

**Coping with sexuality following adult sexual violence: A qualitative interview study of adult survivors' experiences**

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Acknowledgments: We thank Emma Dhaenens (graduate Clinical Psychology student at Ghent University) for assisting in the data analysis process.

## **Coping with sexuality following adult sexual violence: A qualitative interview study of adult survivors' experiences**

Studies have shown that experiencing adult sexual violence affects female and male survivors' sexuality in multiple ways, including leading to decreased sexual satisfaction, increased sexual dysfunction, changes in sexual frequency, and increased sexual risk behavior. The available evidence, however, fails to capture how female and male survivors learn to manage these challenges, and even experience empowerment. Therefore, the aim of the current study is to utilize qualitative interview data to shed light on survivors' post-assault sexuality experiences. A sample of four male and ten female adult sexual violence survivors completed a semi-structured interview about the psychosocial impact of sexual violence on their lives. A reflexive thematic analysis revealed that coping with post-assault challenges in sexuality was characterized by a process of becoming aware of their own sexual needs and trying to communicate these to their partners. This was demonstrated to be an ongoing and non-linear process. Respondents explained how they alternately and simultaneously utilized different approaches to understand their needs with some survivors' experiences reflecting eventual empowerment with regards to their sexuality. The current study illustrates the importance of assessing survivors' sexual experiences following an assault and supporting them in managing the sexual challenges they are faced with in an adaptive way that could facilitate future sexual empowerment.

Keywords: sexual violence; sexual trauma; sexual empowerment; reflexive thematic analysis

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Sexual violence is defined as any sexual act against someone's will (World Health Organization [WHO], 2015) and includes sexual harassment (i.e., non-contact sexually violent behavior such as unwanted sexual comments), sexual assault (i.e., non-consensual bodily contact) and (attempted) rape (i.e., [attempted] non-consensual vaginal, oral or anal sex; Keygnaert, 2014). It is a public health crisis affecting individuals of all genders and ages in every world region.

Survivors of adult sexual violence may experience both short- and long-term consequences (Jina & Thomas, 2013). They can suffer from immediate (e.g., [genital] physical injuries; Kennedy, 2013) and long-term physical consequences (e.g., chronic pelvic pain, gastro-intestinal difficulties; Paras et al., 2009; Romans & Cohen, 2008). Alongside the physical impact, survivors are often psychologically affected by the assault. Survivors may experience feelings of shock, disbelief, shame, and guilt immediately following the assault. They may experience increased vigilance and hyperarousal (e.g., an exaggerated startle response) as well as cognitive difficulties (e.g., memory difficulties; Mason & Lodrick, 2013). In the longer term, survivors may suffer from symptoms of various psychological disorders, including, but not limited to, depression, anxiety disorders and post-traumatic stress (Dworkin et al., 2017; Schapansky et al., 2021). Relatedly, there are alterations in the way survivors process information about the world, others and themselves, or in other words: how they make sense of the world (Park, 2010; Wright et al., 2010). For example: the assault modifies the pre-existing cognitive schema that the world is a safe space and that others are trustworthy. As such, the world becomes a dangerous place which contributes to continuous vigilance and distrust towards others. Although most research focuses on female survivors, many studies show that men are equally affected by sexually violent events they have experienced (Nicholas et al., 2022; Peterson et al., 2011).

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Given the profound impact of sexual violence on survivors' lives, as documented above, it is not surprising that sexual violence also affects survivors' sexual health (Van Berlo & Ensink, 2000). The latter refers to the survivor's physical, emotional, mental and social well-being in relation to sexuality. More broadly, sexual health is one component of sexuality, which encompasses biological sex, gender identities, gender roles, sexual orientation, eroticism, pleasure, intimacy and reproduction (WHO, 2017, p.3). Prior research suggests that experiencing any type of traumatic event (e.g., war, a violent attack, an accident) is associated with changes in sexual functioning including decreased sexual desire, orgasmic functioning and sexual satisfaction (Bentsen et al., 2015; Yehuda et al., 2015), particularly among those individuals who develop symptoms of posttraumatic stress disorder. Posttraumatic stress can inherently lead to avoidance of intimacy (Monson et al., 2010). Notably, sexual traumas are associated with increased risk of sexual problems and changes in comparison to other forms of trauma (Bird et al., 2018; Deliramich & Gray, 2008). Ample studies in mostly women have documented the impact of experiencing adult sexual violence on survivors' sexuality. Insight into male survivors' experiences and an understanding of survivors' coping efforts to tackle this adverse impact and to develop a sense of sexual empowerment is, however, currently lacking.

### **Sexuality Following Sexual Violence in Women**

Generally, research suggests that there are three seemingly distinct patterns regarding the impact of sexual violence on women's sexuality. First, many survivors report a decreased sexual frequency. For example, in a cross-sectional study of 102 survivors of sexual violence, almost half reported a decrease in their sexual frequency post-assault (Campbell, 2004). This decrease in sexual frequency is likely connected to multiple negative changes in sexuality experienced by survivors including increased

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sexual aversion, reduced sexual desire and the development or exacerbation of problems with arousal, lubrication, and orgasm (Harris & Valentiner, 2002; Maseroli et al., 2018; Postma et al., 2013; Tadayon et al., 2018). The inverse relation between sexual violence and sexual functioning outcomes is called ‘the negative association hypothesis’ (Orlando & Koss, 1983) which posits that post-assault sexual activities become associated with the traumatic event and, as such, these sexual activities function as a potential trigger for post-traumatic symptoms which in turn contributes to sexual difficulties and decreased sexual frequency. It is therefore not surprising that multiple researchers have documented an association between survivors’ mental health (e.g., depressive symptoms, post-traumatic stress symptoms) and their sexual functioning (DiMauro et al., 2018; Staples et al., 2016; Turchik et al., 2012). Additionally, the notion that sex can serve as a trauma trigger explains why experiencing a sexual trauma increases the likelihood of suffering from sexual difficulties compared to other traumas (Bird et al., 2018). Qualitative work aligns with these quantitative findings. For example, in Connop and Petrak’s (2004) qualitative interview study among a sample of female sexual assault survivors and their male partners, survivors reported experiencing difficulties in the couple’s sexual relationship including a decreased sexual frequency, finding sex less pleasurable, and experiencing flashbacks during the initiation of sexual contact.

