

**The Impact of Child Sexual Abuse on the Adult Couple  
Relationship: The Perspective of the Survivor attending for  
Therapy at an Irish Rape Crisis Centre.**

by

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## Declaration

I hereby certify that this material, which I now submit for assessment, on the programme of study leading to the award of *Doctorate in Psychotherapy* (DPsych) is entirely my own work, and that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others, save and to the extent that such work has been cited and acknowledged within the text of my work.

Name:

A photograph of a handwritten signature in blue ink on a light-colored surface. The signature is cursive and appears to read "Suzanne M. Allen".

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*To my mother and father for showing me the best of both worlds. My Mum, who always encouraged me to seek happiness, integrity and peace within myself, with or without an education. And my Dad, who was determined that I would continue to study until doctorate level had been achieved. Here it is Dad, despite the many hurdles. Thanks for believing in me.*

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## **Abstract**

### **The Impact of Child Sexual Abuse on the Adult Couple Relationship: From the Survivor's Perspective**

**Suzanne McClean**

This qualitative study explores the lived experiences of adult survivors of child sexual abuse (CSA), with specific regard to their experience of the impact of CSA on their adult couple relationships. A precise account of the prevalence of CSA is unachievable, as many incidences remain unreported. However, its undeniably high prevalence suggests that psychotherapeutic practitioners will benefit from achieving a heightened awareness of how CSA impacts on the lives of clients and on their adult couple relationships. This study utilized Interpretative Phenomenological Analysis (IPA) to analyze themes identified following in-depth interviews with ten adult survivors of CSA who were attending therapy at an Irish community-based rape crisis centre. Four master themes emerged; Protecting Myself from Emotional Pain, Reliving the Abusive Cycle, Living with the Burden of the Past and Discovering My Strengths. IPA was deemed an appropriate choice of research approach, in consideration of the silence and voicelessness often experienced by survivors of CSA. The concept of giving voice to these participants regarding their couple relationships, was at the foreground of this study, and therefore these findings have firsthand, authentic implications for therapeutic practice, both in individual and couple psychotherapy settings. By exploring both strengths and challenges in the relationships of CSA survivors, a deeper understanding of associated adverse lived experiences was achieved, while at the same time illuminating possible positive and constructive outcomes.

## **1.0 Chapter One: Introduction**

### **1.1 Introduction**

The prevalence of child sexual abuse (CSA), both nationally and internationally, is difficult to determine because it often remains unreported. CSA is not consistently understood across individuals and cultures and therefore definitions vary. Despite this, it is impossible to ignore the ongoing occurrence of CSA in our homes and our society. Additionally, the impact of CSA on the adult survivor's relationships is a unique and under-reported phenomenon deserving of increased attention from researchers, practitioners and policy makers.

This qualitative research study focuses on the impact of CSA on the adult couple relationship from the perspective of the CSA survivor. The chosen research approach is interpretative phenomenological analysis (IPA), which focuses on the examination of how individuals live through, and make sense of, their lived experiences. IPA has an idiographic emphasis, in that it offers insight into how a specific person in a specific context makes sense of a specific phenomenon. Therefore, it is a suitable approach for this study because I am aiming to achieve an in-depth, rich account of each of the participants' experiences of surviving CSA, with specific regard to their adult couple relationship/s.

IPA is concerned with experiences that are significant to an individual, and the meanings attached to those experiences, as opposed to regular, unremarkable experiences. Therefore it is a suitable method for focusing on an individual's experience of how CSA impacts on a given aspect of their life. According to Cassidy, Reynolds, Naylor and De Souza (2011), the findings from IPA research 'offer a fine-grained understanding' (p.263) that can be used to enhance knowledge of under-researched topics, in this case the impact of CSA on the adult couple relationship, as experienced by survivors of CSA.

This study explores how CSA survivors may experience CSA as having led to challenges or difficulties in their adult couple relationship/s. Furthermore, it considers how this population may experience CSA as having strengthened their adult

couple relationship/s. The overall aim of this research is to utilize the voice of survivors to heighten the awareness of psychotherapists working with either individuals or couples, where at least one partner has experienced CSA, with particular focus on how these clients experience their adult couple relationships.

## **1.2 Background Information**

The World Health Organization (WHO) (2017) describes CSA, including sexual assault or rape of children and adolescents, as ‘a major global public health problem’ and ‘a violation of human rights’ that ‘has many health consequences in the short and long term’ (p.7). This trauma and its emotional and psychological impact has received considerable attention from practitioners and researchers in the field of psychotherapy and research for many decades. Much of this research suggests that while the effects of CSA can differ substantially between individuals, and can occur at different stages throughout an individual’s life, there are commonly reported symptoms and long-term impacts, such as depression, anxiety, self-harm and relationship difficulties (Aaron, 2012). Research to date has generally focused on how CSA effects the lives of individuals, with little consideration given to how CSA may impact interpersonal aspects of the survivor’s life, and more specifically their adult couple relationship/s.

CSA can create early connections for the child, associating sex with power, fear, shame, confusion, secrecy and pain. This, in turn, can lead to sexual functioning being a vulnerable factor in survivors of CSA (Roller, Martsof, Drauler and Ross, 2009). With this in mind, it becomes apparent that difficulties relating to sexually intimate connections may resurface in adulthood for the CSA survivor, potentially leading to challenges with regards to the development of healthy couple relationships. Yet despite this noticeable connection, a paucity in the research remains regarding the impact of CSA on the adult couple relationship.

## **1.3 Research Rationale**

As clinical director of an Irish community-based rape crisis centre, I am cognizant of the many CSA survivors attending for psychotherapy, who have concerns and issues pertaining to challenges in their adult couple relationships. These issues are often

raised at a peer group, which I facilitate as a monthly support to our counselling team. Because of my clinical role and involvement with this team, and subsequently CSA survivors, an important feature of this research was the careful management of my assumptions and preconceived ideas regarding how our clients experience aspects of their adult couple relationships.

As previously outlined, there is minimal research available that attends specifically to the couple relationship/s of this client group, particularly from an Irish perspective. The current study addresses this gap in the literature by illuminating the authentic, lived experiences of this population with specific reference to this particular aspect of their lives.

The rationale behind this research is to give survivors of CSA a voice which is interpreted and expressed with a view to enriching the knowledge and understanding of psychotherapists working with either individuals or couples, where one or both partners have experienced this trauma. In other words, through this study, the participants' voices, and the interpretation of their experiences, will heighten the awareness of psychotherapists who wish to work effectively with this client group.

## **1.4 Overview of Chapters**

Chapter two presents a critical review of literature regarding the impact of CSA on the adult couple relationship. Included in this is an exploration of earlier studies which refer to trauma in general, with a specific focus on how adult couple relationships may be impacted when at least one partner has a history of childhood trauma. Trauma is considered here, because of the inclusion of CSA as a traumatic event in The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), (American Psychiatric Association, 2013). This chapter closes with a brief overview of some central theoretical and therapeutic approaches to working with adult survivors of CSA and their partners.

The third chapter begins by exploring the aims and objectives of the current study followed by a detailed description of the chosen research approach, Interpretative Phenomenological Analysis (IPA). This includes the philosophical and theoretical

underpinnings of IPA and an overview of the key concepts of this qualitative research approach. It also presents a methodical description of the study design, including aspects such as the recruitment of participants, data collection and analysis, protocols and procedures, general ethical considerations, and those specific to the current study. It concludes with an overview of how quality and rigour was maintained throughout the research process.

The subsequent chapter describes the findings in the current study, focusing on the four master themes that were identified following data analysis. These themes were Protecting Myself from Emotional Pain, Reliving the Abusive Cycle, Living with the Burden of the Past and Discovering My Strengths. This chapter begins by presenting the master theme Protecting Myself from Emotional Pain, which I understood to be the most powerful and illuminating theme in terms of gaining a rich insight into the authentic, lived experiences of CSA survivors in their adult couple relationships. It explores this theme in the context of its three sub-themes, Keeping an Emotional Distance, Sabotaging the Relationship and Disconnecting in Sexual Intimacy.

The master theme Reliving the Abusive Cycle is then described, with a specific focus on its three sub-themes - Being Caught in the Familiarity of Abuse, Being Voiceless and Experiencing Difficulties with Power and Control. This is followed by a focus on the most prevalent master theme that emerged following data analysis, Living with the Burden of the Past. This theme is described in consideration of its four sub-themes - Feeling Damaged, Living with Fear and Anxiety, Living with Confusion and Trust Difficulties and living with the Abused Child Within. Finally, the master theme Discovering My Strengths is described with reference to its two sub-themes, Embracing Change and Relating with More Ease .

The final chapter discusses the key findings of the current research in the context of previous literature referring to the trauma of CSA and its impact on the survivor's adult couple relationships. The four master themes which emerged in the current study are compared and contrasted to findings from previous research regarding similarities and differences of findings. The study is critiqued in relation to its strengths and limitations, and consideration is given to outcomes which are new and unique to the current study. This chapter then focuses on the implications this

research will have within the field of psychotherapy and research. It concludes with a discussion summarising how the overall aims and objectives of the study were met.

## **2.0 Chapter Two: Literature Review**

### **2.1 Introduction**

This chapter presents an overview of literature relevant to the impact of child sexual abuse (CSA) on the adult couple relationship. It serves as an underpinning feature of this study, providing a context and a foundation on which the current research is built. It begins by defining the trauma and known incidence of CSA, primarily focusing on an Irish perspective and context. It then explores studies which have investigated how CSA affects the lives of individuals, pointing specifically to findings relating to challenges in the adult couple relationships of survivors. Furthermore, there is an exploration of studies which point to negative outcomes that are typically experienced by CSA survivors and which may potentially impact their adult couple relationships. These include low self-esteem, difficulties with sexual intimacy such as avoidant and compulsive sexual behaviours, and re-victimisation.

While CSA is also recognised as a societal issue, throughout this study it is primarily conceptualised as a traumatic event occurring in the life of a child and having a lasting interpersonal impact, often evident throughout adulthood. CSA may also be defined and categorised within a child protection framework involving legal implications, but for the purpose of exploring this topic from a psychotherapeutic position, this research is mostly concerned with how CSA is likely to initiate a post-traumatic response in an individual, and how this, in turn, may manifest within the adult couple relationships of the survivor.

Because of the inclusion of CSA as a traumatic event in the DSM-5 (American Psychiatric Association, 2013), literature referring to trauma in general is also considered in this review, with a specific focus on how adult couple relationships are impacted when at least one partner has a history of trauma. Much of the previous trauma-focused research regarding the couple relationship explores the impact of trauma occurring in adulthood. In contrast, the current review focuses on earlier childhood trauma and its manifestations. Trauma is explored with regard to the challenges that it poses, alongside the potential for post-traumatic growth (PTG),

which is described by Calhoun and Tedeschi (2006) as a process that an individual may experience after enduring a traumatic event that can lead to positive life changes.

Finally, although there is limited research available on this topic, the specific trauma of CSA and its impact on the adult couple relationship is explored.

I utilized the databases PsycArticles, PsycBooks, PsycINFO, Sociological Abstracts and Google Scholar, applying the search terms ‘trauma’, ‘child sexual abuse’, ‘trauma and the couple’, ‘child sexual abuse and the couple’, ‘trauma and the adult couple relationship’, ‘post-trauma relationships’, ‘survivors of child sexual abuse’, ‘resilience and child sexual abuse’, ‘sexual trauma’, ‘effects of child sexual abuse’ and ‘impact of sexual abuse’. This search was limited to research studies conducted, in the English language, over the course of the last thirty years, between 1989 and 2019. I also utilized these databases with a view to capturing an overall sense of the available studies which have focused on ‘couple relationships’ and on nonspecific ‘child abuse’.

Abstracts of articles were reviewed with a view to deciding which studies should be read for the purpose of this research. Due to the wide range of studies which focused on trauma in general, some studies were excluded, for example, studies which primarily focused on the trauma of war and terrorism, while specific focus was given to studies which explored the trauma of past childhood issues. I also considered authors cited in the studies I examined, with a view to investigating additional key studies and books within the field of traumatology, and more specifically CSA and the adult couple relationship. Finally, some key government publications along with reports from Irish organisations working with the sexual violence were reviewed.

## **2.2 Defining the Trauma and Incidence of Child Sexual Abuse, with a focus on the Irish Context**

Trauma, and its emotional and psychological impact on the lives of individuals, has received a substantial amount of attention from practitioners and researchers in the field of psychology and psychotherapy from as far back as the 1880’s. Freud (1896) concluded that hysteria was a result of psychological trauma and that reaction to

trauma, and more specifically sexual abuse, could alter an individual's consciousness. This theory proved controversial and sparked much debate keeping the issue of CSA in the background for much of the past century. A more encompassing and enlightened approach to human rights and mental health, driven largely by the scandals surrounding institutional abuse, has been evident in recent years. This has put the impact of CSA on adult survivors back on the agenda for researchers and practitioners.

With regards to defining CSA, Finkelhor, Shattuck, Turner and Hamby (2014) describe a terminological ambiguity that is not often addressed in the literature. They outline how sexual abuse within a child protection context generally refers to sexual acts by adults, but that many surveys and meta-analyses employing this term also report rates of incidences that occur between peers. In the current study, nine of the ten participants refer to abuse perpetrated by adults, with only one referring to abuse perpetrated by her older brother, who was also a child at the time the abuse took place. Therefore, for the purpose of this study, the primary focus remains on CSA perpetrated by adults. It adheres to the definition of CSA in the DSM-5 (American Psychiatric Association, 2013), which refers to CSA as a traumatic event entailing "any sexual act involving a child that is intended to provide sexual gratification" (p.718). The DSM-5 is a diagnostic and statistical manual containing an index of psychiatric disorders and therefore it is important to be aware that the pathologisation of CSA survivorship may potentially lead to it being medicalised, thus transforming distress into disease. This said, the DSM-5 definition of CSA is similarly represented in the Irish national guidelines for child protection, 'The Children First: National Guidance for the Protection and Welfare of Children' (2011), which states that CSA occurs "when a child is used by another person for his or her gratification or sexual arousal, or for that of others" (p.9).

It appears to be extremely difficult to assess the true prevalence of CSA, as many incidences remain unreported. In *The Savi Report: Sexual Abuse and Violence in Ireland*, McGee, Garavan, de Barra, Byrne and Conroy (2002) outline that one in five women (20.4%) report experiencing contact sexual abuse during childhood with one in ten (10.0 %) reporting non-contact sexual abuse, and one in six men (16.2 %) report experiencing contact sexual abuse in childhood with a further one in fourteen

(7.4 %) reporting non-contact sexual abuse. Regarding criminal law and child sexual abuse in Ireland, since 1935, the legal age of consent to sexual intercourse is 17 years. The majority of countries in the world have a legal age of consent between 16-18 years (Age of Consent & Sexual Abuse Laws Around the World, 2018).

While international literature will be considered throughout this work, the following two studies are initially explored to contextualize CSA from an Irish perspective. The first study compared characteristics of CSA between the Republic of Ireland and Northern Ireland. In this study, O'Reilly and Carr (1999) found many similarities among the two groups, which consisted of 990 cases in the Republic of Ireland and 408 in Northern Ireland. These authors report that the majority of children were abused by a family member or somebody known to them.

Coercion was used in the majority of incidents, with the abuse generally happening in their home or the home of another. Physical violence was used in approximately 25% of cases. Most of the abused children in this study demonstrated adjustment problems, over-sexualized behaviours and difficulties at school.

Another Irish study explored historical and clinical records for 150 cases of CSA from two sexual abuse assessment and therapeutic centres in Dublin, Ireland (Nolan et al. 2002). They investigated 113 confirmed cases and 37 unconfirmed cases. Most unconfirmed cases were male, and had single or separated parents and a father with a criminal history. The 113 confirmed cases of CSA mainly reported male perpetrators outside the immediate family.

They also compared 55 confirmed cases of survivors who displayed clinically significant behaviour difficulties to 56 confirmed cases without clinically significant behaviour difficulties. Their findings suggest that poorly adjusted survivors had a history of coercive or violent CSA, while those that were better adjusted had experienced non-violent CSA. Finally, they compared 19 confirmed cases in which violence was a feature of the CSA and 79 confirmed cases where it was not. There was an increased likelihood of survivors of violent CSA having experienced penetrative abuse and these individuals were more likely to display externalizing behavioural difficulties.

Regarding sexual abuse in Ireland, Noeleen Blackwell, Chief Executive Officer, Dublin Rape Crisis Centre (DRCC) has recently called for updated research, noting that there have been many changes in this country since the Savi Report was released in 2002. She has stressed that DRCC have been trying to identify the best ways to combat sexual violence without modern data (<http://www.drcc.ie/>), which suggests that working towards combating sexual violence requires an understanding of where and how it is likely to occur. Along with other high-risk sexual behaviours, there is an increased risk of female CSA survivors being in adult relationships with partners who are likely to be physically and sexually abusive, in comparison to individuals who have not experienced CSA (Barkan et al., 2000; Lamoureux, Palmieri, Jackson & Hobfoll, 2012). Therefore it seems reasonable that research which illuminates the lived experiences of this population may potentially highlight the processes involved in re-victimization and recurrent sexual violence.

### **2.3 The Impact of Child Sexual Abuse on the Individual, with a focus on Relationships**

The many long-term adverse effects of CSA are indisputable within the field of psychotherapeutic research and practice. Substantial previous research has focused on the prevalence of CSA, including how, where and why it occurs, alongside ways to prevent and treat it when it occurs. Paolucci, Genuis and Violato (2001) conducted a meta-analysis of previous research relating to this topic. They refer to 37 published studies between 1981 and 1995, most of which were carried out in America, and which included 25,367 individuals who had experienced CSA.

Some of the conclusions reached in this meta-analysis are pertinent to the adult couple relationship, including sexual maladjustment and interpersonal problems. These authors also suggest that there is a strong connection between CSA and outcomes such as post-traumatic stress disorder (PTSD), depression, suicide, sexual promiscuity, perpetuation of the victim-perpetrator cycle and poor academic performance. These effects occur both immediately and later on in the lives of survivors of CSA. In this meta-analysis there did not appear to be any significant differences in these effects based on gender, socio-economic status, the type of sexual

abuse, the age of the victim when they were abused, the relationship between the victim and the perpetrator of the abuse or the amount of abusive incidents that had happened.

Mullen, Martin, Anderson, Romans and Herbison (1994) observed the links between CSA and the array of social, interpersonal and sexual issues that may subsequently arise in adult life. They administered questionnaires to a random sample of 2,250 women, which investigated a variety of different experiences of abuse. In this study, 248 individuals reported CSA and were subsequently invited to attend for an interview, alongside the same number of individuals who made up a control group.

There were thorough investigations carried out during these interviews referring to “interpersonal, social and sexual functioning”. Among other general concerns, such as a decline in socio-economic status, there appeared to be increased sexual difficulties and issues regarding trust within intimate relationships for individuals who reported experiences of CSA. These authors recommended the possibility of further exploring these matters from the perspective of how individuals personally construct their experience of the trauma of CSA. They suggest that this would provide researchers and psychotherapists with greater insight into these issues, alongside other interpersonal and intrapersonal dynamics at work between couples, where one or more of the partners have experienced CSA.

Since these recommendations, more recent literature (Kurt, Freeman and Morris, 2001) has explored the diversity of conceptual models explaining child sexual abuse, such as Finkelhor & Browne’s (1985) multiple dynamic model, which attempts to describe the impact of CSA by outlining how multiple aspects of the abuse, as opposed to the abuse alone, can lead to negative outcomes. These aspects can include traumatic sexualisation, powerlessness, betrayal and stigmatization. Briere’s (1992) post-traumatic stress disorder (PTSD) conceptualisation of CSA may be useful in that it acknowledges some of the presenting issues observed in some survivors of CSA. However, it is important to note that not all survivors of CSA experience this level of trauma and therefore in some cases, this may not be a beneficial model for consideration. In other words, by focusing solely on the potentially traumatic aspects of the abuse, other important situational factors may be missed.

Many of these conceptual models, which clearly require further development, are based on the authors' clinical experience of the effects of CSA, rather than empirical data. While clinical expertise regarding conceptual models is informative with regard to gaining a deeper understanding of this phenomenon, a noteworthy gap remains in the literature regarding how survivors themselves construct or conceptualise their personal experience of CSA. Furthermore, the significance that this might have on their relationships and survivorship in general also needs to be addressed.

Another key study which indicates that the lives and relationships of survivors are impacted by CSA is that of Dube et al. (2005) who investigated the links between childhood experiences and health and social issues in the survey responses of 17,337 adult members of a health plan in California, USA. These authors identified a need for research that focused on both male and female survivors, noting that many previous CSA studies focused solely on females. In their study, CSA was reported by 16% of males and 25% of females. Almost 40% of male survivors reported female abusers, while 6% of female survivors reported female abusers. Their findings point to an increased likelihood of CSA survivors experiencing difficulties with alcohol, drugs, suicidal tendencies and yet again, relationship problems, when compared to individuals who have not experienced CSA. According to these findings, the risk of these outcomes is similar for both genders.

There is also a need to explore the literature with respect to some of the interpersonal sequelae in CSA survivors. These include low self-esteem, issues with sexual intimacy including compulsivity and avoidance, and re-victimisation in adult couple relationships. The following paragraphs address these issues.

### **2.3.1 Low Self-Esteem in the Couple Relationships of CSA Survivors**

As already noted, there are many lifelong psychological consequences of CSA (Greydanus & Merrick, 2017), with studies often pointing to the prevalence of low self-esteem (Helde and Solomon, 1992; Lalor & McElvaney, 2010).

Bedi, Muller and Thornback (2013) used questionnaires and multiple regression analyses to examine data collected from a community sample of 60 male and female survivors of CSA. Their findings suggest that the development of healthy self-esteem in survivors of CSA may be disrupted by their perception of the world as being a place of malevolence and rejection. These authors propose that experiencing the world as being characterized by painful interactions with others was the strongest predictor of low self-esteem within this population.

Based on data from a German longitudinal study, with a large sample of 9,069 adolescents and young adults from three nationally representative cohorts, Luciano and Orth (2017) note that self-esteem may predict relationship break-down. This may subsequently further reduce an individual's self-esteem. In contrast, high levels of self-esteem can be linked with longer lasting relationships, which in turn may increase an individual's self-esteem.

The association between CSA and interpersonal and intrapersonal outcomes in a sample of 54 adolescents was examined by Tocker, Ben-Amitay, Horesh-Reinman, Lask and Toren (2017). Using questionnaires in their cross-sectional study, their evaluation of self-esteem was based on judgments of self-worth, self-respect and self-acceptance, with findings pointing to lower levels of self-esteem in CSA survivors than in a control group. It is possible that conclusions from this research regarding the treatment of adolescent CSA survivors may have had increased validity had the researchers assessed participants over time, taking into account how perceptions of the self and others continually change during and beyond the adolescent years.

Korean researchers Choi et al. (2016) hypothesized that Korean children and western children are similarly impacted by CSA regarding outcomes such as low self-esteem. Using a Likert scale consisting of five items which focused on self-esteem, they compared 92 sexually abused children with 351 non-abused children. Their hypothesis was supported evidencing that the impact of CSA on self-esteem is not necessarily culture specific. In their reflection on CSA within families, Greydanus and Merrick (2017) also propose that CSA is a phenomenon that blights all cultures and they stress that the psychological consequences of this phenomenon last a lifetime.

These outcomes regarding self-esteem are similarly evidenced in findings from another quantitative survey with 213 undergraduate students at an American university by Barnum and Perrone-McGovern (2017). These authors conclude that a history of CSA predicts lower levels of sexual self-esteem, suggesting that the experience of CSA is an important etiological factor regarding the development of potential challenges in adulthood. It might also be worth considering that low levels of self-esteem may lead to difficulties regarding sexually intimate behaviours and dynamics within the relationships of survivors.

### **2.3.2 Sexual Intimacy - Avoidance and Compulsivity in the Couple Relationships of CSA Survivors.**

In their review of the empirical literature published since 1987, Polusney and Follette (1995) note that survivors of CSA are likely to demonstrate high levels of avoidance which may lead to difficulties with intimacy and emotional closeness to partners. In a more recent study, Vaillancourt, Godbout, Runtz, Lussier and Sabourin (2015) suggest that previous reviews of the literature of CSA and adult sexual relationships independently propose that there are outcomes of CSA which can be categorised into two over-arching pathways. For instance, in his literature review of factors affecting the sexual behaviour of CSA survivors, Aaron (2012) refers to compulsive sexual behaviour at one end of a spectrum, with withdrawal or avoidance at the other.

Aaron (2012) also proposes that the gender and the age of the child are two key variables in determining these outcomes. He theorises that because female children are often bombarded with negative messages about sex, if they experience a sexual trauma they are likely to associate the 'badness' with the perpetrator or the act itself, subsequently developing a fear of sex and a withdrawal from intimacy. On the other hand, because male children are more likely to receive positive messages about sex, in the event of sexual trauma, they are more likely to assume that it is the child himself who is 'bad' rather than the act. Subsequently this leads to feelings of worthlessness and low self-esteem, often associated with compulsive sexual behaviours.

Additionally, Aaron (2012) proposes that the age of the child at the time of the abuse will impact the sexual behaviour of the adult survivor. The younger the child is at the

age of the abuse, the more likely s/he is to engage in sexualised external behaviour, while children who are abused at a later stage of childhood are more likely to become inhibited and fearful of sex. Similarly, in an earlier study Feirling, Taska and Lewis (1999) refer to the importance of age and gender in their discussion of how a better explanation of individual differences and vulnerabilities is required for understanding how individuals manifest psychological distress after CSA. Findings from these studies suggest the significance of considering individual differences in gender and age with regard to understanding the impact of CSA, and in the development of effective therapeutic intervention plans for CSA survivors.

As highlighted above, Vaillancourt et al. (2015) summarize how one pathway leads from CSA to internalised sexual symptoms that are distinguished by avoidance. They note that this is possibly linked to flashbacks, dissociation during sexual intercourse and other negative feelings and dysfunctions. In the other pathway, CSA is seen to lead to externalised, compulsive sexual behaviours. They hypothesised that sexual avoidance and compulsivity have a role to play between CSA and couple satisfaction.

The primary objective of this study was to assess a theory-based mediation model in which CSA and its link to dyadic adjustment in couple relationships is mediated through either sexual avoidance or compulsivity. With a sample of 686 adults, using online self-report questionnaires, they concluded that sexual avoidance and compulsivity are not necessarily separate concepts and that they may co-occur in the relationships of survivors of CSA, possibly leading to couple dissatisfaction. However, while online data collection may be effective in obtaining high numbers of participants, it is questionable in terms of the sensitivity of this particular topic.

Additionally, the introspective ability of participants to answer questions thoroughly and honestly through online self-report questionnaires is uncertain. Nevertheless, this is an important finding which warrants further research. The authors themselves suggest that relationship issues experienced by CSA survivors require further exploration because clinical outcomes during adulthood are complex and they evolve over time and relationships. It is also noteworthy that compulsive or high-risk sexual behaviours in survivors of CSA may also lead to further re-victimisation in adulthood, which will be considered in the next section.

### **2.3.3 Re-victimisation in the Couple Relationships of CSA Survivors**

In a review of the research, Lalor and McElvaney (2010) outline how previous studies have pointed to the vulnerability of CSA survivors with regard to re-victimisation as adults, alongside high-risk sexual behaviours such as having multiple sexual partners, teenage pregnancy and experiencing sexual assault.

In an earlier meta-analysis of the links between CSA and psychological adjustment in adulthood, Jumper (1995) similarly concluded that survivors of CSA have a tendency to experience re-victimisation in adulthood.

Steel and Herlitz (2005) conducted interviews and administered questionnaires to 2,810 participants in Sweden. They found that a history of CSA was associated with high-risk sexual behaviours, such as engaging in sexual intercourse at a younger age, higher levels of unplanned pregnancies, higher levels of participation in group sex, higher probability of engaging in sexual activity despite the risks of pregnancy and sexually transmitted diseases, higher probability of engaging in sexual activity in return for money or drugs and a higher probability of sexual assault.

In their meta-analytic review of 19 studies examining re-victimisation of female survivors of CSA, Roodman and Clum (2001) report a definite relationship between CSA and re-victimisation during adulthood. This research challenges earlier findings by Mandoki and Burkhart (1989) which did not support a direct correlation between CSA and re-victimisation in adulthood. In their study, 282 female students completed questionnaires and it was found that child and adult sexual re-victimisation appear to be independent life events with no significant evidence of a 'vicious cycle'.

In her review and theoretical reformulation of the role of child sexual abuse sequelae, Messman-Moore (2003) points to re-victimisation as a long-term impact of CSA on adult life. She describes how much of the recent research has attempted to explain re-victimisation by focusing on the victim and the psychological effects of CSA, outlining that 'exposure risk' involves factors that are likely to increase a survivor's contact with a potential perpetrator. These factors include engaging in risky sexual

behaviours and using alcohol or other substances. She also describes how post-traumatic stress disorder (PTSD), dissociation or interpersonal difficulties may also increase the possibility of a perpetrator seeing the victim as ‘an easy target’. According to Messman-Moore (2003), these possible explanations for re-victimisation should be considered alongside other probable factors such as society’s role in the acceptability and tolerance of violence and aggression towards women and children.

As outlined in the current review, much of the considerable attention that CSA has received has concentrated explicitly on the individual, but nevertheless, through this research, interpersonal issues such as re-victimisation, have also been evidenced. While this has been informative with regards to enriching an overall understanding of CSA from both a psychotherapeutic and a sociological perspective, specific questions referring to relationships and couples remain somewhat unanswered.

## **2.4 The Impact of Trauma on the Adult Couple Relationship**

There is a limited availability of research focusing on the impact of the specific trauma of CSA on the adult couple relationship, though this review also considers the impact that trauma in general can have on couple relationships. A valuable, systemic conceptualisation of trauma has recently been offered by Ruhlmann, Gallus and Durtschi (2018). These authors propose that because of how broadly trauma impacts all areas of functioning, symptoms of trauma and maladaptive coping mechanisms affect not only the survivors, but also those with whom they share a close relationship. These authors describe how cycles may develop in the couple relationships of trauma survivors, where survivors have a tendency to fluctuate between desiring comfort from their partners to requiring isolation in order to avoid triggers. These cycles often leave the partners of trauma survivors feeling frustrated that their needs are not being met and discouraged that they cannot help their partners.

In their presentation of another systemic traumatic stress model, Nelson Goff and Smith (2005) suggest that while the theory of secondary trauma implies that the partner may be impacted by the survivor’s individual symptomatology, it might also

be argued that the secondary partner's symptoms may impact the survivor. They offer the example of elevated anxiety being experienced by the secondary partner, which may lead to anxious or angry behaviours, and intensify or increase symptoms in the primary survivor. These authors also discuss key features of systemic functioning in couples where at least one partner has experienced trauma, referring to issues in relation to attachment, satisfaction, stability, power, intimacy and communication.

