list ‘Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world’ (p.272). Research suggests that the belief, “All men are no good” can lead to the survivor either avoiding all intimacy or oppositely permitting someone untrustworthy to enter their boundaries, since it is interpreted that they have no hope of finding a partner who is respectful (Schiraldi, 2009, p.328). Marendaz and Wood (1999) found that women establish a

sense of safety by avoiding sex. Likewise, Malts (2002) identifies that refraining from sex and avoiding sexual thoughts, at least for a short period may assist survivors in escaping the negative feelings, flashbacks and memories associated with childhood sexual abuse. Victims may find ways to avoid sexual relationships by wearing unattractive clothing, gaining weight or mutilating their bodies (Schiraldi, 2009, p.330).

Sexual Satisfaction

Childhood is an active period of growth and development (Willows, 2009; Oz & Ogiers, 2006). The way we learn about ourselves and the world around us in childhood is carried forward into adulthood and reflected in the way we view ourselves as a sexual being and the way we view relationships (Willows, 2009). Oz and Ogiers (2006) identifies those children who experience sexual abuse in their family home are deprived of the basic right to live in a safe and nurturing environment that promotes healthy development. 'If the family has provided a safe, responsive environment for the child's physical and emotional needs, the child as an adult can allow a sexual partner to approach and be open to what the partner offers' (Talmadge & Wallace, 1991, p. 166). Bartoi and Kinder (1998) identify that women typically have the opportunity to develop and explore their sexuality at their own pace. In contrast, women who were sexually assaulted in childhood may become confused about what is pleasurable to them (Bartoi and Kinder, 1998). Van Berlo and Ensink's (2000) review of the literature titled *Problems with Sexuality After Sexual Assault* identified that the majority of authors suggest that sexual assault in childhood impacts either the regularity or satisfaction of sexual contact in adulthood. Furthermore, Van Berlo and Ensink (2000) established that these problems with sexuality can persist long after the sexual assault has occurred. Leonard et al. (2008) conducted a study involving 22 women who were at least 18 years

of age, were currently involved in an intimate relationship and had experienced sexual assault before the age of 18 years. Results from the study indicated that 59% of their participants were satisfied sexually, in comparison 41% of the participants reported significant sexual dissatisfaction. In addition, Leonard et al. (2008) acknowledged that 45% of their participants fell within the clinical range of dysfunction with regards to achieving orgasm. Van Berlo and Ensink (2000) review of the literature concluded that the frequency of sexual contact typically declines after sexual assault. This study also reported that satisfaction and pleasure in sexual activities also decreases post sexual assault. This factor was identified to be particularly significant if another sexual assault experience had occurred in the past twelve months (Van Berlo & Ensink 2000). Kinzl, Traweger and Biebl (1995, p.790) stated that female orgasm 'requires the ability to be intimate, to confide in a partner, and to become dependent on another person without being afraid of the consequences'. Similarly, Noll, Tickett and Puttnam (2003) recognized negative associations with sex to inhibit sexual pleasure. Regardless of a negative attitude towards males and sexuality, Kinzl, Traweger and Biebl (1995) acknowledge that many child sexual abuse survivors existed in sexual relationships without enjoying sex. The DSM 5 Diagnostic criteria for PTSD list 'markedly diminished interest or participation in significant activities' (p.272). Low arousal and disinterest in sex potentially impacts female survivors ability to maintain long-term relationships (Kinzl, Traweger & Biebl, 1995).

Meston and Heiman (2000) concluded that women who had experienced sexual abuse in childhood were less likely to attribute positive meaning with sex and were increasingly more likely to describe themselves negatively. Additionally, Wenninger and Heiman (1998) discovered that women with a history of child sexual abuse considered

their bodies less sexually attractive when compared to women without a history of child sexual abuse. Furthermore, women with a history of child sexual abuse reported feeling angry and detached from their bodies during sex (Wenninger and Heiman, 1998). Colango and Keefe-Coopermann (2012) identify that the experience of child sexual abuse for women is likely to result in a negative cognitive self-perception. Colango and Keefe-Coopermann (2012) recognise the importance of interventions identifying and targeting negative thoughts.