The negative association hypothesis, however, is insufficient in explaining the second pattern regarding the impact of sexual violence on women’s sexuality. That is, a substantial portion of survivors report increased sexual behavior post-assault. In Campbell and colleagues’ (2004) study nearly half of the 102 survivors reported an increase in their sexual behavior, including not only an increased sexual frequency, but also an increase in the number of (casual) sex partners and sexual risk-taking behavior

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(e.g., decreased condom use, increased use of drugs or alcohol during sexual contacts) following their experience of sexual violence. These results are confirmed by a prospective study among 200 adolescents which documented that adolescents who were victimized during the course of the study reported an increased sexual frequency and an increase in their number of (casual) sex partners following the assault (Young et al., 2012). The increase in post-trauma sexual activity appears to be unique to survivors of sexual violence when compared to survivors of other traumatic events. In a small-scale study among university students, sexual violence survivors, compared with survivors of motor vehicle accidents, reported a significantly greater increase in sexual activity post-assault (Deliramich & Gray, 2008). The changes observed in post-assault sexuality, such as increased sexual activity, can be attributed to alterations in survivors' sexual self-schema (Lipinski & Beck, 2020). A sexual self-schema represents an individual's cognitive perception of their own sexuality, shaped by past experiences and guiding future sexual behavior and decision-making (Andersen & Cyranowski, 1994). Research indicates that survivors of sexual violence may develop altered sexual self-schemas influenced by their perception of the assault and the presence of posttraumatic stress. These altered schemas may include beliefs such as feeling destined for abuse or viewing sex as a meaningless mechanical act (Kilminik et al., 2018; Lipinski & Beck, 2020). This potentially explains why survivors with higher levels of PTSD symptomatology tend to exhibit lower sexual assertiveness which, among other factors, can increase their vulnerability to revictimization (Morris & Quevillon, 2018; Testa et al., 2010). Additionally, some survivors may resort to using sex as a coping mechanism to manage the assault and its aftermath, which could further explain the increase in sexual frequency. Indeed, when comparing student survivors of sexual violence with students without a sexual violence history, survivors of sexual violence utilized sex as an affect

regulation strategy more frequently than controls did (Littleton et al., 2013, 2014). Affect regulation strategies that were utilized following depressive symptoms in turn predicted increased sexual risk behavior (Littleton et al., 2014). Qualitative work extends these findings, with survivors reporting an increased sexual frequency due to wanting to regain control and agency over their body, a desire to feel loved, and a need to convince themselves that ‘sex is just sex’ (O’Callaghan et al., 2019).

A third pattern arising from empirical qualitative work is that some women, particularly those who are in intimate dating or romantic relationships, state that their sex life has improved compared to their pre-assault sex life, that is that they experienced a feeling of sexual empowerment or growth (Connop & Petrak, 2004). Although an assault might challenge many couples’ sex lives, it can alter the style of communication partners engage in when talking about sex. Implicit and explicit consent, open and assertive communication about boundaries and respect for each other’s boundaries is noted to be key in positive sexual experiences following sexual violence (Mark & Vowels, 2020; O’Callaghan et al., 2019; Wadsworth, 2013). As such, new sexual experiences seem to modify survivors’ sexual self-schema and affect their sexuality in a positive manner (Anderson & Cyranowski, 1994).

### **Sexuality Following Sexual Violence in Men**

Research on male survivors of sexual violence reveals that they encounter similar challenges to women regarding post-assault sexuality. They exhibit a significantly higher likelihood of sexual inactivity and receiving multiple sexual disorder diagnoses, such as sexual desire and sexual arousal disorders, compared to men without an assault history (Peterson et al., 2011; Turchik et al., 2012). Qualitative studies among male survivors elucidate their struggles with fully engaging in sexual intimacy (Platt & Busby, 2009). Meanwhile, some research suggests an increased



likelihood of engaging in sexual and risky sexual behaviors, such as exchanging sex for money or drugs and having unprotected sex, among male survivors (Peterson et al., 2011). These behaviors are often attributed by survivors to feelings of lacking agency over their own bodies (Widanaralalage, 2022).

Despite these similarities, it is essential to acknowledge the unique experiences of men and women in terms of societal gender norms and sexual scripts to which they are expected to adhere (Depraetere et al., 2020). Being victimized as a man can be viewed as a direct violation of traditional male gender norms, which emphasize strength, power, and a continuous desire for sex (Forde & Duvvury, 2017; Widanaralalage, 2022). Regardless of the gender of the perpetrator, the assault can profoundly affect male survivors' perceptions of their masculinity and sexual orientation (Peterson et al., 2011). However, studies examining how male survivors can reclaim a sense of empowerment and growth in the aftermath of sexual violence are currently lacking.

### **The Current Study**

Taken together, myriad studies have shown that survivors' sexuality can be affected by a sexual assault in multiple ways. Most studies suggest that the assault can negatively affect survivors' sexuality (e.g., increased sexual dysfunction, decreased sexual assertiveness, using sex as an affect regulation strategy, increased sexual risk behavior). At the same time, some studies suggest female survivors can experience sexual empowerment or growth. However, it remains unclear if men have similar experiences of post-assault sexual growth. In addition, it is unknown what actions survivors undertake to adaptively cope with the impacts of sexual assault on their sexuality and how they can achieve feelings of sexual empowerment. Therefore, the current study sought to answer the following research question: "How do women and

men cope with the adverse impact of sexual violence on their sexuality?”. To this end, we carried out a qualitative interview study in survivors and conducted a reflexive thematic analysis on the interview data.

### **Method**

#### **Participants**

Fourteen survivors participated in the interview study. An overview can be found in Table 1. All were White, lived in Flanders in Belgium and were between 19 and 61 years old. Ten identified as women, four as men. Seven were single, two were married, and five were in a dating/romantic relationship. For those with a partner, the relationship duration ranged from three months to 44 years with two relationships having a duration under 2 years, two between 2 to 5 years, and three having a duration of over 5 years. Three participants labelled themselves as bisexual, one as lesbian and the remaining ten labelled themselves as heterosexual. While four participants (three men and one woman) reported having engaged in polyamorous intimate relationships, no participants reported currently being in a relationship with more than one partner. The time since the index assault (i.e., the most recent incident of sexual violence) ranged from two to 41 years. Twelve survivors encountered multiple instances of sexual victimization, and among them, three endured both childhood sexual abuse and sexual assault after the age of 16. All female survivors and two male survivors reported that their perpetrator was a men. Two male survivors reported being victimized by a female perpetrator.