With regard to trauma survivorship in general, Nelson Goff and Smith (2005) point to challenges often faced by these couples including parenting difficulties, poor family adjustment, difficulties with intimacy, lower relationship satisfaction and greater anger, conflict and violence. They describe an emotionally-focused theoretical and therapeutic approach to working with trauma which was developed by Johnson (2002) with couples in mind. According to these authors, this approach is not intended to take the place of individual treatment modalities, particularly when an individual is experiencing severe trauma symptoms, such as post-traumatic stress disorder (PTSD). This couple-focused approach to trauma considers that because many traumas occur within a relational framework, there are often implications for interpersonal relationships. It works from the principle that if an individual's relationship with a significant other is not part of the recovery process, then it is part of the problem, and can potentially lead to re-traumatisation.

While the above conceptualisations are valuable, according to Donnellan, Murray and Holland (2014), there is a scarcity of research on the experience of living with trauma as a couple. In an attempt to address this gap in the research, these authors explored data collected from four couples using interpretative phenomenological analysis (IPA). While this was a small study, it provided a rich exploration of couples' experiences, perceptions, and conceptualisations of their relationships, where one partner had a previous experience of a traumatic event.

One of the major research questions for their study was in relation to how couples conceptualise their experience of trauma within their relationship. Participating couples were recruited from two primary care mental health services and one specialist traumatic stress service in the UK. One of the couples who took part in this research described how trauma was the "focus of their relationship" and that all their

actions as a couple were influenced by its needs. The female partner in this couple described it as being “absolutely consuming”.

The male partner of another couple added that the trauma made him question the purpose and quality of their relationship, stating at times he felt that there was “no relationship”. In the experiences of these couple participants, trauma has a long-term presence in their adult couple relationships and impacts relationship intimacy and their identities as couples. This study offered rich insight into the relationships of couples where there is a history of general trauma and points to the need for additional in-depth, exploratory research in this area, with a consideration for specific traumas such as CSA.

In contrast to the aforementioned general trauma study, Nelson and Wampler (2000) used questionnaires and rating scales to explore the more specific association between childhood physical and sexual abuse and individual stress symptoms, relationship satisfaction and family adjustment. Participants in this study included 96 couples where one or both partners had identified childhood abuse, alongside a control group of 65 couples where no history of abuse was identified. Participant couples where there was a history of abuse reported significantly lower relationship satisfaction and higher levels of stress symptoms for both partners, than the couples in the control group. There was no significant difference reported in individual stress symptoms between the partner who had experienced childhood abuse and the partner who had not, demonstrating validation for secondary traumatic stress theory.

While these studies have investigated the impact of trauma and childhood abuse in general on the adult couple relationship, there appears to be only a limited body of literature that refers specifically to the impact of CSA on the adult-couple relationship. Goff et al. (2006) recommend that future research might focus on systemic effects within a specific trauma sample, such as CSA or war veterans, as opposed to trauma in general, as was the case in their study.

## **2.5 The Impact of Child Sexual Abuse on the Adult Couple Relationship**

In consideration of the long-term impacts of CSA, I believe it is impossible to ignore the bearing that this trauma may potentially have on the intimate relationships, and consequently the partners, of CSA survivors. Also, because of the interpersonal nature of this abuse, it seems reasonable to assume that the interpersonal relationships of the survivor will be impacted. Davis and Petretic-Jackson (2000) note that there has been a tendency to neglect relational issues associated with CSA in empirical research. Nonetheless, some clinical observations have been compiled, and some research carried out, which provide a level of insight into this phenomenon.

In an early study by Maltas and Shay (1995), following observations drawn from clinical work with over 50 couples attending therapy and psychoeducational groups, where at least one partner had a history of CSA, these authors offer a theoretical perspective of trauma in the relationships of CSA survivors. They describe secondary trauma in partners of CSA survivors as ‘trauma contagion’ and stress that couple therapy may be beneficial with regards to managing the distressing effects of CSA and enhancing the couple relationship. Despite these findings, according to these authors, partners of CSA survivors do not generally seek support, due to a sense of isolation and shame, especially relating to sexual issues, along with a reluctance to seek help because they see themselves as the helpers in their relationships.

Furthermore, they note that many male partners of CSA survivors often assume that professionals working therapeutically with female survivors are distrustful of men and are somehow inclined to view them as abusers. Maltas and Shay (1995) propose that the effects of sexual trauma on a partner of a survivor may differ substantially from other types of vicarious traumatization. This is because the partner experiences the trauma as invasive, which subsequently leads to increased distress and challenges along with a tendency to recreate old roles between the abuser and the abused.

Davis and Petretic-Jackson (2000) report that an individual’s experience as a child of betrayal by a caregiver can lead to distorted expectations in later relationships, as the survivor may display increased levels of emotional sensitivity, a lack of trust and anger issues. Early experiences of abuse are, by definition, negative interpersonal life

events that have been found to affect an individual's capability to undertake adult roles later in life (Godbout, Lussier & Sabourin, 2006). In their study, 632 male and female adult participants completed questionnaires referring to child abuse, attachment, psychological distress and dyadic adjustment. Their findings demonstrated that child abuse was linked to challenges, such as anxiety regarding abandonment and psychological distress such as depression, aggressiveness and cognitive problems.

Using an exploratory research design, Ray (2001) utilized qualitative interviews to investigate the perspective of 25 adult male survivors of CSA, with a view to assisting clinicians in identifying males with a possible history of CSA. Findings relating to couple relationships in adulthood included difficulty forming and maintaining intimate relationships, sexual dysfunctions, orientation and gender confusion, depression, anxiety, abuse of alcohol and low self-esteem. Similarly, in a study of 622 female university students, which explored the relationship between CSA and marital attitudes and perceived readiness for marriage, Larson and Lamont (2005) suggest that female survivors of CSA may experience increased difficulties with regards to their adult couple relationships in comparison to their female counterparts who have not experienced this type of abuse. These difficulties include negative attitudes and feelings about marriage.

Additional research focuses on the challenges arising in couple relationships where one or more of the partners has experienced CSA and attends group therapy. In their study of 55 female CSA survivors who attended a total of nine therapy groups, Pistorello and Follette (1998) used both quantitative and qualitative analyses to explore emerging themes regarding the challenges in couple relationships as described by participants. Their findings indicate that the two most frequent issues arising in their clients' relationships are 'difficulties with emotional communication or intimacy' and 'polarized positions on control'. Despite the absence of a control group, these outcomes reflect the belief that CSA can have long-term adverse psychological effects that often continue into adulthood.

Similarly, in a longitudinal, grounded theory study of video and transcripts of 40 therapy sessions involving a total of eight couples, in which a partner had experienced child abuse, Wells (2016) concluded that survivors of child abuse often experience

relational stresses in adulthood. She described how trusting their partners was the most significant of these stresses for her participants. Furthermore, she describes how the combination of gendered power interactions and the survivor's response to power may lead to difficulties in these relationships, which can subsequently accentuate trust issues and lead to additional challenges in adult couple relationships.

In the current study, CSA is primarily understood as an interpersonal trauma that occurs in a child's life, with the belief that the interpersonal functioning of CSA survivors is likely to be impacted, particularly in intimate couple relationships. However, this conceptualisation does not disregard Davis and Petretic-Jackson's (2000) conceptualisation of CSA as a societal problem. Correspondingly, they recognize that CSA has the potential to affect the most personal and interpersonal aspects of the survivor's life. They also note that previous research has largely focused on the individual and problem behaviours such as violence or substance abuse in the aftermath of CSA, with a relative neglect of the impact of CSA on interpersonal relationships.

In their review of the literature from 1985 to 2000, Davis and Petretic-Jackson (2000) discuss theoretical models that address the interpersonal impacts of CSA. They also explore the effects of CSA on sexuality, including sexual dysfunctions in CSA survivors. Additionally, they explore the interpersonal issues that CSA survivors present in therapy, along with the implications these can potentially have on the therapeutic relationship.

The review also examines research findings related to the psychological, cognitive and affective aspects of the processes that influence the survivor's interpersonal functioning. Its discussion of intimacy and sexuality is of noteworthy relevance to the current research. These issues are explored from an empirical and a clinical perspective, noting that survivors exhibit considerable variability in terms of functioning within their adult couple relationships. Whereas some function well in long-term relationships, others are seemingly unable to do so. Some survivors demonstrate fear and distrust of men and may actively avoid couple relationships, while others may seek out couple relationships in an attempt to overcome this fear and

mistrust. Some report sexual difficulties, while others do not. Overall, however, many survivors demonstrate some difficulties in their adult couple relationships.

As outlined above, there are few studies available which either focus specifically on the impact of CSA on the adult couple relationship, or which explore possible interventions and treatments to improve or enhance relationships that are impacted by this specific trauma. While the studies reviewed here are helpful regarding psychotherapeutic understanding of the dynamics within these relationships, there remains a scarcity of research studies which thoroughly incorporate the experiences and the voices of survivors. Referred to as “the ghost in couple therapy” in an early study by Nadelson and Polonsky (1991), it is impossible to ignore the adverse personal and interpersonal effects of CSA. That said, in order to understand this trauma in its totality, it is also important to consider the experiences of CSA survivors with regards to the increasingly pertinent concept of post-traumatic growth.

## **2.6 Trauma and Post-Traumatic Growth**

The concept of post-traumatic growth (PTG) is referred to by Joseph, Murphy and Regel (2012) as ‘the process of how positive changes arise in the aftermath of a traumatic event’ (p.324). These authors provide a general overview of PTG, describing three areas of positive change, including relationships with friends and family being enhanced following a trauma, intensified feelings of consideration for other people and a desire for increased intimacy in relationships. Additionally, they describe how people may alter their view of themselves with regards to wisdom, strength, personal resiliency and a greater acceptance of their limitations and personal vulnerabilities. Thirdly, they describe the potential for change in the life philosophies of survivors, such as finding a fresh understanding and appreciation of what really matters to them on a day-to-day basis.

Goff et al. (2006) propose that there have been changes over time with regards to how trauma in general has been researched. They outline how trauma research has historically concentrated on traumatic symptoms in the individuals who have directly experienced the trauma, and that the principal focus has been on PTSD and its relevant treatments. This disorder emphasizes intrapersonal effects of trauma on the survivor, rather than the interpersonal.

Furthermore, Goff et al. (2006) note that this focus is somewhat shifting towards examining how trauma can also affect the lives of partners, family members and professionals working with trauma survivors. They suggest that previous trauma research regarding couples has typically probed negative or impaired relationship patterns. In contrast, their study was not conducted from the perspective that the relationships of trauma survivors are characteristically compromised or difficult.

Their study investigated the interpersonal functions of couples through qualitative interviews with 17 participants, all of whom were partners in a couple where at least one partner had experienced a traumatic event. All participants were attending for therapy at a university-based counselling service. They were offered the opportunity to explore both the strengths and challenges in their post-trauma relationships and clear evidence of some strengths emerged, such as improved open and clear communication between partners and increased understanding and support between partners. By adopting an approach which digresses from previous research, in which negative variables appear to have had more prominence in participant interviews, the final themes and concluding results from this study reflected a comparatively equivalent combination of strengths and challenges in post-trauma relationships.

According to McElheran et al. (2012), the concept of growth co-existing alongside ongoing distress was not empirically explored among children and adolescent survivors of CSA, prior to their study. In their study they explore Kilmer's (2006) model of PTG which proposes that positive post-trauma changes can be experienced by survivors during the process of recovery. This model considers the social, psychological and cognitive factors of PTG, with Kilmer (2006) identifying seven aspects that influence a child's ability to experience PTG after trauma or abuse: 1) the child's beliefs, characteristics and functioning prior to the trauma, 2) the caregiver's post-trauma response, 3) trauma exposure, 4) relationships and support, 5) appraisals, 6) ruminations and cognitive processing and 7) cognitive resources and self-system functioning.

However, McElheran et al. (2012) propose that this model is insufficient with regards to conceptualising PTG following CSA, and hence they have revised it to consider

additional aspects such as attachment style, gender and time since the trauma occurred. They propose that this tailored model can be used to examine factors that are likely to be linked to PTG among CSA children and adolescent survivors, but stress that more empirical research is required to further examine the impact of attachment styles and gender. Because the recovery from CSA is often an ongoing, long-term process, understanding how PTG is facilitated and enhanced among younger survivors is also likely to inform how it is conceptualised in clinical treatments for adults.

Overall, few studies have focused on PTG or other less typical outcomes in relation to the specific trauma of CSA. However, one study notes that while many CSA survivors experience negative impacts of CSA, many do not. In her study, which involved 163 female survivors of CSA completing online questionnaires, Shilling (2013) addressed the need for increased focus on de-pathologising factors in this population, with particular reference to how experiences of survivorship might be expressed in terms of wellness, resilience and PTG.

Similarly, Schwarz (2018) describes the traditional focus of the discipline of psychology, on how adversity and stress can lead to ‘clinical burdens in a person’ (p.529), as well as the consideration of traumatic events generally only in relation to how they might affect a person’s emotional, physical and social wellbeing. She notes that since the 1990’s there has been a shift towards focusing on a broader array of responses to extreme distress. The presence of PTSD, she concludes, need not always imply dysfunction.

Butler et al. (2005) examined the concept of post-traumatic growth in a longitudinal, online study, with 1505 participants, following the terrorist attack in New York City on September 11<sup>th</sup>, 2001. Based on these findings, these authors propose a curvilinear relationship between PTSD and PTG. They conclude that higher levels of post-traumatic stress could be linked with higher levels of PTG, to a certain point, after which PTG reduces.

In other words, minimal levels of post-traumatic stress symptoms suggest that an individual has been only marginally impacted, and therefore may experience

relatively low levels of PTG. A moderate amount of post-traumatic stress indicates the survivor has been impacted, but that they may remain able to cope and may also experience a substantial amount of PTG. Finally, higher levels of post-traumatic stress, that may even include a diagnosis of PTSD, may imply that an individual might have greater difficulties in coping with their traumatic experience and as a result, there may be very little opportunity for PTG.

## **2.7 Adult Survivors of CSA and their Partners - A Brief Outline of Central Theoretical and Therapeutic Approaches**

Attachment theory (Bowlby, 1973) provides a potential framework for offering some understanding regarding how CSA may impact the adult couple relationships of survivors. This theory, along with evidenced based research (Meyer, Robinson, Muse & Hughes, 2017), proposes that infants are inclined to bond with their caregivers for survival and will display behaviours, such as smiling or crying, in order to keep their caregiver close. If, in turn, the caregiver grows sensitive to the child's needs and responds in a consistently loving manner, a secure attachment is formed and a mutual responsiveness and emotional bond develops.

This relationship then serves as a model for future relationships, though it may evolve as the child's understanding of relationships change. Anxious and avoidant attachment behaviours are likely to develop if a caregiver is inconsistent in their caregiving or causes harm to the infant. Therefore, if a caregiver sexually abuses a child, or fails to protect them from abuse - with this theory in mind, there is a high probability that the survivor may develop an insecure attachment style that persists into adulthood and may impact on their adult couple relationships.

Bolton, Hall, Blundo and Lehmann (2017) propose that the term resilience is associated with the ability to recover from adverse conditions. They propose that understanding resilience from a theoretical and empirical position can be beneficial for solution-focused therapies, through which clients are given an opportunity to enhance their inherent and environmental resources, when faced with adverse or traumatic circumstances. The theory of resilience suggests an individual can thrive despite the fact that they have endured trauma. Giving consideration to resilience

allows practitioners and survivors to view the effects of their trauma experiences through a different lens.

According to Newsom and Myers-Bowman (2017) resilience is biological and environmental and has an impact on relationships and interpersonal skills. Using a phenomenological approach, these authors examined the positive aspects of coping and resilience through a qualitative exploration of the lived experience of female CSA survivors. While each participant's experience was unique, similar patterns emerged which reflected the development of resilient relationship functioning and sexuality. Participants emphasized resilience as a process involving recovery from trauma, reconceptualization of self and the development of healthy sexuality over time.

In their literature review of 37 empirical research studies, Domhardt, Münzer, Fegart and Goldbeck (2015) explore factors that are linked to resilience in individuals who have experienced CSA. These authors conceptualise resilience as adaptive functioning and/or the absence of psychological disorders. They note that 10-53% of CSA survivors have a normal level of functioning, despite having been sexually abused during childhood.

Protective factors include education, interpersonal and emotional competence, active coping, optimism, social attachment, external attribution of blame and support from family members and the broader social environment. These authors conclude that therapeutic interventions with CSA survivors should involve psychoeducation and developmentally appropriate cognitive strategies that aim to enhance social supports in the lives of CSA survivors.

Johnson (2017) refers to cognitive behavioural therapy (CBT) as an evidenced-based treatment used in trauma work with survivors of CSA, outlining that its priority is to modify the cognitions and automatic thoughts linked to the trauma. With a randomized sample of 74 female survivors of CSA with post-traumatic stress disorder (PTSD), McDonagh et al. (2005) compared the effectiveness of CBT to present-centred therapy (PCT) and a waiting list control group. PCT is described as a collaborative therapeutic approach in which the therapist uses psychoeducation regarding PTSD to help the client address their difficulties and recognise their trauma

history and its impact on their current coping style. Although there was a greater rate of drop out for CBT participants, during follow-up assessments these participants were more likely to no longer meet the criteria for a PTSD diagnosis than the participants who had attended for PCT. This suggests that CBT was more effective than PCT or the waiting list, in reducing PTSD and related symptoms linked to CSA.

In her meta-analysis of 14 PTSD treatment outcome studies consisting of 467 female sexual abuse survivors, Chard (1995) noted that there appeared to have been a greater focus on the investigation of group therapies for CSA survivors, as opposed to individual therapies. Alongside this, she noted that individual psychotherapeutic treatment for these clients has varied depending on the orientation of the therapist and the type of abuse that the client presents with. Chard (1995) concludes that while all treatments included in this analysis were effective, cognitive and psychodynamic approaches were found to have a greater impact than supportive or cognitive-behavioural interventions, with successive cognitive therapy sessions being found to be the most effective approach to working with this client group.

Miller and Sutherland (1999) explored the importance of the couple relationship for CSA survivors noting that the relationship may sometimes reflect the negative effects of CSA, but may also act as a source of healing and recovery. These authors encourage therapists to consider the involvement of significant others in the therapeutic process. They propose that by doing so, CSA and its impacts can be acknowledged and addressed, with a focus on how the relationship can be strengthened and enhanced.

Based on the evidence of the effectiveness of individual emotion focused therapy (EFT) in post-trauma therapeutic practice, Dalton, Greenman, Classen and Johnson (2013) conducted the first randomized controlled trial of EFT for couples, wherein the female partner had a prior experience of intrafamilial abuse during childhood. They note that despite the evidence pointing to links between experiences of childhood abuse and difficulties in intimate relationships, prior to their research there had not been any controlled trials of the efficacy of EFT for adults surviving child abuse. In their study, 24 couples in Canada with an average relationship length of 14 years, were randomly assigned to a treatment group or a control group/waiting list, with

findings pointing to a significant reduction in relationship distress for couples receiving EFT.

## **2.8 Conclusion**

This chapter begins by offering the reader a definition of the trauma of CSA, despite the ambiguity expressed around this term in earlier literature. The known incidence of CSA in Ireland is also outlined with a view to highlighting the pervasiveness of this issue in a society that has been racked with sexual abuse cases and government enquiries for decades. The reader is offered a brief overview of how CSA might occur in Irish society, enabling them to recognise the necessity for updated Irish research as a prerequisite for the delivery of effective psychotherapy services. We learn that there are many similarities between the Republic of Ireland and Northern Ireland, with the majority of sexually abused children in both jurisdictions being abused by a family member or somebody known to them. We learn that coercion is almost always used and that the abuse usually occurs in a place that ought to be considered safe by the child, such as their own home or the home of another.

This chapter also explores international studies which have investigated how CSA affects the lives of individuals. It is particularly interested in findings that have inadvertently pointed to potential challenges in the adult couple relationships of CSA survivors. There is a sense that some sequelae experienced by individuals such as post-traumatic stress disorder (PTSD), depression, suicide, sexual promiscuity, perpetuation of the victim-perpetrator cycle and issues regarding trust may also cause interruptions in couple relationships and impact relationship satisfaction. A particular emphasis is given to low self-esteem, issues regarding sexual intimacy including compulsivity and avoidance, and re-victimisation in adult relationships.

Trauma in general is explored in relation to how broadly it impacts all areas of functioning, including interpersonal relationships. Challenges often faced by couples where at least one partner has experienced trauma include greater anger, conflict and violence along with parenting difficulties, poor family adjustment, difficulties with intimacy, lower relationship satisfaction and higher stress symptoms. The reader learns that there is often no significant difference reported in symptoms between the

partner who experienced childhood abuse and the partner who did not, demonstrating validation for the concept of secondary or vicarious trauma.

Moving away from general trauma, there is only a limited body of research that focuses on CSA, particularly regarding its impact on the adult-couple relationship. Despite this, during this chapter the reader gets a sense that secondary trauma, or ‘trauma contagion’, is different regarding CSA when compared to other traumas. It is the invasiveness of this experience that appears to impact the partner in such a challenging manner, often leading couples to recreate roles between the abuser and the abused. Again, the issue of trust is referred to as a significant stressor for these couples, along with challenges relating to gender and power issues.

This chapter also looks to the concept of post-traumatic growth (PTG) with a view to considering areas of positive change that can occur in the aftermath of trauma, such as improved relationships with friends and family, intensified feelings of consideration for others and a desire for increased intimacy in relationships. While it is beyond the scope of this study, I believe that it is important to further explore the relevance PTG may have in both individual and couple treatments when at least one of the partners has experienced a traumatic event such as CSA.

Finally this chapter offers a brief outline of some of the predominant theoretical and therapeutic approaches to working with adult survivors of CSA, when considering their partners and their relationships.

The types of studies reviewed in this chapter mainly include questionnaires, surveys and observations drawn from clinical work. Despite the significant benefits of this earlier work, there remains a scarcity of research focusing on the voice and lived experiences of CSA survivors regarding the interpersonal dynamics within their adult couple relationships. Moreover, no study of this kind has ever been conducted in an Irish context. Only one IPA study is reviewed in this chapter, which focuses on the experiences of four couples in the aftermath of trauma in general. While it is relatively small, it is a rich and informative study.

While the findings in the studies discussed in this literature review are informative in providing a general sense of how adult survivors might perceive their adult couple relationships, there is a very real absence of the survivor's own voice and lived experience throughout the studies explored. This perspective echoes that of Mullen, Martin, Anderson, Romans and Herbison (1994) following their investigations carried out with sexual abuse survivors, outlined above. They recommend further exploration of how individuals personally construct their experience of the trauma of CSA. By accessing the survivor's personal constructs and experiences, researchers and psychotherapists will gain richer insight into the interpersonal dynamics between partners, where one or more of the partners have experienced CSA.

The limitations of earlier studies explored here have implications for future research. For example, the broad variability of the traumas explored by Goff et al. (2006) may have had an impact on their findings, while a focus on a specific trauma sample would have offered increased clarity, necessary in the field of trauma work.

Additionally, the themes identified by Goff et al. (2006) could potentially arise among couples and individuals where there is no trauma or history of CSA. The absence of a control group could be viewed as a limitation of the study's methodology.

While no control group was used in the current research, it aims to address other limitations evidenced in earlier research. In particular, it addresses the scarcity of research which reflects the voice of the survivor, with a view to enriching and deepening our understanding of how CSA survivors experience their adult couple relationships in the context of challenges or strengths. While investigating CSA is an established direction in the field of psychotherapy research, there are new and emerging ways of examining it.

Exploring relational aspects in consideration of both challenges and potential strengths offers a richer and a fuller understanding of this phenomenon. This research explores the experiences of adult survivors who have a history of CSA, with specific regard to their adult couple relationship/s. It explores how participants may experience this as having strengthened their adult couple relationships or having led to

challenges or difficulties in these relationships. This is with a view to heightening the awareness and enriching the knowledge and understanding of psychotherapists working with either individuals or couples, where one or both parties have experienced CSA.

By gaining a deeper and broader knowledge of CSA from the experience of the survivor, both on a personal and a relational level, clinicians will achieve a heightened awareness of the extensive facets of CSA, that to date have remained underreported. This includes possible post-traumatic growth in the lives of their clients, along with interpersonal responses to trauma. IPA is the most relevant and appropriate method of research for attaining a client-led, rich understanding of this phenomenon. This chosen approach will be described in-depth in the following chapter.

## **3.0 Chapter Three: Methodology and Methods**

### **3.1 Introduction**

This chapter explores the aims and objectives of the current study. It also offers a description of the chosen research approach, interpretative phenomenological analysis (IPA), including its philosophical and theoretical underpinnings and an overview of its key concepts. It presents a methodical description of the study implementation, including how participants were recruited, protocols and procedures that were considered and other aspects such as how the data was collected and analyzed. Finally, it explores general and specific ethical considerations and presents an overview of quality and rigour within the current study.

#### **3.1.1 Aims and Objectives**

The aim of this study is to explore the experiences of adults who have a history of child sexual abuse (CSA), with specific regard to their adult couple relationship/s.

The objectives of this study are:

- To explore how adults with a history of CSA may experience this as having strengthened their adult couple relationship/s.
- To explore how adults with a history of CSA may experience this as having led to challenges or difficulties in their adult couple relationship/s.
- To heighten the awareness and enrich the knowledge and understanding of psychotherapists working with either individuals or couples, where one or both parties have experienced CSA.

## **3.2 Methodology**

### **3.2.1 Research Design**

In the current study, an exploratory, qualitative research design known as Interpretative Phenomenological Analysis (IPA) was selected. This approach was chosen as being the most relevant available approach in terms of answering questions about the lived experiences of a particular population. The population, in this case, are adults who have experienced both CSA and at least one adult couple relationship.

Moving away from quantitative designs to correlate the experience of CSA with later symptomatology, Leahy, Pretty and Tenenbaum (2003) suggest that a qualitative design is more likely to allow for a clearer interpretation of the voice of the survivor. This is because with quantitative designs there is the possibility that what might appear to be effects of CSA may potentially be due to other life events. They propose that qualitative research should lead to a greater understanding of the aspects of CSA that may influence behaviour and subsequently be the focus of therapeutic intervention.

According to Cruz and Tantia (2017), qualitative research aims to understand and describe experience in a deep and meaningful way, in order to derive meaning from experience through the data that emerges. These authors outline how individuals are invited to participate because it is felt that they have critical information pertaining to the research question, therefore implying that participant identity is more important than participant quantity. The findings therefore relate to a particular context, and may not refer to broader populations as found in quantitative research methods.

The following section focuses on why IPA was believed to be the most appropriate qualitative approach for the current study, in consideration of my aim to achieve an in-depth, detailed account of each of the participants' experiences of CSA, with regard to its perceived impact on the single, particular aspect of their adult couple relationships.

### **3.2.2 An Overview of Interpretative Phenomenological Analysis**

Interpretative phenomenological analysis (IPA) is a qualitative research approach which focuses on the examination of how individuals experience and make sense of their lived experiences. The IPA researcher aims to examine the thoughts and reflections that individuals have in relation to the experience of something important in their lives. It is phenomenological because it is involved with experience in its own right (Smith, Flowers & Larkin, 2009).

Prior to selecting IPA as the chosen research method for the current study, other qualitative methods such as grounded theory were considered. However, Charmaz and Belgrave (2012) posit that while grounded theorists attempt to offer a complete, fair and accurate representation of the data gathered from participants, they may attend even more so to what is theoretically believable. In the current study, I was most interested in the richness of the participant's voice as well as similarities and differences in participants' lived experiences that may have emerged during data analysis.

Grounded theory involves each interview being partially built upon information gathered in previous interviews, with a view to developing a theory. However, during this study I began each interview with a predetermined, but flexible interview schedule in the hope that this approach would serve as a method of carrying each participant's independent voice to the forefront of the study. IPA was the chosen approach because it firstly focuses on a detailed analysis of participants' personal experience, prior to seeking shared patterns and themes, thus allowing for each of the participants' voices to be incorporated into the concluding results.

Larkin, Watts & Clifton (2006) discuss aspects of IPA such as the phenomenological aspect of understanding and giving voice to the participants, and the interpretative aspect of contextualizing and making sense of the participant's voice from a psychological perspective. The concept of giving voice to the participants was particularly relevant to this study, as CSA survivors are frequently reduced to voicelessness because the act of sexual abuse is so often associated with shame and

secrecy. For instance, Franz (2002) describes how sexual abuse “thrives under a veil of secrecy” (p.9), outlining how the perpetrator reduces the victim to silence thereby sustaining the sexual abuse.

### **3.2.3 Key Concepts and Theoretical and Philosophical Underpinnings of IPA**

The following sections explore some of the key concepts of the chosen research method, IPA. Phenomenology is explored as the underlying philosophical approach. This is followed by a discussion which focuses on hermeneutics, idiography, intersubjectivity and intentionality.

### **3.2.4 Phenomenology**

Phenomenology is a philosophical approach to the study of experience which involves the consideration of what the human lived experience is like, particularly regarding aspects of our lives that are important to us. The primary principle of this philosophical inquiry is that the experience that is being examined should be examined in its own right, in the way that it occurs (Smith et al. 2009).

Husserl (1970) outlines how, at the core of phenomenology lies the reduction of something to something else. He proposes that we should ‘go back to the things themselves’. Smith et al. (2009) suggest that when Husserl made this statement, he was referring to the “things” as being the “experiential content of consciousness” (p.12), and that he was alluding to the different obstructions that might interrupt this process. Husserl (1970) was suggesting that by pursuing the things themselves, we might be better positioned to avoid trying to understand occurrences based on our own pre-disposed, potentially biased categorization system. His philosophical standpoint involves moving out of what he calls our natural attitude, or pre-disposed position, towards a phenomenological attitude, and thus to a more unbiased position, in order to examine the experience in its own right. Finlay (2008) describes Husserl’s phenomenological attitude as a process in psychological research that allows an openness to the world, in contrast to preconceived understandings that are restrained in a reflexive manner.

Husserl developed an approach which was intended to classify the core structures of human experience, and to bracket off aspects that we take for granted in order to access our true experience of things. Bracketing does not make the information that we take for granted disappear, but rather proceeds through a sequence of “reductions”. Each reduction brings with it an alternative way of thinking about the particular phenomenon. These reductions propose to shift the individual away from their own preconceived notions and back towards the essence of their experience of the phenomenon. There is a suggestion that the concept of “reduction” in IPA does not refer to “reducing down”, but rather to a “leading back” to the phenomenon of interest (Flowers, P., personal communication, 2016, May 13th).

