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A Qualitative Analysis of Sexual Fantasies Among Childhood Sexual Abuse Survivors and Non-Victims

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ABSTRACT

Research suggests childhood sexual abuse (CSA) has an impact on survivor's sexual fantasies; however, empirical research is inconclusive. As sexual fantasies play a crucial role in sexual well-being, more exploration of sexual fantasies in CSA survivors and non-victims is needed. An online survey-based content analysis was conducted on fantasies reported by CSA survivors ($n = 48$) and non-victims ($n = 44$). Results unveiled nine fantasy categories reported by both groups. An additional category, *versatility*, was reported solely by survivors. These findings highlight the diverse fantasy content experienced by survivors, prompting a reconsideration of theories suggesting a linear relationship between CSA and the development of sadomasochistic or violent fantasies in adulthood.

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Sexual fantasy; childhood sexual abuse; sexual well-being; qualitative content analysis

Over the past decade, sexual trauma and specifically childhood sexual abuse (CSA) have been the focal points of research in the field of human sexuality (e.g., Bigras et al., 2020; Canivet et al., 2022; Vaillancourt-Morel et al., 2016). Studies have indicated an alarming rate of CSA experiences in the general population, with a mean prevalence of 18% for women and 8% for men, based on international meta-analyses (Barth et al., 2013; Moody et al., 2018; Stoltenborgh et al., 2011). CSA often occurs within a relationship between a child and a trusted adult and is typically accompanied by strong negative feelings including betrayal, shame, and powerlessness; these negative feelings can be especially damaging to survivors' intimacy and sexual life experiences (Bigras et al., 2020; Finkelhor & Browne, 1985). A plethora of long-term psychosexual repercussions associated with CSA experiences have been studied, including a greater number of sexual difficulties, lower sexual satisfaction, and distressing emotions and cognitions toward sex (see Bigras et al., 2020 for review). Repercussions have also been observed regarding the intimate cognitive realm of sexual fantasies; however, this dimension of sexuality is less researched, and studies offer contradictory results in terms of the

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relationship between CSA and sexual fantasies (for review see, Gewirtz-Meydan & Opuda, 2021).

Sexual fantasies are a form of sexual cognition, defined as imaginary sexual representations (i.e., often visual scenarios) that activate or enhance sexual arousal in individuals (Leitenberg & Henning, 1995). While fantasies are extremely diverse, seven broad categories of fantasies have been identified in the general population: 1) romantic/intimate fantasies (e.g., making love by the fireplace), 2) group sex fantasies (i.e., 3 people or more), 3) BDSM fantasies (i.e., Bondage and Discipline, Dominance and Submission, Sadism and Masochism), 4) violent or “rape” fantasies, which may present elements of sadism/masochism but differ from BDSM by the lack of consent associated with coercion, force and/or violent behaviors, 5) voyeuristic fantasies (i.e., watching people without their knowledge), 6) detached fantasies that focus on observing other people without being an active participant in one’s fantasy, and 7) fantasies related to a specific partner or a specific type of partner (e.g., blond women, celebrities; Lehmiller, 2018; Palii, 2018; Wilson, 2010).

Large-scale studies in the past decade, with samples from the UK and North America (Joyal et al., 2015; Kahr, 2009; Lehmiller, 2018), have revealed that sexual fantasies are not only a diverse and almost universal experience of human sexuality (97% of individuals report having fantasies; Lehmiller, 2018), but that they are also a key component of sexual well-being in adulthood (Davidson & Hoffman, 1986). Indeed, studies have found that positive (i.e., free of distress, noninvasive) sexual fantasies contribute to sexual functioning (e.g., fantasies contribute to the initiation and retention of sexual desire, arousal, and responsiveness) and sexual satisfaction (Davidson & Hoffman, 1986; Leitenberg & Henning, 1995; Renaud & Byers, 2001). Considering that the experience and enjoyment of sexual fantasies are associated with sexual well-being (Canivet et al., 2022; Kahr, 2008), a growing body of research has emphasized the importance of examining the links between CSA and reports of distressing sexual fantasies (e.g., BDSM, violence) in adulthood (for review see, Gewirtz-Meydan & Opuda, 2021).