### **Procedures**

The current study's design and procedures are in line with the World Health Organization's (2007) recommendations on conducting research with sexual violence survivors and was approved by the Committee for Medical Ethics of Ghent University Hospital. An adaptive sampling method (i.e., a flexible sampling method in which the specific sampling procedure depends on the effects of the previous sampling efforts in order to maximize contact with hard-to-reach populations; Thompson & Seber, 1996) was used by distributing our recruitment material (i.e., posters and flyers) across Flanders, the Dutch-speaking region of Belgium, and in a wide range of clinical (e.g., hospital, sexual assault referral centers, private practices of physicians and psychologists) and non-clinical (e.g., fitness centers, public library, bakery, hair salons, bars, social media) settings. Alongside our inclusion criteria (i.e., individuals 18 years or older who experienced one or more instances of sexual violence after the age of 16), the definition of sexual violence (i.e., any sexual act against someone's will, committed by any person regardless of their relationship to the victim, in any setting; WHO, 2015, p.4) was provided. It was stated that participation was voluntary and would be handled confidentially. In addition, contact details of the researcher, potential support sources, and a website link with more detailed information about the study were provided. Sample size was predetermined as required by the medical ethics committee. The decision regarding the sample size was determined pragmatically and analytically after consulting with a team of auditors specializing in phenomenological qualitative research. The objective was to secure a sample of 15 participants to ensure the acquisition of comprehensive data while maintaining the feasibility of in-depth analysis (Braun & Clarke, 2021). No compensation was provided for study participation. Costs associated with study participation (e.g., travel costs, childcare costs), were reimbursed.

### **Interview Process and Ethical Considerations**

Recruitment began in November 2019. After a month of recruiting, 29 individuals had contacted the researcher and were provided with an electronic copy of an information letter with the study aims, confidentiality, interview questions, and potential risks of participating in the study. A total of 17 individuals expressed continued interest in participating and were provided with more detailed information about the study including risks and benefits via telephone. Fifteen participants agreed to schedule an interview appointment. One interview did not take place because it was scheduled after the start of the COVID-19 pandemic, resulting in a final sample of fourteen participants. At the start of the interview, the researcher introduced herself and an informal conversation was held before discussing the information letter and informed consent. The structure of the interview was explained to the participants, and they were told they could terminate participation at any time or decline to answer questions. Sexual violence counselors were available if participants felt distressed during the interview. None of the interviewees consulted a counselor.

The interview was semi-structured and included questions regarding the impact of their experience of sexual violence and participants' meaning making process (see Table 2 for a detailed overview). The current paper entails only a portion of all interview data obtained using the interview guide. At the end of the interview, a debriefing took place and the researcher ensured that participants felt comfortable enough to travel home. Two weeks later, participants were contacted again to ask about their interview experiences and whether they had experienced any negative effects due to participation. Some participants stated that participating in the interview had brought back some memories about the assault which caused some distress in the days following the interview. However, no participants expressed the need to talk to a professional and

some stated they were already in therapy. For others, participating in the interview was considered to have many positive effects. They appreciated having the chance to tell their story and stated that telling their story had helped them to put things in perspective.

The interviews were recorded and the length ranged between 57 and 150 minutes. The recordings and contact details were stored in a password protected file on the university server (in line with the data management plan). Transcriptions were made verbatim by the first author and graduate clinical psychology students; all personal information was pseudonymized while transcribing. Identifiable information was encrypted and stored on the university server. Participants' names stated in this paper are pseudonyms.

### **Data Analysis**

The data-analysis was conducted by the primary author. Since meaning is created through the perspective of the one who analyses the data (Braun & Clarke, 2021), reflexivity is vital. To facilitate reflexivity, the primary author wrote down her personal preconceptions and existing knowledge regarding the subject of sexual violence and its repercussions (Tufford & Newman, 2012). The first author identifies as a White female clinical psychologist who specializes in trauma and has a particular interest in systemic therapy. At the time of the study, she was working as a teaching assistant in couple and family therapy courses (in the master program clinical psychology) and was completing a PhD on the topic of sexual violence.

Reflexive thematic analysis was used to analyze the interview transcripts (Braun & Clarke, 2006, 2019, 2020). The analysis was inductive in that prior theories or research findings did not guide the analysis. In a *first step* the interviews were relistened to and (re)read actively. Since the current paper is part of a series of two papers on the

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impact of sexual violence on sexual, dating, and intimate relationships (see Stockman et al., 2024), the analysis focused on interview segments about survivors' sexual relationship experiences following sexual violence – including but not limited to the index assault. To avoid the loss of important contextual information, excerpts relating to sexual relationship experiences following child sexual abuse were not omitted. In a *second step*, these interview segments were coded using codes that synthesized data and reflected a tentative interpretation of the interview content. The coding process was supported by the use of Nvivo software. In a *third step*, themes were constructed by arranging similar codes and grouping them together. Themes reflect the content of codes on a more abstract level. Themes were defined and in a *fourth step*, themes were reviewed by going through all codes and the original data again. In a *fifth step*, themes were refined and redefined and eventually written out in a manuscript. The data-analysis process was conducted with a broader research question in mind: 'How do survivors experience intimate relationships following sexual violence?'. Because of the richness of our themes, we decided to split the emergent themes into two separate manuscripts: one focused on dating and romantic relationship experiences and one focused on sexuality experiences. This report was reviewed by all co-authors, who are experts in the field of relationship and couples therapy, sexual violence victimization, and forensic psychology.

Investigator triangulation is important in qualitative research since it contributes to the credibility of findings (Guion et al., 2011). Alongside the primary coding of the first author, steps one to four were repeated for half of the interviews by a research assistant, E.D., a female graduate clinical psychology student with an interest in qualitative research. Adding an additional perspective enriched the analysis and made D.S. more aware of any presumptions she might have had during the analysis. The

themes were reviewed a second and a third time by a team of auditors (H.V.P. and J.D.M.). H.V.P. is a clinical psychologist, couple and family therapist, and clinical professor with expertise in qualitative research methods in the field of family psychology and family therapy. J.D.M. is a clinical psychologist, systemic therapist and professor in clinical child and adolescent psychology who specializes in qualitative research in the field of family psychology and family therapy.

### Results

The reflexive thematic analysis focusing on survivor's sexuality following sexual violence resulted in five main themes (see Table 3 for an overview): (1) 'The process of learning about ones' own needs and desires (2) The process of learning to communicate one's own needs and desires (3) Reclaiming sexuality at one's own pace, (4) 'The importance of consent, predictability, and trustworthiness' and (5) 'Assault meaning-making and post-assault sexuality are interconnected'.