Hanna (1995) refers to the underpinning feature of transcendental reduction, as bracketing off elements of interpretation such as culture, context and history. This enables the phenomenologist to achieve an unbiased understanding of the world and the self, with a view to accessing the essence of the phenomenon at hand. Essentially, transcendental reduction endeavours to reduce our understanding back to the core.

However, a different perspective is offered by Fischer (2009), who outlines how the study of a phenomenon requires something more than accessing it in such a way that it is not influenced by our preconceived notions, attitudes or beliefs. She describes how perspective is a fundamental part of research and how the purpose of bracketing is merely to help the researcher identify and examine their perspectives. She describes bracketing as a ‘mindfulness’ in which the researcher should regularly consider the assumptions that arise throughout the research. In short, Fischer (2009) proposes that bracketing requires that we take ownership of where our assumptions come from. She proposes that it is inauthentic not to consider our personal relationship with the world and how a “hermeneutic unfolding” is required.

### **3.2.5 Hermeneutics**

A hermeneutic unfolding is considered a key underpinning of IPA, that can be linked to Martin Heidegger (1889-1976). According to McConnell-Henry, Chapman and

Francis (2009), Heidegger rejected the notion of bracketing and strongly proposed the importance of interpretation, and thus the importance of the researcher in the research process. Heidegger also underlines the importance of time and context in relation to understanding phenomena.

Therefore, according to these authors, there is a clear distinction between Husserl's and Heidegger's phenomenologies with regard to the emphasis on the background understanding of the phenomenon at hand. In summary, Husserl argued that it was crucial that the researcher cast aside any preconceived notions, thus providing an unbiased description of the experience, but without any meaning. Heidegger, on the other hand, proposed that the interpretation of data was dependent on the previous knowledge of the researcher and that interpretive research could not possibly exist without some researcher influence.

As a professional working within the field of CSA, I believe that my prior understanding of the phenomenon at hand was beneficial to seeking and understanding meaning in the participants' experiences. Heidegger views the researcher as being in the world of the participant and the research topic, and emphasises that all understanding is inherently linked to context (McConnell-Henry, Chapman & Francis, 2009). Equally, I believe in the importance of the researcher being mindful that her preconceived beliefs do not overly influence her interpretation of the participants' experiences.

Hermeneutics, referred to as the theory of interpretation, emphasizes that Husserl's reduction cannot fully occur because of our constant engagement in the world and in relationships with others (Smith et al. 2009). The best we can manage, according to hermeneutic phenomenology, is interpretation. These authors propose that in an IPA study, the researcher's access to experience will be based on what the participant reveals about that experience, and that subsequently the researcher needs to interpret that explanation in order to understand the experience. This implies that the researcher is engaged in a double hermeneutic in that he or she is trying to make sense of what the research participant is trying to make sense of.

Sandage, Cook, Hill, Strawn and Reimer (2008) refer to making meaning out of life experiences, noting that we continuously construct meaning through hermeneutical processes by raising new questions. They outline how Heidegger viewed life as a hermeneutic process and that his notion of being, “dasein”, put emphasis on “knowing through creative action in the world” (p.346). They propose that Heidegger emphasized the significance of “uncovering hidden meanings” and “expanding horizons”, rather than “understanding essences” (p.346).

Heidegger believed that human beings’ life experiences were constructed through interpretations. He was not interested in how we know things, but rather the nature of being in the world that encompasses our understanding. De Visscher (2015) suggests that a scholar of hermeneutics is a type of “detective” who is a “master of unveiling hidden facts” and “mysteries that escape pedestrian and prosaic minds” (p.229). In summary, hermeneutics contain several levels and thresholds, and interpretations are never definite or complete.

### **3.2.6 Idiography**

There is a noticeable link between psychotherapy and IPA in Carl Rogers’ (1956) statement that “what is most personal, is most general” (p.26). This reflects the thinking behind the idea of idiography. According to Smith, Flowers and Larkin (2009), idiography essentially proposes an emphasis on the particular with regard to participants and their particular contexts. Like Rogerian therapy, IPA is interested in the personal perspective. It begins with a thorough examination of each case before moving towards any kind of generalization.

Smith, Flowers and Larkin (2009) describe how IPA’s initial commitment to the particular, rather than the group, operates at two levels. Firstly, there is a commitment to the particular, in terms of detail, with a depth of analysis, which must be thorough and methodical. Secondly, IPA aims to understand how a phenomenon is understood with regards to context.

In an individual ideographic case study, Eatough & Smith (2006) describe how their participant tells the story of her life by referring to events in space and time, and how these events are suffused with meaning and significance. According to these authors this captures the richness and complexity of the participant's lived experience. The researcher is not simply a respondent, but rather an active listener allowing the interview to progress to places determined by the participant, rather than the interview schedule. Similarly, throughout the course of this study, the CSA survivor's lived experiences were actively listened to, in stark contrast to the abused child who may have felt voiceless or unheard.

Eatough & Smith (2006) propose that "the subjective experiences of the individuals" (p.485) are of central concern to IPA. They outline how the emphasis on the idiographic in IPA places priority on the complex nature of human meaning making. Therefore, analysis of the participants' subjective experiences must precede any examination of the developing analysis in the context of previous literature and theoretical relationships developed.

### **3.2.7 Intersubjectivity**

While IPA primarily has an emphasis on the particular, it subsequently draws connections between these particular instances and more general conclusions (Tomkins & Eatough, 2013). The phenomenological concept of intersubjectivity refers to shared or overlapping perspectives which allow individuals to estimate others' conscious worlds through a shared framework of meaning. It signifies our relational nature of being in the world. Intersubjectivity is the part of ourselves that accounts for our ability to make sense of each other and to communicate with one another (Flowers, P., personal communication, 2016, May 13th). Cornejo (2008) describes intersubjectivity as "the space when we are being-in-the-world-with-others" and refers to the "common feeling" that we experience with others "as consequence of our inalienable sense of being-in-the-world" (p.174).

Intersubjectivity suggests that although our lived experiences are unique and often unrelated, there is a shared understanding which exists allowing for human

connectedness and interpretation, as demonstrated in the relationship between researcher and participants in the current study. According to Zlatev, Racine, Sinha & Itkonen (2008), the human mind is a shared mind and intersubjectivity is at the very heart of what makes us human.

### **3.2.8 Intentionality**

Phenomenological inquiry relates to what is experienced in the consciousness of the individual. Smith, Flowers and Larkin (2009) note that the concept of intentionality describes the relationship between what is happening in the consciousness and the object for attention. In these terms then, consciousness is always consciousness ‘of something, which may have been inspired by a “perception of a real object in the world, or through an act of memory or imagination” (p.13). In short, intentionality may be referred to as “our directedness to the world” (Flowers, P., personal communication, 2016, May 13th). Hirjak, Breyer, Thomann and Fuchs (2013) suggest that for Husserl, intentionality is the most essential aspect of consciousness and that our consciousness is always directed to, or about, something. In IPA, intentionality infers a meaningful interaction between a participant and a phenomenon.

In my opinion, the philosophical and theoretical underpinnings of IPA, along with the incorporation of its key concepts, enables the IPA researcher to focus on a thorough, methodical examination of human lived experience. In the current study, by primarily addressing the individual and most personal before moving outwardly towards what was most general, I was enabled to access the lived experiences of the participants as they were expressed, in their own right. This said, predefined assumptions and biases were bound to exist, and I mindfully acknowledged this throughout the entire research process.

### **3.3 Method**

In this section the author will outline all aspects of the method that was used during this study, from the initial stage of recruiting participants to the final stages of analyzing the data and writing up the final report of this study. The author also

discusses the importance of reflexive awareness throughout all the stages of this research.

### **3.3.1 Overview**

Ten participants were recruited for this study. A semi-structured interview schedule (see Appendix A) was used to guide me towards achieving an understanding of the lived experience of these participants. Information was gathered regarding how participants believed their experience of CSA has or has not impacted their adult couple relationship/s.

### **3.3.2 Recruitment**

I received written consent from the Executive Directors of Galway Rape Crisis Centre (GRCC) and Dublin Rape Crisis Centre (DRCC) (Appendix B) to meet with the organisations' voluntary and paid therapists who were working with individuals who have experienced CSA. The required number of participants was recruited in GRCC and therefore no further contact with DRCC was required.

Firstly, the aims and objectives of the research were presented to the therapy team at GRCC, during their monthly peer support meeting. Meeting with the GRCC therapists allowed me an opportunity to outline all aspects of this research project, and answer any questions or concerns, prior to recruiting a purposive convenience sample from their place of work. Posters (Appendix C) were displayed in the centre inviting clients to speak to their therapists regarding possible participation in the research.

Therapists were asked to play a significant role regarding recruitment. Along with being asked to adhere to the study's exclusion criteria when considering the suitability of interested clients, as an additional safety measure, therapists were asked to use their clinical judgement with regards to suitability for participation. This was with a view to reducing the likelihood of unnecessary distress and/or risk to participants' emotional wellbeing. This is further explored below with reference to ethical considerations. If 10-12 suitable participants had not been available for recruitment in GRCC, I would have conducted the same recruitment process in DRCC, with a view

to achieving the required number of participants. All interviews took place in GRCC, because a sufficient number of participants was recruited in this centre.

### 3.3.3 Participants, Inclusion and Exclusion Criteria

Due to the level of detail that is required in an IPA study, a relatively small number of participants was anticipated for this research (8-10). A group of ten CSA survivors volunteered for participation. This group was relatively homogenous, based on the inclusion criteria of the study. Participants consisted of nine females and one male. Nine participants were Irish and one participant was from central Europe. All were aged between 26 and 53 years and attending for psychotherapy in a community-based rape crisis centre in the West of Ireland (see Table 1 below)

**Table 1: Characteristics of Participants & Types of CSA**

PSEUDONYM	AGE	GENDER	TYPE OF CSA/ PERPETRATOR	CURRENT RELATIONSHIP STATUS
Liz	39	Female	Familial (Father)	Married
Bernadette	43	Female	Familial (Father & Grandfather)	At the early stages of a new relationship
Niamh	41	Female	Family Friend	Married
Penny	42	Female	Familial (Brother)	Married
Margaret	26	Female	Family Friend	At the early stages of a new relationship
Caroline	40	Female	Neighbour	Married
Susan	26	Female	Family friend	Single
Deirdre	46	Female	Family friend	In a long-term relationship
Edward	53	Male	Institutional CSA	Single
Celine	41	Female	Familial CSA (Father)	Married

\*Pseudonyms Used

### **Inclusion Criteria:**

- Male or female adult client, currently attending for counselling at an Irish community-based rape crisis centre.
- Over eighteen years of age.
- Currently in, or previously had been in, an adult couple relationship, as they describe it, in their own terms.
- Attending the counselling service in relation to sexual abuse that had occurred, at least once, during childhood, as opposed to sexual assault or rape during adult life. Childhood being described as the years prior to the age of eighteen years. CSA being understood as defined in 'The Children First: National Guidance for the Protection and Welfare of Children' (2011).

As outlined above, at the time of the research all participants were attending therapy in GRCC. The rationale for this criterion was to ensure that participants had the added support of their therapists, if required. Alongside this, I took care, at all stages of this research process, to avoid any unmanageable client distress or re-traumatization. These factors will be further explored in the context of ethical considerations.

### **Exclusion Criteria:**

- Clients who may have experienced sexual trauma within six months prior to recruitment were deemed potentially too vulnerable to participate in this research study.
- Clients who were under eighteen years of age were not eligible for participation.
- Clients who had either not experienced CSA or had not been in an adult couple relationship were also excluded from participation.
- Finally, as outlined above, clients judged to be too vulnerable by their therapist were excluded from participation.

### **3.3.4 Protocols and Procedures**

For the purpose of this study, each in-depth, semi-structured interview took approximately one hour. Participants were clearly informed of this, and other procedures, in writing, during the recruitment stage (Appendix D), and again at the time of interviewing. All participants signed consent forms (Appendix E) outlining that they fully understood the research process, including its legal limitations.

As previously noted, all participants were attending therapy at the time of research interviews, and were encouraged to revert to their individual therapists should extra therapeutic support be required after taking part in this study. Participants were also offered the opportunity to debrief with me following their individual interviews. All participants, except one, were happy to engage in a debriefing process, with many expressing relief that they were no longer being recorded. The participant who did not wish to engage in a debriefing process, outlined that she was fearful of doing so because she did not want to become upset before collecting her child from school. Instead, she agreed it may be beneficial to further explore her experience of the research interview during therapy.

During debriefing, most of the participants outlined how they felt it was helpful to have an opportunity to focus on their relationships in this manner. One participant outlined that he experienced a positive shift in how he views himself in the world, having had the opportunity to really review his relationship history. This same participant outlined that he would request additional therapeutic support following on from his participation.

In relation to the personal safety of both myself and the participants, a second staff member was always present in the centre at the time of interviews. If a participant indicated that they would like the interview to take place in an external location, this was explored and options were considered with regard to arranging an alternative meeting place, as agreed between myself and the participant. In one case a participant suggested to meet in his favourite hotel lobby, but following a discussion which focused on issues pertaining to confidentiality and privacy, it was agreed that this meeting would take place in the centre. All other participants expressed a preference

for meeting in the centre and many outlined that they considered this a safe and familiar location.

### **3.3.5 Data Collection**

Kvale (1996) outlines how qualitative interviewing enables greater interest in the participant's perspective than would quantitative research. The flexible nature of the interview allows the interviewee to offer insight into what they themselves see as relevant. The interviewer, meanwhile, can vary the wording or the sequence of questions depending on how the interview progresses. This flexibility cannot exist in quantitative research as it would affect the standardization of the research process, thereby affecting the reliability and validity of measurement (Kvale, 1996). Kvale (2007) suggests that there are no unequivocal quality criteria for research interviews, writing that a good interview depends on the "craftsmanship of the researcher". This goes beyond the researcher's questioning techniques to "encompass knowledge of the research topic, sensitivity to the social relation of the interviewer and the subject, and an awareness of epistemological and ethical aspects of research interviewing" (p.90).

During this IPA study, the data was collected through qualitative, adaptable, semi-structured interviews (Appendix A). Interviews with all ten participants were recorded. A flexible approach to interviewing enabled the development of a gentle and positive researcher-participant rapport and this in turn led to the production of informative and elaborate data. Where participants became emotional due to the sensitive nature of the material being discussed, the offer was made to stop recording with a view to taking a break. The recording of interviews was stopped on two occasions. In one case, the participant requested a brief break in silence and in another case, the interview was stopped so that the participant could take a cup of tea.

My intention during the initial stages of the interview process was to develop a sense of safety and trust with the participant. Smith, Flowers and Larkin (2009) encourage the researcher to progress slowly and carefully at the beginning of the interview so that the participant has an opportunity to get used to talking. Only when the participant appears to be comfortable should the researcher begin to concentrate on the topic for discussion - in this case the impact of CSA on the participant's adult

couple relationship/s. With this in mind I progressed slowly through the early stages of the interviews, allowing ample time to phrase the interview questions appropriately and to consider the most sensitive ways of phrasing questions, depending on how I felt participants were responding.

Following the strong, adverse reaction of one participant during an early interview, when asked *'How is your current couple relationship, or past couple relationship/s, similar to the abusive relationship?'*, the phrasing of this question was reworded in a more sensitive manner. During subsequent interviews, participants were asked *'How, if at all, is your current couple relationship, or past couple relationship/s, similar or different to the abusive relationship at times?'* (Appendix A)

This slow and gentle interview tone allowed participants to take their time to consider and respond to potentially difficult questions at a comfortable and safe pace. They were encouraged only to share information based on their personal sense of emotional safety. During their debriefing, some participants outlined that their sense of safety and general well-being throughout the interview was enhanced by their sense of familiarity with the location (GRCC).

When appropriate, I gently encouraged the participants to elaborate their accounts of their lived experiences. Fischer (2009) suggests that by encouraging participants to do this, the researcher can clarify earlier interpretations and deepen possible alternative understandings of the participant's experience. It was made clear to each participant at the beginning of their interview that I was interested in them as individuals, and in their experiences, and that there were no right or wrong answers.

The interview schedule, delivered in a flexible and adaptable manner, served only as a guide for phrasing questions, and moving the discussion between general and more specific issues. Smith, Flowers and Larkin (2012) suggest that there may be times when the researcher should forsake the interview and concentrate on the 'course' set by the participant. I sensitively probed participants throughout the interview if there was a sense that they might have had more to say.

Despite the sensitivity of the subject matter, I ensured that participants were aware that the interview would not serve the same purpose as their personal therapy. In addition to stating this clearly, at times it was necessary to proceed with mindful cautiousness regarding my interview approach, in order to prevent the interviews from inadvertently taking a therapeutic direction. I used body language and a tone of voice that felt similar to a therapeutic interaction. Similarly, I used non-verbal cues that were intended to reassure the client that they were being actively listened to. While these aspects of the interviews helped to create an atmosphere of safety and trust, it was crucial to the process that my role as researcher did not become merged with the role of therapist.

### **3.3.6 Analysing the Data**

A reflective diary was kept throughout the entire research process and I took notes immediately after each interview with a view to capturing my own immediate interpretations of the participants' experiences.

After data was gathered, the recordings of these interviews were listened to as many times as was required to allow myself to become familiar with the tones and voices of the participants. To allow the focus to remain on the participant, and to allow for entry to the participant's world, any potentially overwhelming first impressions and/or connecting ideas were recorded separately.

After the interviews had been listened to, I transcribed and subsequently read them several times, both with and without the recordings being played. Having added conceptual, linguistic and descriptive notes (Appendix F), I then analyzed the interviews on an individual, case-by-case basis. I wrote narrative summaries (Appendix G) for each of the participants and endeavoured to discover similarities and differences, or convergence and divergence, between the individual participant's experiences.

According to Smith, Flowers and Larkin (2009), the most interpretative stage takes place when the transcript data are dealt with at a conceptual level. Throughout this process, I identified themes throughout the transcripts, and connections between the emerging themes were explored. Clusters of themes were then formed for each

participant. I searched for common themes across participants, and a list of master themes was then developed that reflected the experiences of the participants as a group.

As the data analysis progressed, emerging themes were checked with the original data, until all themes had been identified and integrated. The themes were then amalgamated into a narrative account to be presented in the final report of this study. Smith (2004) suggests that skillfully-written IPA research gives the reader access to both individual and shared themes that emerge during analysis. In other words, the way an IPA research paper should be written should allow the reader to learn about the generic themes that have emerge, and also about the lived experiences of the individual participants who have taken part in the study.

This entire research process involved methodical analysis with constant review of each of the steps of the analysis. My interpretation was supported throughout the study, by relevant quotes and extracts from participants. I felt that this would offer the reader a rich and deep insight into the particular lived experiences of the individual participants.

### **3.3.7 Reflexive Awareness**

Goldspink and Engward (2018) describe reflexivity as an ‘adjunct’ to the IPA process involving ‘echoes’ within the research process. These echoes are a combination of the participant’s and the researcher’s words and experiences as they resonate with one another throughout the process. They note that recognising echoes in the research process enables the researcher’s awareness of their own presence within the process and in relation to the participant. Through an exploration of these echoes, the researcher is enabled to work with their own assumptions and beliefs, rather than dismissing them, thus enhancing the phenomenological process and making reflexivity a fundamental part of their research practice.

As a professional in the field of CSA, I worked to hold an openness and a constant reflexive awareness of my preconceived understandings of this trauma and its impacts. I propose that this awareness in itself was central to the entire research process. Being mindful of my pre-existing beliefs throughout the research process

enabled me to recognise the complexity of distinguishing the ideas and understandings belonging to me, from the lived experiences of the participants. This mindfulness enriched rather than diminished the authentic, subjective views of the participants and while a complete picture is impossible to grasp, a continuous openness to the world of the participant was achieved.

This mindfulness began at the initial stages of this project, when I took time to consider my preconceptions and assumptions regarding the impact of CSA on adult couple relationships. Reflexivity regarding these matters, and the subsequent mindful self-awareness around ownership of my presumptions, allowed me to enter, encounter, capture and immerse myself in the authentic lifeworld of the participant.

During the course of this research project, I regularly re-entered the lifeworld of the participants through their stories of survivorship, within their intimate adult couple relationships. Initially, when transcribing their interviews, and subsequently throughout the stages of data analysis, I repeatedly listened to their experiences, through ear plugs, to ensure limited external interference with the voices of the participants. Over time, while becoming repeatedly immersed in the data, the tones and nuances of the individual interviews began to feel familiar to me. The anguish and suffering in the voices of the participants felt close and amplified, as they recalled their earlier emotional pain and the traumatic responses that remained part of their life as they moved through adulthood.

Because of this level of familiarity and closeness to their experiences, it felt necessary to consistently monitor myself regarding self-care throughout the research process. I was reminded of the resilience often evident in the every day lives of CSA survivors and how this ought to be recognised and commended during psychotherapy with this client group. As clinical director of a rape crisis centre, I also became increasingly cognizant of the necessity of an enhanced self-care program for therapists at the centre, which has subsequently been implemented.

Fischer (2009) suggests that reflexivity allows for self-awareness, and refers to a person reflecting on how they have been involved in developing particular understandings. Fischer (2009) also notes that the goals of ongoing reflection

regarding the researcher's engagement with data are to check if the researcher is imposing their own meanings on the data, and to clarify what other meanings might emerge.

In her study which explored quality and trustworthiness in qualitative research, Morrow (2015) outlines how all research is susceptible to researcher bias and that both qualitative and quantitative approaches have methods of managing subjectivity. She notes that qualitative researchers acknowledge that their data, and the analytic processes they use, are rooted in subjectivity. Furthermore, she proposes that depending on the research approach being used, the researcher will implement ways of working towards controlling and managing subjectivity, or accepting it and using it as part of their data.

Morrow (2015) refers to the importance of the researcher making his or her assumptions and biases explicit during the research process, suggesting that this has become standard in qualitative research. This degree of awareness of one's own assumptions can prevent them from over-influencing the research process. This, in turn, will allow the researcher to access genuine and unaffected meanings that participants ascribe to the phenomenon. With this in mind, as outlined above, I was mindfully aware of personal assumptions and preconceived notions, as well as professional knowledge, in order to better receive and understand the participants' own authentic descriptions of their lived experiences. This involved being aware of the primary fundamental assumption that CSA survivors would experience CSA as having impacted their adult couple relationships in one way or another, when perhaps the relationships of survivors may not have been impacted at all.

Participants were asked "*Are there any parts of your relationship that you believe are especially rewarding because of your experience of child sexual abuse?*". Prior to this study I was interested in the concept of post-traumatic growth in CSA survivors. Awareness and reflexivity regarding my own interest in this concept, as a less apparent or under-researched impact/s of CSA, helped to ensure that any indication of the development of strengths and other positive impacts in participants was authentic, even if co-created by the participant and the researcher due to the nature of the question being asked. Similar to the work of Goff et al. (2006), who deviated from

the tendency of trauma research to probe negative relationship patterns, participants in this study were offered the opportunity to explore both the strengths and challenges in their couple relationships. Clear evidence of strengths, such as increased understanding and support between partners emerged in both studies.

There was continual review throughout the entire research process until a narrative account was developed and presented in the final report of this study. This approach obtained strong, thorough, systematic data from the individual interviews carried out with the participants.

### **3.4 Ethical Considerations**

#### **3.4.1 Generic Ethical Considerations – An Overview**

The practice of ethical research requires monitoring throughout the entire process of a given research study. This monitoring begins with the initial stages of meeting the criteria for ethical approval from the relevant bodies, and continues with the researcher's ongoing care and reflection throughout all stages of the study. With regard to the current study, the executive directors at GRCC and DRCC agreed that the permission and ethical approval of the DCU ethics committee was sufficient for this research to take place in their organisation/s. As mentioned above, the required number of participants was recruited in GRCC, so there was no requirement to recruit participants from DRCC.

Throughout the current research study, I adhered to Dublin City University (DCU) Codes of Good Research Practice. I also worked in consideration of Bond's (2004) ethical guidelines for researching counselling and psychotherapy, regarding trustworthiness, managing risks, relationships with participants, research integrity and research governance.

#### **3.4.2 Informed Consent**

The first item for contemplation regarding general ethical considerations for this study was the issue of informed consent. This referred primarily to the participant offering

consent to meet with me in order to share their experience. According to Bond (2004), the right to give or withhold consent to participate in research is a basic human right, and a civil right. Informed consent also refers to possible findings being distributed in a public domain. This may be particularly relevant when quotes from participants are used to emphasize their experiences. During the course of this research, if I sensed that the participant was distressed, I checked to ensure that they continued to consent to engagement in the interview process.

### **3.4.3 Trustworthiness**

According to Bond (2004) ethical researchers seek ‘the highest level of trustworthiness and integrity’ (p.4) regarding their relationships with participants and all others involved in the research. In the current study, I approached these interviews with skills acquired through my training and experience as a counselling psychologist, including authenticity and empathy. This helped to develop a trusting and safe interview environment for the participants.

Furthermore with regard to the trustworthiness of the research itself, I gave careful consideration to reflexivity, particularly with reference to my preconceived assumptions. This was managed through my research journal and through monthly supervision meetings with two supervisors. My supervisors regularly checked the data and the emerging themes to ensure reasonable interpretation, and quotes were referred to throughout with a view to placing a strong emphasis on the participant’s voice.

### **3.4.4 Protecting Sensitive Information**

Bond (2004) proposes that standards and procedures in research should be as consistent as possible with those that prevail in the relevant services provided to clients. With this in mind, every effort was made to protect anonymity. This said, anonymity could not be 100% guaranteed, as it is possible that participants may be identifiable based on information shared or quotes used throughout the study. Participants’ names were not used at any point during or after the study. When conducting the interviews each participant was assigned a number that was subsequently applied during data analysis. A pseudonym was used in the thesis write-

up and for the dissemination of the results. However, as previously stated, quotes that were used may possibly identify participants. All of the above was outlined clearly to all participants before taking part in the study.

I stored all paper information in a locked filing cabinet, and the names were stored separately from the assigned numbers and subsequent pseudonyms. I also encrypted all electronic information and stored it on a desktop computer within a room that only I have access to.

All information connected to this study will be removed from the computer and I will ensure that all paper and audio transcripts will be shredded or destroyed and disposed of in a responsible manner on completion of this study. In addition, electronic recordings and transcripts will be deleted completely with the secure file deletion option on the CCleaner software, within five years of completion of the study.

### **3.4.5 Risk Management**

As outlined in Bond's (2004) ethical guidelines for counselling and psychotherapy research, the dominant ethical concern is the avoidance of harm to all research participants. Careful consideration was given to any potential risks that might have resulted from this research with regard to the individuals that could potentially be affected and the overall integrity of the research being carried out.

I was aware at all times of my professional responsibility with regard to reporting any undisclosed incidences of CSA. Participants were aware of my obligation to report any previously unreported child protection issues that may have arisen as per Children First: National Guidance for the Protection and Welfare of Children (2011). These limits to confidentiality were clearly outlined to the participants in the consent form (Appendix E). Participants were also verbally informed of this prior to interviews taking place, and would have been reminded of this during the interviews if this instance had occurred.

## **3.5 Specific Ethical Considerations**

### **3.5.1 Vulnerability**

As outlined above, avoidance of harm was a key ethical consideration in working with these participants. This included re-traumatization or increased distress. With this in mind, and in consideration of the sensitivity of the topic, in advance of meeting the participants, I emailed them an outline of the specific topics that would be covered during the interviews. This was with a view to enabling participants to withdraw consent prior to interview if they believed that the content of the interview may have been too distressing for them.

O'Neill (2011) refers to the concept of participant 'vulnerability' in research projects, noting that researchers need to be aware that levels of vulnerability and ability to consent may change over the course of the study. While this mostly refers to longitudinal studies, it may also be relevant to research where there are significant time lapses between the stages of recruitment and interview. O'Neill (2011) also notes that participants should not necessarily be considered as vulnerable or lacking in the ability to offer informed consent because of the "vulnerability of the group to which they belong" (p.181). Furthermore, O'Neill (2011) describes how special consideration must be given to clients who although mentally capable, may be in situations where their ability to choose or refuse participation is questionable, as is their perception of whether or not they have that choice. I believe that this was particularly relevant to this sample group.

Harper (2007) emphasizes that dynamics in relation to power and the issue of choice and decisions can be complex in therapeutic relationships with survivors of CSA, and that this needs to be recognised unrestrainedly in order for a safe therapeutic environment to develop with these clients. Similarly, these are considerations that I believe must also be observed when conducting research involving these individuals. Consequently, with a view to developing a safe research environment, I remained consistently sensitive to these complexities from the initial stage where clients were invited to become participants, to the final stage of the study. Also, I recognised the importance of participants being offered further opportunity to indicate their consent after the interview and following debriefing. Participants were reminded of their right

to withdraw from the study at any point throughout the active stages of the research process, until the stage where the data had been analysed and the study written up.

A rich and thorough understanding of this phenomenon might not have been accomplished without attempting to explore and understand the perspectives of those who have endured and survived it. However, although participants were central to this research process, care and consideration were taken at all times to avoid any intolerable or unmanageable increases in client distress or re-traumatisation. These precautions were taken even though, according to Maclain and Amar (2013), many studies suggest that despite their vulnerability, and despite the fact that participation may be upsetting, research participation does not generally lead to further traumatization for survivors of CSA.

Judkins-Cohn, Kielwasser-Withrow, Owen & Ward (2014) describe the principle of beneficence, outlining that researchers must give careful consideration to causing no harm and not increasing stress of participants. One participant in the current study became increasingly distressed as his interview progressed, but after taking a short break he decided that he wanted to continue as he felt it was an opportunity for him to articulate his experience and to use his voice to potentially help others.

Gagnon, DePrince, Srinivas, Hasche (2015) note that during research, ethics must be considered in relation to the potential advantages and disadvantages to participants. These authors outline that participants in trauma-focused research commonly rate their participation in research studies as being more beneficial than disadvantageous. While many of the participants in the current study became tearful and upset during interviews, they also acknowledged, during debriefing, that they had found the interviews helpful and thought-provoking. Some emphasized their surprise at the emotional responses that the interviews elicited, but all stated that they felt emotionally safe after their interviews and also that they would be happy to explore their experience of participation with their therapists in due course, if they felt that this was necessary.

### **3.6 Insider Researcher**

Care was taken at all times in consideration of my dual role of researcher and clinical director at GRCC. This professional role does not involve 1:1 clinical supervision of the therapists (all therapists attend for supervision externally). A 1:1 clinical supervisory role may have influenced the dynamics within the research process.