Gaining Affection and Power through Sex

Child sexual abuse affects the individuals belief system about what is appropriate and inappropriate behaviour. (Filipas & Ullman, 2006). For example, Lancelle et al. (2012) and Gorey et al. (2001) assert that these beliefs arise from the child being rewarded for engaging in sexual activity that was inappropriate with regards to their developmental level. The child learns at an early age that their sexual availability is a powerful asset that assists them in gaining contact with or control over others (Briere, 1996). Briere (1996) finds that consequently many sexual abuse survivors report periods of compulsive or dysfunctional sexual behaviour. Similarly, Merrill et al. (2003, p.987) found that women who were sexually abused as children may use sex to achieve their non-sexual needs, for example 'seeking love through sex and sexualising nonsexual relationships and using sex to manipulate others'. Consequently, Merrill et al. (2003) identified that this can result in multiple casual sex partners or a pattern of recurrent sexual relationships. Merrill et al. (2003) identifies these behaviours as dysfunctional and maladaptive because the survivor engages in sexual activity to achieve additional needs outside of sexual satisfaction.

High-Risk Sexual Behaviour

Watson et al. (2012) study of 556 undergraduate university students measured the effect of child sexual abuse on women's body shame, sexual risk taking behaviour and sexual self-efficacy. Watson et al. (2012) identified sexual risk taking behaviours to include; sexual acts without protection and sex under the influence of drugs and/or alcohol that could potentially result in unwanted pregnancies and the contraction of sexually transmitted infections. Watson et al. (2012) reports that if a woman views and treats herself as a sexual object she is less likely to draw boundaries and insist on the use of sexual protection. As a result she may place herself at a greater risk of engaging in unsafe sexual behaviours with partners (Watson et al. 2012). Van Berlo and Ensick (2002) study indicated that a number of participants engaged in an increased level of sexual activity after the sexual assault. However, Van Berlo and Ensink (2002) specified that this increase in sexual activity could be the result of the victim attempting to gain control over their sex life. In addition, the survivor may be attempting to reduce the negative memories of the sexual assault by replacing them with new memories (Schiraldi, 2009). Comparably, Merrill et al. (2003) report that sex may be used by women to escape the distress they are experiencing, resulting in a large number of casual sex partners. Van Roode et al. (2009) found that sexual risk taking behaviours were particularly elevated during 18 and 21 years of age.

Noll, Trickett and Putnam (2003) study revealed that abused participants were significantly younger at the time of the birth of their first child and were more likely to experience teenage pregnancy when compared to control participants. Noll, Trickett and Putnam (2003, p.582) suggest that female survivors of child sexual abuse may have a child to compensate for the 'feelings of inadequacy, loneliness and low-self-esteem' by

providing healing and redemption. For example, the female survivor may believe that she has the power to create children who will 'always love and never abandon her' (Noll, Tickett & Putnam 2003, p.583). In addition Noll, Trickett and Putnam (2003) findings support additional results that suggest childhood sexual abuse may be a risk factor for engaging in risky sexual activity at an early age. Noll, Trickett and Putnam (2003) suggest that it is possible that the negative sexual stigmas associated with childhood sexual abuse become integrated into the women's sexual self-concept and as a consequence can result in them feeling a compulsion to replicate certain sexual experiences learned from the abuse. These repetitions may be played out in situations that resemble the abuse, resulting in an inability for the women to develop non-sexual or emotional rewards from relationships (Noll, Trickett & Putnam, 2003). Furthermore, this can place victims in potentially risky or exploitative sexual situations (Noll, Trickett & Putnam, 2003).

Cameron (2000) explains that women who were sexually assaulted as children often seek numerous sexual partners during their adolescent years in an attempt to gain affection and love. As a consequence of their sexual assault history, sex and sexual touching is understood to an effective way to receive affection (Cameron, 2000). Similarly, Lancelle and his colleagues (2012) utilised a number of methods (Advertise Experiences Questionnaire and the Sexually Victimized Children Questionnaire) to investigate the cognitive impact of childhood sexual abuse. This study found that participants reporting childhood sexual abuse view sex as a necessary component for receiving affection (Lancelle et al., 2012). Lancelle et al. (2012) identified that associated sex with affection is why female survivors of child sexual abuse engage in high-risk sexual activity with one or many partners, often resulting in an 'oversexualisation' of

their relationship. 'It is possible that sexualised behaviour that is often found as a short term consequence of child sexual abuse, disappears in most cases over time' (Kinzl, Traweger & Biebl, 1995, p.790)