#### **The Process of Learning about One's Own Needs and Desires**

Many survivors described a process of becoming more aware of their own sexual needs and desires post-assault. For some, "*the search for love in sex*" was a part of this process. Sexual contact with a sexual, dating, or romantic partner felt like a condition that had to be met in order to feel loved. The search for love in sex was described as a result of feelings of loneliness and a need for affection. This was described by both Ella and Michelle. According to Michelle, she unwillingly allowed men to cross her boundaries because she was lonely and in need of love and affection:

It's not just the sexual arousal but it's rather just the desire of receiving attention from someone. I am alone and then... [...] I was always depressed, I felt bad, I couldn't work, you know? Just everything came together. And then you just need

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some attention. You need some love. But if you look for it or ask for it or I don't know, men always think that love equals sex. And I did not always want this but I still gave it to them. (Michelle)

Since participants were often not (yet) acquainted with what they truly desired for themselves, their sexual boundaries could not be made clear to potential (sex) partners. These dynamics resulted in multiple unwanted sexual contacts or as some respondents call it: "sexual contact that they regret" in retrospect. For Michelle, this contributed to a vicious circle of wanting to be loved and having her boundaries crossed which added to feelings of distress and feelings of being unloved. She described not realizing this was a vicious circle until she talked about it with a clinical psychologist who helped her identify this pattern.

Engaging in sex may also serve as a means to feel in control again for some survivors. Because of an unwanted sexual experience where they had no control over what happened, respondents described wanting to be in control, wanting to prove to themselves that the world is not an unsafe place, and wanting to convince themselves that sex is a normal aspect of life and that they are still able to have and enjoy sex. These survivors described *experiencing feelings of power and control through sex*. Therefore, respondents engaged in increased sexual behavior, initiated sexual contact with multiple partners (often without any emotional connection), and in some cases found themselves in what some referred to as 'potentially dangerous sexual situations.' For Ella, initiating sex – even though she did not feel like having sex herself – meant that there was no imbalance of power between her sex partner and herself as she was the one who chose to have sex. In addition, she explains how 'knowing where and how to touch all the right spots' during sex added to that feeling of power, which she enjoyed. Similarly, Charlotte attempted to regain feelings of control by trying to prove to herself



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that she will never experience something like the assault again by drinking excessively, taking drugs, and meeting men in bars. Sandra discussed having periods of having sex with multiple partners alternated by periods of sexual abstinence and avoiding men completely, which she stated came from a desire to prove to herself she was still able to sleep with men. She reported feeling a kind of personal and/or societal pressure to engage in sexual activity with different partners because she was in her thirties, which were, according to her, her most beautiful years.

It's only now I feel that there is some work left to do regarding this and I need to find the right words. I want to process this in the right way because it's very difficult. I hope [...] I don't have periods anymore of being completely shut down and pushing men away nor any periods of wanting to prove myself. Because when you do, you forget to enjoy yourself [during sex]. That's what I have realized.

(Sandra)

Michelle shared a similar view. Because she wants to get to know herself better, she decided not to open up to anyone in the near future. For Kim, the main reason for sexual abstinence is the distrust she has in others. In a sense, the avoidance of sexual contact and potential sex partners may also have the function of regaining feelings of control.

Participants indicated they often did not enjoy sexual contacts because they only focused on feeling loved or to regain a feeling of control. Some described how they actively went down different roads that all aided them in *recognizing their own desires and boundaries*. The process of recognizing and identifying one's desires is influenced by different factors. For Charlotte and Michelle, a clinical psychologist aided them in gaining insight into their behavior and the way they did not respect their own boundaries. Michelle, for example, needed to make a list of all her sexual experiences

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together with her psychologist. Since then, she realized she has had sex against her will more than she has had sexual encounters she actually enjoyed. Together with her current clinical psychologist she is exploring how it feels when someone crosses her boundaries.

I really have to go inside and connect with myself. I learned that from my psychologist. Really feeling if someone is crossing the line. Physically, emotionally, it doesn't matter. Trying to feel it is already quite difficult. Because you ignore it. I did that for a long time. But acting upon it, is even more difficult. I am still learning. (Michelle)

Some utilized spiritual techniques such as meditation to increase their awareness of their emotions and to better understand themselves. Sandra shared how she used to be someone who rationalized everything. She referred to her former self as a 'little scientist' that did not consider emotions at all. By utilizing meditation, she stated that she is learning to feel and listen to her emotions rather than to rationalize which behavior is right or wrong.

I want to process what I still need to process. And I want to do it the right way: from my heart. I want to be able to open up completely: physically, sexually. And not because I think I need to open up. I have sought many ways using my ratio. (Sandra)

### **The Process of Learning to Communicate one's Own Desires and Boundaries**

Survivors explained how they are learning to voice their sexual desires and boundaries. However, *communicating their needs remains a struggle* for many. This is clearly described in Michelle's narrative. Although she labels communicating her

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desires as difficult, she is actively practicing it. After inviting a man over to her house for a date, she decided to send him home because she felt uncomfortable:

So, then he was at my place, which was not the plan from the beginning. So, I started freaking out. He didn't do anything wrong but then he sat next to me in the sofa a bit too close and then I, which is a very big thing to do for me, I started freaking out. [...] I told him: "This is not working. I would like you to leave". (Michelle).

Instead of being angry with herself that she invited someone over, and, as such, increased the likelihood of something going wrong, she says she actually felt very proud of being able to watch over herself. Sandra recently experienced something similar. After a man was showing interest in her at a party, she told him she was not interested. For her, this did not feel like an achievement because she still felt guilty for rejecting him. She 'wants to clean up these patterns' in order to fully act based on what she feels.

Participants additionally learned to communicate about their own desires and boundaries by *experiencing their sexuality in a – more or less – predetermined format*. Both Marc and Frederik have visited sex workers, while being in a romantic relationship in the past. For Marc, the sexual act itself is subordinate to both the emotional and physical connection he has with those sex workers:

I have talked with one [a sex worker] for half an hour. I felt really special, I think it was a wonderful and meaningful conversation. [...] On one hand, she was very protective and on the other hand I felt her coming very close in her energy. I thought it was so connecting. That's what I have felt on a physical level: connection. All other things that would happen are unimportant to me. (Marc)

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With sex workers, there are no relational or sexual expectations. Instead, most actions depend on the survivor's requests, offering them an opportunity to regain a sense of control. For Marc, being intimate with a sex worker meant he had to reflect upon his own needs and literally communicate these with the person with whom he wanted to be intimate. This way, he learned to articulate his particular and instantaneous desires without having to be afraid whether other things are expected from him. Meanwhile, Dennis learned to articulate his needs and desires and to simultaneously consider others' needs and desires while being in a polyamorous relationship. According to him, polyamorous relationships are characterized by clear communication of needs, expectations, and consent with all partners.