Empirical data and theoretical framework on sexual fantasies in CSA survivors

Most studies on the sexual fantasies of CSA survivors have focused on documenting the frequency and prevalence of violent sexual fantasies using quantitative inventories of fantasies (e.g., “I have fantasized about being dominated sexually;” Gewirtz-Meydan & Opuda, 2021). Regarding the frequency of these fantasies (how many times a day/week/month a fantasy occurs), CSA survivors tend to report a higher frequency than non-victims, regardless of category (Briere et al., 1994; Gewirtz-Meydan & Opuda, 2021; Gold, 1991). Concerning the themes present in the fantasies of survivors,

studies have offered mixed results (Gewirtz-Meydan & Opuda, 2021). When compared to non-victims, several studies have revealed that survivors report significantly more themes associated with sexual domination, submission, and sadomasochism (Briere et al., 1994; Gewirtz-Meydan & Opuda, 2021; Gold, 1991), as well as violent themes involving forcing others or being forced to have sex (i.e., “rape” fantasies; Briere et al., 1994; Gewirtz-Meydan & Opuda, 2021; Gold, 1991). On the other hand, Camuso and Rellini’s (2010) study found no difference in the prevalence of degrading, sadomasochistic, or violent sexual fantasies between female survivors ($n = 60$) and non-victims ($n = 120$). Similarly, Park (2011) observed that although CSA survivors ($n = 60$) reported more fantasies overall than non-victims ($n = 266$), there were no reported differences in the prevalence of sexual submission or domination fantasies between the two groups. Finally, Abrams et al. (2019) reported 13 distinct categories of fantasies that were more common among male survivors ($n = 78$) when compared to male non-victims ($n = 107$; e.g., orgies, bondage, verbal abuse); however, it is of note that these differences were not observed among female survivors.

Theoretical work on fantasies and childhood trauma suggests that CSA may negatively alter the experience of sexual fantasies in adulthood (Crowder, 2014; Stoller, 1987). For instance, Stoller (1987) postulated a causal link where CSA leads to the development of sadomasochistic or violent fantasies in adulthood. According to his theory of “perversions,” violent or sadomasochistic fantasies are unconscious attempts at transforming different aspects of the traumatic content into more ego-friendly experiences (i.e., triumph over trauma). For example, powerlessness and anger can be translated into acts of dominance or humiliation toward an imaginary partner, providing the survivor with an impression of “triumphing” over the trauma through the means of sexual pleasure (Stoller, 1987). Such transformative fantasies could therefore be considered as central among CSA survivors, as they can represent a defense mechanism that can help regulate feelings of danger associated with the trauma; they may also help survivors regain a semblance of control over their sexuality. In more recent clinical work with male survivors of CSA, Crowder (2014) posited that fantasies often reflect early traumatic sexual experiences. According to Crowder (2014), traumatic sexual events in childhood may “alter” the content of sexual fantasies, leading to traumatic aspects such as violence, powerlessness, or humiliation being reflected in survivors’ sexual fantasies. This may, in turn, cause such fantasies to be distressing for the individuals.

While theoretical work offers interesting postulates regarding the underlying mechanisms of why and how adult CSA survivors may come to experience more violent or sadomasochistic fantasies, the current empirical data points are unable to successfully validate or disprove the higher prevalence of such fantasies in survivors compared to non-victims (Crowder, 2014; Stoller,

1987). Past research contradictions regarding themes of CSA experiences (i.e., dominance, submission, sadomasochism, and violence) being more prevalent amongst survivors compared to non-victims (for review see, Gewirtz-Meydan & Opuda, 2021), currently halt any progress that can be made on understanding the impacts of CSA on the altered development of sexual fantasies. Additionally, the current focus on these four categories (i.e., dominance, submission, sadomasochism, and violence), limited in part by the presentation of quantitative fantasy inventories that do not allow survivors to describe their fantasies in their own words, further hinders the examination of other themes that may be present in the survivor's fantasies. As suggested by Gewirtz-Meydan and Opuda (2021) in their review, qualitative examinations of fantasies reported directly by survivors are a necessary next step to capture the nuances of the fantasy themes of survivors adequately.