While I am responsible for case managerial supervision, this research does not focus on therapeutic events or aspects of therapy which therapists may potentially have felt to be intrusive. All therapists at GRCC have been working in this organisation for at least ten years and I was confident that they would make choices regarding research participation based solely on the best interests of their clients. This was evident at the early stage of recruitment, when the offer to participate was presented to the therapy team at GRCC, during their monthly peer support meeting. Therapists openly queried and discussed factors that they felt would indicate suitability, or otherwise, for participation.

Judkins-Cohn et al. (2014) suggest that when there is a dual role, researchers must pay attention to the concept of power and how this might affect a participant's ability to refuse or consent to participation. They describe nurses applying the ethical principles of autonomy, beneficence, and justice within the dual role of nurse-researcher, and how these principles are important when considering informed consent for participation in research. They propose that potential participants may feel obliged to participate to ensure that their clinical care is not impacted by their refusal.

With this in mind, in the current study I ensured that neither therapists nor their clients felt that their practice role or their care plan would in any way be impacted by their consent or refusal to participate in, or support, this research project. This was explicitly stated to therapists prior to the recruitment of client participants. According to Judkins-Cohn et al. (2014), it is the responsibility of the dual role researcher to reduce the power imbalance and maintain autonomy with a view to preventing unintended coercion. They advise that the dual role must be clearly described to participants and that boundaries must be maintained between the research and clinical

roles. This advice was adhered to in the current research and as a result I felt assured that all participants were fully informed regarding their consent to participate.

### **3.7 Quality and Rigour Criteria**

Yardley (2000) refers to the difficulty of assessing the validity of qualitative research due to its “novelty and diversity” (p.215). This author suggests some guiding principles that may assist the qualitative researcher in assessing the quality of their work. These include “sensitivity to context, commitment and rigour, transparency and coherence and impact and importance” (p.219).

Yardley (2007) notes that qualitative research can show sensitivity to context by demonstrating an awareness of participant perspectives as well as the context of the research, including linguistic and sociocultural factors. It is my opinion that in the current study, my dual role was beneficial with regards to achieving and demonstrating sensitivity to context. Yardley (2000) also notes that the researcher should be aware of the “context of theory” (p.219) by having an understanding of relevant investigations already outlined in empirical literature. In the current study, I completed a literature review which served to enhance my knowledge of earlier investigations relating to the of interest.

Yardley (2000) also refers to the benefits of the researcher being grounded in the philosophy of the chosen research approach, as was the case in the current study. Furthermore, she suggests that the researcher must be constantly aware of the general and specific effects of her own actions and characteristics, including language and dialogue, and the potential significance that this may have during the research process. I was careful to ensure the participants understood that there was no expectation of how they should answer the questions during their interviews. Instead of asking *‘how’*, I asked *‘how, if at all’*. By further developing the questions in this way, and by suggesting that the individual topics *‘may or may not’* be relevant to the individual participant, an atmosphere was created in which it was clear that there were no right or wrong answers. In turn, the participants steered the interviews to where their own lived experience was most significant.

Yardley (2000) identifies commitment, rigour, transparency and coherence as criteria that are relevant to data gathering, analysis and reporting in most research approaches. In relation to commitment, she writes about the researcher being engaged with the topic and having a competence in the method, and therefore confidence in the subsequent data that emerges. In the current study, again it is my view that my engagement with the topic as a result of my dual role, allowed for a greater immersion in the process as the study progressed. Nonetheless, as previously outlined, my dual role also required a mindfulness of any preconceived beliefs based on her clinical experience.

Yardley (2000) notes that rigour refers to the “completeness of the data collection and analysis” (p.221), as well as to the appropriateness of the sample in providing a thorough account of the phenomenon through the emerging data. Rigour also refers to the completeness of the researcher’s interpretation. In the current study, my interpretation of data was a focus point for consideration with my supervisors throughout the entire research process. Completion of data analysis was reached after thorough and ongoing reflection of the topic in order to transcend any superficial understanding and gain a rich understanding of the themes that arose.

According to Yardley (2000), to meet the criteria of transparency and coherence the researcher must detail all aspects of the data collection and analysis, including quotes and excerpts from the original data - as was the case in the current study.

Transparency also relates to how all appropriate parts of the research process are made known to the reader. It may also refer to the researcher’s reflexivity regarding their personal experience of the phenomenon. Reflexivity was maintained throughout this entire research process, allowing the researcher to encounter and capture the authentic lifeworld of the participant.

Impact and importance refer to the “theoretical worth” (p.223) of the research project, and how it will be utilized going forward. It also refers to whether or not the researcher has managed to achieve the original aims and objectives of the study. By exploring the authentic, lived experiences of adults who have a history of CSA, with specific regard to their adult couple relationship/s, a deep insight into this phenomenon was achieved, thereby accomplishing the aim of this study. Therefore

the theoretical worth of this study is robust. It is believed that its findings will heighten the awareness and enrich the knowledge and understanding of psychotherapists working with either individuals or couples, where one or both parties have experienced CSA.

### **3.8 Conclusion**

This chapter clearly outlines the main aim and the objectives of the current study. It offers a concise overview of the chosen research approach, interpretative phenomenological analysis (IPA). This includes its theoretical and philosophical underpinnings and a discussion regarding key concepts, such as hermeneutics, idiography, intersubjectivity and intentionality. It also offers a methodical description of the design of this research study, including aspects such as recruitment, participants, protocols and procedures and data collection and analysis. This chapter also explores both generic and specific ethical considerations regarding this study and its cohort of participants. It concludes with an assessment of quality and rigour within the study.

Essentially, this chapter defines IPA as a method of making sense of other peoples' relationships to the world, through our interpretation of the way individuals manifest meanings. This proved to be a particularly relevant approach for gaining deeper insight and understanding of the lived experience of CSA survivors in the context of their adult couple relationships, as demonstrated through the rich and illuminating findings in the following chapter.

## **4.0 Chapter Four: Findings**

### **4.1 Introduction**

This chapter presents the four master themes that were identified in the current study, where the aim was to explore the experiences of adults who have a history of CSA, with specific regard to their adult couple relationship/s. I was interested in how adults with a history of CSA may experience this as having strengthened their adult couple relationship/s and/or led to challenges or difficulties within these relationships. This was with a view to enriching the awareness, knowledge and understanding of psychotherapists in relation to this phenomenon, with a view to enhancing their work with either individuals or couples where one or both parties have experienced CSA.

The following findings were gleaned using IPA to analyse semi-structured interviews with ten participants, who were all attending psychotherapy in a rape crisis centre, and who have a history of CSA and previous experience of being in an adult couple relationship. The themes outlined below have a dynamic and overlapping relationship and are not distinct or disconnected from one other.

- Protecting Myself from Emotional Pain
- Reliving the Abusive Cycle
- Living with the Burden of the Past
- Discovering My Strengths

All ten participants described lived experiences of the first three master themes, with almost all participants recounting experiences of the fourth and final theme. These themes were further categorized into more specific sub-themes through which there was opportunity for increased focus on the participants' particularized lived experiences.

Throughout this chapter a narrative account of the findings is used to describe these themes and sub-themes, using key quotes to illuminate the participants' experiences. This chapter begins by describing the master theme, Protecting Myself from

Emotional Pain, which proved to be most illuminating and informative with regards to gaining an understanding of the lived experiences of CSA survivors in their adult couple relationships. This theme is further divided into three sub-themes, Keeping an Emotional Distance, Sabotaging the Relationship and Disconnecting in Sexual Intimacy. Through these subthemes, participants articulate rich, personal experiences regarding this specific facet of their lives.

The master theme Reliving the Abusive Cycle is then described, drawing on findings from the sub-themes - Repeating Familiar Abuse Patterns, Being Voiceless and Experiencing Difficulties with Power and Control.

Next, this chapter explores Living with the Burden of the Past, the most prevalent master theme that emerged following data analysis. All participants outlined lived experience of this, with many describing several of its sub-themes. Nevertheless, it is believed that the richest data did not emerge here. These subthemes included Feeling Damaged, Living with Fear and Anxiety, Living with Confusion and Trust Difficulties and Living with the Abused Child Within.

Finally, the master theme Discovering My Strengths is described with reference to its two sub-themes, Embracing Change and Relating with More Ease .

**Table 2 – Table of Master Themes and Sub-Themes**

MASTER THEMES	SUBTHEMES
Protecting Myself from Emotional Pain 10/10	<ul style="list-style-type: none"> <li>• Keeping an emotional distance (7)</li> <li>• Sabotaging relationships (5)</li> <li>• Disconnecting in sexual intimacy (7)</li> </ul>
Reliving the Abusive Cycle 10/10	<ul style="list-style-type: none"> <li>• Repeating familiar abuse patterns (6)</li> <li>• Being voiceless (6)</li> <li>• Experiencing difficulties with power and control (5)</li> </ul>
Living with the Burden of the Past 10/10	<ul style="list-style-type: none"> <li>• Feeling Damaged (10)</li> <li>• Living with fear and anxiety (10)</li> <li>• Living with confusion and trust difficulties (10)</li> <li>• Living with the abused child within (5)</li> </ul>
Discovering My Strengths 9/10	<ul style="list-style-type: none"> <li>• Embracing Change (5)</li> <li>• Relating with more ease (7)</li> </ul>

\*Number of participants evidencing each subtheme is in brackets.

## **4.2 Protecting Myself from Emotional Pain**

*‘It’s like a protection. A self-protection shield that I can’t get rid of or can’t unlock’ (Niamh, 181-182, 4).*

Participants describe ways of protecting themselves from the possibility of their adult partner/s causing them emotional distress or upset. In their experience, interpersonal relationships have the capacity to cause suffering, and because of this, they have a tendency to sidestep situations in which this suffering can potentially occur. While Protecting Myself from Emotional Pain is not always a suitable approach with favourable outcomes, for these participants, it is seemingly safer than risking the emotional pain that they know can be caused by a significant other. All ten participants describe a need to protect themselves from emotional pain within their adult couple relationships. Three predominant sub-themes emerged here, including Keeping an Emotional Distance, Sabotaging the Relationship and Disconnecting from Sexual Intimacy. It is clear that these sub-themes are very closely connected in that

participants often reported various ways of sabotaging their relationships with a view to ensuring emotional and sexual distance, thus reducing the likelihood of feeling damaged or hurt by their partners.

#### **4.2.1 Keeping an Emotional Distance**

Many participants describe lived experiences of Keeping an Emotional Distance from their partners in their adult couple relationships. This is linked to a need for self-protection from the potential hurt that can come about when an emotional bond develops with a significant other. This may be evident in this study because in many cases the participants were abused by individuals with whom they had shared an emotional connection, such as a brother, father or close family friend.

Pushing the other away or emotionally withdrawing is Liz's way of protecting herself from the potential of experiencing further emotional hurt in her adult couple relationships, following on from her experience of CSA. Liz, who is currently in a long-term relationship, expresses a physical sense of feeling the need to self-protect, '*at times I'd go into defensive mode, where I'd literally, physically, put my arms out and I'd be....* (sighs – holds arms out in front of her body as though physically pushing somebody away)' (54, 2). Alongside this physical response, she describes emotionally withdrawing from her husband for periods of time,

*'I suppose he'd be sort of left for periods of time trying to figure out what's what. It wouldn't be my intention to be withdrawn, it would be nothing to do with him'* (48-51, 1).

Niamh, who is in a relationship with her current husband for many years, refers to an earlier relationship, outlining that '*there was something there which felt safe, because I wasn't very attracted to him*' (128-130, 3). This suggests that had she been attracted to him, she may have started caring for him at a deeper level, and subsequently there may have been potential for hurt. By choosing a partner who she was not overly attracted to, she enabled herself to keep an emotional distance, consequently protecting herself from any further potential emotional pain. It seems her need to protect herself from emotional pain is so strong that she conjures up a physical image

of using a *'self-protection shield'* that she *'can't get rid of or unlock'* (181-182, 4). She describes her relationship with her husband as *'trusting him 100%'* but *'I still can't get that guard off. In a way I'd like to'* (224-226, 5).

Similarly, Deirdre, who is divorced but in a long-term relationship, talks about another previous relationship, outlining that she didn't love her partner but that she *'went out with him purposely because he was really into me and I felt he wouldn't be able to hurt me'* (53-55, 2). She stresses that this was unquestionably *'a conscious decision'* to protect herself from the possibility of experiencing emotional pain. By being in a relationship with a partner who she did not love, she was guarding herself from the possibility of the emotional distress that is seemingly associated with emotional closeness.

Susan, who describes only ever having one real relationship, explains that *'it's hard for me to get close to people because I don't want to get hurt'* (67-68, 2). Similarly, Caroline, who contemplates that she didn't have many relationships prior to her husband, also describes protecting herself from the potential of experiencing emotional pain in her adult relationships:

*'I think I go so far with love but there's always something back a little bit and...I wouldn't know how to express as well, like how I feel about situations. Or things. So I find that I hold back a little bit. I hold back myself a little bit. I suppose fear of being hurt or whatever, I don't know'* (26-30, 1).

Penny, who is married with children, refers to her experience of being abused in the past, outlining that *'when you enter future relationships you might think the same thing will happen again so you've to be very careful'* (57-59, 2). She describes herself as *'super alert'* and *'a good scanner of a person'*. For this participant, there is a point that must not be crossed in order to maintain emotional safety. Penny does this by pushing a partner away when they appear to be growing too close:

*'When you see them maybe pushing up that road. The road that you were familiar with when you were a child, is best way to explain it. You don't want*

*to go down that road again. So you might push them away if you see them getting too close' (63-67, 2).*

There is a sense that rather than Penny's adult couple relationship growing and developing in a secure manner over time, she is on guard, constantly controlling the balance between continuing to be in a relationship whilst maintaining an emotional distance. She describes how, when she grows close to a partner, she questions the likelihood of them breaking her trust or letting her down somehow:

*'I better watch out. I think I've told him so much about my life. I've told him this and I've told him that. I better watch out' and 'hold back, hold back a little bit because you know, you don't want to get hurt' (316-320, 8).*

It is clear that Penny recognizes that her current relationship is not an abusive one. She stresses that she knows she is not being used for *'his own pleasure, whereas in the past, that's what it was'* (95-96, 3). Yet despite this, she continues to demonstrate a need to *'block'* her husband, with whom she experiences an otherwise loving and caring relationship.

In an effort to ensure emotional distance from their partners, two participants refer to misusing alcohol and other substances. Following on from her chaotic and abusive childhood, Bernadette - who additionally has a history of numerous abusive adult couple relationships - admits that *'with unclear boundaries, alcohol and drug abuse, I just went from the frying pan into the fire'* (56-58, 2). She refers to misusing alcohol and gaining weight as *'barriers'* between herself and a partner. By misusing alcohol, she is potentially disrupting the development of emotional intimacy with a partner, thus reducing the capacity of this relationship to cause her emotional pain.

Caroline also describes not opening up to others *'because I'm afraid...I feel it. I drank for a long time, and then I stopped drinking. The drink was stopping me from really feeling'* (101-102, 3). She turned to alcohol in the past in an attempt to block some of the suffering linked to the sexual trauma she endured as a child. It is possible that by misusing alcohol, she was also potentially sabotaging the development of a meaningful relationship, thereby reducing the probability of emotional pain, as it is

her experience that being emotionally close to another individual carries a risk of being hurt. Along with Caroline, many other participants in this study demonstrate a tendency to protect themselves from emotional pain by sabotaging their adult couple relationships in various different ways.

#### **4.2.2 Sabotaging the Relationship**

Half of the participants describe their experiences of sabotaging their adult couple relationships. This is evidently with a view to disrupting the process of their relationships, thus avoiding the possibility of hurt that they associate with emotional bonds.

Throughout her interview, Niamh articulates a tendency to cause disruption to her relationships when referring to both her ex-partner and her current husband. It is her belief that these disruptions hinder the relationship's progression, thus protecting her from the emotional pain that she has learned can occur in close relationships. With regards to her previous partner, she recalls that she was *'constantly trying to push him away. I always remember thinking ya know, I didn't want to get hurt, so my thing was that I was going to, kind of really be a bitch'* (90-92, 3).

Margaret has recently met a new partner but had previously been single for a number of years following a *'dysfunctional'* relationship she had experienced during early adulthood. The theme of Protecting Myself from Emotional Pain is very evident throughout her interview and she explicitly describes a previous inclination to *'sabotage'* her past relationships with a view to protecting herself from potential emotional pain:

*'I would always push him away. Like that was our issue. I realise that I was sabotaging everything and I would never give it a chance. I could never trust him. I could never, ya know, he was just another man. I guess he was just a man and he was trying to get close to me and I couldn't let him because I could get hurt. There was potential for hurt there'* (31-39, 1).

Margaret's use of the term *'just a man'* can be understood in many ways. Perhaps it signifies an ordinary person who is not necessarily an abuser nor a monster. It suggests that there is nothing special or extraordinary about him. Margaret's tone of voice when using this term alludes to a sense of resignation regarding her expectations from the opposite sex. It seems that she expects nothing other than potential hurt, and therefore she is inclined to keep a safe distance as a means of self-preservation. When she talks in depth about her adult couple relationships, like other participants in this study, there is a sense of a point that must not be crossed if she is to keep herself safe and avoid any further emotional pain. When she draws near to this point, she pushes the other away:

*'whenever he was getting closer or we were going through a good phase... then I'd push him away because he was getting comfortable. I thought that would advance to some other stage where I'd have to connect or I would have to trust him or I'd become dependent on him. I couldn't let my guard down for that, so then I would break up and we'd start the whole cycle again'* (55-61, 2).

She appears to be emotionally injured by her experience of CSA. Her ability to trust has been damaged by her childhood experience, thus rendering her unable to *'get past a certain point of exposure'* (66-67, 2). As the interview progresses, it becomes clear that over time and through therapy, Margaret has become increasingly aware of these sabotaging behaviours and the reasons behind them.

Edward, a single father, also describes how he has sabotaged his adult couple relationships. He outlines how he *'didn't have too many relationships'* in his life but that the relationships he had *'felt brilliant'* (684-685, 16). He then describes how *'after a while, it just goes'* because his potential partner will begin to think he is *'a bit f\*\*\*ing odd'* (686-689, 17). He explains how *'it's not that you want to get rid of the girl'* but that he deliberately *'puts that oddness on'* so that he can avoid the discomfort of becoming too close to another human being (690-691, 17). For Edward it is easier to exhibit *'oddness'* than to tackle the complex challenges of an emotionally intimate relationship.

In addition to emotionally distancing themselves from their partners and behaving in ways that would predictably sabotage their relationships, the following section shows how the majority of participants also evidence disconnecting from sexual intimacy, which seems to be closely linked to protecting themselves from emotional pain.

### **4.2.3 Disconnecting from Sexual Intimacy**

Most of the participants describe lived experiences of disconnecting from sexual intimacy in their adult couple relationships. Almost all of these participants attribute this to intolerable, vivid flashbacks which regularly interrupt their sexual relations with their partners by forcefully reconnecting them to their childhood trauma through intense memories of the abuse.

Penny recognizes that some of her difficulties with sexual intimacy refer to memories or flashbacks of her brother abusing her and despite cognitively separating the two, it seems the abuse still has the capacity to cause her pain:

*'When he touches me in certain places. Like, I know it's not my brother's hands. I know it's not my brother. I know it's my husband and I want...it's like why am I still feeling that? I know all that...it's obvious. And that's, I suppose, where I...I'm trying my best to overcome that, but I'm not. It's like I'm stuck' (338-343, 8-9).*

She repeatedly states that she knows these things, yet it seems that this knowing is superficial. At a deeper level her sense of knowing is questionable:

*'I suppose in the last year I've got so much flashbacks of my child sexual abuse and I could literally, physically, feel my brother. And me and my husband haven't had sex in a very long time because of that' (80-83, 2).*

Bernadette also describes experiencing flashbacks of her CSA during intimacy in her adult couple relationships. She describes visualising her father when having sex with a previous partner and how she would stop the intimacy immediately at this point,

*'just literally... like 'oh my God... there's my Dad'. And then I would just stop' (486-487, 11).*

Edward describes this challenge with regards to his adult couple relationships by outlining:

*'I'm a victim of abuse. I've been abused. My abuse started when I was three and a half years of age. Maybe 4. I get these flashbacks now of big f\*\*king penises behind my back. Where I had been laid, where they were f\*\*king raping me. Whatever they were doing' (200-204, 5).*

This feels very real and very current for Edward and it is as though the intrusion is somehow still being endured.

Margaret, who is at the beginning of a new relationship having been single for some years, illuminates the complexity of sexual intimacy when a survivor is prone to intense flashbacks. She offers an explanation as to why she herself disconnects from intimate relations:

*'You have images in your head of things that have happened before, and doing that again is going to bring back that memory. It's like how can you be intimate when that's the thing that's driving you insane. You can't get it out of your head. You definitely don't want to go back there' (206-210, 5).*

and

*'When being intimate with someone is what's causing you to be upset. It's more deep-seated. You're like 'No, don't touch me' (203-205, 5).*

The experience of reconnecting to her childhood trauma through flashbacks appears to be moderating for Margaret over the course of time and therapy, *'I don't really have as vivid flashbacks and stuff like that now, like I used to' (210-211, 5).* She remains hopeful that over time, she will experience increased comfort and intimacy in her relationship with her partner.

Niamh also describes a tendency to reconnect with her childhood trauma through sexual intimacy in her adult couple relationship. She tearfully describes how *'I don't have that ability to be able to just let go as a woman'* (108-109, 3), which suggests that perhaps she experiences her abuser as having robbed her of her womanhood, as well as her childhood. Disconnecting from intimacy appears to be automatic and beyond her personal control, *'when myself and my husband get intimate, it's nearly like an automatic shut-down at a certain point'* (250-251, 6). She shifts between assuming this shut-down arises in her head to subsequently locating its source within her body:

*'it's just my body's mechanism of doing something. I don't have a way of kind of 'right this is the situation now... I'm here with my husband and it's nice' or... it's just depending on what starts going off in my head'* (380-382, 8).

Despite this lack of clarity, there is no doubt that an overpowering response occurs during intimacy that causes her to disconnect, *'it's like my mind is overpowering my body'* and *'I can't just enjoy my husband'* (253-257, 6). Niamh acknowledges that her husband is *'very kind'* and *'caring'* and it seems that although she is logically aware that this is a safe connection, her body refuses to allow her to express this in its fullest sense. Through disconnecting from intimacy in this manner, it appears that Niamh is hindered from experiencing pleasure and intimacy in her adult couple relationship.

Celine, who recently married, had one other previous long-term partner. She describes navigating her way through memories and conjures up the notion of Pandora's Box, with her experience of CSA being packaged as something that must be opened and unfolded with gentleness and great caution. She describes how images and thoughts of her experience of CSA come to mind during intimacy with her husband, bringing with them challenging emotional and physical responses:

*'even talking about that... there's pins and needles in that area. It's still a box that... I've opened enough to deal with, but I don't want to remember exactly. Even though I have these images and feelings... but yes, I'd say 70% of the time when it becomes intimate I have that in the back of my mind'*

(402-406, 10).

Celine describes how she needs to stop intimacy when thoughts of her father, the abuser, come to mind. She struggles to find the words as she poignantly depicts the particularly difficult aspect of her husband having the same colour eyes as her father. This suggests that transference is occurring in her adult couple relationship, born from the abusive one when she was a young child:

*'And my father has blue eyes and (husband) has blue eyes as well... and when I was looking at him ya know... one time it was really difficult, because I really don't want any... ya know...'* (420-422, 10).

Deirdre also evidences disconnecting from sexual intimacy in describing how she refuses to allow herself to experience orgasm in her sexual relationship with her current partner. She relates this to experiencing her first orgasm during an incident of CSA. She outlines that *'if I feel that I'm nearly there I just (holds hands up as if physically pushing the other away) – I won't let it happen'* (207-208, 5).

Experiencing orgasm in her adult couple relationships painfully reconnects her with the trauma of her CSA, reminding her of her abuser and leading her to disconnect from intimacy. She describes the act of sexual intimacy and the sharing of affection as being an easy thing for her to do, *'but having sex and actually totally enjoying it for me, isn't easy for me to do. If anyone else makes that distinction I don't know'* (197-199, 5).

Similarly, some other participants express ease at engaging in casual, non-emotional sexual relations, yet challenges emerge in engaging in sexual relations after an emotional connection with their partner has been developed. Celine has only vague memories of her abuse though seemingly her response is located within her body.

*'Every time you have intercourse, it's cutting. Cutting. So, it's like... yeah... there's that pain linked to the intimacy'* (198-201, 5).

Celine describes how there is physical pain linked to sexual intimacy. This pain was not present in her previous, more casual, adult couple relationship, but it has emerged in her marriage, possibly due to the emotional bond she shares with her husband.

There is no medical explanation for this pain and Celine believes that it has come about because *'something like that has to come out at some stage, ya know if you block everything mentally, then your body needs to find a way to express it'* (215-216, 6). She suggests that these challenges came about *'once the honeymoon period was over, when we got into something more serious. That's when everything started'* (189-191, 5). This participant strongly emphasizes themes that were present in other participants' accounts, although she was the only participant to report a connection to physical pain.

For Penny, in addition to the graphic and powerful flashbacks she endures, it seems that her emotional connection with her husband also has a role to play regarding challenges with sexual intimacy. During previous relationships, where there was not a great sense of emotional connection, sexual intimacy did not present as a challenge. For this participant there appears to be a connection between the development of emotional bonds and the prevalence of flashbacks, perhaps because she previously had a close, emotional bond with her abuser, *'because I'm afraid in my current relationship that my husband's going to hurt me. I was so close to my brother. I told him everything, like everything'* (312-314, 8).

For Margaret, sex and love are experienced as being *'like separate entities'*, when she describes how:

*'I don't think I've ever got the balance in a relationship, where I have sex with someone and then I'm intimate with them on another level. Where I'm me... my personality. It's one or the other but it can't be both'* (225-228, 5).

Again, there is a suggestion that sexual and emotional intimacy do not blend well for survivors of CSA. Both experiences may occur separately, but challenges emerge when there is potential for both to coexist within the same relationship. As demonstrated in this study, the development of an emotional connection within their adult couple relationships often represents the point where the survivor of CSA will begin to demonstrate disconnection and difficulties with sexual intimacy.

It is Margaret's lived experience that sex and love are

*'not the same thing. They don't coincide. Loving someone and having sex. It's never something I've done actually. Really, I've never been in love with someone and had sex as well'* (235-238, 5).

Furthermore, some participants relate their disconnection from sexual intimacy to fear, as a direct result of their experience of CSA.

For Margaret, there is a sense of fear, disconnection and resignation when she outlines how *'We're just having sex. I don't care and I don't have feelings'* and *'I guess I'm just afraid to let them see who I am actually'* (232-233, 5). Fear is also evident during Penny's interview when she describes retreating from intimacy as a measure of self-preservation. She outlines that even though she wants to have sex, there's a part of her that's *'really scared and really afraid'* (347-348, 9).

Caroline describes how she is *'not relaxed'* and sometimes experiences fear during sexual intimacy with her husband which inhibits the duration of intimate encounters, *'not that I don't enjoy it, because I do. But it's like I can't be intimate for too long, if that makes sense'* (130-131, 3). Alongside this, she feels that she is not worthy of pleasure, but rather that it is her role to satisfy her husband. Regarding previous adult couple relationships prior to her marriage, she outlines that *'there was always guilt after sex. It was never a good thing. Put it that way'* (209-210, 5). As Caroline articulates these experiences associated with her adult couple relationships, it becomes clear that her experience of CSA has distorted her interpretation of sexual intimacy and it is understandable that at times it may feel easier for her to disconnect, or simply to curtail her sexual intimacy with her husband.

While Penny is currently in a happy relationship, it seems her husband's reassurance is not enough to diminish her need to protect herself from the possibility of emotional pain within her sexual relationship, *'I think even now to this day I still wouldn't be very comfortable with sex'* (41-42, 1). She describes her struggle with intimacy as being linked to her struggle with trust and recalls fearfully shutting down and crying during intimacy and experiencing a feeling of *'go away'*.

Participants continuously describe protecting themselves from emotional pain by keeping an emotional distance from their partners, sabotaging their couple relationships or in some way disconnecting from sexual intimacy. This suggests they are attempting to avoid experiences that may somehow resemble their experience of abuse. Notwithstanding this, many participants describe re-experiencing or reliving some of the abusive patterns and dynamics that in other ways they appear to be trying to avoid.

### **4.3 Reliving the Abusive Cycle**

*'The fact that I was alone, and that I was previously abused, I was attractive to him. Like he wanted somebody who was a victim already' (Liz, 31-32, 1).*

All participants describe Reliving the Abusive Cycle in their adult couple relationships. For some participants, having a sense of familiarity with past abusive behaviours has led to an acceptance of abusive behaviours in their adult couple relationships. Some participants describe being re-victimised because of increased vulnerability stemming from their experience of CSA, while others refer to being voiceless or having difficulty communicating - similar to when they were sexually abused as children. Some participants refer to a familiar repetition of power and control dynamics that is replayed in their adult couple relationships following on from their experience of CSA. It seems these dynamics were previously present in the abusive relationships they experienced as children, and they are being recycled because of a sense of familiarity or acceptance that may not have been present had the CSA not occurred.

#### **4.3.1 Repeating Familiar Abuse Patterns**

For many participants, it seems that their sense of familiarity with abusive patterns has normalized the acceptability of these behaviours or dynamics being repeated in their adult couple relationships.

During her experience of CSA, Margaret's abuser had no regard for her personal boundaries and it seems she subsequently normalized or accepted this behaviour in an earlier adult couple relationship, when she describes how a previous partner

*'kept pursuing me and pursuing me to a point where he was like invading on my privacy. I was afraid of him, because he was a stronger, older man who had means and stuff like this'* (81-83, 2).

She outlines that she *'didn't want to be with him'* while simultaneously feeling *'afraid of him'* and *'not equal'*. Over time and with therapy, Margaret has learned that she does not have to accept abusive dynamics, such as secret keeping, within her adult couple relationships. While she describes entering into a second unhappy relationship, in this instance she appeared to recognise that *'the biggest thing about that relationship was I could tell the girls what was going on with him'*, and consequently her friends can advise her to *'stop doing this'* (132-133, 3). After a period of being single for a number of years, Margaret is currently experiencing the beginnings of a new relationship, which she describes as being *'different to everything'* (17, 1). In this, it seems she has moderated the potential for previous abusive dynamics to resurface.

Liz has children and has been legally separated from an abusive husband for many years. She is currently in a safe and happy relationship but her previous potential to re-enter abusive relationships, probably due her sense of familiarity with abuse, is a prominent theme throughout her interview. While it is not evident in her current relationship, it is a noticeable issue with regards to her earlier marriage.