Because of being in a kind of – not really a poly community, but dating with other people who had other relationships or were open to other relationships, I found myself to be in a warm bath of people who were constantly communicating with each other and with each other's partners: 'What are the boundaries? What do we agree on? What do we want to do and what not?' (Dennis)

By having multiple dating partners, Dennis was part of a network that created a predictable and safe space to experience his sexuality and be sexually intimate with those partners. Marc's and Dennis's stories seem to suggest that both the context of visiting a sex worker and the context of being in a polyamorous relationship facilitated thinking and talking about desires and boundaries. Ella reported a similar experience within the context of a BDSM-relationship (i.e., bondage and discipline, dominance and submission, sadism and masochism). Ella explained how she learned to enjoy sex due to BDSM play in a submissive role. BDSM is characterized by taking time to communicate boundaries, respecting these boundaries, and making sure both parties enjoy sex.

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It's voluntarily. I decide to go to them and let it happen. That's the beautiful thing of BDSM: nothing happens without agreeing with it in advance. That's difficult for me. I am used to allowing others to use me because of everything that has happened. And now I literally have to say what they can do to me. It's confronting. Because I don't want that. In my head I don't want that. And as a girl I didn't want that, you know? So it's very confronting. (Ella).

Although Ella indicated enjoying BDSM play, it is also a context where the assault experience is partially repeated. Despite setting boundaries in advance – which might increase feelings of being in control and requiring her to think about her own sexual needs – she mentioned not always being able to indicate when her boundaries are being crossed. Additionally, BDSM also serves to refocus her attention away from the pain caused by sex. She explained she is not able to feel sex-related pain anymore due to the BDSM-induced pain.

### **Reclaiming Sexuality at One's Own Pace**

In the aftermath of the assault, many respondents reported negative sexual changes such as not being able to enjoy sex, feeling unsafe during sex, and sexual dysfunction. As such, sexual violence can be considered as a turning point regarding sexuality. Many respondents stated that the process of gaining insight into their own desires led to being able to enjoy their sexuality and to experience it in a way in which they feel comfortable (see e.g., BDSM, polyamorous relationships). In some cases, *the need for love and intimacy is not always complemented with sexual behaviors*. For some, physical contact (e.g., being touched, hugs, dancing) or emotional contact (e.g., heartfelt conversations) is sometimes enough. Elisabeth shared that she, at present, has no penetrative sexual contact with her romantic partner. She stated that she has come a long way in getting to know herself and has decided that she currently does not want to

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have sex. Elisabeth's partner understands this, she said. Although not excluding the possibility of ever having sex again, she explained that cuddling feels better for both of them now.

(Name boyfriend)'s heart is in the right place. On one hand, there is an enormous respect we share with one another. He also knows [about the assault], but not in detail. There is a safety between us, a huge amount of trust. I know he will not do anything with other women. He's not like that, not like my ex-husband. Sex, ok, we have had it and we will have it in the future, I hope. But it is not my main concern. Sex is the deed. It's better for him that I just lie on his chest or rest my head in his lap. (Elisabeth)

Others deliberately reflected on how they could *prevent their sex life from being affected negatively*. For Sophie, this process started immediately post-assault. She decided to have a positive sexual experience immediately following the assault.

What I also find absurd is that I – I had planned a date with someone from Tinder a day or two after what happened. I had already planned this before it happened, but I did not cancel, and I had a one-night stand with that guy. And for me that felt like... It was good. I even had fun; I reached an orgasm. That was important for me. I had the feeling I wanted to get a positive image of sexuality as soon as possible. (Sophie)

It seems her behavior was motivated by a desire to avoid having the assault define her (sex) life. Currently she experiences sex as something positive. Her perspective toward sexuality ('sex is something positive') has likely – among other things – aided her in how she positions herself regarding the assault and vice versa ('it does not define my life').

### **The Importance of Consent, Predictability, and Trustworthiness**

Many respondents discussed the importance of consent, predictability, and trustworthiness when fulfilling their sexual needs. The importance of *consent* is emphasized in conversations survivors have with (potential) (sex) partners about expectations with regard to physical contact, sexual contact, or whether or not to initiate a romantic relationship. Sandra, for instance, described an ex-partner who asked for consent every time he wanted to touch her in the beginning of their relationship. She found this very notable since he was not informed about what had happened to her. Dennis explained how he appreciates the evolution in society regarding the importance of consent:

I am very sensitive for – and I really like the fact that there is more of a platform for it now, kind of the Twitter atmosphere – thinking about and talking about consent. I think many men are, and women too by the way, quite resistant against these ideas. Or at least they do not take it that far. For example, asking someone “Can I kiss you?” every time you want to kiss them. You don’t see this in scripts where Hugh Grant does that in the rain. Then it always works out because it’s written in the script. But often it does not feel right. It is also about touching other people and other things we consider as normal in our culture. I notice many of my friends are resistant against these things. (Dennis)

Sophie also recognized the importance of societal and cultural influences regarding consent. She was assaulted while in a foreign country and she recounts that country’s culture as one with difficulties respecting (women’s) boundaries. Since then, Sophie tries to consciously think about consent. She clearly states what she expects from (sex) partners. When a (sex) partner’s behavior does not align with these expectations she refrains from the (sexual) relationship.

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***Predictability*** seems strongly related to consent but additionally implicates a feeling of control over everything that will or cannot happen. For example, Kim describes how important it is for potential partners to allow her to be in control and let her initiate sexual contact. However, she also states that she needs her partner to take some initiative because she is not always able to initiate having sex.

Just letting me be in control. And that's something I react positively to. But I also have to say, I had to tell them like "Ok, but you also need to take initiative yourself, because if you only wait for me it can take a very long time." And it's not that I don't feel like it. It's just that I am really afraid of the reactions in my head.  
(Kim)

Similarly, predictability is also recognizable in the stories of those respondents who engaged in sex within a more pre-determined format (e.g., sex workers, polyamorous relationships and BDSM).