Aim of the current study

Following this line of reasoning, the present exploratory and qualitative study investigates the themes present in sexual fantasies reported by survivors, in addition to those reported by non-victims. The aim is to take a step toward identifying the diverse themes that may emerge in the fantasies of survivors and non-victims.

Methods

Sampling and procedure

The current sample of 48 CSA survivors (age, $M = 27.08$; $SD = 9.81$), and 44 non-victims (age, $M = 24.23$; $SD = 7.12$) was selected from a larger project on sexual fantasies and sexual experiences of individuals living in Canada and the United States. Sample sociodemographic information for both groups is presented in Table 1. Both groups presented similar demographical characteristics on all variables except regarding their country of origin ($\chi^2 = 10.06$; $p < .05$), where half (50%) of non-victims were from Canada compared to 18.8% of survivors; most survivors (68.8%) were from the United-States compared to 43.2% of non-victims. Recruitment took place over six months in 2019, through advertisement posts shared on social media platforms (e.g., Facebook) and on listservs (e.g., psychological research on the net) using a brief description of “a study on sexual fantasies and their relationship to past experiences” with the link toward an online survey to participate. In total 874 individuals (13% CSA survivors) from the general population (Canada and U.S.) completed the online survey. Inclusion criteria were being at least 18 years of age, currently residing in Canada or the US and having

Table 1. Sociodemographic characteristics in both groups (N = 92).

Sociodemographic variables	Survivors (n = 48) %	Non-victims (n = 44) %	χ^2	p
Gender				
Women	64.6	56.8	1.47	.479
Men	33.3	36.4		
Other (e.g., non-binary)	2.1	6.8		
Sexual Orientation				
Heterosexual	27.1	38.6	3.02	.554
Homosexual	18.8	25.0		
Bisexual	35.4	22.7		
Other (e.g., queer)	18.7	13.6		
Relationship Status				
Single	43.8	47.7	9.45	.093
In a relationship	25.0	40.9		
Cohabiting	12.5	4.5		
Married	12.5	6.8		
Other (e.g., divorced)	6.3	0		
Country of origin				
Canada	18.8 ^a	50.0 ^b	10.06	.007*
United-States	68.8 ^a	43.2 ^b		
Other	12.5 ^a	6.8 ^a		
Highest educational degree				
Elementary school	6.3	0	3.03	.553
High school	22.9	27.3		
College/professional programs	25.0	25.0		
University, bachelor	35.4	38.6		
University, graduate	10.4	9.1		
Employment status				
Full-time worker	33.3	34.1	5.24	.387
Student	50.0	61.4		
Unemployment/Seeking	6.3	4.5		
Retired	2.1	0		
Other (e.g., medical leave)	8.4	0		

Notes. *Refers to results that are statistically significant at $p \leq .050$.

a sufficient grasp of English to complete the survey. For the present sample, all survivors who completed questions regarding their sexual fantasy and CSA history were selected ($n = 48$), then a random sample of non-victims who had completed the measures was selected ($n = 44$). The survey, which took around 30 minutes to complete, began with a consent form providing information on the study. Survey participation was anonymous, and participants were given pseudonyms. No compensation was offered for participation in the study. This study was approved by the University of Quebec in Montreal Institutional's Ethics Review Board.

Data collection

Sociodemographic characteristics

As shown in Table 1, data were collected on gender, sexual orientation, age, highest completed education level, current relationship status, current employment status, and household income.