Liz married a man who was *'exactly the same age'* (19,1) as her father, the abuser, and she recalls this marriage as being *'more abusive'* than her experience of CSA. She describes her ex-husband as being somebody she *'disappeared'* with, suggesting that she was reduced by him, and that there was isolation and secrecy in her marriage. Liz is sure that this relationship would not have occurred had she not experienced CSA in her past.

*'the fact that I was alone, and that I was previously abused, I was attractive to him. Like he wanted somebody who was a victim already. And I didn't have anybody looking out for me ... yeah, I was just completely groomed by this person. Just completely isolated by them. And I don't...there's no other scenario in which that would have happened, other than somebody that was ya know..'* (31-36, 1).

Throughout Liz's adult life there appears to have been a very real expectation of abuse - so much so, that when she met her current partner, she wondered why it was not happening. Despite the differences in her current relationship, the repetitive nature of her abusive relationships are echoed somewhat when she outlines that

*'I suppose it even took me a while in this relationship. I would have thought that it was my job to please and keep the person happy and quiet, which is off the wall, but that's basically what I thought'* (151-154, 4).

and

*'I suppose I would have even looked for that in the situation I'm in now initially. I would have kind of thought 'why is this not happening'* (160-162, 4).

The inclination to repeat familiar abuse patterns is so prevalent for Liz that she appears to have actively pursued it in the past. She previously engaged in another seemingly brief relationship *'just so that there was an abusive part of my life. I would actually find it relieving to have this person be horrible to me'* (166-167, 4). This suggests that the abuse is entrenched in her sense of self and her identity. Despite its negative implications, it is a part of her relational landscape that somehow makes sense to her.

Liz's description of her ex-husband being a *'very dangerous person'* implies a very real lack of safety. She expresses that she was *'attractive to him'* because she was a victim already. She was groomed and isolated by him, and believes this occurred as a direct result of being sexually abused as a child.

It seems that for a period of time, Liz's experience of CSA deprived her of her ability to truly assess relationships. While she recognised that there was something wrong in her marriage, in hindsight, she recognises she *'was raped many times by that man'*. Her experience of disclosing her CSA to her ex-husband was *'definitely not a positive experience'*, as he seemingly used this to hurt her further. She describes how he wanted to know every detail of her abuse, suggesting that somehow this man used this for his own gain, in contrast to her current partner who *'never asks her about anything'*, but who is very supportive. Her current relationship appears to be loving and supportive, and there is contentment in her voice when she speaks about her current partner, suggestive of an element of restoration and recovery.

Similarly, one of the key themes to emerge during the interview with Bernadette is her tendency to re-enter abusive relationships. She recounts that from the time her father evicted her from her chaotic family home *'relationships got steadily more abusive'*. Bernadette is currently at the early stages of a healthy relationship after a protracted period of being single. Until this point, it seems that all her adult couple relationships have been physically, emotionally or sexually abusive:

*'my last partner wanted to kill me... threatened to kill me. A man I was seeing briefly before I met my last partner tried to kill me, and a person I met before that...it was more... he didn't physically hurt me but it wasn't healthy either'* (17-20, 1).

Bernadette appears to have entered these abusive adult couple relationships because of a sense of familiarity and an ill-fated acceptance around her personal boundaries being violated. She describes herself in past relationships as *'Not having any boundaries. Not thinking I was deserving of any respect. It was ground zero kind of stuff really'* (45-452, 10).

It appears that following on from the violation of her personal boundaries as a child, Bernadette carried a distorted interpretation of what a healthy relationship was into adulthood. She questions whether one of her partners was abusive or not and then describes a situation with him which clearly suggests that he was:

*'Was he abusive.. He did say that he had sex with me one night when I was asleep. It's only recently come back to me like 'What!?!...that's rape'. Yeah, ya know the boundary thing' (164-166, 4).*

Caroline also describes how abusive patterns emerge in her adult couple relationships which are reflective of when she was a child experiencing CSA. Because of her low level of self-esteem, and possibly because of learned behaviours as a child, she '*can take*' verbal abuse, and she will remain silent, rather than defend herself. It seems this increased vulnerability enables situations to occur in her adult couple relationships that might otherwise not have occurred.

Many couple relationship dynamics evidenced by the participants appear to reflect patterns that existed in their sexually abusive relationships as children. These dynamics appear to persist into adulthood because of the survivor's familiarity with abuse. As illuminated by the participants, familiarity has led to an expectation of comparable abuse in their adult relationships. Similarly, the sexually abused child who holds secrets and feels voiceless or unable to communicate may continue to experience similar patterns in their adult couple relationships.

### **4.3.2 Being Voiceless**

Some participants refer to being isolated by their partners and there is a sense that this rendered them unable to communicate in other areas of their lives. Additionally, some participants directly refer to feeling voiceless or silenced by their partners. They describe keeping secrets within their adult couple relationships, all of which appears to reflect the patterns they experienced as sexually abused children. Other participants describe having communication difficulties with their partners, which seems connected to the voicelessness and the silencing they endured as part of their experience of CSA.

For Penny, she outlines that during her experience of CSA she had a voice, but that it was not heard.

*'I had a voice but it wasn't listened to. I always felt that I was shouting in a glass jar. Oh, people seen it very crystal clear, but they didn't want to get involved. When I look back I couldn't have shouted... I look back and I say to myself could I have done anything differently and it's like, no' (293-297, 7).*

While she was *'shouting'* about her abuse, the lack of an appropriate response either from her family or the statutory authorities somewhat reduced her to being voiceless. Consequently, Penny describes how in her adult couple relationship she *'would be very strict about yes and no'* (19-20, 1), while other individuals who may not have experienced CSA may be *'very play about it'* (19, 1). For Penny, there appears to be no room for ambiguity in her couple relationship. For her as an adult, no means no, while she imagines that for others who have not experienced CSA, there may be room to be swayed or persuaded by their partner/s regarding decision making.

In contrast, as a survivor of CSA, for Susan the theme of being voiceless appears to have continued into her adult couple relationships. She outlines that:

*'what happens is I'll bottle everything up and then explode and they'll kind of go "this one's crazy, what's going on with her", which has happened a few times. They'll see me as a vulnerable, I suppose, mess. And they get freaked out' (81-85, 3).*

There is a sense that the experience of being voiceless is conflicting and inconsistent for Susan as she outlines that *'I bottle everything up'* (82, 2) but when she finds her voice it is explosive, suggesting that she is possibly still not being truly heard.

The theme of being voiceless is extremely evident during Edward's interview when he recalls that *'Ya feel as if your head was in a bucket of f\*\*king water all your life. They keep ya down and ya can't say nothing'* (210-211, 5). It is difficult for him to remain focused during the interview and he expresses that *'cursing is part of what I'm trying to say ya know'* (225, 6). Having difficulty with communicating may have also been quite prevalent throughout his adult relationships, *'we're just supposed to be*

*“shut the f\*\*k up and get in there”* (258-259, 6) and *‘sometimes we can’t have sex. Sometimes, we can’t tell her that we’re hurting inside’* (636-637, 15).

Caroline describes how during arguments with her ex-husband, *‘I would stay silent’*. It seems that she learned how to be silent as an abused child, *‘with the abuse, the sexual abuse, I remember being very silent through it’* (287-288, 6).

Bernadette describes how violated boundaries during her childhood appear to have caused challenges with regards to being heard in her adult couple relationships, in that:

*‘if somebody was being physically abusive I was able to say ‘No’. Call the guards on that, right. Recognise it as an act. But if someone was being emotionally and verbally abusive, I struggled to be heard’* (606-609, 13).

For these participants being voiceless or not being heard as a child is something that many of them have carried into their adult couple relationships. Bernadette describes being unable to communicate her needs and how she struggled asking for help and *‘struggled just to say “I’m not doing ok”’. My No. Where’s my no? If I said something it would just be ignored’* (343-346, 8). She describes herself as a poor communicator of her personal needs, querying if in the past her voice was even worthy of being heard.

Bernadette suggests this may be linked to her low self-worth. She describes feeling *‘choked’* during a medical appointment and the image of an individual being forcibly silenced comes to mind. Her lived experience evokes the belief that when something can not be articulated, it is inscribed on the body. It seems that Bernadette is recently finding a voice and that she is no longer feeling choked, when she describes how her experience of receiving help at GRCC involves her being able to communicate that *‘actually, I’ve been abused. After two years I was able to say “actually, I don’t want to be in a relationship with you anymore”’. Ya see. So, it’s all tied up’* (352-354, 8).

Caroline appears to have carried the experience of being voiceless into her adult couple relationships. She describes a difficulty articulating perspectives in her current relationship, stating that *‘we could never have just a normal discussion’* (425-426, 9).

Furthermore, regarding her difficulties with communication, she adds that:

*'I don't know if it's because of the experiences as a child and in fact maybe I hope it is, because if I can figure it out and understand... I would say communication is the biggest thing'* (168-170, 4).

She describes feeling worthless and sad in her relationship and that she has *'held on for so long without saying ... being able to communicate how I feel about things'* (175-176, 4).

The voicelessness of these participants appears to parallel their experiences of holding secrets, both during childhood when the abuse occurred, and as they move through adulthood. There appears to be a tendency for some of these participants to remain voiceless and secretive as adults and to re-enter abusive relationships, perhaps because they are drawn to familiar patterns or behaviours. With regards to adult couple relationships, Margaret outlines how:

*'it always starts off with a secret that you have to hide ... It comes back to all the consequences of rape and sexual assault in yourself. Self-loathing and all this kind of stuff'* (146-151, 3).

She also describes how previously when she entered an abusive adult couple relationship she *'stopped telling her friends about it'* (104, 3) despite being able to *'recognise traits in him that could easily lead to a relationship where I could not stand up for myself'* (98-100, 2). This element of secrecy, and underlying shame, echoes aspects of the abusive relationship she endured as a child with her sense of familiarity with abuse appearing to influence the likelihood of history repeating itself. This is evidenced by how in her abusive adult couple relationship she was *'not thriving on, or enjoying this...but I was used to this'* (91-92, 2).

Penny describes how she continues to live under *'that cloud of just...unspoken feelings, unspoken truth'* (382, 9) and *'You feel like you're kind of covering it up in one sense'* (387-388, 10). This continued secrecy regarding her abuse suggests that

she carries some dynamics that are characteristic of her experience of CSA, into her adult world and her adult couple relationships.

Similar to her experience of childhood, Caroline continues to carry the shame of her 'secret', which she did not share with anyone until she was in her twenties. Along with secrecy, she describes having felt shame as an adult regarding her sexual experiences.

*'I feel like there was always shame around my sexual experiences. Generally speaking, I'd do whatever and then the next day or two days after, I would be so disgusted at myself. So, I've a lot of shame around sex and that'*  
(112-114, 3).

Being voiceless or unable to communicate effectively as a partner in an adult couple relationship appears to reflect patterns that these participants recognise from their experience of CSA. Holding secrets within an abusive adult couple relationship appears to reflect a most palpable dynamic of CSA. It appears to be linked to shame, and the experience of the abused child feeling that the shame belongs to them. Keeping secrets on behalf of an abuser, or because an abuser has in some way demanded it, points to the complexities of power and control in CSA. According to the participants in this study, these complexities often resurface in the adult couple relationships of survivors.

### **4.3.3 Experiencing Difficulties with Power and Control**

Half of the participants describe difficulties with regards to the concept of power and control within their adult couple relationships, echoing past complexities within their sexually abusive relationships during childhood.

Margaret links sexual intimacy to the issue of power and describes it as '*definitely something that's impacted*' by her experience of CSA. She appears to be cautious and strategic regarding what she brings to her sexual relationships, connecting this to the power imbalance she experienced as a sexually abused child. She appears to be attempting to regain power and control over sexual choices and dynamics within her

sexual relationships, *'you are sexually intimate but not in any other way intimate. You have to keep it as sex. I don't know, it's like a power imbalance again'* (196-198, 4). Following on from the devastating breach of trust she experienced as a child, Margaret continues to carry an uneasy association between power and trust in her adult couple relationships:

*'Trusting someone or being vulnerable are the biggest issues that I grapple with I think. Like, I can't trust. There's a handover of power and I'm not ok with that...because what's going to happen?'* (186-188, 4).

With Bernadette there appears to have been many other factors during childhood and adolescence that compounded the abuse. She experienced increased distress at her father's instruction to confront her sexually abusive grandfather, *'I was a child. He was an adult. There was a lot of different power dynamics going on'* (265-266, 6). She struggles particularly with this because her father was also behaving in a sexually abusive manner towards her. These confusing messages regarding power and control have been recreated in her adult couple relationships. She describes how these abusive couple dynamics were *'very similar in that it's all about power and control'* (683, 15) and how *'the abuser has the power and control. And then, I'm like powerless'* (687-688, 15). She describes how *'slowly but surely'* she has learned to *'say no'* and *'stand up'* for herself (699-702, 15).

Penny describes continuing to have a difficulty with individuals in authority, particularly when she feels that there is an absence of choice. She describes this as *'definitely from the past'* (469, 12). Furthermore, because of her difficulties with power and control dynamics Penny outlines how:

*'at times, it's just easier to be on your own. Em, like the hurt, I suppose is the other. I know I'm not on my own, but sometimes I prefer not to make an effort because I've been through so much and I don't want to get hurt again'* (471-475, 12).

It seems that Caroline has the potential to experience difficulty in expressing her own power within her adult couple relationship. She describes incidences with her

husband in which *'if he would shout "Down", I would stay down'* (287, 6). The language that she uses to retrospectively describe this dynamic speaks to a relationship in which she was not treated as her partner's equal. She seemingly feels powerless at being shouted down to, believing that what she might have to say will have little or no impact on her environment. She outlines how she would rather take ownership of blame, even if it is clearly not her who is blameworthy, just to avoid any conflict in her couple relationship:

*'it goes back to my own self-worth. I'll take responsibility or I'll say 'fine, yeah, that's the way it is' or whatever, because I've allowed myself to feel that what I say doesn't really matter anyway'* (344-346, 8).

Edward, who was sexually abused in various state institutions as a child, developed a sense of mistrust of power and authority that has remained with him into adulthood. He angrily recalls how teachers who tried to highlight concerns regarding abuse *'got sacked'* (459, 11). Similarly, he describes times when he himself tried to talk to individuals in power and how *'there was nothing done'* (150, 4). Throughout the interview Edward consistently refers to *'institutions'*, *'organisations'* and *'this so-called government of ours'*. While he does not explicitly refer to power and control dynamics within his adult couple relationships, it is apparent that following on from his experience of CSA, he carries a deep-rooted anger and a distrust of the power that others can hold.

All of the participants demonstrate evidence of Reliving the Abusive Cycle in their adult couple relationships, including Repeating Familiar Abuse Patterns, Being Voiceless or Experiencing Difficulties with Power and Control. These dynamics might not have occurred in their adult couple relationships had they not experienced sexual abuse as children. Furthermore, in the next master theme, all of the participants describe personal experiences which point to living with the burden of CSA during adulthood, and with specific relevance to their adult couple relationships.

#### **4.4 Living with the Burden of the Past**

*'It was so many years ago...why is it still affecting me?'* (Penny, 101-102, 3)

Regarding Living with the Burden of the Past, all participants illuminate ways in which they feel damaged, wounded or ugly. They describe Living with Fear and Anxiety as well as Living with Confusion and Trust Difficulties in their couple relationships as a result of their experience of CSA. A smaller number shared rich experiences of Living with the Abused Child Within.

#### **4.4.1 Feeling Damaged**

When exploring their adult couple relationships, all of the participants describe how they feel damaged in some way by their history of CSA. Some participants refer to their survivorship using terminology that is descriptive of being diseased or wounded, while others refer to being broken, or disconnected in some way. A smaller number of participants refer to being ugly, or having an ugly part to their person because of the sexual trauma that they endured as a child. There is regular reference throughout these participant interviews to their experience of CSA leading to low self-worth.

It is clear that for these participants, there are long-term impacts of CSA which persist into their adult couple relationships. Penny offers an example when she describes how carrying the burden of CSA makes her *'mad'*. She explains that *'it was so many years ago...why is it still affecting me? I get mad that it's still affecting me'* (101-102, 3). Despite her efforts over time and therapy, alongside significant life events such as having a child and being a mother, her sense of personal identity remains coloured by her CSA experience. Being a victim is a life-long role for Penny, *'you know I'm the victim. And you bring that with you through life as well'* (355-356, 9).

Penny recalls her experience of CSA at the hands of her brother and describes how it was compounded by her father's knowledge that *'his little girl'* (265, 7) was being abused. She describes this, and her overall experience of how the abuse was managed, as being worse than the abuse itself. The theme of Feeling Damaged, through disease, is evident when she describes having to *'keep that fight up'* (220, 6) with regards to having to face her brother in the family home after the abuse. It is as though even years later in her adult couple relationship, she must continue to fight this insidious disease that has infected the entire family.

During Penny's experience of CSA both of her parents appeared to demonstrate more support for her abusing brother than for her, the abused. Her father has since belittled her experience of CSA to *'a bit of horseplay'* (273, 7), prompting her husband to call him *'a sick man'* (276, 7). This perhaps summarises an entire family's condition, when the abuser is tolerated more than the abused. This could also be understood as an attempt on his behalf to minimise the abuse as it is intolerable to accept that his son has abused his daughter.

For Liz there appears to be a time scale with regards to how the abuse has impacted her life and relationships, and how recovery takes place. Her language evokes the image of a person recovering from illness, *'I was so conditioned into being a certain way and so yeah, it just took an awfully long time to recover from that'* (41-42, 1).

For Susan, her experience of CSA impacts her adult relationships at a very deep level, which is demonstrated in how she conjures up images of a physical injury when she talks about her emotional distress, *'I guess because of how wounded I was as well. It put a strain on everything'* (48-49, 2). The image of something not functioning correctly is reinforced throughout, as she frequently evokes a sense of being detached or broken because of something that is *'missing'*, or links that simply do not connect:

*'I feel like I have a link missing. With regards to like, human connections. Like I don't feel like I connect to people in the way other people do. I feel like I have something missing'* (215-218, 6).

She describes feeling alienated because of these missing or broken links and recalls experiences of feeling *'distant'* and intimacy being *'foreign'* to her. The use of these words suggest that she is living in a world where she cannot fully integrate because of the missing links that the abuse has left her with.

Deirdre outlines that a part of her feels *'broken'* and *'ugly'*. She appears to live a very functional life in which she is happy with how she is raising her only child, succeeding at her job and managing her home, but underneath the surface:

*'I do feel that there's part of me that's broken. That is not right. Ya know'. And ugly...and I would hate to be in a new relationship because you've got to go through that fear of them seeing that place again. So the longer I'm in this relationship the less frightened I am. So, there's that ugliness there. My self-esteem is low because there's part of me I don't love, I don't like' (369-375, 9).*

Deirdre functions alongside this broken, ugly part of herself on a daily basis but there is a sense of fragility when she adds, *'I don't want anyone else looking. I can handle it as long as they don't start poking, digging around in it. Just leave me alone'* (138-140, 4). She is perpetuating her sense of brokenness and ugliness. Deirdre also describes the ending of her first serious relationship and how she believed her partner ended it because he had seen her ugliness, *'I felt that when I was in an intimate relationship for the first time in my life, and when he broke it off with me, he could see 'it', the ugly spot'* (73-75, 2). She recalls how years later therapy enabled her to acknowledge that:

*'I know that I'm not ugly. It's only an external thing that happened, but I haven't fully absorbed that yet'* (385-386, 9).

Similarly, Susan tearfully describes feeling *'like I'm ugly and disgusting, and that's because of what he did to me'* (264, 7). Margaret also describes feeling *'disgusting, or dirty or you hate yourself'* (206, 5).

It appears that self-hatred as described by Margaret is also evidenced in other participants' stories when they describe having low self-worth and not feeling good enough. Deirdre describes how the most significant thing she can say about her relationships is that *'I haven't felt like I've deserved love'* (35, 1). Similarly, throughout the interview with Caroline there is a real sense that she is burdened by her childhood experience as she moves through adult life. She describes having low self-esteem and feeling not good enough, *'I've always maybe felt like second best if that makes sense. And ya know, it would be self-worth more so, as in relationships I have been in'* (31-32, 1) and *'it's self-worth. Totally. Not thinking I'm a good enough wife in all different areas'* (183-184, 4).

It is clear that Caroline is living with the burden of lasting emotional damage from her CSA as she describes being the one who takes the blame regardless of whether or not she is at fault, stating that *'maybe I learned that pattern growing up'* (348-349, 8). She recalls that as a child, even when conflict at home had nothing to do with her, she would be *'crying, and I'd be like 'I hate myself' in the mirror'* (360-361, 8). It is as though her self-worth has been utterly compromised by her experience of abuse and she has been reduced to constant self-blame and self-hatred. She describes *'never feeling good enough'* within her current relationship and *'always questioning myself'* (84-85, 2).

*'It was a bad pattern from the abuse. I was very young when it happened. Six, seven, eight...around that age. So, I hated myself obviously because of the abuse...so, that's a pattern I guess'* (361-363, 8).

Caroline recognises that she suffers from low self-worth and a general feeling of being *'inadequate'*. This is despite her husband being *'accepting and loving'* (157, 4) towards her since she disclosed her history of CSA to him.

Similarly, Bernadette describes having a low base of self-esteem from her childhood experiences and talks about this leading to being in previous couple relationships *'where it was ok for someone to call me names'* (327, 7).

Margaret describes taking ownership of her experience of CSA, yet it is an unwanted and unwelcome part of herself and her personal identity. She appears to be burdened by the heavy baggage of CSA resulting in a part of her that is undoubtedly damaged. She describes it as being *'like something that you own that you don't want to share, because you don't want to be the f\*\*ked up girl. Or you don't want to be the girl with all this baggage. You don't want it'* (147-149, 3).

In addition to participants outlining the metaphorical ways in which they feel damaged by their experience of CSA, they also specifically highlight being burdened by Living with Fear and Anxiety in their adult couple relationships as an ongoing consequence of being sexually abused as a child.

#### 4.4.2 Living with Fear and Anxiety

All of the participants evidence living with fear and/or anxiety with regards to how they function in their adult couple relationships, following on from their childhood experiences of sexual abuse.

When Niamh talks about dating her husband, she describes the beginnings of intimacy noting that:

*'There always seemed to be something of...where I kind of had this fear. That ya know, something had gone wrong. And he didn't understand it. I didn't understand it, cos I just really never associated it with the abuse' ( 62-65, 2).*

Niamh had attempted to put her abuse to the side in an effort to move forward with her life, *'I was kind of going to never touch it, and I was just going to get on with my life'* (82-83, 2). Despite this she recalls a sense of fear and *'feeling panicked'* (72, 2) during the early stages of her relationship with her husband, and in hindsight she recognizes that the consequences of CSA were always lurking under the surface waiting to be addressed.

While Celine appears to have a very loving and understanding relationship with her husband, she describes living with the fear that he could possibly turn into somebody like her father, *'I suppose, at the back of my head, I hope...again that's fear...but I hope he'll never turn into somebody like my father'* (169-171, 4). She also carries fear that she could pass on some aspects of her childhood experience to her future children, *'I'm afraid to pass it on. Because I deeply believe that even if it's a secret, you pass that on to the next generation, and the next generation and so on'*, (86-88, 2-3). Celine also speaks about a *'predisposition to redo what you knew or what happened to you'* (324-325, 8). Her father was abused as a child, though not sexually, and she feels that this is partly the reason why he abused her. Despite her fears, she talks about being aware of free will and her hope that this will differentiate her from her father going forward into parenthood.

Liz speaks about living with anxiety as a result of her experience of CSA. This anxiety is audible in her voice which is consistently unsteady throughout the interview. She wonders if ongoing anxiety, along with her severe lack of confidence, might be more profound for her than for other survivors because her abuser was a parent. Her experience of CSA had a profoundly damaging effect on so many aspects of her life, and in adulthood she finds herself feeling *'too anxious to enjoy the nice things that are there now'* (190-191, 4).

Bernadette makes many references to her experience of CSA being a burden, describing that *'the biggest thing for me in this space where I am now, is working through anxiety'* (31-32, 1). She is in the beginning of a new relationship and describes *'these fears that he's going to be angry with me'* (37, 1). Bernadette refers to a fear of abandonment or rejection that continues into her adult couple relationships, following on from the abandonment she experienced as a sexually abused child. Her tone of voice sounds puzzled when she describes the extent of the abandonment she felt during adolescence,

*'The week after my leaving cert I ended up in this house in \*\*\*\*\*. My parents didn't come try and find me. Ya know. I look back and go 'if my child...' I would be on the bus. I'd be ringing the guards. I'd want my child back'* (97-100, 3).

Prior to this, it may also be said that her father abandoned or rejected his role as a parent when he behaved in a sexually inappropriate manner towards her. Consequently, Bernadette lives with the burden of fear of further abandonment, and anxiety, as a result of her sexually abusive past.

Deirdre refers to *'fear of getting caught out'* (365, 9), both when she was being sexually abused as a child, and currently as an adult. She outlines that her fear within her adult couple relationship is that the *'ugly'* part of herself, resulting from her CSA, will become exposed. She manages this fear by making sure her child and her partner are always happy, and her house is always in order:

*'I'd say the reason that I do that is because if they're happy then everything is ok. It's like I manage the external world so that it doesn't come in. Actually that's a good way of putting it. I manage the external world very closely. So that if everyone else is happy around me then they're not looking at me to see what's wrong with me'* (121-125, 3).

Susan encapsulates the fear and anxiety experienced by these participants when she succinctly states *'I overthink everything. I'm extremely anxious'* (242, 6).

Alongside fear and anxiety, participants also describe experiencing confusion and trust issues within their adult couple relationships. They are burdened by these matters as a direct consequence of their experience of CSA.

#### **4.4.3 Living with Confusion and Trust Difficulties**

All of the participants evidence difficulties with regard to trust in their adult couple relationships. This seems to be directly related to the severe breach of trust that occurs when a child is sexually abused by an adult, often somebody who is in a position of care, responsibility, power and trust in the child's life. A smaller number of participants evidence confusion in their adult couple relationships, following their experience of being sexually abused during childhood.

Margaret describes how:

*'a lot of the time you're expecting bad things to happen. Or you don't know when something bad is going to happen. I guess, when you trust someone, you're like 'If I trust you and then something bad happens, then what happens to me...'. It's almost like this anticipatory dread sometimes. Where I just don't trust... you can't trust them. Yeah, trust is definitely the biggest issue'* (335-340, 7).

There are echoes of the sub-theme Feeling Damaged here, when Margaret describes that her sense of personal identity and her confidence in both herself and others is

somewhat impaired by her experience of CSA. She talks about not trusting the reaction of significant others when sharing her story, stressing that she is:

*'always trying to gauge their reaction and if they're going to treat you differently. If they're going to not see you as the same person. If they're going to see you as someone lesser or dirty. The thought never really crosses your mind that they could see you as a strong person, who has had a tough time, but has come out of it. You don't see it like that'* (297-302, 6).

For Liz, there is a lack of stability or consistency in her relationships regarding issues of trust. She talks about moving from being overly trusting to being cynical or *'too cautious'* just to *'be ahead of it'* (69-71, 2).

Bernadette experiences difficulties with trust regarding trusting the other, and trusting herself and she outlines that *'it's a struggle. It's something that I'm working through at this very moment. This idea of trust'* (364-365, 8). In her adult couple relationships she has a history of making poor judgements with regard to whom she should or should not give her trust to. Bernadette attributes this to lacking the *'knowledge or the skills to know actually they're not a person you should give your trust to'* (438-439, 10), prior to her current relationship.

Caroline outlines that her experience of CSA *'has really affected my trust with my husband and previous relationships'* (85-86, 2), creating a fear of getting too close. Furthermore, it seems her fears regarding trust have been somewhat realised. Caroline describes being suspicious of her husband and in due course discovering him seeking out other women online, leading to even greater difficulties with trust, as well as some confusion about the status of her relationship.

Susan, Edward and Bernadette also speak about living with confusion. Susan begins her interview by naming her confusion regarding how she should define her relationships. She has been living with confusion for most of her life as she does not have a clear recollection of the CSA that she endured at approximately five years of age. Years later, in adulthood she continues to carry this burden and experiences confusion at a very deep and embedded level:

*'there's so many unanswered questions I have, and in some ways if I knew, if I remembered what happened, I then could at least have an idea of how it's linked properly and I could move on'* (269-272, 7).

Similarly, she experiences confusion regarding her behaviours in her adult couple relationships, outlining how at times she has been clingy and at other times she has been inclined to push her partner away. *'I was clinging one second, and then 'go away' the next. Because I was quite confused in myself'* (21-22, 1). She feels these behaviours have also caused confusion to her partners. Throughout her relationships, she has experienced emotional and sexual intimacy as being *'muddled'* and confusing. *'What's the word... distorted? I'd quite distorted views. My view was how can you love someone if you don't have sex with them. It was like this intertwined thinking'* (56-58, 2). She describes how, in an earlier relationship when a partner demonstrated kindness and respect to her during intimacy, she found this confusing and experienced it as being *'alien'* (218, 6).

Being confused is also a strong and consistent theme with Edward. There have been times in his life where he has not understood love and later, parenthood. *'What's love, I don't know'* (682, 16). He tries to seek understanding, but remains *'muddled up inside'* (23, 1), questioning many things including his sexuality, *'But I'm not gay. Or am I gay?'* (44-45, 2).

Bernadette describes *'the biggest confusion'* as *'thinking that if someone wants to have sex with you then thinking that they love you'* (458-460, 10). She attributes this to her father *'only giving me attention in a sexual way'* (462-463, 10) and feels that the confusion she carries in adulthood is *'absolutely'* because of her experiences as a child.

Together with carrying the burden of confusion and trust issues into their adult couple relationships, participants identified other residual effects of CSA that appear to have a powerful relational impact in adulthood, such as Living with the Abused Child Within.

#### 4.4.4 Living with the Abused Child Within

Some of the consequences of being a sexually abused child appear to continue into adulthood. In many cases the survivor continues to carry the abused child within and this in turn has significance for their adult couple relationship/s. The challenge of negotiating an adult couple relationship is complicated by the experience of living with the internalised abused child.

Edward sorrowfully carries the burden of his CSA throughout adulthood, and there is a sense during much of his interview that the abused child within is very much part of his adult identity:

*'Do they know that little child inside me crying out? No, they never did. You hide all that with your fear. You're fighting all the time'* (Edward, 38-39, 1).

and

*'There's about 200, maybe more, things popping up. Me, me, me.. I wanna say this. Ya know.. that's the child inside ya. There's a f\*\*\*ing child inside me. So many times that child was hurt. How many times was that child hurt in his life?'* (228-231, 8).