***Trustworthiness*** translates into the feeling of being completely accepted by one's partner, the feeling of safety in one partner's companionship and the expectation that potential (sex) partners will treat the respondent with respect and will not cross their boundaries. For Elisabeth, this means being able to refrain from sex without being afraid her partner will sleep with other women. In Ella's case, this translates into engaging in BDSM together with the same person(s). Knowing that she will encounter someone she already knows, someone who knows her boundaries, gives her the feeling of familiarity and trust. In Charlotte's case, the feeling of trustworthiness was evoked by her boyfriend asking for consent before initiating sexual contact and making sure she does not engage in certain sexual activities against her will:



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He was also the first of whom I felt “Wow, he really respects me”. Or even before we got together [as a couple] and we wanted to do something sexually he sometimes asked me whether I was okay with certain things. If I told him “I want to do that for you but I don’t really feel like - ...”, then he told me “All right, then you don’t do it!” And I was like: “ah, ok.”. So he has been a person where I thought I really felt familiar. (Charlotte)

### **Assault Meaning-making and Post-Assault Sexuality are Interconnected**

Analysis suggested that how survivors give meaning to the assault and its impact influences how the assault affected their experience of sexuality and vice versa. For some, the assault was not accompanied with negative changes regarding their sexuality. Putting the assault in another perspective may serve as a way to cope with the assault and its impact. Camille explained how she has little memory of what has happened which, according to her, plays a role in how her sex life was not affected by the assault:

But I really think it was that easy because I don’t explicitly remember what happened. The idea is there and that idea is disgusting. And I could imagine what happened when I think about it but because I don’t really have those memories, or at least no details about what has happened exactly it is easier to let it go. (Camille)

For Lisa, the meaning she currently gives to the assault is related to how she experiences her sex life with her current partner. Because she does not experience difficulties within her sex life with her current partner, Lisa reframes the assault as of lower severity.

Although I notice it also affected me but not in the sense that I cannot function anymore or in the sense that I cannot start a meaningful relationship or a sexual

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relationship. So, I think that there are people who have experienced worse things than I with a greater impact than the impact it has on me. (Lisa)

The respondents also discussed changes in their perceptions of themselves in relation to their sexuality, leading to altered sexual self-perceptions. Some mentioned a loss of self-respect post-assault, linked to increased engagement in sex with multiple partners. Another respondent, Elisabeth, described feeling a distorted body image, experiencing discomfort with her weight and reluctance to show her body. Additionally, two male respondents questioned their sexual orientation after assaults by male perpetrators. For instance, Frederik experimented with sex with men due to erectile dysfunction only occurring with his wife,

It did come to a point where – and I was married for nearly five years back then – where you're struggling and you're wondering whether you will fall for a man or whether you are gay. There even was a time when I met up with guys in abandoned parking lots. It left me with mixed feelings. They did know how to touch the right spots in such a way I got an erection. (Frederik)

The occurrence of erectile dysfunctions in his sexual encounters with his wife, rather than with men, could have contributed to feelings of confusion regarding his sexual orientation.

For Dennis, the societal changes related to the #MeToo movement influenced the way he gave meaning to the assault. As a male survivor, he described how difficult it is to be considered a victim by his surroundings and the broader society. This has hampered him in acknowledging what had happened. Being a male survivor in a female-survivor-shaped #MeToo world, he sometimes cognitively minimizes and disqualifies the impact the assault had on him, feeling like 'an imposter'.

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It feels as if I want to get a seat at the table of a discussion that does not concern me. As if I am blowing the whole thing up. But on the other side, this is extremely unfair and completely untrue. It is not as if I have not acknowledged what had happened ten years ago and that it did not affect me. It did! And since the moment I started acknowledging it and give meaning to it, I have learned to cope with my trust issues. (Dennis)

By acknowledging what had happened, he reflected on his needs and found comfort in his sexuality. Surrounding himself with like-minded individuals in polyamorous relationships, who share his emphasis on consent, enabled him to reengage with intimacy.

### **Discussion**

The current study provided insight into how female and male sexual violence survivors cope with the sexual challenges they are confronted with post-assault and whether and how some survivors might even experience sexual empowerment or growth. Generally, three main conclusions can be drawn.

A first main conclusion is that coping with the assault aftermath on one's sexuality is a non-linear and iterative process. It consists of gaining self-knowledge about one's own desires and boundaries and being able to communicate these actively. Survivors reported having gained insights into their own sexual behavior and undesired sexual patterns in multiple ways. Some, for instance, reported alternating periods of increased and decreased sexual frequency within sexual, dating, and romantic relationships, in both cases as a means to cope with their feelings of loss of control over their own body and feelings of distrust in others. In addition, survivors reported engaging in sexual relationships to avoid feeling alone. This aligns with previously

conducted quantitative and qualitative studies on survivors using sex as an affect regulation strategy (Littleton et al., 2013, 2014; O'Callaghan et al., 2019). However, over time, respondents realized they regretted these sexual relationships more often than they actually enjoyed them. Although not explicitly stated by the respondents, it is possible that negative sexual self-schema (e.g., 'I can only be loved when I provide others with sex', 'I can only feel in control when I initiate/allow sex') developed post-assault (Kilminik et al., 2018; Lipinski & Beck, 2020). These might have contributed to a decreased level of sexual assertiveness and eventually giving in to sexual relationships while not wanting to have sex. This, in turn, could have contributed to revictimization for some (Morris & Quevillon, 2018; Testa et al., 2010).

For others, receiving psychotherapy and engaging in meditation techniques helped in identifying whether and how they wanted to experience their sexuality. In therapy, for instance, survivors gained insight into their sexual relationship patterns and in what way these sexual contacts were an actual reflection of their sexual desire rather than a reflection of another unfulfilled need (e.g., the need to be loved, the need to feel a sense of control or agency). Through meditation, survivors were able to more accurately identify the emotions and needs underlying their sexual actions (e.g., having sex with multiple sex partners). Some then tried fulfilling these needs in other ways. For instance, the need for control and agency can be met by experiencing their sexuality within a pre-determined context such as within a polyamorous community, by engaging in BDSM, and by visiting sex-workers. Psychotherapy, meditation and sex within a pre-determined context additionally aided survivors in modifying existing negative self-schemas in favor of self-schemas that allowed them to see themselves as worthy to enjoy sexual activities according to their own needs and desires (Anderson & Cyranowski, 1994).

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Identifying their own needs is only one part of the process, it seems.

Respondents reported how complicated it was for them to try bringing these needs into a conversation with a potential (sex-) partner. Some respondents in our sample explained how experiencing their sexuality within a pre-determined context not only aided them in coping with their feeling of loss of control and feelings of distrust, but also helped them in formulating their needs. The common ground of these contexts is that agreements are made upfront on what is expected from all involved parties.