Childhood sexual abuse (CSA)

As recruitment was conducted on both U.S. and Canadian platforms, CSA was assessed with two items based on the definitions of CSA as described in the United States (1974) and Canadian Criminal Codes (1985). As the age of consent varies from 16 to 18 years according to U.S. state laws, the age was set to 18 in the present study for consistency purposes. The first question asked participants if they experienced any sexual contact before the age of 18 with a person in a position of authority or with a person five or more years older. The second question asked participants if they experienced any unwanted sexual contact before the age of 18 (e.g., forced to have sex with a romantic partner or peers). This helped to capture a broad and inclusive definition of CSA, which centers on the legal ability to consent and not on a personal perspective of consent (i.e., asking the participants if they perceive themselves as a CSA victim; Vaillancourt-Morel et al., 2016). Participant responses were dichotomized to divide the sample into two groups, (1) presence of CSA experiences and (0) absence of CSA experience. Additionally, characteristics of CSA experiences such as identity of the perpetrator, length and frequency of abuse were documented for the survivors' group (see Table 2).

Sexual fantasies

Participants were invited to share their current and most arousing fantasy through the following open-ended question: *“In the space provided below, please write your most arousing sexual fantasy in as much detail as you feel comfortable giving, the fantasy which turns you on more than any other.”* Inspired by the open-ended question used in Lehmiller's (2018) study, this open-ended question allowed participants to freely express their fantasies without restriction on length or content, allowing this study to gather a wider range of detailed fantasy data and to provide insights into each participant's primary fantasy.

Analytical plan

A summative content analysis approach on the sexual fantasies reported by both groups was conducted using *NVivo 12*, following the steps presented by Hsieh and Shannon (2005): (1) all verbatims were read thoroughly and repeatedly by the main researcher to achieve immersion and to obtain a sense of the fantasy as a whole; (2) verbatim keywords and phrases were identified by the main researcher to develop initial codes to capture key concepts (e.g., force, passionate); (3) codes were then sorted into different meaningful categories based on how they related to one another (e.g., passion and tenderness are both aspects of romantic fantasies); (4) definitions for each category, subcategory and code were developed by the main researcher; (5) categories and their definitions were refined and illustrated with rich quotes

Table 2. Characteristics of CSA in Survivor's group (N = 48).

Characteristics	n (%)
Identity of perpetrator	
Biological father/father figure	5 (10.9)
Sibling/step sibling	9 (19.6)
Member of extended family	18 (39.1)
Authority figure (e.g., teacher)	8 (17.4)
Intimate partner	12 (26.1)
Known person (e.g., friend, neighbor)	21 (45.7)
Unknown person/stranger	15 (32.6)
Gender of perpetrator	
Man	42 (91.3)
Woman	0 (0)
Both man and woman	4 (8.7)
Length of CSA	
0 to 6 months	27 (56.2)
6 months to 1 year	5 (10.9)
1 year to 3 years	5 (10.9)
3 to 5 years	6 (13)
More than 5 years	2 (4.3)
Frequency of CSA	
Once	9 (19.6)
2 to 10 times	24 (50)
10 to 50 times	10 (20.8)
So often I cannot count	3 (6.5)
CSA acts	
Verbal propositions	23 (47.9)
Exposure to sexual content	21 (43.7)
Voyeurism	24 (50)
Exhibitionism	21 (43.7)
Sexual touching	35 (72.9)
Oral sex	18 (37.5)
Vaginal intercourse	9 (18.7)
Anal intercourse	11 (22.9)
Gang rape	3 (6.2)

for transferability and to prepare for publication. To ensure inter-rater reliability, one co-author coded a random 30% of fantasy verbatims from both groups and $\geq 82\%$ agreement was found between the main researcher and the co-author. Debriefing sessions with the research team addressed discrepancies in the interpretation of certain codes/categories (e.g., differentiating between sexual domination and sexual aggression) and categories were combined, added, and revised until a consensus was reached by the research team. Finally, the proportions of fantasy categories in both groups were documented.

Results

Comparison of sexual fantasy prevalence among CSA survivors and non-victims

A total of ten categories were identified among the analyzed sexual fantasies: (1) *romantic*, (2) *domination and sadism*, (3) *submission and masochism*, (4) *violent and illegal behaviors*, (5) *miscellaneous kinks*, (6) *group sex*, (7) *genital stimulations and oral interactions*, (8) *being cared for*, (9) *sexual validation* and

Table 3. Proportions of fantasy categories in both groups ($N = 92$).