He outlines that he tries to keep this child *'out of the way'* (811, 19), while simultaneously he is *'trying to protect the child inside'* (631, 15). It seems at times that the abused child within is more present than the observable adult, which is likely to have caused difficulty for Edward in his adult couple relationships. He is consumed by his history of CSA and utterly burdened by the emotional injuries he carries. He outlines that everything is impacted and that he *'doesn't know what else is gonna f\*\*kin jump out of my head. Crawl all over me in my bed. I don't sleep. I don't sleep. I don't sleep'* (479-481, 12).

Celine acknowledges that while her life may have turned out differently and that she feels lucky to have met a loving and understanding husband, she continues to carry the burden of her CSA into adulthood. She continues to struggle with the need for perfection outlining that *'I need to be the good girl and I need to be accepted'*, (350-

351, 9). The subtheme of Living with the Abused Child Within is also evident when she describes feeling '*extremely sad*' (451, 11) as an adult, highlighting that this is something she felt but did not fully understand during childhood. This emotion was likely born from her father's abusive actions alongside the message that '*you're the good girl. You do whatever you're told to do*' and '*It's between ourselves...you're the good girl*' (353-355, 9). Similar to the sub-theme of being voiceless, there is an element of secrecy and silence here.

Deirdre poignantly describes love as '*a burden*' (278, 7). Her parents were not aware of the CSA she endured and she explains that she spent her childhood worrying that their love was conditional on their lack of awareness of her abuse. She felt burdened by their love because she might lose it in an instant if they discovered her secret. As a child she '*was constantly terrified they were going to find out*' (289-290, 7) and as a result she '*was always trying to do good in school and not be the one fighting in the house and do the cleaning*' (290-291, 7). The abused child within appears to be situated similarly in her adult couple relationship, when she talks about '*making everything nice*' (118, 3) and how she likes to '*keep everything easy and without drama so that there's no attention and nothing can become exposed*' (130-131, 4). Deirdre presents as having an awareness of the abused child within when she recounts a therapy experience where:

*'Ya know, we were talking around and then I just – this child sat on my knee, in the session, in my mind, and the child had a cut on her knee. And the child was me. And I was looking at the knee going 'it's only a knee...it's only a little cut'* (380-384, 9).

There appears to be a demand on many participants to continue to live with the abused child within, alongside many other adverse effects of CSA within the context of an adult couple relationship. Nevertheless, there are also undeniable strengths that have been experienced and described by many of the participants.

## 4.5 Discovering My Strengths

*'You can just say things out. There's no false pretences there. You can be honest. There's no door or shutter there between you'* (178-180, 5).

Despite the many indisputable adverse effects of CSA that participants experienced, it is also clear that the majority of participants have experienced strengths that have enriched their lives regarding their adult couple relationships. When invited to consider this, half of the participants describe Embracing Change in their lives. More than half indicate Discovering Strengths by Relating with More Ease, or in other words, by allowing themselves to love and be loved despite their history of CSA. They talk about having enhanced empathy for others and an honesty which impacts positively on their adult couple relationships.

There is a strong and calm sense of resilience and growth when participants talk about aspects of their relationships that they currently experience as being especially rewarding because of their history of CSA. Resilience and growth experienced by these participants co-exist alongside the adverse impacts of the CSA that they have endured.

### 4.5.1 Embracing Change

Despite all participants describing detrimental ongoing aspects of their experience of CSA, half of the participants also evidence an ability to discover strengths through Embracing Change, with regard to their adult couple relationships.

Bernadette has found strength through Embracing Change over the course of time and therapy, and suggests that without therapy she may still be repeating unhealthy relationship patterns. She exemplifies how, despite the childhood trauma she has endured, there is opportunity for growth and recovery for CSA survivors during adulthood. She is mindful of earlier challenges in her previous adult couple relationships and is currently very aware of what is helpful and unhelpful with regard to healthy relationship functioning. Her self-respect has increased in recent years and

she presents as being confident in her convictions regarding who she should trust and how she should proceed through the early stages of her new relationship.

Instead of reliving abusive patterns, she is currently developing healthy coping strategies to help her manage potential future rejection. She is also discovering her voice through poetry writing and her own social media presence, and she explains how recently, through this, she recognizes that she is *'grateful at some level for the lessons I've learned'* (510-511, 11). She outlines how in the past her thinking was, *'I'm not gonna make myself vulnerable at all'* (443-444, 10), but there is composure and a sense of pride in her voice when she describes how *'I've allowed my vulnerability to come through'* (420, 9). Bernadette also demonstrates Embracing Change when she describes how she is:

*'Letting go of the need to control. Letting go of old stuff. Letting go of past relationships. Going "ok, that's the past". How am I now? I'm not the same person I was several years ago'* (433-435, 9).

Penny acknowledges the reality that her marriage is fundamentally very different to the abusive relationship she experienced as a child, *'I'm not afraid that my husband will come into the bed at night and go "ssh" and start abusing me'* (262-263, 7). It appears that she is embracing the process of becoming somebody who has a voice that will be listened to, and somebody who has choices with regards to her personal boundaries. She describes how in her *'set-in-stone type of past'* (291, 7), she had *'no choice in the matter'* (446, 11), while in her current relationship if there is something she feels strongly about, *'I find that I don't take no for an answer now'* (457-458, 11). Alongside this, as opposed to *'shouting in a glass jar'* (293-294, 7) like when she was younger, she notes that she is *'much softer in my approach as well now'* (458, 11).

Susan exemplifies how the survivor of CSA can discover alternative ways of being in the world. She notes that her experience of CSA has helped her *'realize that you should appreciate the little things, because, ya know, it can be taken away from you in an instant'* (162-164, 4). She has accomplished a greater sense of self-awareness and personal safety over the course of time and therapy. It seems that she hardly recognises the person she was before, when she describes how, as an attempt *'to run*

*away from a feeling'* (182-183, 5), she made unsafe decisions about sexual encounters:

*'I was running away from myself and I went and I slept with loads of people. Not thinking. Doing really crazy things. Like, I went on a dating website, and I met a guy in his car and had sex with him in the back of a park somewhere. And I guess it was just very reckless. Because I could have been at serious risk. That was really dangerous'* (174-181, 5).

She appears to be Embracing Change in her life when she describes how she no longer behaves in this manner and how, *'it's only through counselling that I realise I did run away from myself, and that wasn't a healthy thing to do'* (184-186, 5).

Similarly Niamh evidences Embracing Change in her life and her relationship when she describes the increased self-awareness gained through counselling, *'I suppose from going through counselling, it's really helped me in the sense that I've become a lot more aware of ya know, my reactions'* (192-193, 4). She has discovered that the 'real' her is strong and that *'I kind of like my strengths and my strong relationships close to me'*. To Niamh it is this strength that matters and everything else is *'artificial and not really necessary'* (327-329, 7).

Margaret evidences Embracing Change in her new relationship and makes specific reference to the issue of consent, *'I guess in the relationship I'm in right now. I don't ever...I mean consent is one huge issue. Even simple things like making decisions, like where we'll eat out'* (464-466, 10). She is no longer afraid to acknowledge who she is as a person, *'I guess how you express yourself as you being you, because you're not afraid. You can be yourself and you're someone'* (469-470, 10). There is a sense of personal achievement when Margaret talks about *'being someone'*, as though her sense of self had previously been denied. This shift means she now conceptualises herself as a survivor noting that in the past *'I was a victim, but I was completely consumed by it – it was my life...it was totally me'* (472-473, 10), but there is a sense of achievement in her voice when she describes how *'Now, I'm different. I feel like I've dealt with it. I feel like we're almost two entirely different people. I think everything is different. Everything is different, because I'm different'* (479-480, 10).

Similarly, despite CSA being a huge burden in Edward's adult life and within his relationships, through his love of nature he is discovering times of calm and appreciation of the simple things in life, *'I love nature and I can get in tune with things very simply'* (906-907, 22). He appears to be Embracing Changes in himself that he has discovered through being in nature. When he talks about these changes there is a very obvious shift of atmosphere in the room. His voice slows down and his tone softens when he talks about the happiness he finds through spending time by the sea, *'I'll go to the sea and I'll sit there'* and *'I like it here and I'm happy, and maybe if I have a bit of a book I can read it'* (424-426, 10). The way Edward presents when talking about this is in stark contrast to how he has previously presented throughout the interview. His experience of institutional CSA was extremely violent and continued throughout his entire childhood. Despite this, during his interview Edward somehow concedes that *'there's more to life than that, isn't there'* (427, 10).

Some participants noted the importance of counselling, which it seems may have been an important factor in facilitating change. Through Embracing Change in their lives, many of the participants in this study appear to be also enabling themselves to engage in improved relationships.

#### **4.5.2 Relating with More Ease**

While the shadow of CSA remains present in these adult couple relationships, there is a sense of empathy, honesty and hope which points to the participants in this study experiencing improved relationships with the partners in their lives.

Bernadette describes how because of her experience of CSA she has a richer sense of compassion and empathy for others, *'you know, maybe it's given me empathy. Compassion. I've learned a lot of compassion actually, for other people'*. She talks about how she has compassion *'as well for perpetrators, or the lesson that I've learned from them. Because they taught me how to...finally...taught me how to say no'* (507-509, 12).

Deirdre also evidences increased empathy within her couple relationships when she describes how:

*'I see beyond the act. I look at what their intention was...you know...and I like that about myself. That I don't judge people on their actions. I look beyond that and see what was their intention.'* (301-303, 7)

Liz describes being 'honest' with herself now, but it is as though she wonders if that personal growth is enough to warrant the pain she has suffered. *'I don't know if people go that far to be honest with themselves'* (143-144, 3). She also describes how she and her partner are more considerate and careful of each other because of her experience of CSA.

Penny outlines how when she disclosed her history of CSA to her husband 'he was a lot softer' towards her, in contrast to prior relationships which 'straight away' became 'damaged'. She describes how there is increased honesty in their relationship and how they 'communicate better' regarding her need for time alone and how 'you can just say things out. There's no false pretences there. You can be honest. There's no door or shutter there between you' (178-180, 5). Despite achieving this level of honesty with her partner some challenges with trust and intimacy remain.

Liz describes how she is currently in a happy relationship with a very 'patient' man and is regaining control over her life and recovering, despite the fact that there are times when she 'drifts off' and when she 'just can't have any closeness' (86-88, 2). It seems that while she is improving, her ability to be intimate has not yet fully recovered. In contrast to her role as 'victim', and how this may have enabled further abuse as an adult, she speaks with strength about how she feels 'lucky' and 'fortunate' to have found a patient and understanding partner.

Celine refers to her loving relationship with her husband and notes that even though her experience of CSA:

*'was very tough, I knew that I would do something good with it. And that's really, ya know, you have that feeling inside that, yes that was difficult, but you were able to go through it. You went through it. As an adult you met a husband. You could have a different relationship with men'.*

(387-391, 10)

There is a sense of hope in Celine's words that suggests *'something good'* can eventually come to be, following the trauma of CSA. As evidenced by these participants, it is possible to discover strengths in their adult couple relationships despite the relational difficulties that appear to be lifelong companions to CSA survivors.

### **4.5.3 Conclusion**

The four master themes that emerged following data analysis in the current study, are Protecting Myself from Emotional Pain, Reliving the Abusive Cycle, Living with the Burden of the Past and Discovering My Strengths.

When revealing their lived experiences of Protecting Myself from Emotional Pain in their adult couple relationships, participants described Keeping an Emotional Distance from their partner/s, in what seems like an attempt to reduce the likelihood of getting hurt. It might be said that because of their childhood experience of abuse, they have learned that hurt can be born from an emotional connection with a significant other, and therefore by keeping a distance this risk is reduced. Participants also described Sabotaging the Relationship, by being purposefully unkind to their partners or consciously pushing them away in order to reduce the possibility of additional suffering.

Finally, participants described Disconnecting from Sexual Intimacy, which was most often attributed to flashbacks during which the participants were forcefully reconnected to the trauma of their CSA. The tendency to disconnect seems to be most likely to occur when there is an emotional connection present. It does not seem to be evident in the same capacity with regards to casual, unemotional sexual encounters,

perhaps suggesting that sexual and emotional intimacy do not always merge well for survivors of CSA.

Despite participants seemingly wanting to avoid occurrences that might resemble their experiences of CSA, all ten participants described Reliving the Abusive Cycle, including abusive behaviours or patterns that they are likely to have learned as sexually abused children. For many, their sense of familiarity with abusive patterns led to their acceptability, and sometimes even the expectancy that these behaviours or dynamics would be repeated in their adult couple relationships.

More than half of the participants identified with Being Voiceless, with some directly referring to feeling silenced by their partners and keeping secrets about their adult couple relationships. The concept of keeping secrets within a sexually abusive relationship points to complexities relating to power and control, which was also identified by many participants. There is a sense that these difficulties may not have been present in the adult couple relationships of these participants, had they not experienced sexual abuse as children.

Participants also described ways in which they experience Feeling Damaged and feeling diseased, wounded or ugly. They described Living with Fear and Anxiety in their adult couple relationships, and many described Living with Confusion and Trust Difficulties, which appear to be related to the breach of trust that occurs when a child is sexually abused by an adult, often somebody who is in a position of trust in the child's life. Many participants experienced Living with the Abused Child Within. Some describe the need to protect this child, whom it seems often represents deep sadness, confusion and pain. At times the abused child within appears to mirror how the survivor relates to their partner within their adult couple relationship.

There are also undeniable strengths that have been experienced and described by participants. They describe Embracing Change through developing healthy coping mechanisms, finding their voice, allowing their vulnerability to come through and recognising that they have choices in their adult couple relationships. They also describe Relating with More Ease, as they move forward through their survivorship of CSA.

In the following chapter, these findings will be explored against a backdrop of previous literature, highlighting similarities and differences to earlier findings. It will also explore the uniqueness of the current study with regards to the participants' voices and experiences, which have illuminated the phenomenon of how CSA impacts the adult couple relationship of survivors.

## **5.0 Chapter Five: Discussion**

### **5.1 Introduction**

This chapter explores the current research against a backdrop of previous literature referring to the trauma of CSA and how the adult couple relationships of survivors may be impacted.

The four master themes which emerged in the current study were:

- Protecting Myself from Emotional Pain
- Reliving the Abusive Cycle
- Living with the Burden of the Past
- Discovering My Strengths

These findings reflect the authentic, lived experiences of CSA survivors and are therefore relevant with regards to enriching an understanding of this client group in a psychotherapeutic environment.

Findings are discussed, compared and contrasted to conclusions drawn in earlier studies. Unique findings in the current study are also considered regarding dynamics within the adult couple relationships of CSA survivors as experienced by participants. This chapter also explores the strengths and limitations of the study and its implications for therapeutic practice, along with recommendations for future research.

### **5.2 Protecting Myself from Emotional Pain**

This study identified Keeping an Emotional Distance, Sabotaging the Relationship and Disconnecting in Sexual Intimacy as the three sub-themes within the master theme, Protecting Myself from Emotional Pain. These sub-themes reflect ways in which survivors of CSA aim to reduce the likelihood of being hurt by their partners, through ensuring emotional and sexual distance. Within the adult couple relationships of these survivors, these experiences generally appear to manifest as emotional and sexual challenges.

Firstly, the majority of participants described emotionally distancing themselves from their partners in an attempt to protect themselves from emotional pain. These findings echo previous conclusions by Bedi et al. (2013). Through the use of questionnaires with a community sample of 60 adults who had experienced abuse, this study found that adults with a history of abuse express a need to protect themselves by not investing emotionally in their adult couple relationships. It also highlighted how survivors of child abuse are aware of the possible dangers posed by other individuals and as a result they may present in an avoidant manner. Based on this earlier research and on the experiences of participants in the current study, it is reasonable to suggest that CSA survivors learn as children that emotional familiarity and closeness with a significant other can lead to being hurt, betrayed or abused. Subsequently, when this belief is carried into adulthood, it may manifest as avoidance and guardedness in their adult couple relationships. This is likely to be particularly relevant to survivors who may have had a closely connected relationship with their abusers during childhood. In the current study one participant queries if her experience of CSA has had such a strong and long lasting impact on her life because it was a parent who had abused her. Another refers to the depth of emotional pain she experienced because the abuse had been perpetrated by her brother, with whom she had previously shared a very close emotional bond.

A key finding in this study indicates that CSA survivors may experience a dread of intimacy that is not necessarily present in their casual couple relationships, but that emerges when a relationship appears to intensify. Within casual relationships the survivor appears to be protected from experiencing the effects of their childhood abuse. Perhaps this is because they are more likely to ignore or deny particular aspects of their CSA, which nevertheless appear to come to the fore, with great intensity, as emotional intimacy increases in their relationship/s.

In short, the experiences of many participants in the current study point to the likelihood of the CSA survivor re-experiencing aspects of their CSA when they become intensely emotionally involved in their couple relationships. Therefore, paradoxically relationship depth is potentially antagonistic to the formation of intimate bonds. Survivors strive to keep a seemingly safe emotional distance, to mitigate against the possibility of being hurt. Findings in the current study strengthen

conclusions from an early study by Jehu (1989), who also found that fear of intimacy may not be evident in casual relationships, but that this fear may emerge in more committed couple relationships.

Furthermore, following a review of empirical studies from 1985-2000, Davis and Petretic-Jackson (2000) found that becoming emotionally intimate with a sexual partner interferes with the survivor's previous denial associated with their history of CSA, and consequently they may begin to re-experience distress. They conclude that CSA adult survivors may engage in casual sexual relationships without difficulties but when partners become emotionally intimate challenges may arise causing the survivor to end the relationship. These previous conclusions are reinforced by the current study's findings that survivors are capable of engaging in sexual relationships without difficulties until the relationship becomes emotionally intimate, at which point fractures and interruptions emerge. Perhaps this finding also offers some insight into why survivors of CSA may fearlessly engage in potentially dangerous, casual sexual encounters, in which there may even be a sense that they are being re-victimised, yet the same individuals may be very fearful of emotionally close relationships.

Follette and Vechiu (2017) reviewed existing theoretical and empirical literature on CSA survivors, with specific reference to the adverse impacts of CSA and the concept of resilience and coping mechanisms in the lives of CSA survivors. They describe how survivors of multiple traumatic events, especially in childhood, may be drawn to ineffective coping strategies such as dissociation, self-harm and substance abuse. These conclusions had also been similarly outlined in an earlier literature review focusing on the long-term correlates of CSA, in which Polusny and Follette (1995) concluded that survivors use many different coping mechanisms to diminish their thoughts and memories of their abuse. These coping mechanisms include dissociation, self-harm, substance abuse, casual sex and the avoidance of intimate relationships.

Findings from both of these literature reviews (Polusny and Follette, 1995; Follette and Vechiu, 2017) were supported in the current study where participants also described experiences of substance abuse, casual sex and the avoidance of intimate relationships. The likelihood of participants misusing alcohol and substances in order

to avoid or reduce the emotional pain of their CSA is exemplified by one participant who described her early experience of alcohol consumption on the streets. She outlines that she was 'easy prey' to other potential abusers, but that despite the associated risks, this was a better option than staying in the sexually abusive family home. Over time, in the relationships that followed, this participant continued to misuse alcohol in order to escape the memories of her abusive father and grandfather.

Also reflective of the findings outlined by Polusny and Follette (1995) and Follette and Vechiu (2017), participants in the current study describe engaging in casual sex, or sex in potentially unsafe situations. One participant typifies this when she regretfully recalls meeting a stranger in a car park for casual sex. Polusny and Follette (1995) suggest that while these behaviours or coping mechanisms may help relieve the initial trauma of the abuse, it is likely that they will lead to negative long-term effects. These include sexual difficulties and re-victimisation, both of which have also been demonstrated by participants in the current study regarding their adult couple relationships.

Many participants in the current study described Sabotaging the Relationship, in an attempt to protect themselves from the possibility of being hurt by their partners. Within the field of psychotherapy, while there is a recognition of the general difficulties CSA survivors may experience in long-term relationships (Davis & Petretic-Jackson, 2000; Flood-Aakvaag et al. 2016; Follette & Vechiu, 2017; Meyer, Cohn, Robinson, Muse, Hughes, 2017), there is little previous empirical evidence pointing specifically to how these relationship dynamics unfold.

While participants in the current study have frequently been aware that their behaviours are sabotaging, at times they have lacked the capacity to control them. There is a sense that the survivor's experience of CSA impacts their personal relationships, despite their best intentions to prevent this from happening. Their stories reveal a tendency to repeatedly engage in behaviours that are harmful, with a clear divide existing between what they hope for and what they achieve. For these participants, it seems there are repressed thoughts and memories casting a shadow over their adulthood and somehow causing them to sabotage their couple relationships.

It is likely that this shadow represents repressed shame, which may lead to sabotaging behaviours, for as long as the shame is repressed rather than integrated into the survivor's life. Nussbaum (2004) argued that hiding from humanity is associated with shame. This resonates with regards to CSA survivors sabotaging their relationships, or hiding from the possibilities that an intimate relationship might offer.

Bowlby's theory (1973) also offers a possible explanation for how and why CSA survivors may sabotage their adult couple relationships, as described by participants in the current study. As previously outlined, Bowlby (1973) proposes that when infants bond with their caregivers they will display behaviours that are aimed at keeping their caregiver close. If and when the caregiver responds consistently and lovingly to these behaviours, such as smiling or crying, a secure attachment is formed and a responsive and emotional bond begins to develop. This primary relationship acts as a model for future interpersonal relationships, although it may change as the child's experience and understanding evolves.

Anxious and avoidant attachment behaviours may develop if a caregiver is inconsistent in their caregiving, causes harm to the infant or fails to protect the infant from harm. Therefore, with this theory in mind, there is a high probability that the CSA survivor may develop an insecure attachment style that persists into adulthood. As experienced by participants in the current study, the survivor who has suffered abuse, and/or who has not been protected from abuse by an early caregiver may have difficulty trusting in later life. They avoid closeness with their partner, thus, knowingly or unknowingly, sabotaging their couple relationship.

Furthermore, Kaplinsky (2008) describes how early attachment issues are often linked to the need to fit in, and that aspects of an individual that are unlikely to fit in are often repressed or disowned. She describes how cultural norms often influence what we repress, including behaviours such as adultery, homosexuality and incest. This offers a context in which we might further understand how the CSA survivor represses thoughts and memories, and how subsequently their abuse may continue to have a sabotaging impact on their lives and relationships, as seen in the current study.

Hollis (2007) questions the often observed split between our intentions and our outcomes. He concludes that what remains in our unconscious will somehow manifest in our lives, and suggests that exploring these aspects of our selves may help us to understand how our inner forces often work against us, at times leading to self-sabotaging behaviours in relationships. The current study employed IPA which is concerned with conscious lived experience, not an exploration of unconscious motivation and influences. Therefore alternative methodological approaches may be best suited to further exploring of how the unconscious repetition of problematic behaviours might manifest in the lives and relationships of CSA survivors. That said, it is important to note that this study has generated data that points to unconscious influences on lived experiences.

Most of the participants in the current study who demonstrated Disconnecting from Sexual Intimacy ascribe it to their experiences of flashbacks. These appear to forcefully reconnect them to the initial trauma, subsequently diminishing their ability to engage in sexual intimacy with their partner. Some describe returning or going back to their experience of CSA, with one participant envisioning her father as being somehow present during her later adult intimate relations.

The concept of intrusions and flashbacks interrupting sexual intimacy in the relationships of adult survivors is already recognised in psychotherapeutic practice with survivors of CSA. Flashbacks are core features of post-traumatic stress disorder (PTSD) and are not a new concept in trauma research (Priebe et al., 2013). However, the current study contributes to this knowledge by offering a rare opportunity to understand the survivor's lived experience of this occurrence.

Based on the participants' perspective, flashbacks are often heavily embodied experiences which can impact an individual at a sensory level. As one participant tells her story, it is as though her experience is coming to life, enabling her to fully recognise and express it. The calmness in her voice suggests that a sense of healing is emerging, as she describes her experience in the safe and contained context of the research interview.

According to Laviola (1992) particular sexual experiences in adulthood may serve as reminders of the abuse and can cause intrusive thoughts, feelings or flashbacks related to the survivor's experience of CSA. In her study of seventeen cases of sibling incest between older brothers and younger sisters, through the use of interviews and self-report instruments, this author found that the majority of participants reported 'reliving' the abuse and experiencing intrusive thoughts regarding their CSA. This is likely to have a negative impact on the adult couple relationships of the survivor, and according to Laviola (1992), flashbacks may ultimately result in the complete avoidance of sexual intimacy.

These findings clearly parallel the experience of participants in the current study, exemplified by one participant describing her experience of sibling incest by outlining that she can feel her brother's hands on her when she is engaging in sexual intimacy with her husband. Again, this experience is embodied and strongly impacts her at a physical level causing her to avoid sexual intimacy in her marriage. Some participants describe their experience of flashbacks as forcefully intruding on their everyday life without necessarily being in a sexual situation, or as the abuser suddenly being '*present*' during their sexual encounters as adults. Others describe the vividness of their flashbacks as reducing over time, which may be due to the specialised therapeutic support they have been receiving.

Based on their work with three couples who described a breakdown of emotional and sexual intimacy in the aftermath of incest, Bittenheim and Levendosky (1994) conclude that survivors may experience flashbacks and feelings of disgust during sexual intimacy. Alongside this, they propose that survivors may experience a sense of shame associated with sexual pleasure, which may be derived from the shame or guilt linked to physical pleasure that may have experienced during CSA. These findings are supported through a prime example in the current study, when one survivor shares her story of how she refuses to allow herself to experience physical pleasure as orgasm, because it reconnects her with the trauma of her CSA, and the associated feelings of guilt, shame and humiliation. This participant's experience is reflective of disconnecting from sexual intimacy and pleasure in a very intentional way to prevent a recurrence of uncomfortable feelings of shame. It reminds us that continued emphasis is required when working therapeutically with CSA survivors in

relation to the exploration of feelings such as shame and guilt. There is a sense that this participant feels misplaced shame and/or guilt resulting from her experience of orgasm while she was being sexually abused, and as a result her sexual experiences as a consenting adult are impacted.

Again, it is clear that the findings in this study offer authentic insight into the world of the survivor with regard to the challenges they face in their adult couple relationships. As outlined above, earlier psychotherapeutic research (Buttenheim & Levendosky, 1994; Laviola, 1992; Priebe et al., 2013) has explored the concept of flashbacks within the sexual relationships of CSA survivors, but this study offers intimate accounts of why and how these experiences manifest, from the first-hand experience of the CSA survivor.

In summary, vivid participant descriptions of their lived experiences of flashbacks enhances authenticity and adds richness to earlier investigations regarding the concept of CSA and later sexual intimacy difficulties in the relationships of adult survivors. Through the voice of the survivor we learn that sexual contact in later life has the capacity to forcefully transport them back to the sexual abuse they endured during childhood.

Moreover, this study demonstrates that by Keeping an Emotional Distance, Sabotaging the Relationship and/or Disconnecting in Sexual Intimacy, survivors of CSA ensure an emotional and sexual detachment, thus safeguarding themselves from the possibility of further emotional pain. For them, this detachment means that they are at a reduced risk of being hurt by their partners. Survivors have learned that interpersonal relationships may lead to the emotional distress that they are striving to avoid. These lived experiences manifest as challenges within the adult couple relationships of survivors and point to areas that require further attention from practitioners and researchers working in the area of CSA.

### 5.3 Reliving the Abusive Cycle

All of the participants in this study outline Reliving the Abusive Cycle, at some point, in their adult couple relationships. Subthemes identified were Repeating Familiar Abuse Patterns, Being Voiceless and Experiencing Difficulties with Power and Control.

Reliving the Abusive Cycle proved to be a rich theme based on the retrospective narratives of these participants. While in hindsight participants were cognizant of these experiences, they appear to have been in denial or unaware of the development and progression of these dynamics at the time that they were occurring. Examples involve participants not being able to express their needs within their relationships, being isolated by a partner and/or not telling anybody about how they were being treated in their couple relationship.

Repeating familiar abuse patterns, at an unconscious or a semi-conscious level possibly echoes Freud's (1920) theory of repetition compulsion. This is helpful in understanding how trauma or internal conflicts may be repressed in particular aspects of an individual's life but may emerge in other ways, such as dreams or flashbacks. The theory describes how there may be a compulsion for an individual to repeat repressed traumas, both in sleep and waking hours, as opposed to remembering them, and that the power of these experiences may feel forceful and intrusive to the individual. Westerlund (1992) refers to this repetition compulsion dynamic when she describes survivors being in abusive relationships in adulthood, noting that at times the abusive partner resembles the perpetrator of CSA. In the current study, this is exemplified by one participant who describes an abusive partner as being exactly the same age as, and even more abusive than her father, the initial abuser.

For participants in this study, a familiarity with earlier abuse has led to a normalization or acceptance of abusive behaviours within some of their adult couple relationships. This reflects the findings of previous studies which have pointed to convincing links between CSA and re-victimisation (Classen, Palesh & Aggarwal, 2005; Messman-Moore, 2003; Relyea & Ullman, 2017; Roodman & Clum, 2001; Ruhlmann, Gallus & Durtschi, 2018; Widom, Czaja & Dutton, 2008). In a

longitudinal, large community-based study of female sexual assault survivors, Relyea and Ullman (2017) examined 17 predictors of assault across four types of sexual re-victimisation including unwanted contact, coercion, substance-involved assault and force. Findings suggest that predictors varied across the four types of re-victimisation, with unwanted contact and coercion being more prevalent in social situations, while substance-involved assault and force occurred mostly in situations where survivors were specifically targeted by perpetrators. Sexual re-victimisation was not categorised into types in the current study, however a clear link emerged between CSA and re-victimisation within the adult couple relationships of survivors.

CSA survivors may consider abuse as an ordinary facet of relationships, and something that they have come to expect. This is exemplified by one participant who outlines how she actively pursued abusive relationships in the past, in what seemed like an attempt to seek out the norm. In other words, many of these participants are caught in the familiarity of abuse. In their experience, abuse may be standard and typical of intimate relationships. However, through time and with therapeutic support, many of these participants have avoided repeating familiar abusive patterns in their later adult couple relationships.

Participants also experienced Being Voiceless or silenced by their partners and keeping secrets within and about their adult couple relationships, which are patterns they may have learned as sexually abused children. Participants described having communication difficulties with their partners. These difficulties within their adult couple relationships appear to mirror the voicelessness and the silencing they experienced as sexually abused children.