Survivors are obliged to think about what they really want for themselves and which boundaries they consider important. In both polyamorous relationships and in BDSM play, not only the survivors' needs and boundaries are of importance. There is a need for mutual consent and a reciprocal process of navigating through one another's sexual desires. However, as reflected by one of our respondents, these conditions are not always met in the context of BDSM play. When a survivor is not able to indicate when their boundaries are being crossed, BDSM play might unintentionally repeat the feelings of being abused. Thus, alongside agreeing upfront on boundaries during BDSM play, attending to whether and how survivors are able to indicate when their limit has been reached is equally important.

A second main conclusion we can draw from our thematic analysis is that some respondents have, at one point during their search process, succeeded in finding a way to reclaim their sexuality in a positive manner and felt sexually empowered. For some, sexual violence also contributed to a process of acceptance and constructively understanding themselves better in order to obtain a sense of agency. The process of gaining agency over their own sexuality can be considered a process of post-traumatic growth or growth following adversity (Joseph & Linley, 2005). For one respondent in

our sample, obtaining a sense of agency also meant consciously choosing to refrain from penetrative sex and experiencing sexuality and intimacy in other ways.

When respondents put forward the instances where they enjoyed their sexual experiences, it became clear that being asked for explicit or affirmative consent (Sandoz et al., 2021; Wignall et al., 2022) is a vital element in these experiences. This is similar to previous qualitative research with survivors and partners. Specifically, careful communication about consent and boundaries were considered important to be able to perceive sex as a bonding and positive experience (Connop & Petrak, 2004; Mark & Vowels, 2020; O’Callaghan et al., 2019; Wadsworth, 2013). In our study, predictability, or in other words: ‘knowing what will happen and knowing nothing will happen without your consent’ may additionally aid in regaining survivors’ sense of control or agency regarding their sexuality. When survivors are able to anticipate potential situations, they can pre-plan their reactions, rather than relying on automatic sexual self-schemas when faced with unexpected circumstances. For most of the respondents, feelings of familiarity and being completely accepted and respected are additional essential ingredients to be able to enjoy the sexual relationships they engage in. This aligns with the findings of the study of Mark and Vowels (2020) on sexual consent among survivors who are in a healthy romantic relationship. Specifically, they learned that expressing their needs is considered a vulnerable action according to survivors and necessitates a sense of safety within the relationship.

Our third main conclusion is that meaning-making processes and perceptions and experiences of sexuality are interrelated. More specifically, how survivors perceived the assault influenced the way they experienced their sexuality and vice versa. This indicates the importance of continuing meaning-making processes in the aftermath of the assault. In accordance with Park’s (2010) meaning-making model, post-assault

experiences may influence the meaning making process. In our study, some survivors downplayed the assault which potentially was accompanied by only minor changes in their sexual self-schemas leading to a belief that the assault had little noticeable impact on their sexuality (Kilminik et al., 2018; Lipinski & Beck, 2020). Similarly, some survivors perceived the assault as less severe because they did not encounter sexual difficulties. Positive sexual experiences appear to affect their sexual self-schema, subsequently shaping survivors' perceptions of the assault (Anderson & Cyranowski, 1994).

Societal ideas, such as 'men cannot be raped' and 'being raped by a man implies homosexuality,' influenced the meaning-making processes and sexual self-schema of male survivors in our sample. These societal norms made it challenging for them to acknowledge the assault and its impact. Although there is an increased awareness of sexual violence in society, this increased awareness does not completely seem to apply to men. This is consistent with previous studies in which rape is considered as a direct violation against masculinity (Depraetere et al., 2020; Forde & Duvvury, 2017; Widanaralagage, 2022). Acknowledging what happened and recognizing its potential impact, however, seems to be important to give meaning to the assault and coping with its sexual impact. In one male survivor, evolving assault appraisals as a result of being able to acknowledge the assault influenced his ideas on what could be sexually empowering for him.

Societal ideas and gender norms also affect women's sexual self-schema and subsequently their post-assault sexuality. For one female respondent, the idea that 'single women in their thirties are in the most exciting period in their life' contributed to her decision to engage in multiple sexual relationships she regretted afterwards. These societal influences might affect survivors directly as well as through interactions with

their immediate environment (Kennedy & Prock, 2018). Another societal change is the recent evolution regarding consent. The importance of affirmative and freely given consent is being recognized more in Western society (Sandoz et al., 2021; Wignall et al., 2022) which affected some respondents in that they felt more able to formulate their needs and boundaries openly.

### **Clinical Implications**

This study identified survivors' coping efforts to manage their negative experiences with sexuality and engage in satisfying sexual experiences as well as experience empowerment. Several important clinical implications can be derived from our study results. First, it is important to assess how survivors experience their sexuality following an assault and how they perceive themselves sexually (i.e., their sexual self-schemas). In addition, attending to how survivors give meaning to the assault experience and post-assault factors which influence this meaning making process is vital as this can provide information on how certain sexual self-schemas developed post-assault. Second, when working with survivors, it is essential to normalize feelings of loss of control to aid in acknowledgment regarding this loss. Additionally, clinicians can aid survivors in developing healthy sexual self-schemas and coping strategies that serve to increase their sense of control to reduce the likelihood survivors engage in sexual activities they regret afterwards (and which may increase their risk for further victimization). Third, helping survivors identify their own needs and assisting them in communicating their needs to intimate partners is crucial. In addition, clinicians can support survivors in gaining insight into the various factors (e.g., societal ideas) that play a role in these needs. It is vital for survivors to be able to create a safe, trusting context in which they can experience their sexuality. Fourth, supporting already existing coping efforts that are helpful for survivors is important. Since each survivor's way of



coping is personal, their coping efforts might be less common or even labelled unconventional. However, as long as these are not harmful for their well-being or that of others, clinicians should keep an open mind. A thorough assessment is however necessary to avoid harmful effects of seemingly helpful coping efforts.

### **Limitations of the Study and Suggestions for Further Research**

Some limitations of the current study need to be addressed. First, our interview study's focus was broader than sexuality, as evidenced by our interview guide. Therefore, it is possible we did not identify important processes regarding survivors' sexual experiences following an assault. Nevertheless, by considering contextual influences that might also play a role in respondents' sexual experiences, we were able to view the respondents' sexual experiences from an ecological perspective. However, we acknowledge that conducting an interview study that is mainly focused on the sexual impact following sexual violence might be beneficial to identify more in-depth patterns regarding survivors' sexual relationship experiences.