Categories	Survivors ($n = 48$)	Non victims ($n = 44$)
	n (%)	n (%)
Romantic	4 (8.3)	6 (13.6)
Domination and sadism	6 (12.5)	5 (11.4)
Submission and Masochism	15 (31.3)	15 (34.1)
Violent and illegal	10 (20.8)	4 (9.1)
Miscellaneous kinks	7 (14.6)	5 (11.4)
Group sex	6 (12.5)	10 (22.7)
Genital stimulations and oral interactions	18 (37.5)	23 (52.3)
Being cared for	12 (25.0)	11 (25.0)
Sexual validation	7 (14.6)	4 (9.1)
Versatility	4 (8.3)	0 (0)

(10) *versatility*. Table 3 presents a detailed breakdown of sexual fantasy category proportions by groups. In both groups, the most prevalent category was *genital stimulations and oral interactions* (37.5% of survivors and 52.3% of non-victims), followed by *submission and masochism* (31.3% of survivors and 34.1% of non-victims) and *being cared for* (25% of survivors and non-victims). *Violent and illegal* fantasies were also prevalent in the survivors' group (20.8%) but not so much in the non-victims' group (9.1%). Finally, *group sex* fantasies were prevalent in the non-victims' group (22.7%) but less so in the survivors' group (12.5%). All other fantasy categories were reported by 15% or less of individuals in each group, see Table 3 for details.

Categories description: a deep dive into fantasies

Romantic

Here participants intertwined expressions of love, connection, and intimacy with tender, passionate, and, at times, overtly romantic sexual acts in fantasies. Examples include participants' vivid illustrations of "tender kissing and making out" as Erin, (survivor) states, providing a window into the intricate interplay between physical and emotional intimacy. Contextual details are used to further enrich these narratives, as exemplified by Lily (non-victim) when she describes a "romantic dinner, being surprised by my boyfriend." Central to this category is the establishment of meaningful relationships where known, real-life partners possess a shared and profound connection. As an example, the intensity of love and connection even leads to tears for Lola (non-victim):

We hold one another close as we roll around on the forest floor [...]. I intertwine my fingers with theirs [...] joined at the middle, staring deeply into one another's eyes, pulling them as close as possible [...] We both shed tears because of how in love we are, and then share a small laugh at the absurd joy of the situation.

Domination and sadism

This category focuses on sexual dominance and sadism and presents three core aspects: the exertion of both physical and psychological

control over a partner (e.g., commanding and overpowering them physically), sadism (i.e., deriving pleasure from inflicting physical pain through activities like spanking and choking), and bondage (e.g., physical restraint of a partner through implements such as leashes, collars, and ropes). These three aspects are exemplified by Janet's (survivor) description:

I enjoy primal fantasies where I have someone act as my pet with a collar and leash etc. and force them to perform sexual acts and other humiliating activities. I would enjoy having rough sex with scratching, biting, and choking.

The theme of consent is also highlighted throughout these fantasies, differentiating them from *violent and illegal* fantasies (see below). Participants, like Michael (non-victim), stress the importance of mutual agreement and consent “surrounded by people who want and don't mind being used by me.”

Submission and masochism

These fantasies show participants willingly immersing themselves in the role of a submissive partner through three aspects: the voluntary surrender of both physical and psychological control to their partner (e.g., being told what to do and being handled forcefully), masochism (i.e., pleasure from receiving physical pain through activities like spanking) and bondage (i.e., being physically restrained by a partner), as shown by Coraline (survivor): “Being tied up or restrained by my partner, then receiving pleasure with little or no pain, being told I am not allowed to move, etc. and being told when I am allowed to orgasm.” As exemplified by Coraline, most of these fantasies stipulate the desired intensity of pain, ranging from “little to none” for Coraline to levels hard enough to be “bruised and purple” for Connie (non-victim). These fantasies also echo recurring themes of consent and trust (see *domination and sadism*). For instance, Sally (survivor), reported a fantasy where vulnerability coexists with reassurance, expressing the need to feel “helpless but still knowing everything is okay.”