Wilsnack et al. (2004) and Briere (2001) affirm that research has repeatedly concluded that people, who use alcohol and other substances frequently and in large quantities, are at an increased risk of engaging in sexual activity, without the use of condoms in addition to having multiple sex partners over their life course. Briere (2001) found that sexually abused clients were ten times more likely to have a history of drug addiction and were twice as likely to have a past of alcoholism when compared to with a group of non-abused women. Congruently, Wilsnack et al. (2004, p.194) stated 'women who have experienced child sexual abuse are also more likely to be drinkers rather than abstainers, which in turn increases their likelihood of engaging in alcohol-related risky sexual behaviour and having larger numbers of sexual partners.' Wilsnack et al. (2004) suggest that the effects of the substance may reduce the women ability to resist sexual obligations.

Schemas Impacted by Childhood Sexual Assault

The relationship between child sexual abuse and feelings of helplessness, self-blame, devalued body image and low self-esteem has been documented in various studies (Briere, 2004; Schiraldi, 2009; Watson et al; Wolf, 1997; McKinley & Hayde, 1996; Willows, 2009; Kinzl et al, 1995). Sexual assault puts children's developing self-esteem at risk. Events in childhood shape the schema that we take into adulthood. For example, Willows (2009) defines a schema as a pattern or deeply held belief that we have about others and ourselves that has a profound and enduring influence on the way we think,

feel and behave. Schemas have their roots in childhood and adolescence, and can be significantly influenced by negative experiences, such as childhood sexual assault (Willows, 2009, p.139). Likewise, Coady and Lehmann (2011) identify that peoples learning histories become the essence of their views of the world. Constructivist theory puts forward that individuals embellish on historical events and relationships to create their own life perception (Coady & Lehmann, 2011).

Watson et al. (2012) identifies self-objectification, measured by body surveillance and body shame as an important variable that determines the way in which women, who have experienced child sexual abuse view and treat themselves as sexual objects. Objectification theory positions women in a sociocultural context in which they are viewed and treated as sexual objects (Watson et al., 2012; Talmadge & Wallace, 1991). The experience of being sexually objectified by the perpetrator may become internalised so that over time women view and treat themselves as sexual objects (Watson et al., 2012). Furthermore, Wolf (1997) acknowledged in her book titled *Promiscuities* that cultural messages also shape women sexuality. Wolf (1997) explains that women are encouraged to be sexually available and to objectify themselves by not negotiating and communicating their sexual desires or outlining their sexual boundaries. Furthermore, social standards suggest that women's bodies exist for male desire (McKinley & Hayde, 1996). Wolf (1997) suggests that a sexualised view of one's self may identify why women who have experienced sexual assault in childhood have reduced sexual self-efficacy and increased sexual risk taking behaviours. Furthermore, Schiraldi (2009) proposes that if a women's body was treated as objects in the past, it is difficult for her to see herself as attractive. This may result in the women becoming obsessed with having a 'perfect body' and despite successful exercise and dieting and reassurance from

others, she may still feel ashamed, dirty and ugly (Schiraldi, 2009, p.330). Gorey, Richer and Snider (2001) reported that a large percentage of female survivors of child sexual abuse meet the diagnostic criteria for an eating disorder including anorexia nervosa or bulimia. In contrast two thirds reported compulsive eating or obesity (Gorey, Richer & Snider, 2001).

Intimacy

Research demonstrates that survivors of sexual abuse reported a disruption of intimacy, which related to their sexuality and to the caring and emotional closeness of their sexual relationships (Schiraldi, 2009). Schiraldi (2009) defines intimacy as the sharing of what we are really like, who we are, and what we have been through. For example, two people become intimate when they truly know each other and, it is suggested, like and accept one another and their faults as well as their positive attributes (Schiraldi, 2009). Meston et al. (2006) study of 119 women including 48 survivors of child sexual abuse and 71 female control participants found that child sexual abuse survivors viewed themselves as less romantic and passionate in comparison to women who were not abused. Childhood sexual abuse often leads to a persistent impairment in a survivor's ability to identify and name their feelings (Cloitre et al., 2006). At the time of the abuse the child may have had their feelings minimised because if did not feel safe to express, name and label their emotions. This is especially true if the women experienced dissociation during the abuse event and was detached from her feelings. Dissociation is an adaptive way for the child to cope with the sexual abuse when they are experiencing overwhelming physical or emotional trauma (Talmadge & Wallace, 1991). Oz and Ogiers (2006) identify that many child sexual abuse survivors remain dissociated into adulthood. This explains why the survivor feels confused about what they feel and are