Caprioli and Crenshaw (2017) attempt to create a community response to the issue of silencing in their exploration of the experiences of child survivors of sexual violence and the American court system. They outline the many factors that children face that force them into silence. They describe how even children who manage to disclose their CSA may continue to experience subtle and overt silencing through the judicial processes.

Caprioli and Crenshaw (2017) note that the culture of silencing in CSA is “woven into every aspect of the child’s experience and that contributing factors to this can be found in the dynamics in the abuse as well as the cultural understanding of CSA” (p.192). These authors describe how the silencing of the child may begin even prior to the sexual abuse when the perpetrator identifies a child that is more likely to stay silent, and who will be easily accessible. Selecting a child that will remain silent helps to ensure that abuse can occur without detection.

In an overview of her own court case outlining her personal experience of sexual abuse at the hands of her father, Hault (1998) describes how her love for her father, along with self-blame, shame, humiliation and threats of further abuse silenced her for years. She was protecting her father and protecting herself from having to face his betrayal. In adulthood, she ‘emerged from the isolation of silence’ (p.130) and her father was convicted of sexual crimes against her.

Based on the experience of participants in the current study, there is a possibility that for CSA survivors this vulnerability continues into adulthood, with the survivor demonstrating a capacity to attract a partner who is likely to re-victimise and/or silence them in their adult couple relationship. With regard to repeating aspects of the abusive cycle, participants in this study recalled abusive adult couple relationships where they felt isolated, voiceless and in which they ‘*disappeared*’. IPA as a chosen research method is of particular relevance here because it facilitates an emphasis on the lived experiences of the individual, giving power to the participants’ voices and how they make meaning of these experiences.

In their review paper, Caprioli and Crenshaw (2017) describe how the silencing of the abused is often facilitated by an imbalance of power within the relationship. These findings are similarly reflected in the current study, where participants outline Experiencing Difficulties with Power and Control, both as abused children and as re-victimised adults. One participant describes how in her three abusive adult couple relationships the issue of ‘*power and control*’ reappeared, similarly to when she was a child.

A frequent theme in the research literature, Davis and Petretic-Jackson (2000) also refer to the issue of powerlessness, where the child has no control over the abusive situation. In light of this concept of powerlessness, it becomes clear how participants in the current study have found themselves in situations where further abuse has occurred. It is possible that having learned as abused children that they have little or no control over their bodies, this sense of powerlessness can lead to re-victimisation in later life.

Schultz (1995) describes CSA as a form of communication arising from a hierarchy of power. She raises the question of how the nature of CSA regarding power relations is revealed in stories told by adult survivors and perpetrators and what these stories reveal about society. One of the objectives of her narrative study was to expose the power distribution in CSA by applying Foucault's (1980) ideas of power, knowledge and pleasure. Her study concludes that CSA is a tool of power and that the silencing around it enforces its power. Conclusions also point to how open communication reduces the effects of power associated with hierarchy.

As illuminated by half of the participants in the current study, CSA is likely to leave the survivor with ongoing issues pertaining to power and control in later life. This may refer to the survivor's adult couple relationships, and/or to authoritative figures. For one participant, his difficulty with power and control is particularly evident in the tone of his voice and his consistent use of coarse language when he refers to authority throughout his interview. He continues to struggle with the imbalance of power that he experienced, both as an abused child and as an adult when he attempted to disclose his experience of institutional sexual abuse.

It seems that other participants experience intimacy as being linked to power, and as a result they have become strategic and tactical regarding sexual intimacy and may view it as a means of regaining control over their sexual lives. Participants in the current study were all attending therapy and this may be contributory to them gaining a renewed sense of ownership regarding their sexual choices.

All participants describe Reliving the Abusive Cycle, including Repeating Familiar Abuse Patterns, Being Voiceless or Experiencing Difficulties with Power and Control,

in their adult couple relationships. It is possible that these dynamics may have never unfolded had they not experienced sexual abuse as children. Furthermore, all of the participants have experienced additional interpersonal burdens during adulthood, as a result of being sexually abused as a child.

#### **5.4 Living with the Burden of the Past**

All participants in the current study described lived experience/s of being burdened within their adult couple relationships, as a result of their CSA. The subthemes identified were Feeling Damaged, Living with Fear and Anxiety, Living with Confusion and Trust Difficulties and Living with the Abused Child Within.

With regards to their experience of Feeling Damaged, some participants used language that referred to being diseased or wounded, while others outlined being broken, or disconnected in some way. A smaller number of participants referred to an ugliness within themselves associated with their experience of sexual trauma. There is a sense of sadness and low self-esteem when participants describe these experiences, echoing much earlier findings by Finkelhor and Browne (1985), who note that perceptions of being guilty or bad or even accountable for the abuse can have an impact on the CSA survivor's sense of self-worth and their self-image.

Davis and Petretic-Jackson (2000) outline in their review of empirical findings how the underlying psychological aspects of behaviours often linked to CSA survivors are not always immediately evident. They note that some CSA survivors may appear to function normally but can experience interpersonal difficulties that they may not understand themselves as being associated with their experience of CSA. Davis and Petretic-Jackson (2000) describe these survivors as the 'walking wounded'.

The concept of survivors being wounded, damaged or broken was evidenced by all participants in the current study. Although in contrast to the authors' conclusions above, these participants appear to be fully and uncomfortably aware of their woundedness. It is possible that this awareness is attributed to participants in the current study being in specialised psychotherapy at the time that the research

interviews took place. A decreased sense of awareness was found to be associated with CSA, in a Canadian online study of 257 females and 45 males, by Bigras, & Briere (2015), although it is unclear whether or not these participants were in therapy.

The concept of woundedness was also explored in Foster and Hagedom's (2014) examination of trauma narratives written by 21 children in therapy following CSA. These authors refer to analyzing this information 'through the eyes of the wounded'. Some of these children describe their healing processes in terms of learning from themselves and their counsellors, or feeling 'inspired' after therapy. Because of therapy, these 'wounded' participants experience an increased sense of self-awareness, self-worth and healing. They learn that the abuse was not their fault and through psycho-educational interventions, they learn new ways of coping and trusting again.

Similarly, in his discussion focusing on the powerful transference-countertransference dynamics when working with CSA survivors, West (2013) refers to a presence of 'extreme woundedness'. He describes how the wound can become a central organizing feature in the survivor's personality and how they may react against the world for continually re-traumatizing them. This reflects findings in the current study which suggest that the wound of CSA impacts the interpersonal relationships of its survivors, specifically their most intimate adult couple relationships.

In addition to participants outlining their experiences of Feeling Damaged, they also specifically highlighted being burdened through Living with Fear and Anxiety in their adult couple relationships, as an ongoing consequence of being sexually abused as a child. These conclusions reflect similar findings from a 2016 Norwegian national study aptly named 'Broken and guilty since it happened'. In a quantitative computer-assisted telephone study of 2,437 females and 2,092 males, Flood-Aakvaag and colleagues (2016) conclude that guilt and shame are carried by survivors of sexual abuse and increase where there has also been the added burden of violence. Furthermore, they associate guilt and shame with anxiety and depression in abuse survivors.

In the current IPA study, while all participants experienced living with fear and anxiety in their couple relationships, there was no emphasis placed on correlations between these emotions and the experiencing of guilt and shame. The current study emphasised that despite the many years since their abuse occurred, there is a very live continuing experience of fear and anxiety in their adult couple relationships.

These negative emotional states can be heard in participant's voices throughout their interviews. Fear is exemplified in one participant's account of navigating his way through adult life and relationships. His voice sounds shaky and troubled as he describes his experience of how institutional CSA has impacted him. His story distinctly reflects Foster's (2017) qualitative analysis of 19 boys' narratives regarding CSA, which revealed a meta-theme entitled 'fear and safety'. Through this, the boys' experiences of fear and safety, along with their sense of healing is explored. Their narratives focus on memories of the abuse, disclosure and their healing journeys following the violation of their personal boundaries as children.

All participants in the current study experienced Living with Fear and Anxiety in their relationships. At times this fear was something that they could not understand or that they had tried to ignore. This study highlights how CSA survivors may experience fear in many different forms, such as fear that their partner could become abusive, fear that they themselves could become abusive, fear of abandonment or fear of being exposed as somebody deeply impacted by their experience of abuse.

Fear and anxiety are possibly reflective of the anxious attachments discussed previously, within the adult couple relationships of CSA survivors. Many participants make reference to the CSA perpetrator being a father or a family member, who may have been considered an early primary caregiver. Nevertheless, in their narrative study of the effects of sexual abuse on attachment representations, Fresno, Spencer, Ramos & Pierrehumbert (2014) conclude that regardless of whom sexually abuses the child, an insecure attachment pattern is likely to develop.

In their retrospective online study of 812 individuals, Meyer et al. (2017) utilised self-assessment questionnaires to investigate attachment, emotional regulation, sexually compulsive behaviours and history of CSA. These authors note that a fundamental

task during early childhood is to learn how to form relationships. They describe how fear within these interactions, caused by a child's experience of sexual abuse, is likely to lead to the development of insecure attachment patterns such as attachment anxiety and/or attachment avoidance.

Attachment anxiety is described as the child having difficulty in trusting that their needs will be met by the caregiver, while attachment avoidance involves the child avoiding closeness with their caregiver. Both attachment anxiety and attachment avoidance may continue into adulthood, manifesting in the adult couple relationships and other social relationships of adult survivors.

In their assessment of both attachment anxiety and attachment avoidance, Meyer et al. (2017) found a correlation between individuals with a history of CSA and increased attachment anxiety in their couple relationships, when compared to those who do not have a history of CSA. These conclusions are supported by findings in the current study, pointing to attachment anxiety in participants' adult couple relationships.

However, in contrast to the current study, Meyer et al. (2017) found no correlation between CSA and higher levels of attachment avoidance. As previously discussed, the majority of participants in the current study outlined lived experiences of avoidance within their relationships, which they described as keeping an emotional distance from their partners, sabotaging their couple relationship/s and disconnecting from sexual intimacy.

All participants in the current study also highlighted Living with Confusion and Trust Difficulties within their adult couple relationships. With these participants there is a sense that trusting, and becoming close to another, leads to vulnerability and an increased likelihood of getting hurt. This is illuminated by one participant who describes *'this idea of trust'* as being a *'struggle'*.

Furthermore, she recalls how her experience of violated and *'unclear'* boundaries during childhood has given rise to confused boundaries in adulthood. She has experienced making poor decisions in the past regarding whom she should or should

not give her trust to, and like other participants this has subsequently led to re-victimisation in her adult couple relationships.

The experience of confusion regarding boundaries in adult survivors of CSA was also a challenge noted by Davis and Petretic (2000). They describe how the survivor may sexualise relationships that are not necessarily sexual. This specific finding did not emerge in the current study, although, as outlined, there was evidence of participants experiencing confusion with regards to other aspects of boundary regulation. This is represented in one participant's story when she described unsafe personal boundaries involving meeting a stranger in a car park for sex, which she immediately regretted after the act.

The concept of survivors living with confusion and trust issues is supported by Wells (2016) in her grounded theory, longitudinal study involving eight couples with a history of childhood abuse. She outlines how trusting a partner is described as the most significant of relational stresses in these adult couple relationships.

As discussed earlier, in line with Bowlby's (1973) attachment theory regarding adults who have previously experienced attachment injuries, participants in the current study described their experiences of protecting themselves from hurt in their adult couple relationships. Furthermore, this theory indicates that these behaviours fundamentally come about because of an individual's difficulty in trusting a significant other, based on their childhood experience/s.

Mikulincer (2004) used Bowlby's attachment theory to conceptualise trust within the adult couple relationship. He proposed that trust is based on confidence in a partner's availability and responsiveness, alongside positive expectations of a partner. This suggests the attachment system involves overarching perceptions about the self and others, which are developed over time and which inform an individual as to whether they should or should not trust their partner. In line with this framework, all participants in the current study experienced difficulties with trust. Furthermore, Mikulincer (2019) describes how attachment theory is also a useful framework for understanding reactions to a partner's troubling behaviour and management of conflict within couple relationships.

In his classic book on child abuse trauma, Briere (1992) reframes traditional ideas of psychopathology. He discusses trauma-focused psychotherapeutic approaches to responses to CSA that have long-term impacts into adulthood. These include a distrust of others, anger and fear towards individuals with power, low self-esteem, ambivalence about close relationships and concerns about abandonment. Findings in the current study support Briere's (1992) clinical descriptions, and furthermore, it is the experience of these CSA survivors that these long-term effects can have a direct impact on their adult couple relationships.

The last sub-theme within the theme of Living with the Burden of the Past is that of Living with the Abused Child Within. As a result of the sexual trauma that participants endured during childhood, continuing to live with the abused child within is an aspect of the survivor's life which is often carried well into adulthood, becoming part of their adult identity and having the capacity to impact their couple relationship/s. One participant in the current study refers regularly to the '*child inside*' and makes references to her internal '*little girl*', who despite some level of recovery and restoration, remains somewhat injured by her experience of CSA.

These findings point to the relevance of recommendations made by Winder (1996) in an earlier review of counselling techniques for male survivors of CSA. She advocates that inner child work is a powerful and credible approach, fundamentally because the abuse took place when the survivor was a child. This author also stresses the importance of additional research focusing on the effectiveness of treatments for male survivors of CSA. She suggests that the most obvious contributions to this research might be made by professionals who have successfully worked with this population. On the other hand, based on the richness of the experiences shared by participants in the current study, I would suggest that the deepest contributions might be made by incorporating the perspectives of the survivors themselves, in relation to their personal, lived experiences of CSA and their sense of its long-term effects.

Findings in the current study emphasize that adults are influenced by their inner child throughout adulthood. Similarly, in an earlier study, Kiefer (1993) used medical hypnoanalysis and age regression to demonstrate that physical illness in adults often

has its roots in emotional events that occurred during childhood. She describes how the wounded inner child can be re-parented through using one's own ego as the 'adult'. This enables emotional reconstruction and facilitates healing in the traumatised inner child.

The current study also supports findings by Sjoblom, Ohrling & Kostenius (2018), who, in their hermeneutical phenomenological study, interviewing ten men and ten women, explored the phenomenon of the inner child and how events in childhood are experienced by adults, in relation to health and well-being. These authors outline how childhood experiences are the 'the essence of the inner child' (p.1), and impact how we adapt throughout adulthood, and over generations. They note that attachment relationships are important right across the lifespan. Findings in the current study suggest that the experience of CSA can have effects that often last into adulthood, and that living with the abused child within can be a burden to the survivor of CSA with specific detriments to the adult couple relationship.

Despite all participants describing lived experience/s of being burdened by the past within their adult couple relationships, as a result of their CSA, the majority also described Discovering My Strengths

## **5.5 Discovering My Strengths**

While the darker aspects of CSA at times still appear to be lurking in their adult couple relationships, there is also a great sense of hope when participants highlight how they discover strengths in their couple relationships in the aftermath of CSA. These strengths were illuminated through the subthemes Embracing Change and Relating with More Ease. Their positive experiences include having a deep sense of empathy for others, being honest with themselves and receiving support and understanding from their partners.

In the current study, for some participants Discovering Strengths through Embracing Change has occurred in subtle ways like recognising that they now have the capacity to consent to sexual intimacy as an adult. Other strengths seem more all-

encompassing, with one participant outlining that everything in her life is different now. She goes on to explain that this is the case, because she is no longer afraid. She is now a different person, because she is 'not messed up anymore'. The experience of this participant reminds us that change is possible in the lives of CSA survivors, and it is a belief in the ability to change which is fundamental to psychotherapy with this client group.

Because CSA is often conceptualised as a trauma, the strengths described by these participants may well be considered evidence of post-traumatic growth (PTG), described earlier as a process that may be experienced after enduring a traumatic event that can lead to positive life changes. Some participants describe these positive changes and strengths in the context of the benefits of specialised therapy. One participant outlines that without the therapeutic support she has received, she would most likely still be engaging in unhealthy relationships. Instead, she is Embracing Change through allowing her vulnerability to be present and through '*letting go*' of her need to '*control*'.

Some participants describe Embracing Change through finding their own voice and realising that they have choices that they can make as adults. Other participants experience strengths through Relating with More Ease, in improved relationships. They describe partners who are patient and understanding of their past and there is a sense of hope when they look to the future of these relationships.

Quantitative findings from Banyard and Williams' (2007) seven-year longitudinal study with 80 women suggest that resilience is linked to a reduced risk of re-experiencing trauma in adulthood. These authors also describe how experiencing improved relationships and shared connections with others, along with Embracing Change can lead to the development of strengths in the adult relationships of CSA survivors. While findings in the current study do not point specifically to resilience, they reaffirm conclusions regarding how aspects of their adult lives, such as their relationships with others, have led to positive growth and change for this population. Participants shared their stories of experiencing more caring relationships, with healthy boundaries wherein there is a greater sense of personal safety and trust.

Similarly, despite the well-documented negative aspects of CSA, some positive outcomes such as appreciation for life, personal strength and interpersonal relationships were determined by Easton, Coohy, Rhodes and Moorthy (2013) in their survey study investigating PTG in a sample of 487 male survivors.

Again, while this master theme is less dominant than the others, the current study reaffirms aspects of these earlier findings with regards to experiencing personal strengths and improved relationships in the aftermath of CSA. It must also be remembered that both growth and ongoing distress can co-exist (McElheran, 2012) and that gains or strengths do not in any way diminish emotional suffering.

## **5.6 Strengths and Limitations in the Current Study**

A rich illumination of how adult survivors experience CSA as having impacted their relationship/s was obtained in this in-depth qualitative study. The reader is offered illustrations of how participants experienced CSA as having led to challenges and difficulties alongside strengths in their relationships, thus shedding new light on aspects of this phenomenon from the perspective of the CSA survivor. Therefore, it is anticipated that this research will contribute to enriching the knowledge and understanding of psychotherapists working with either individuals or couples, where one or more partners have experienced CSA.

As previously noted, there is an extensive range of research which has investigated the individual's experience of the long-term impact of CSA, but few studies have focused on the interpersonal dynamics that emerge in the adult couple relationship, when one or more partners are surviving this trauma. Fewer again have explored these dynamics from a phenomenological perspective, giving such a rich voice to the survivor and in turn offering this level of insight regarding the complex dynamics that often exist within these relationships. It is believed that client-led insight will enhance the development of effective therapeutic practices with this population, and is therefore, a principal strength of this study. It is hoped that understanding and addressing these dynamics in both individual and couple therapy may lead to a reduction in distress experienced within relationships, where one or more partners have experienced CSA.

Because of my dual role as researcher and clinical director at GRCC, it was especially important to give careful consideration to ethical research practice at the initial stage of recruitment and consistently throughout the entire research study. With regular self-monitoring and conscious reflection with regard to my dual role and my preconceptions and beliefs, I believe that this research study was strengthened and enriched, rather than limited, by my professional position, clinical experience and previous knowledge. I was conscious not to allow my previous clinical understandings to colour the personal aspects of participants' stories, but equally my professional experience allowed for an informed consideration of their needs throughout the research process. For example, I was aware that they needed to be heard and believed during interviews, and that the participants sense of ongoing control and consent were crucial to the entire research process.

An ethical research approach was also contained and supported through regular attendance at supervision throughout the entire research process. During the interviewing stage, this support facilitated increased self-awareness and self-monitoring regarding my identification with the role of therapist, and the likely influence that this could have on the direction of the interviews. During data analysis the supervision process facilitated a clear exploration of the themes that emerged.

This study represents the views of CSA survivors attending for specialised therapy in a rape crisis centre. Furthermore, all participants made a decision to take part in the research following a poster campaign in the centre. If interested, they were invited to speak to their therapist about participation. Therapists were aware of the exclusion and inclusion criteria and were also asked to use their own professional judgement with regards to suitability for participation.

A limitation of this study is the possibility that, through this method of recruitment, a potentially more vulnerable cohort of CSA survivors were missed and therefore not afforded an opportunity to have their voices heard and their experiences accounted for. For example, the exclusion criteria required that clients who may have experienced sexual trauma within six months prior to recruitment were deemed potentially too vulnerable to participate in this research study.

The experiences of the participants in this study may differ considerably from those of other vulnerable cohorts of survivors who, for example, have never attended for therapy or never disclosed their experience of CSA. The experiences described in the current study may also differ from those of survivors attending therapy, but who did not wish to take part in the research.

Equally, CSA survivors who experience little or no necessity to attend therapy were essentially excluded from the current research. If they had been included they may have brought additional contributions regarding the concept of survivors Discovering Strengths and growth in the aftermath of CSA. Perhaps if participants had been recruited from the general population, as opposed to a rape crisis centre, the data gathered on post-traumatic growth and relational strengths may have differed substantially.

An IPA study within the field of CSA, and sexual violence in general, offers in-depth analyses of lived experiences which serve to illuminate aspects of CSA that might otherwise be neglected. This study builds upon, and enriches, a small body of previous qualitative research which focuses on the impacts of CSA, while also adding a crucial focus on the adult couple relationship. This said, the study is limited regarding the consideration of other possible variables, such as family circumstances and dynamics or other experiences of abuse, which may have also impacted on the experience of these participants.

While this study was interested in the perspective of the survivor, it must also be noted as a limitation that relationships were examined through data obtained from interviews with individuals, rather than couples.

Finally, some possible unconscious aspects of CSA were found to be relevant to the couple relationships of survivors. As an IPA study, this research was limited with regards to how deeply these aspects could be investigated.

Despite the limitations of the current study, its strengths imply that it should serve as a useful tool for enriching and deepening the knowledge of psychotherapists working in

the area of CSA. Particularly, it is felt that the emphasis on the survivor's experience and the clarity of their voices is a most enriching aspect of this research with regard to raising awareness of the authentic, firsthand lived experiences of this client group.

In addition to the limitations specific to this study, it might also be argued that IPA is open to criticism, in that it is not a prescriptive research method. It offers guidelines, as opposed to rules, regarding how data analysis or the development of meaning units can occur.

Another criticism of IPA, according to Van Manen (2017), is that it is often difficult to classify if a research study is truly phenomenological. He proposes that the term 'phenomenology' is often used too freely in qualitative studies that are merely concerned with human experience. He notes that there is also the risk that phenomenology can become blended with empirical studies which aim to generalize their findings to a larger population. With regards to classifying if a research study is truly phenomenological, Van Manen (2017) suggests asking if the questions and objectives are phenomenological and if the meaning aimed for is phenomenological understanding as opposed to psychological, autobiographic, theoretic, case study or general qualitative. In the case of the current study, the meaning aimed for is phenomenological in that it seeks to understand the lived experience of CSA survivors, in its own right, with specific reference to their adult couple relationship/s.

## **5.7 Implications and Recommendations: Research, Practice & Theory**

This research has implications for therapeutic work with CSA survivors in that it points to the relevance of their interpersonal relationships, and therefore the importance of considering these relationships when developing therapeutic interventions and treatment plans. It infers that because CSA is conceptualised as an interpersonal trauma, it is likely that interpersonal relationships will be impacted and hence must be addressed in therapy. It highlights how the effects of CSA may manifest within relationship dynamics between survivors and their partners, thus allowing the therapist greater understanding of how the relationships of these clients

might unfold in consideration of their challenges and strengths, from the perspective of the CSA survivor.

This study illuminates some of the fears and anxieties experienced by CSA survivors which manifest in various different ways throughout adulthood. As these fears often have an impact on the lives and relationships of adult survivors they are also relevant to the development of treatment plans for this client group. These include fears that their partner could become abusive or that they themselves could become abusive to their own children. They include fears of being abandoned, being raped again or being exposed as somebody living with the after effects of CSA.

As outlined in the earlier literature review, research suggests that CSA is correlated with a number of negative outcomes in adulthood. This has been supported by findings in the current research, which specifically illuminate negative outcomes directly impacting the adult couple relationships of survivors. The current study explored both strengths and challenges in these relationships, thus attaining a deeper understanding of the well-documented adverse lived experiences of CSA survivors, while at the same time illuminating possible positive and constructive outcomes.

It is hoped that the strengths of CSA survivors, demonstrated through the lived experiences of participants in the current study, will prompt practitioners to consider the possibilities around post-traumatic growth in their therapeutic work with this client group. Therefore, this research has implications for psychotherapy with regards to shining a light on the concept of resilience and post-traumatic growth when working with CSA survivors, while also focusing on the adverse impacts of CSA, as experienced by adult survivors within their adult couple relationships. Exploring resilience from a psychoeducational position with the client will enable greater understanding regarding their capacity for resilience and growth.

Strengths, such as Embracing Change and Relating with More Ease, having emerged in this research, point to a gap in the literature regarding the investigation of variables that are linked to more favourable outcomes in the lives and relationships of CSA survivors. Polusney and Follette (1995) noted this gap over twenty years ago, and yet it still remains.

In future research, it may be beneficial to consider variables that are shown to improve the lives and relationships of those CSA survivors who report discovering strengths. Understanding these variables may lead to increased learning regarding possible therapeutic settings and strategies to enhance post-traumatic growth in CSA survivors. In other words, it is an area of research that would have great implications for therapy regarding the development of effective treatment plans.

We currently know very little about survivors who report high levels of relationship satisfaction, and what distinguishing factors make these survivors different to those who experience hugely significant challenges within their adult couple relationships. It is recommended that post-traumatic strengths in CSA survivors, such as Embracing Change and Relating with More Ease, are further explored from a qualitative perspective. This should be followed up with larger scale quantitative research to explore the wider application of these findings.

As previously outlined, this phenomenological study aimed to obtain an indepth and rich account of survivors' experiences of how CSA has impacted their adult couple relationships. Future research in this area might also consider the impact of other possible co-existing variables such as personal and familial characteristics, other experiences of abuse, alcohol or substance misuse, varying levels of formal and informal supports or the type of CSA that occurred and by whom. For instance, in their large community-based study, Relyea and Ullman (2017) found that race was a strong predictor of re-victimisation in the lives of CSA survivors. Their study focused on an ethnically diverse group from Chicago metropolitan, while all participants in the current study were Irish. Race, as a co-existing factor and a predictor for CSA and/or re-victimisation, might also be considered for future research within our increasingly diverse Irish society.

Regarding different treatment modalities and interventions that may be considered for therapy with adult survivors of CSA, who may be experiencing distress or dissatisfaction in their adult couple relationships, it would be valuable for future researchers to consider an exploration of what works best, for whom and when. To do this, it is recommended that future researchers and practitioners firstly consider the underlying psychological aspects of the CSA survivor's functioning within their adult couple relationships, as opposed to merely the behavioural manifestations of their

experience of CSA. Davis and Petretic-Jackson (2000) point out that there are psychological factors underlying sexual dysfunctions. Rather than investigating the prevalence or types of sexual dysfunctions, it may be beneficial for future researchers to look at their underlying cognitive and affective components with a view to gaining a richer and deeper understanding of the root causes of such dysfunctions.

Similarly, findings from the current research should be further developed with a view to deepening the understanding of factors pointing to why and how a survivor continues to live with the burden of CSA in adult life, and how these challenges can be overcome.

It is also recommended that future research might consider how personal and relational difficulties change over the course of time and therapy, and what contributes to these changes. It is important to consider how and why survivors' conceptualisations of their CSA may change, and what aspects of this might contribute to healing and recovery. It may also be beneficial for psychotherapists working with survivors of CSA to gain a clearer knowledge of what therapeutic approaches tend to be most effective for this client group. Future research is required to investigate the benefits of individual therapy as opposed to group therapy for CSA survivors. Consideration should also be given to whether it is most effective to directly focus on memories of the trauma or to place greater significance on indirectly focusing on it by exploring present day life for surviving adults.

Following this study's findings, further research is required to explore the possible links between a history of CSA and avoidant attachment style and/or attachment anxiety in adulthood. The theme of living with trust difficulties, which was evidenced by all participants in the current study, and which also reflects aspects of Bowlby's (1973) attachment theory, should similarly be given further consideration by psychotherapeutic researchers and practitioners in the field of CSA. Future research might also consider investigating whether trust is especially impacted if the perpetrator of the abuse is a primary caregiver or close family member. Particular consideration should also be given in terms of the importance of modelling, developing and enhancing trust in the therapeutic setting, and how this can be achieved with this client group.

The richness of the current qualitative, phenomenological study could be replicated with regard to other significant relationships in the lives of CSA survivors. While the impact of CSA is clearly felt by the intimate partners of CSA survivors, it may also be experienced by additional significant others in the survivor's life. It may be meaningful for future researchers to explore the systemic impact that CSA might have on the relationships of CSA survivors with their parents, children, other family members, friends or colleagues.

While it was not significant enough to warrant its own sub-theme, the current research highlighted difficulties within this client group with regards to survivors becoming parents and parenting their children. Participants referred to fears regarding their parenting abilities, including fears that they themselves could potentially become perpetrators, or that they may be unable to protect their children in an unsafe world where, in their experience, there is always a risk of sexual violation. Having said this, some participants presented with determination to raise their children in a safe and protective environment, different to the one they themselves experienced.

Davis and Petretic-Jackson (2000) also propose that further research is required regarding the impact of CSA on survivors parenting relationships. Overall, it seems that CSA survivorship in adult life impacts relationships beyond that of the adult couple, and further qualitative research is required to gain richer insight and understanding of this phenomenon. It is hoped that for psychotherapists working in the area of sexual trauma, this research illuminates the importance of considering broader interpersonal difficulties in the lives of survivors attending therapy, who may or may not initially present with this issue. That said, based on the experiences shared by participants in the current study, couples are primarily impacted by the sexual nature of the earlier trauma in the survivor's life. Future researchers may also wish to consider the question regarding the nature of trauma contagion and CSA being more traumatic for the partners of CSA survivors than other traumas, as put forward by Maltas and Shay (1995).

## 5.8 Conclusion

The overall aim of this research was to gain a deeper understanding of the impact that child sexual abuse (CSA) can have on the adult couple relationship/s of the CSA survivor. This study makes a significant contribution to existing CSA research by providing vivid insight into the authentic, lived experience of survivors regarding the co-existence of both the well-documented adverse effects of CSA, alongside the less well-documented strengths.

Findings in the current study reflect earlier research which suggests that CSA often leads to long lasting personal and interpersonal difficulties. Furthermore, this research highlights that difficulties within the adult couple relationships of CSA survivors manifest through various different relational patterns and behaviours. Based on the experiences outlined by participants, CSA survivors often present with challenging relational patterns which can cause disruptions to the emotional and sexual intimacy of their adult couple relationships.

Alongside this, survivors of CSA may also experience personal strengths or post-traumatic growth within their post-trauma adult couple relationships. This study points to the concept of resilience in CSA survivors, often reflected in their restorative relationships as they progress through adulthood, and strongly suggests that therapy has a role in facilitating lasting resilience and recovery. It is hoped that the findings referring to growth and resilience will influence therapists in the development of deliberate strategies and treatment plans for this client group.