Violent and illegal behaviors

This category delves into the spectrum of sexual acts that are either violent, non-consensual and/or illegal, with participants adopting roles as either perpetrators or victims within these scenarios. A distinctive pattern emerges within the total sample, where half of these fantasies involve the narrator assuming the role of a victim (e.g., “a partner forces me to have sex in front of other people and degrades me in front of them,” as reported by Naomi, a non-victim). All non-victim participants who reported this fantasy exclusively portrayed themselves as victims, being a noteworthy difference. Where, in contrast, survivors exhibited a more diverse range within this category, with four survivors identifying as victims, one as a perpetrator, and five describing violent acts

without specifying their direct involvement: “Fantasies of women being dominated, hurt, raped by men (one woman with one man). The more abusive the better,” expressed Angela (survivor).

Additionally, the subject of incest between family members (i.e., being abused by siblings, cousins) was only present among CSA survivor’s fantasies in this study ($n = 3$), sometimes with connection to early traumatic experience: “I’ve also fantasized about a cousin who touched me when I was younger,” reported Larry (survivor).

Miscellaneous kinks

This category encapsulates fantasies that hinge on specific requisites for arousal. For instance, Bill (non-victim) describes:

We also experiment with different toys such as dildos and anal beads. We also try some fisting. I also imagine myself gaining some weight and becoming more husky or chubby. I find chubby men to be very arousing to me and my fantasy involves me being portlier. Not obese, just wide.

This example highlights different aspects of kinks found in these fantasies, such as particular sex toys (e.g., dildos and anal beads), behaviors (e.g., fisting), or partners’ specific characteristics (e.g., chubby men), shedding light on the diverse and individualized erotic preferences shared by participants. In some of these fantasies, specific fetishes, such as urophilia, are also mentioned, as shown by Kevin (survivor): “Depending on the mood, watersports might be involved (with me as the source) [...]”

Group sex

These fantasies involve sexual encounters where three or more individuals actively engage in sexual acts. In all survivors reporting these fantasies ($n = 6$), these scenarios intertwine with sexual power dynamics. The implication of multiple partners can be seen as a way to further show submission or dominance, as exemplified by Leonard (survivor):

A beefy Daddy top appears in the doorway [...] He begins to pound away at me. Meanwhile, passersby begin to file into my room to watch him f*** me. He pulls out and immediately someone else steps up to take his place. This continues for several hours as man after man f*** me and fills me until I am left feeling raw and satisfied.

Beyond the physical dynamics, some *group sex* fantasies ($n = 7$) seem intrinsically linked to a desire to be the center of attention. These participants position themselves as the focal point for the sexual acts or the catalyst for the group’s engagement: “Threesome or orgy, on a private beach with a guy and a girl but they both only do things to me,” Olivia (non-victim).

Genital stimulations and oral interactions

This category encompasses a myriad of explicit sexual acts ranging from oral sex, masturbation, and genital exploration, as well as different variations of vaginal/anal penetration (e.g., “triple penetration in the mouth, vagina and anus,” reported Mary, a survivor). This category also comprises kissing, licking, biting, and heavy petting as shown by Carly (non-victim): “He laid me down on the bed and kissed my neck, biting only slightly, enough to make me moan. He kissed down my chest, taking care to suck my nipples until they were hard.”

Being cared for

This category delves into the human need for understanding and nurturance from a partner, as said simply by Victor (non-victim) “he loves me and treats me nicely in bed.” Distinguishing itself from romantic fantasies by placing emphasis not on shared romantic sentiments but rather on the narrator’s yearning for a partner attuned to and capable of responsively addressing their needs and desires – both physical and emotional – throughout intimate encounters.

My most arousing sexual fantasy is to be taken care of [...] A little bit of pet play involved, a lot of praise, and a lot of sensuality [...] To have a partner that knows what I need and want and that is able to meet those needs while also taking care of himself. I like to be pampered and cherished.

As illustrated above by Mark (survivor), some of these fantasies ($n = 5$) mirror a manifestation of submission and vulnerability, revealing a connection between entrusting a partner to provide care and relinquishing control to them.