unable to label their emotions and communicate them to their sexual partner (Oz & Ogiers, 2006). Furthermore, Maltz (2002) asserts that this unwillingness to be vulnerable and intimate results in difficulty establishing and maintaining intimate relationships.

Relationships, Marital Dissatisfaction and Communication

Women who have been sexually assaulted in childhood often seek relationship counselling later in life (Maltz, 2002). Oz and Ogiers (2006) assert that the betrayal of trust involved in child sexual abuse means that intimate relationships will introduce additional challenges for female survivors. Several authors identify (Schiraldi, 2009; Maltz, 2002) that women who have experienced childhood sexual abuse have more relationship difficulties such as divorce. Female survivors experience low self-esteem and feel that they are undeserving of a healthy relationship where they are loved and their feelings are listened to (Oz & Ogiers, 2006). In addition, female survivors typically avoid intimacy and withhold trusting for an extended period (Schiraldi, 2009; Oz & Ogiers, 2006). Survivors may not have learned the social and interpersonal skills to deal acceptably with an adult relationship (Filipas & Ullman, 2006, p. 653). Feiring, Simon and Cleland (2009) highlight that it is often when long-term relationships are formed that a lack of emotional fulfilment is realised. Lemieux and Byers (2008) report women who have experienced child sexual abuse may receive inaccurate or damaging ideas about their sexuality and sexual relationships through the process of modelling, reinforcement and punishment by the perpetrator. Cameron (2000) identifies that childhood conditioning pairs sexuality with abusive men who often display dominating and cruel personalities. Being controlled by their partner follows logically from trauma where choice and control were taken away (Schiraldi, 2009). The result of this

conditioning habitually sees women remaining in relationships and marriages even when they feel unhappy.

Maltz (2002) emphasises that partners of female survivors of sexual assault would benefit from receiving education about the impacts of sexual abuse on sexuality. Marendaz and Wood (1999) identified that typically the partner has an unrealistic view of their sexual potential and consequently feels unfulfilled or frustrated. Therefore, if the partner understands the impacts of sexual assault on sexual functioning and learns strategies to help the survivor feel safer, this would assist the survivor in the process of healing and help them to feel supported (Maltz, 2002). Maltz (2002) suggests that the partnership must work to establish safety, equity and trust. Van Berlo and Ensink (2000, p.235) review of the literature titled *Problems with Sexuality after Sexual Assault* identified that a 'loving and understanding' sexual partner was seen to be a protective factor preventing problems with sexuality. What's more, intervention aimed at encouraging women to negotiate their sexual boundaries, preferences and desires may increase women sexual satisfaction in their relationships. Therefore, Maltz (2002) outlines the need for professionals to be familiar with sexual healing strategies and techniques that have been developed for female survivors in addition to techniques that can benefit their sexual partners (Maltz, 2002). For example, Maltz (1991) suggests that couples agree to abstain from engaging in sexual behaviour for an agreed period of time until the female survivor feels safe. Masters and Johnsons senate focus treatment techniques encourage the female to differentiate new sexual experiences from past childhood sexual assault (Merendas & Wood, 1999).

Larson and Lamont (2005) study of 622, never married female college students identified that the requirements and expectations that exist in the marital role are in

conflict with the women's self-concept and value system if they have experienced child sexual abuse. For example, a female survivor of child sexual abuse is likely to be resistant to self-disclose and be intimate, this could be demonstrated by thoughts and feelings such as "don't trust", "don't get close" (Larson & Lamont, 2005). This inconsistency is expected to cause much anxiety in women who have experienced child sexual abuse as they contemplate and prepare for the marital role or an intimate relationship where they are expected to express themselves emotionally (Larson & LaMont, 2005, p.417).