Second, although we tried to obtain a homogenous sample, our respondents had a diverse background regarding gender, time since the last sexual violence experience, history of child abuse, etc. Therefore, it is possible we were not able to gain a thoroughly in-depth understanding of the impact of adult sexual violence on survivors' sexuality. This diversity is, however, a reflection of reality and might contribute to the richness of our data. At the same time, our sample consisted of all White, all cis-gender, mostly heterosexual survivors who have experienced sexual violence more than two years ago. Therefore, our findings are unlikely to generalize to the relationship experiences of survivor populations of different cultural backgrounds, LGBTQ+ survivors, or survivors of more recent violence (Lincoln & Guba, 1985). To address this limitation, a purposeful sampling strategy aimed at including survivors from ethnic or

sexual minority backgrounds could enhance our understanding of sexuality experiences within these specific groups (Palinkas et al., 2015). Additionally, our sample primarily consists of survivors who underwent (attempted) rape incidents more than two years ago, perpetrated by individuals of various types. This raises concerns about potentially overlooking patterns in sexuality experiences associated with victimological characteristics. To address this, future research could benefit from adopting a purposeful sampling strategy to explore how sexuality experiences differ among survivors with distinct assault backgrounds, such as stranger assault versus incidents involving a dating partner.

Third, and typical for research with sexual violence survivors, we only obtained interviews from survivors who were willing to disclose and discuss the experiences our study aimed to research. Individuals who are unable or unwilling to discuss their experiences with sexuality after sexual violence likely hold a substantially different perspective on post-traumatic sexuality and coping mechanisms for the challenges they face.

Fourth, the data-analysis was primarily conducted by the first author. Reflexive thematic analysis assumes that researchers themselves are the medium by which meaning is derived from the data (Braun & Clarke, 2021). Therefore, having only one perspective that is responsible for the entire data-analysis process might affect the results. However, the current study addressed this issue by paying particular attention to issues related to reflexivity and triangulation of the data by multiple individuals with diverse experiences and perspectives (Guion et al., 2011; Tufford & Newman, 2012)

### **Conclusion**

This study sheds a light on how female and male survivors manage sexuality-related challenges post-assault. Understanding, identifying and communicating their

own desires and boundaries is a non-linear process and remains a struggle for many. Survivors utilized multiple strategies to gain insight into their sexual desires including therapy, meditation and experiencing sexuality in a pre-determined format. In addition, having the ability to experience sexuality in a context that is characterized by consent, predictability and trustworthiness contributed to sexual empowerment for some.

### Declarations

**Funding:** Not applicable

**Conflicts of interest:** The authors declare having no conflicts of interest

**Data availability:** Code trees are available upon request

**Ethics approval:** This study was approved by the Medical Ethical Committee of Ghent University Hospital on the 3th of September 2019 (B67201940809)

**Consent to participate:** Every participant signed an informed consent form before starting which included a statement on publishing in scientific journals

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**Table 1.**

*Survivor characteristics*

Name	Gender	Age	Sexuality	Relationship status	Time since most recent assault	Nature of most recent assault	Revictimization status
Sandra	Female	44	Hetero	No relationship	17 years	Attempted rape by ex-partner	
Sophie	Female	28	Bi	In a relationship without living together	1-2 years	Rape by date	Multiple lifetime victimizations
Charlotte	Female	20	Hetero	No relationship	1-2 years	Rape by stranger while being intoxicated	Multiple lifetime victimizations
Camille	Female	22	Hetero	In a relationship without living together	2 years	Rape by acquaintance while being intoxicated	
Michelle	Female	29	Bi	No relationship	1-2 years ago	Rape by date	Multiple lifetime victimizations
Elisabeth	Female	56	Hetero	In a relationship without living together	4-5 years ago	Human trafficking	Multiple lifetime victimizations including incest as a grown-up
Jan	Male	48	Bi	In a relationship without living together	26 years ago	Sexual harassment and stalking by female acquaintance	Multiple lifetime victimizations including CSA
Lisa	Female	27	Hetero	In a relationship without living together	9 years ago	Rape by stranger	Multiple lifetime victimizations
Frederik	Male	54	Hetero	No relationship	38 years	Rape by acquaintance	Multiple victimizations
Kim	Female	34	Lesbian	No relationship	8 years	Rape by stranger	Multiple lifetime victimizations including CSA
Marc	Male	61	Hetero	Married	41 years	Rape by peers	Multiple lifetime victimizations
Johanna	Female	62	Hetero	Married	34 years	Sexual harassment by co-worker Forced penetration	Multiple lifetime victimizations including CSA
Dennis	Male	33	Hetero	No relationship	10 years	by female acquaintance while being intoxicated	Multiple lifetime victimizations
Ella	Female	28	Hetero	No relationship	7-8 years	Rape by partner	Multiple lifetime victimizations including CSA

*Note;* CSA = Child Sexual Abuse

**Table 2.**

*Interview guide*

<b><i>Introduction</i></b>	<p>How did you find the information on this study?</p> <p>What made you decide to participate in this study?</p> <p>Can you introduce yourself?</p> <p>Would you be able to tell me – in as much detail as you like – how you have coped with the assault?</p> <p>Which changes have you experienced following the assault?</p> <p><i>Prompts: psychological changes, social changes, relational changes, work changes, study changes, sexual changes, other changes, ...</i></p>
<b><i>Reflexive questions</i></b>	<p>Who were you before the assault?</p> <p><i>Prompts: What was your outlook on life? How did you perceive yourself, the world, others? What were your ambitions?</i></p> <p>How has this changed since the assault?</p> <p>Which meaning does the assault have to you?</p> <p><i>Prompts: What contributed to the occurrence of the assault? Which role does the assault play in your life? How has this changed over time?</i></p>
<b><i>Ending</i></b>	<p>What is the most important thing that should be remembered from this interview?</p>

**Table 3.**

*Overview of theme structure*

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1.	The process of learning about one's own needs and desires
1.1.	The search for love in sex
1.2.	Experiencing feelings of power and control through sex
1.3.	Recognizing their own desires and boundaries
2.	The process of learning to communicate one's own desires and boundaries
2.1.	Communicating needs remains a struggle
2.2.	Experiencing sexuality in a pre-determined format
3.	Reclaiming sexuality at one's own Pace
3.1.	The need for love and intimacy is not always complemented by sexual behaviors
3.2.	Preventing their sex life from being affected negatively
4.	The importance of consent, predictability and trustworthiness
4.1.	Consent
4.2.	Predictability
4.3.	Trustworthiness
5.	Assault meaning-making and post-assault sexuality are interconnected

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