Sexual validation

This category delves into the expression of psycho-affective needs through sexual fantasies. Two distinct dimensions of validation are at the forefront. First, the profound yearning to be perceived as sexually and physically alluring, desired, and sought after by a partner – referred to as appearance validation: “He loves me and he loves my body, he makes me feel wanted and attractive,” Sylvie (survivor) explains. Second, performance validation or the inherent desire to feel sexually adept and proficient. In both instances, the validation may manifest itself overtly ($n = 5$), with a partner directly expressing affirmation: “him moaning and providing verbal confirmation of his enjoyment throughout,” as shared by Tom (non-victim). Alternatively, validation can be conveyed more subtly ($n = 6$), emerging through a partner’s responses to the narrator’s actions, a common focus being on “having her orgasm more than once,” expressed by Ally (survivor), and “feeling my partner is incredibly turned on,” as Angela (survivor) reported.

Versatility

All participants who reported this fantasy were CSA survivors. This final category depicts the oscillation between sexual submissive and dominant roles, unveiling versatility in sexual power dynamics. For instance, Jonathan (survivor) shared a two-faceted fantasy where he alternates between a dominant and submissive role:

I have a fantasy that mainly deals with power-play. Meaning this fantasy goes both ways. I'm a versatile gay male so I fantasize about being dominated and used by a group of guys who would penetrate me and finish all over me or inside me. The other half of that is I want to tie up a couple of submissive men and have my way with them until I'm satisfied.

What sets these fantasies apart is the fluidity of power exchange between partners, with some including a notable element of friendly competition for the dominant role. This dynamic reflects an openness to fully explore and embrace the diverse roles within sexual power dynamics: "Playful physical and consensual fighting among other competitive interactions [...] kind of like wrestling where either of us would be in control at a time," stated Leslie (survivor).

Discussion

In light of inconclusive findings in existing research examining the sexual fantasies of CSA survivors, this study aimed to document the reported fantasy categories of a sample, regrouping both survivors and non-victims. This study also addressed the limits regarding the lack of exploration of diverse, self-reported fantasy content presented by the widespread use of quantitative fantasy indexes on this topic (e.g., Gewirtz-Meydan & Opuda, 2021) through a qualitative exploration of sexual fantasies reported verbatim by survivors and non-victims. Our exploratory research revealed a total of ten distinct fantasy categories with one added category, *versatility* being present only among survivors. The diversity of survivors' fantasies suggests that the associations between CSA and the content of sexual fantasies may be more nuanced than previously considered, suggesting that current theoretical models regarding this topic may benefit from being re-reviewed in consequence (Crowder, 2014; Stoller, 1987).

The four fantasy categories commonly associated with survivors of CSA (i.e., dominance, submission, sadomasochism, and violence, Gewirtz-Meydan & Opuda, 2021) were not the sole categories found in survivors from the current sample. Indeed, the diversity in fantasy content in our results not only challenges the exclusivity of these four categories within survivors but also highlights unexplored fantasy realms, such as fantasies centered on psycho-affective needs (i.e., *being cared for* and *sexual validation*). These results

suggest that in addition to domination, submission, sadomasochism, and violence there may be other fantasy categories that have implications for the sexual well-being of adult CSA survivors. Moreover, in accordance with more recent literature on this topic, which found little to no differences between survivors and non-victims (Abrams et al., 2019; Camuso & Rellini, 2010; Park, 2011), nine of the ten fantasy categories reported in our study were found in both survivors and non-victims. Indeed, fantasy categories relating to domination, submission, sadomasochism and violence were also reported by non-victims, challenging the notion that survivors' fantasies are inherently different from non-victims because of their focus on power dynamics and violence (Briere et al., 1994; Gold, 1991).

Although both *submission and masochism* and *violent and illegal* were not the sole fantasy categories reported by survivors, our findings do suggest a certain inclination that this group has toward these fantasies. Indeed, *submission and masochism* and *violent and illegal* both emerged as common (>20%) fantasy categories in survivors. Furthermore, survivors exhibited more diverse expressions within the *violent and illegal* category than non-victims (e.g., playing roles as victims or perpetrators). The diversity within this category aligns with the argument that survivors may delve more deeply into violent fantasy content than non-victims. In addition, the explicit references to incest fantasies by survivors who had experienced similar situations in real life align with the idea that CSA experiences may be related to fantasy content development (Crowder, 2014; Stoller, 1987). However, the perpetrator was only explicitly identified in these three incest fantasies and not by other survivors, suggesting again that the relationship between CSA and sexual fantasy content is not as linear as previously conceptualized.