Revictimisation

Revictimisation is particularly concerning because as Filipas and Ullman (2006) report child sexual abuse survivors are at least twice as likely to be revictimised in adulthood in comparison to women who report no history of child sexual abuse. Filipas and Ullman (2006) also identify that revictimisation rates could be underrepresented because their study included college students who are still relatively young in comparison to a community sample. Likewise, Rich et al. (2004) identify child sexual abuse to be the strongest predictor of adult sexual abuse. In addition, Banyard and Williams (2007) longitudinal study of 80 women, with a documented hospital record of child sexual abuse identified lower resilience in women who experienced exposure to additional sexual abuse in-between the two interviews, positioned seven years apart. Maladaptive coping strategies such as substance use and multiple casual sex partners may lead to sexual revictimisation (Filipas & Ullman, 2006; Rich et al., 2004). Filipas and Ullman (2006) suggest abuse survivors are at greater risk of revictimisation due to women developing learned helplessness. Rich et al. (2004) also found that child sexual abuse survivors have impaired risk recognition and increased vulnerability. For example,

children survivors may have accepted that they were unable to stop the abuse and as a consequence felt helpless, powerless and learnt to accept what was being done to them, putting them at greater risk for revictimization (Filipas & Ullman, 2006).

Bartoi and Kinder (1998) study compared victims of sexual abuse under the age of 18 years with adult sexual abuse survivors and a control group with regards to their current sexual satisfaction, quality of their sexual relationships, sexual functioning and their interpersonal communication with sexual partners. Findings reported adult sexual abuse victims who were also victimised in childhood had significantly more difficulties in communicating with their partner (Bartoi & Kinder, 1998). In addition, Bartoi and Kinder (1998) found that revictimised women also experienced decreased pleasure during intercourse, had emotional detachment, organism dysfunction, and anxiety surrounding sexuality in addition to strong feelings of guilt about sex. Bartoi and Kinder (1998, p.85) found that 'child sexual abuse has a larger impact on adult sexuality in comparison to the sexual abuse occurring in adulthood. Bartoi and Kinder (2008) explain by means of developmental theory that sexual abuse disrupts the child's ability to develop sexually at their own pace. 'Physical and sexual experiences that were once innocent and wonderful become conflicted and confusing' (Schiraldi, 2009, p.330). In contrast, sexual abuse in adulthood can be damaging to the women's previous sense of power over her sexuality. For example, a previously gratifying act becomes associated with 'helplessness and loss of control' (Bartoi & Kinder, 2008, p.85). A traumatic event such as child sexual assault often results in the victim viewing the world in a new light. For example, survivors might consider themselves as worthless and undeserving. Furthermore other people could now seem untrustworthy, and relationships dangerous, while sex is confusingly different (Schiraldi, 2009, p.326). Both childhood sexual abuse

and adult sexual abuse will likely disrupt the women's adult sexual satisfaction and functioning. This is further compounded if a women experiences child sexual abuse in addition to revictimisation in adulthood (Bartoi & Kinder, 2008).

Practice Implications

A review of the literature has revealed that child sexual abuse can have negative impacts on a women's sexuality. The research has suggested a number of therapudic interventions working with survivors of child sexual abuse. Maltz (2002) suggests that professionals address more general effects of sexual abuse such as symptoms of post-traumatic stress disorder, anger, self-blame and trust concerns before moving onto sexuality. Maltz (2002) explains that the client is more likely to benefit from discussing sexuality when they have developed sound skills in self-awareness, grounding and assertiveness. Similarly Leonard et al. (2008) recommends the need for therapy to focus on the individual initially. This is particularly important if the sexual abuse survivor identifies current violence in her relationship or is experiencing a significant level of distress. Leonard et al. (2008) identified that individual treatment is positive as it assists the women in identifying her values and gaols. From there Leonard et al. (2008) suggests that individual treatment provides a solid platform for future intervention, in the form of couples or group therapy.