These findings have implications for therapeutic practice with survivors experiencing personal and relational difficulties, both in individual and couple psychotherapy settings. It is hoped that they will authentically enrich and deepen the understanding of therapists working with this client group.

Through an interpretative phenomenological approach (IPA), this study offers a genuine and rich insight of the interpersonal issues that arise in the adult couple relationships of CSA survivors. It adds to the small body of emerging qualitative research in this area, offering a valuable depth of understanding in a field that has

been dominated by quantitative studies. The chosen research approach, IPA, offers a voice to participants and is particularly pertinent to this research topic because CSA survivors have too often been silenced, both during their traumatic experience of CSA, and in its aftermath. Through IPA, I was able to explore the lived experiences of these participants with specific regard to the aspects of their adult couple relationship/s that were most relevant to them.

From a clinical perspective, the present study is an important step towards illuminating interventions and treatment plans for CSA survivors, particularly because the findings are based on the lived experiences of survivors. For practitioners who integrate these findings into their therapeutic practice, their work will effectively be informed and shaped by the survivors themselves and therefore these approaches are likely to feel authentic and valuable to this client group, either in a setting that specifically focuses on this population or in broader therapeutic settings. I believe that the study's objective in relation to engaging in a deep exploration of the experiences of CSA survivors, regarding strengths and challenges in their adult couple relationships, has been achieved.

As stated, while the findings of this research have clear implications for clients attending specialised therapy for survivors of sexual trauma, they also have implications for therapy within broader psychotherapeutic settings. While no exact figures were offered in their study, Higgins, Kessler, Nelson, Jurich and White (2004) outlined how the incidence of CSA in the overall population, alongside an even larger incidence in individuals who attend for psychotherapy, means that it is quite probable that most psychotherapists will work with individuals who have survived this trauma at some point in time in their professional work. This likelihood, alongside the evidence of significant adverse and long-term effects of CSA, indicates the importance of this study, together with continued research in this field in order to inform and enrich psychotherapy practice.

It is hoped that this study will inform the provision of therapeutic services for survivors, in support of the possibility of relationship counselling being made available to clients when resources allow. Additionally, based on the high frequency of CSA survivors experiencing re-victimisation, as outlined earlier in this review, this

study is also significant with regards to the DRCC's call for updated Irish research that might highlight ways of combating sexual violence. Increased insight regarding the dynamics within the adult couple relationships of CSA survivors is likely to help reduce the probability of re-victimisation and recurrent sexual violence within these relationships. If therapists and survivors are made aware of the contexts in which re-victimisation is likely to occur, then a small but significant step can be taken to reduce its occurrence.

This Irish study reaffirmed findings from earlier international research outlining survivors' difficulties, for example, with trust or sabotaging relationships. At the same time, it shines a light on the awareness of opportunities for growth, such as *Discovering Strengths and Relating with More Ease*. Again, in contemplation of the silence and voicelessness often experienced by this population, this IPA study puts the voice of the CSA survivor in the foreground in order to enrich the field of psychotherapy in relation to what really happens in their adult couple relationships.

Overall, this study has enhanced my learning as a professional working within the area of CSA, and my professional experience similarly seemed to enhance the study. Sitting with these survivors served as a powerful reminder of the resilience of this client group. I was also reminded of the importance of clinical practitioners having specialised skills and experience, along with an emphasis on self-care, while working in the field of sexual trauma and abuse. While I was initially concerned about my dual role as researcher and clinical director at GRCC, I believe that this duality strengthened and enhanced the development of the entire study. I remained constantly mindful of incorporating my role in a meaningful manner that would not overshadow the lived experience of the participants. A deep respect for participants was shown at all times, leading to a sense of safety within the interviews, as outlined by some of the participants in subsequent debriefings.

It is hoped that this research addresses the paradox of the previously silenced abused child, who is by virtue of their experience, the true expert in the phenomenon at hand. It is also hoped that through this research the professional working in the field of CSA will gain a richer understanding of this phenomenon, both from an Irish perspective and from the perspective of the individual CSA survivor who has lived his life as if

his *'head was in a bucket of f\*\*\*ing water'*. It is hoped that the CSA survivor who has previously felt that she was *'shouting in a glass jar'*, will, as an adult, feel heard and better understood by professionals, who will now be somewhat better placed to address the lived experiences that arise for her on a day-to-day basis in her adult couple relationship/s.

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## Appendix A: Interview Schedule

- Let's start by exploring a brief history of the relationship/s you've had.
- Are you currently in a relationship?
- How do you perceive that your relationship/s have been most affected by your experience of CSA?  
(Prompt: can you offer an example?)
- How, if at all, has your experience of CSA affected how you communicate with your partner/s?  
(Prompt: can you offer an example?)
- How, if at all, has your experience of CSA affected how you trust your partner/s?  
(Prompt: can you offer an example?)
- How, if at all, has your experience of CSA affected your intimacy with your partner/s?  
(Prompt: can you offer an example?)
- Does your partner/ex-partner know about your history of CSA?
- (If relevant) How did telling your partner about your experience of CSA change the relationship, if at all?
- Are there any parts of your relationship that you believe are especially challenging because of your experience of child sexual abuse?
- Are there any parts of your relationship that you believe are especially rewarding because of your experience of child sexual abuse?
- How is your current couple relationship, or past couple relationship/s, similar to the abusive relationship?
- (Edited question) How, if at all, is your current couple relationship, or past couple relationship/s, similar or different to the abusive relationship at times?  
(Prompt: If/when it feels similar, what is this like for you?)  
(Prompt: If/when it feels different, what is this like for you?)
- Is there anything else you'd like to add regarding your experience of CSA and your adult couple relationship/s?

## Appendix B: Letters of agreement from GRCC and DRCC

**The Dublin Rape Crisis Centre Limited**

70 Lower Leeson Street Dublin 2  
Telephone: 01 661 4911 Fax: 01 661 0873  
e-mail: rcc@indigo.ie website: www.drcc.ie  
National 24 Hour Helpline: 1800 77 88 88

  
**RCC**  
Preventing and healing the  
trauma of rape and sexual abuse

Suzanne McClean  
Clinical Director,  
Galway Rape Crisis Centre,  
"The Lodge",  
Forster Court,  
Galway City

**Evidence of Approval**

We hereby give Suzanne McClean approval to carry out research in our centre, for her thesis as part of the Doctorate programme in Psychotherapy at Dublin City University (DCU).

We are aware that this research involves contact with clients and will need to be approved by the Ethics committee at DCU prior to commencement. The approval by Dublin Rape Crisis Centre (DRCC) is given subject to the granting of ethical approval by the Ethics Committee at DCU.

This approval is subject to the Head of Clinical Services, Angela McCarthy, also seeing and agreeing the documentation (terms, conditions re ethical aspects and data protection, storage of interview material, client confidentiality, interview protocol and process etc) in advance of any research being undertaken or contact with DRCC clients.

In addition, if the involvement of DRCC clients is required, the researcher will need to provide a short input to our therapy team, in advance, to explain the research and methodology so that appropriate clients can be selected. The information leaflets for clients, questionnaire and agreed process of the interview, including follow-up care will need to be seen in advance by the therapy team.

Signed: Noeline Blackwell  
Noeline Blackwell, CEO

Angela McCarthy  
Angela McCarthy, Head of Clinical Services

Date: 11th January, 2017

Directors  
Ann Marie Gill (Chair), Caroline Crowley, Keith Harman, Helen Jones, Neasa Kane-Fine, Carol Keane, Aibhlinn McCrane, Grace O'Malley, Simon Pratt  
Charity No. 8529

**Appendix C**

Cathy Connolly,  
Executive Director,  
Galway Rape Crisis Centre,  
Forster Court,  
Galway

**Evidence of Approval**

On behalf of Galway Rape Crisis Centre (GRCC), I give Suzanne McClean approval to carry out research in our centre, for her thesis as part of the Doctorate programme in Psychotherapy at Dublin City University.

I am aware that this research involves contact with clients and will be approved by the Ethics committee at DCU prior to commencement.

Signed: Cathy Connolly

Date: 12.1.17

## Appendix C: Recruitment Poster

### **INVITATION TO PARTICIPATE IN RESEARCH**

- **ARE YOU OVER 18?**
  - **HAVE YOU EVER EXPERIENCED CHILD SEXUAL ABUSE?**
  - **ARE YOU, OR WERE YOU EVER, IN AN ADULT COUPLE RELATIONSHIP?**
  - **IF SO, WOULD YOU LIKE TO TAKE PART IN A RESEARCH STUDY?**
- 

**AS PART OF HER DOCTORATE IN PSYCHOTHERAPY, SUZANNE McCLEAN WILL BE CARRYING OUT RESEARCH IN GALWAY RAPE CRISIS CENTRE AND DUBLIN RAPE CRISIS CENTRE.**

**SHE WILL BE EXPLORING THE PERCEIVED IMPACT OF CHILD SEXUAL ABUSE ON THE ADULT COUPLE RELATIONSHIP/S, FROM THE PERSPECTIVE OF CHILD SEXUAL ABUSE SURVIVORS, ATTENDING PSYCHOTHERAPY.**

**IF YOU WOULD LIKE TO PARTICIPATE PLEASE ASK YOUR THERAPIST FOR DETAILS**

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## **Appendix D: Plain Language Statement**

**Research Study:** An Exploration of the impact of Child Sexual Abuse on the Adult Couple Relationship.

**Principal Researcher:** Suzanne McClean, a student of the psychotherapy doctorate programme in the School of Nursing and Human Sciences, Dublin City University.

**Research Supervisors:** Dr. Gerry Moore and Dr. Aisling McMahon

### **Purpose of Study:**

This is a four year study that explores how the experience of child sexual abuse can impact on the adult couple relationship. Suzanne McClean is a doctorate student. Dr. Gerry Moore and Dr. Aisling McMahon are her academic supervisors. The results will be written up as a doctorate dissertation.

### **Participant Requirements:**

The researcher will be interviewing participants, who have been identified as having a history of child sexual abuse, and have also been identified as having experienced an adult couple relationship.

The participants will be invited to take part in a semi-structured interview, which should take approximately 1-1.5 hours, and which will be recorded by the researcher. These interviews will take place in GRCC and participants will attend at a time agreed between them and the researcher. Participants will firstly be asked to give their informed consent by signing a consent form.

The researcher will ask the participants questions about their adult couple relationship/s and how their experience of child sexual abuse may have an impact on their relationship/s. The participant decides how much information they would like to share, and they can end the interview at any time, with no explanation necessary. If the participant chooses to withdraw from the study at any time, they will be supported in this decision and will be offered support. There will be no penalties or unfavourable treatment from GRCC.

The information collected during the interview will be analysed using IPA (Interpretative Phenomenological Analysis).

Potential benefits for the participant taking part in this research include:

- Having an impact on future developments in treatment of couples in therapy, where one or more parties have experienced child sexual abuse.

- Possible therapeutic effect of speaking about life experiences, and being listened to, believed, and valued.

Potential risks for the participant taking part in this research include:

- Possible upset or distress caused by discussing personal and/or painful aspects of their life experiences. (Immediate debriefing and ongoing therapeutic support will be available to all participants taking part in the study).

### **Confidentiality:**

All participants will be fully informed that the researcher will be adhering to the child protection policy within GRCC – which means that any immediate child protection concerns that arise, will be reported to An Gardaí Síochána and/or HSE. The policy and the limitations contained within will be read and explained clearly to all participants.

Besides this, all information gathered in these interviews will be kept anonymous and private.

Recorded transcripts will be password protected on a computer, and only those working as part of the research team will have access to this information.

Signed consent forms will be stored separately in a locked filing cabinet in the researcher's office. They will not contain any information that could link the participants to the recorded information.

Participants will be assigned numbers, as opposed to names, to further protect the identity of the participants. No identifying information will be used at any point in this research study.

### **If participants have any concerns about this study and wish to contact an independent person, please contact:**

The Secretary, Dublin City University Research Ethics Committee. c/o Office of the Vice-President for Research, Dublin City University, Dublin 9.

Phone: 01-7008000

## Appendix E - Consent Form

The researcher, Suzanne McClean, has explained to me what this research involves, and why I was invited to take part in the study.

- I know what this research study is about.
- I have been given the opportunity to ask questions about the research.
- I am aware that taking part in this research study is completely optional.
- I am aware that I can withdraw from this study and any time, without explanation or any negative consequences.
- I am aware that by signing this consent form I am agreeing to being asked questions, and that these questions will be recorded for the purpose of this study.
- I am aware that I will be assigned a number and that my name and/or any other identifiable information, will not be used at any time during or after this study.
- I am aware that my responses are confidential unless there is a reason to believe that either I or somebody else may be at risk.
- I am aware that I can contact Suzanne McClean at a later date, if I have any queries or concerns regarding the research, or if I decide at any point that I do not want my information to be used.

### Legal Limitations:

All material will be subject to legal limitations, which means it could be subject to subpoena, a freedom of information claim or mandatory reporting by a professional. This would be necessary if a participant is identified as being a risk to themselves or others, or if information is disclosed indicating current child protection concerns.

**Participants Signature:** \_\_\_\_\_

**Name (BLOCK CAPITALS):** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If participants have any concerns about this study and wish to contact an independent person, please contact:**

The Secretary, Dublin City University Research Ethics Committee. c/o Office of the Vice-President for Research, Dublin City University, Dublin 9. Phone: 01-7008000

## Appendix F: Narrative Summary

### Analysis of Participant 2's (P2) interview on how CSA impacts her Adult Couple Relationships

A strong theme for P2 throughout this interview, is her potential to re-enter abusive relationships, most probably due her sense of familiarity with abuse. While this is not evident in her current relationship, it is a very prominent issue with regards to her earlier marriage.

She married a man who was 'exactly the same age' as her father, and she recalls this marriage as being '*more abusive*' than her experience of CSA. She describes her ex-husband as being somebody she '*disappeared*' with, suggesting that she was reduced by him, and that there was secrecy and isolation in her marriage. P2 is sure that this relationship would not have occurred had she not experienced CSA in her past. '*..the fact that I was alone, and that I was previously abused, I was attractive to him. Like he wanted somebody who was a was a victim already. And I didn't have anybody looking out for me.. yeah, I was just completely groomed by this person. Just completely isolated by them. And I don't.. there's no other scenario in which that would have happened,*

There appears to have been a very real expectation of abuse, so much so, that when she met her current partner, she wondered why it was not happening. Despite the fact that her current relationship is different, the repetitive nature of her abusive relationships are echoed somewhat when she outlines that '*I suppose it even took me a while in this relationship. I would have thought that it was my job to please and keep the person happy and quiet, which is off the wall, but that's basically what I thought*' and '*I suppose I would have even looked for that in the situation I'm in now initially. I would have kind of thought 'why is this not happening'*'.

The theme of people-pleasing is very real for her, as is the notion that she would be dominated by another – '*just being not outraged by somebody dominating me. I suppose even being comfortable with somebody dominating me*'.

This sense of familiarity with abuse is so prevalent for P2 that she appears to have actively pursued it in the past. She previously engaged in another seemingly brief relationship *'just so that there was an abusive part of my life. I would actually find it relieving to have this person be horrible to me'*. This suggests that the abuse is embedded in her sense of self and identity and despite its negative implications, it is a part of her emotional landscape that somehow makes sense to her and feels like home.

Familiarity with abuse as a child appears to be a powerful indicator of repeated abusive patterns in relationships as an adult.

P2's description of her ex-husband being a *'very dangerous person'* evokes a sense of a lack of safety. She expresses that she was *'attractive to him'* because she was a victim already. She was groomed by him and then isolated by him, and believes this occurred as a direct result of the fact that she had been sexually abused as a child.

Another theme throughout this interview is that there appears to be a time scale with regards to how the abuse has impacted her life and relationships, and how recovery takes place. Her language evokes the image of a person recovering, *'I was so conditioned into being a certain way and so yeah, it just took an awfully long time to recover from that.. and it's taken longer to recover from the childhood stuff, because it was just a continuation really'*. In contrast to her role as 'victim', and how this may have enabled further abuse as an adult, P2 speaks about recovery with regards to how she feels *'lucky'* and *'fortunate'* to have found a partner who is patient and understanding. The notion of luck appears to reiterate a sense of personal powerlessness.

It is as though she is not fully recovered, when she outlines how she continues to feel the impact of the abuse, even in her current healthy relationship. *'I suppose I'd be kind of withdrawn for periods of time, and I'd be.. I don't know, I suppose he'd be sort of left for periods of time trying to figure out what's what. It wouldn't be my intention to be withdrawn, it would be nothing to do with him'*.

She expresses a physical sense of having to protect herself in her relationship, 'at times I'd go into defensive mode, where I'd literally, physically, put my arms out and I'd be (sighs – holds arms out in front of her body as though physically pushing somebody away).'

Regarding trust, there appears to be some confusion along with a lack of stability or consistency in her relationships when she talks about moving from being overly trusting to being cynical or 'too cautious', just to *'be ahead of it'*. P2 uses self-talk to remind herself that her circumstances are different now, which suggests that somehow she is regaining control and recovering, despite the fact that there are times when she *'drifts off'* and when she *'just can't have any closeness'*. It seems that while she herself is recovering, her ability to be intimate has not yet fully recovered.

It seems that for a period of time, her experience of CSA stole her ability to truly assess relationships. While she recognised that there was something wrong in her marriage, it is only in hindsight that she recognises she *'was raped many times by that man'*. She refers to her experience of disclosing as *'definitely not a positive experience'* and outlines that he used this against her and that he wanted to know every detail of her abuse – suggesting that somehow this man used this for his own gain – as opposed to her current partner who *'never asks her about anything'*, but who is very supportive. Her current relationship appears to have offered her the stability that is required for her to explore her history of abuse, and it seems that somehow recovery is being born from this.

She describes her need to have everything under control, with particular reference to her children, suggesting that there is a *'constant battle with myself to kind of realise that I'm in a different situation'*. This reflects her previous comments that she was conditioned. Recovery is a constant battle. Her sense of control was previously

overpowered and she must somehow create a world where this will not happen again. She must create and control a world for herself and her children where she can evade *'this thing of believing people can turn into monsters or turn into horrible people that you should be able to trust who are not trustworthy or.. not safe'*.

She describes being *'honest'* with herself now, but it is as though she wonders if that personal growth is enough to warrant the pain she has suffered. *'I don't know if people go that far to be honest with themselves'*. She also describes a sense of being more considerate and careful of others because of her experience of CSA.

Finally, P2 speaks about living with anxiety. This anxiety is audible in her voice which is quite unsteady throughout the interview. She wonders if this, along with her lack of confidence, is because her abuser was her parent. It had a particularly powerful effect on so many aspects of her life, even currently leaving her feeling *'too anxious to enjoy the nice things that are there now'*.

## Appendix G: Transcript Analysis – Example

DESCRIPTIVE COMMENTS – DESCRIBES THE CONTENT OF WHAT THE PARTICIPANT HAS SAID

*LINGUISTIC COMMENTS – FOCUSES ON THE LANGUAGE USED BY THE PARTICIPANT*

CONCEPTUAL COMMENTS – ENGAGING AT A CONCEPTUAL LEVEL

EMERGENT THEMES	ORIGINAL TRANSCRIPT	EXPLORATORY COMMENTS
<p>DESCRIPTION OF ABUSER</p> <p>UNHEALTHY RELATIONSHIPS</p>	<p>R: So.. can we just start with exploring a brief history of the relationships you've had... the adult couple relationships you've had?</p> <p>P: Ok. I had my first major relationship. It started at eighteen and I was married at twenty, and I have two children with.. that person.</p> <p>R: Ok.</p> <p>P: That was not a very good relationship..</p> <p>R: Your marriage.</p> <p>P: Yeah.</p> <p>R: Ok..</p> <p>P: I'm legally separated the last ten.. just over ten years... no eleven years. The relationship I'm in now, I've been in that relationship for nine years.. and it's a positive relationship.</p> <p>R: Ok.. so you're currently in a positive relationship..</p> <p>P: Yeah</p> <p>R: So how do you perceive that your</p>	<p><u>PAUSES, NOT KNOWING HOW TO DESCRIBE 'THAT PERSON'</u></p> <p>HISTORY OF UNHEALTHY RELATIONSHIPS</p> <p>BROKEN MARRIAGE</p> <p><u>CAPABLE OF HAVING A HEALTHY RELATIONSHIP</u></p>

<p>REPEATING PATTERNS ATTRACTED TO WHAT IS FAMILIAR</p> <p>ABUSE ATTRACTS FURTHER ABUSE VULNERABILITY TO ABUSE</p> <p>UNSUPPORTED &amp; ALONE</p> <p>ROLE OF VICTIM</p>	<p>relationships have been most affected by your experience of CSA?</p> <p>P: Em.. the man I married was exactly the same age as my father.</p> <p>R: Ok</p> <p>P: He was very abusive. I practically disappeared with him. Nobody knew where I was.. and.. in a lot of ways he was more abusive than the things I'd experienced when I was younger.. so em.. it took me a long time to recognise that. I was out of the situation, ya know. I still kind of think of things and I think that wouldn't have happened.. only for I didn't actually know where I was coming from.. em.. so.. em.. yeah, he's a very dangerous person.</p> <p>R: This is the man you married.</p> <p>P: This is my ex-husband yeah.. yeah..</p> <p>R: Do you think it was because of your experience of CSA that you gravitated towards this relationship?</p> <p>P: Em I think – yeah well I think the fact that I was alone, and that I was previously abused, I was attractive to him. Like he wanted somebody who was a victim already. And I didn't have anybody looking out for me.. yeah, I was just completely groomed</p>	<p><u>PATTERNS REPEATED/ FAMILIARITY</u></p> <p>ABUSIVE RELATIONSHIP <i>DISAPPEARED</i> <u>DISAPPEARED PHYSICALLY AND EMOTIONALLY?</u> <u>SUGGESTS SECRECY &amp; ISOLATION</u></p> <p><u>DIRECT LINK BETWEEN ABUSIVE MARRIAGE AND HISTORY OF CSA</u></p> <p>VICTIM – <u>ALONE &amp; VULNERABLE PREDATORY RELATIONSHIP</u></p> <p><u>SOUNDS LIKE A REPETITION OF THE ABUSIVE RELATIONSHIP IN CHILDHOOD</u></p>
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<p>EXPERIENCE OF BEING GROOMED ISOLATED</p> <p>STAGES OF ABUSE</p> <p>CONDITIONED AS A VICTIM</p> <p>STAGES OF RECOVERY</p> <p>APPRECIATES HER HEALTHY RELATIONSHIP</p> <p>WITHDRAWAL AS A SYMPTOM OF ABUSE</p>	<p>by this person. Just completely isolated by them. And I don't.. there's no other scenario in which that would have happened, other than somebody that was ya know.. There's different stages.. I don't think he would try that with somebody else because their family would be there.. or they would object to it or.. so .. em.. but yeah, even in getting out of the situation I think the only.. just over time I kind of identified the things that were wrong. But I didn't actually feel.. it took a long time before it was kind of like.. em.. actually like em.. I was so conditioned into being a certain way and so yeah, it just took an awfully long time to recover from that.. and it's taken longer to recover from the childhood stuff, because it was just a continuation really.</p> <p>R: Ok.. thanks for that.. how if at all has your experience of CSA effected how you communicate with your partner or partners?</p> <p>P: Em.. my parter now, Derek, em... I... yeah I think I'm very lucky that he is a very patient person, but it took me a good few years to tell him anything. I suppose I'd be kind of withdrawn for periods of time, and I'd be.. I don't</p>	<p>ISOLATED AS PART OF GROOMING PROCESS</p> <p>RELATES THIS EXPERIENCE OF AN ABUSIVE MARRIAGE TO HER ABUSE</p> <p>ALONE &amp; VULNERABLE</p> <p>STAGES OF RECOVERY ?</p> <p><i>LANGUAGE &amp; TONE LACKS CONFIDENCE</i></p> <p>CONDITIONED</p> <p>TIME SCALE – STAGES OF RECOVERY</p> <p>FEELS LUCKY TO HAVE MET SOMEBODY NICE <u>DOES SHE APPRECIATE HIM MORE BECAUSE OF PREVIOUS ABUSIVE</u></p>
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<p>NOT PRESENT – REMOVES SELF, POSSIBLY DUE TO TRAUMA</p> <p>DIFFICULTY WITH INTIMACY</p> <p>SUPPORTED IN HEALTHY RELATIONSHIP</p> <p>DISCLOSURE LED TO FURTHER ABUSE</p>	<p>P: I drift off. I'm not always present. You know that kind of way. I suppose when I was going through therapy and stuff like that, there's just times where I just can't have any closeness but he seems to get it. He seems to understand it. I don't think other than being in that relationship, the relationship I'm in now, I don't think I would have been able to explore the things that I've been through.. so, em.. that's.. yeah.</p> <p>R: So just for my own clarification you're able to explore your previous history of CSA, because now you're in a secure relationship?</p> <p>P: Yeah.. yeah</p> <p>R: The next question you've already answered.. your partner knows you've a history of CSA.. So how did telling your partner effect your relationship?</p> <p>P: Em.. I think the first relationship, it just helped him isolate me quicker. Yeah.. It just gave him information that helped him control me. He was fascinated by every detail about every, every thing, which was.. I just didn't know that that wasn't right, or that obviously people are not interested in every detail about everything in a</p>	<p>THERAPY</p> <p>DIFFICULTY WITH INTIMACY</p> <p>PARTNER USED HER CSA HISTORY TO CAUSE FURTHER PAIN</p> <p>ABUSIVE RELATIONSHIP – ISOLATED</p> <p>NEGATIVE EXPERIENCE OF DISCLOSING ABUSE TO PARTNER</p>
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<p>NEGATIVE EXPERIENCE OF DISCLOSURE</p> <p>SECRECY</p> <p>SUPPORTIVE PARTNER – CAPABLE OF HAVING A HEALTHY RELATIONSHIP – STAGES OF RECOVERY</p>	<p>normal scenario so em.. yeah.. I have to say that has probably been.. It was all thrown back at me.. em.. yeah, definitely not a positive experience there. I think that the relationship now.. like I did keep it from him for a number of years. I just kind of said that there's addiction in my family, and I left home early and everything's fine now. I didn't really tell him very much until.. I dunno.. I had a breakdown.. about 5 years ago.</p> <p>R: So you were with him about 4 years at that stage?</p> <p>P: Yeah, yeah.. so.. em.. it was actually an investigator got in touch with me about somebody else. Another abusive person.. and they were quite horrible and very determined to get a statement off me. He knew that was going on and, I dunno, it just brought everything up. Yeah, he's never actually said, but I think he knew anyway. He'd kind of figured it out. Yeah, it was actually him who rang here (GRCC) so.. yeah. He's just always been very supportive of things and never asks me about anything or.. so.. so telling him was very positive.</p> <p>R: Yeah..</p>	<p>KEPT ABUSE SECRET FROM SECOND PARTNER</p> <p>BREAKDOWN</p> <p>HISTORY OF ABUSIVE RELATIONSHIPS</p> <p>CURRENT PARTNER – VERY SUPPORTIVE</p>
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<p>PARTNERS ARE ALWAYS OLDER</p> <p>ACCEPTED ABUSIVE PATTERNS – ROLE OF VICTIM</p> <p>EXPECTING ABUSE TO OCCUR</p>	<p>on that already.</p> <p>P: Em.. I suppose.. Even now D is fifteen years older than me. I don't think I could ever be with someone my own age. They're always kind of older. I suppose it even took me a while in this relationship. I would have thought that it was my job to please and keep the person happy and quiet, which is off the wall, but that's basically what I thought. And yeah, I suppose just being not outraged by somebody dominating me. I suppose even being comfortable with somebody dominating me.. that's em..</p> <p>R: That's how similarities have unfolded?</p> <p>P: Yeah, yeah..</p> <p>R: What's that like for you?</p> <p>P: (Sighs) It's not the situation now, but I suppose I would have even looked for that in the situation I'm in now initially. I would have kind of thought why is this not happening.</p> <p>R: Yeah..</p> <p>P: Yeah, that I wasn't doing something right or that it will turn into this situation where.. what's expected of me. Or that there'll be some secretive part of things. I had an abusive relationship with somebody else at the</p>	<p>ATTRACTED TO OLDER MEN</p> <p>PEOPLE-PLEASING <u>KEEPING HER SELF SAFE?</u></p> <p><i>NOT BEING OUTRAGED – EFFECTIVE DESCRIPTION</i></p> <p>FAMILIAR WITH UNHEALTHY PATTERNS</p> <p>EXPECTS UNHEALTHY PATTERNS TO EXIST</p> <p>KEEPING SECRETS</p>
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<p>ATTRACTED TO 'PREDATORS' – 'RELIEVING'</p> <p>SUFFERS FROM ANXIETY</p>	<p>beginning of the relationship I'm in now.. just so that there was an abusive part of my life.</p> <p>R: So, can you tell me any more about that.. you said, just so there was an abusive part of your life?</p> <p>P: Yeah.. I had an affair with this person in between the two relationships. Somebody I shouldn't have had an affair with. It was another predator. That was all finished and everything else, but then I'd just kind of get into this.. Everything would be nice.. but I'd have an awful feeling about myself which is all to do with the abuse. I would actually find it relieving to have this person be horrible to me. Em.. so.. yeah that went on for three or four years in the relationship I'm in now. So yeah, it had a major effect and I suppose I've kind of had to just learn to go through that.</p> <p>R: Ok</p> <p>P: Go through the horrible sort of anxiety feeling that something horrible is going to happen, but it doesn't actually happen.</p> <p>R: Ok thank you for that... is there anything else at all that you think you'd like to add regarding your</p>	<p>ABUSIVE PREDATORY RELATIONSHIPS</p> <p>RELIEVING TO HAVE SOMEBODY BE HORRIBLE TO HER – <u>FAMILIARITY?</u></p> <p>ANXIETY</p>
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<p>PARENTAL ABUSE</p>	<p>relationships and your experience of CSA?</p> <p>P: I think it would be different if it wasn't a parent.. you know that way.. it mightn't have had such an effect.. like, I don't know.. I suppose there's just so many aspects.. just your general confidence.</p> <p>R: In relationships?</p> <p>P: Yeah, yeah.. or just being able to confidently say I want this or I don't want that or..</p> <p>R: That confidence isn't present?</p> <p>P: Yeah.. yeah.. Or just being too anxious to enjoy the nice things that are there now....</p>	<p>ABUSER WAS A PARENT <u>IS THIS WORSE?</u></p> <p>CONFIDENCE EFFECTED BY CSA</p> <p><u>TOO ANXIOUS TO LIVE IN THE PRESENT BECAUSE THE PAST IS SO RELEVANT</u></p>
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