Overall, results posit a need for the revisions of current theoretical frameworks that propose a linear relationship between CSA and the development of sadomasochistic and violent sexual fantasies in adulthood (Crowder, 2014; Stoller, 1987). Results support that some survivors who report *domination and sadism*, *submission and masochism* or *violent and illegal* fantasies may indeed experience such fantasies as a means of “triumphing” over their trauma by reenacting and altering the events that occurred in CSA, as suggested by Stoller (1987). Yet, this function was not explicitly studied and other factors such as the rigidity (i.e., necessity for arousal), the repetition and the perceived function of the fantasy by the survivor should be considered in further connection to this theory. Moreover, the diversity of fantasy contents found in the current study strongly suggests that this phenomenon is not experienced by all survivors of CSA, as the majority of survivors did not report sadomasochistic or violent fantasies. The array of fantasies found in the survivor sample also suggests that CSA may be associated with the content of fantasies in diverse ways (e.g., leading to a higher focus on psycho-affective needs). However, this paper does not

stipulate that CSA has no relationship whatsoever with fantasies; instead, merely suggesting that this topic should be further explored in the quest to develop new theoretical models which may more accurately capture the complexities and nuances at play within the relationship between CSA and fantasies in adulthood.

Limitations

Despite its contributions, the current study presents certain limitations. Firstly, the sample consisted of a voluntary, convenience sample informed that the study focused on sexual fantasies. Consequently, participants may be more interested in and comfortable with sexuality and results may not be generalizable to the broader population of CSA survivors and non-victims. Secondly, this cross-sectional study does not allow to infer any causal relations between CSA and sexual fantasies. Furthermore, due to the limited sample size the present study does not allow to delve further into group comparison analyses between fantasies in survivors and non-victims. Neither does it allow for the examination of differences regarding CSA experiences (e.g., identity of perpetrator, gender of survivors) and their connection with sexual fantasies. Thirdly, qualitative analysis is vulnerable to biases from the research team (e.g., subjectivity, confirmation; Braun & Clarke, 2006). While the research team aimed to offer a transparent, unbiased interpretation of the data, knowledge of previous literature on CSA and fantasies may have induced biases (Braun & Clarke, 2006). Furthermore, as sexual fantasies are particularly subjective (Lehmiller, 2018), it is possible that the understanding of the research team of certain expressions/vocabulary did not reflect the actual meaning that participants were trying to convey.

Conclusion

This study challenges prior assumptions regarding the content of sexual fantasies of CSA survivors through a qualitative exploration of their fantasy themes. Results show that CSA survivors, similarly to non-victims, report a heterogeneous and nuanced fantasy experience. Based on these findings, this study advocates for a reevaluation of current theoretical frameworks, emphasizing the need for a more comprehensive understanding of the complex interplay between CSA survivorship and the diverse landscape of sexual fantasies. Further research is needed to confirm these results, using diverse qualitative methodological designs (e.g., interviews), which would allow survivors to explain the meaning of their own fantasies and the links they see between their CSA experiences and fantasies while limiting potential researchers' biases. Furthermore, as CSA survivors are a heterogeneous population, replication studies examining sexual fantasies in different samples of CSA survivors (e.g.,

clinical samples) are necessary before the current results can be generalized to CSA survivors. Future studies should also examine possible differences regarding fantasy experiences in relation to different aspects of CSA (e.g., identity of perpetrator, gender of survivor). Also, larger samples would be beneficial to allow for quantitative comparison analyses of the prevalence of different fantasies in survivors and non-victims. Such investigation is crucial to further understand the relationship between CSA and the highly private realm of sexual fantasies as well as the sexual realities of adult survivors of CSA.

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