Yalom (1995) suggests 'group work is preferred over other forms of intervention, since connecting with other survivors provides members with a sense of hope, reduced isolation, information, the opportunity to help others and develop social skills, group cohesion, and an environment that promotes equality'. Kessler et al. (2003) critiques the outcomes of 13 studies on the treatment of adults who had suffered childhood sexual abuse and in doing so discusses specific mythological strategies and makes recommendations for future research. Findings suggest that group therapy is effective for survivors of childhood sexual abuse because it reduces symptoms, increases self-

esteem and results in participants feeling less ashamed and guilty by having contact with other victims. 'Normalisation occurs when the therapist shares information with the client regarding the relative commonness of abuse in our society, and thus the fact that she is not alone or particularly selected out for the abuse' (Briere, 2004, p.221). Hazzard, Rogers, and Angert (1993) found that experiencing similar abuse histories with other group members, and receiving some individual treatment prior to entering group were associated with better group treatment outcome.

Maltz (2002) identifies that the first step in sexual healing is helping women to make the connection between their present sexuality concerns and their past experience of childhood sexual abuse. Van Deusen and Carr (2004) study of group therapy finds that a psychoeducation model allows for all survivors in the group, who are at various levels of healing to increase their knowledge about common sexual assault effects and myths in addition to learning new coping strategies and exploring their feelings and experiences in a safe and supported environment. Schiraldi, (2009) identifies the benefit of normalising fear as a way to neutralise them. Psychoeducation allows female survivors to appreciate their fears as normal, understandable consequence of the trauma they have experienced.

Throughout this review it has been demonstrated that irrational beliefs as a consequence of child sexual abuse results in female survivors displaying dysfunctional behaviour that specifically affects their sexuality (Coady & Lehmann 2011). For example, Filipas and Illman (2006) identifies even after reaching adulthood and presumably becoming aware of the wrongness of what they experienced as children, a majority of women continue to blame themselves. Filipas and Ullman's (2006) study confirmed that more than half of the victims blamed themselves at the time the abuse occurred and

more than one third still blamed themselves into adulthood. Trauma Focused Cognitive Behavioural Therapy is an approach to therapy that seeks to change the thought patterns that lead to problematic behaviours. Coady and Lehmann (2011) demonstrate the important of professionals focusing on challenging and changing 'irrational or illogical beliefs'. Willows (2009) emphasises that child sexual abuse affects our view of the world and trust in other people in addition to constructing feelings of self-blame, devalued body image and low self-esteem. It is important to understand what underlying schemas have been established in childhood and carried into adulthood that the client has formed from their child sexual abuse. Normalising, validating and then challenging such schemas are likely to be an important part of treatment (Cloitre, Cohen & Koenen, 2006).

Coady and Lehmann (2011) identify the optimistic nature of behavioural therapy by highlighting that female survivors feel empowered by the perspective that if their behaviour has been learnt, then it can also be unlearned. In addition, women can be taught new behaviours if it was never learnt through interventions such as role plays and skills training. 'Clients are delighted that they are not crazy, but rather their learned behaviours are not working for them, and/or they are not getting the results they want' (Coady & Lehmann, 2011, p.231)

Society's perception of females and the prevalence of sexism also contribute to the prevalence of childhood sexual abuse (Wolf, 1997; McKinley & Hayde, 1996). Therefore, helping clients to build insight into how sociocultural contexts contribute to sexual objectification may result in reduced feelings of guilt. By understanding the sociocultural context, professionals may help their clients to understand how sexualised

messages may become internalised resulting in body shame and increased risky sexual activity.

Limitations of Review

There are a number of limitations that were evident when reviewing the literature on the impacts of childhood sexual abuse on sexuality. Such limitations should be taken into consideration when applying the above recommendations. For example, the samples used in a majority of the studies discussed are small and include women from high-risk populations such as clinical samples and student populations resulting in an overrepresentation of adverse sexual outcomes among child sexual assault survivors. For this reason, many sexual survivors in the community who are not experiencing sexual problems may have systematically been left out of these studies (Bartoi & Kinder, 2008). In contrast, Filipas and Ullman (2006) identified those samples of college students are likely to be highly functioning and have additional supports when compared to community samples. Colangelo and Keefe-Cooperman (2012) identify that the strengths of the women in addition to any mental health predispositions will influence the amount to which their child sexual experience affects their sexuality in adulthood. Furthermore, many of the samples were self-selected, determined by responses to advertisements calling for research participants and accounts of child's sexual assault experience were retrospective resulting in a sample that is not representative of the general population and recall bias (Bartoi & Kinder, 2008).

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