

Mindfulness and posttraumatic growth in childhood sexual abuse and psychological maltreatment survivors

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Many studies focusing on childhood sexual abuse (CSA) may have neglected the consequences related to experiencing other types of childhood maltreatment, such as psychological maltreatment. Moreover, the literature has focused more on negative consequences related to CSA, hence potentially leaving out more adaptive and resilient trajectories. This qualitative study aimed to explore childhood psychological maltreatment and CSA, mindfulness, sexuality, and intimate relationships in adult survivors. The interview data from 19 individuals who experienced CSA and psychological maltreatment were analyzed using conventional content analysis. Four conceptual categories developed: (a) an unsafe family environment that hindered the development of positive experiences and relationships; (b) impaired mindfulness dispositions: the reliving of trauma, the avoidance of suffering, and feeling engulfed; (c) impaired intimacy: instability, codependence, emotional distance, and self-silencing; and (d) mindfulness dispositions and posttraumatic growth (PTG) in participants' intimate lives. These findings highlight that mindfulness, sexuality, and intimate relationships are often poor among survivors of psychological maltreatment and CSA. Yet opportunities to develop mindfulness dispositions appear to enhance PTG in survivors' intimate relationships, significantly contributing to survivors' healing processes.

KEYWORDS: Childhood maltreatment, intimate relationships, mindfulness, posttraumatic growth, sexuality

Research on childhood maltreatment, defined as the exposure to negative interpersonal events occurring during childhood by parental or other significant adult figures (e.g., childhood sexual abuse [CSA], psychological abuse, and neglect; Bigras, Godbout, et al., 2017), has documented its harmful impacts. Because of its interpersonal and often intimate nature, childhood maltreatment may be particularly damaging to one's sexuality and relationality (Godbout, Bakhos, et al., 2020; Godbout, Morissette Harvey, et al., 2020). For instance, survivors of childhood maltreatment report a lower ability to commit to and maintain significant intimate relationships, higher rates of conflict, and lower levels of sexual satisfaction, sexual adjustment, and sexual self-esteem (Bigras, Godbout, et al., 2017; Dugal et al., 2016; Dugal, Bélanger, et al., 2020). However, to date, most studies examining the impact of childhood maltreatment on sexuality and intimate relationships have focused on CSA exclusively (e.g., Pulverman et al., 2018) or have investigated the impact of the cumulation of different types of childhood maltreatment (e.g., CSA, neglect, witnessing parental violence, psychological abuse, bullying; Godbout, Bakhos, et al., 2020; Godbout, Morissette Harvey, et al., 2020).

Yet, empirical data show that, as a group, CSA survivors are not homogenous in terms of experiences (e.g., CSA with higher or lower rates of psychological maltreatment; Dussault, Girard, et al., 2022; Labadie et al., 2018). Studying specific combinations of childhood maltreatment is needed, as it could shed light on survivors' distinct experiences and healing processes.

CHILDHOOD MALTREATMENT, SEXUAL IMPACTS, AND COPING

Most studies on the cumulative effects of trauma found that experiencing increasingly diverse types of traumas is related to more deleterious impacts on adult sexuality and intimate relationships in the long run (e.g., Godbout, Bakhos, et al., 2020; Godbout, Morissette Harvey, et al., 2020). Nevertheless, psychological childhood maltreatment—psychological abuse and neglect—may also bear long-lasting impacts on survivors' relationality and sexuality (e.g., sexual dissatisfaction, sexual difficulties; Bigras et al., 2020; Dussault, Girard, et al., 2022), although

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they are often omitted from CSA and childhood maltreatment research (Bland et al., 2018). Moreover, CSA, whether or not it is intrafamilial, typically co-occurs with other types of childhood maltreatment from parental figures (Finkelhor et al., 2011). In fact, studies have documented that most CSA survivors also experienced psychological maltreatment, namely, psychological abuse and neglect (e.g., Labadie et al., 2018). Thus, psychological maltreatment, hereby implied as occurring outside CSA events, may contribute to deleterious sexual and relational outcomes in CSA survivors. For instance, the sense of inner emptiness that can result from neglect may trigger sexual behaviours aimed at soothing the painful thoughts and emotions associated with this type of trauma (see the self-trauma model; Briere, 2002). Being subjected to denigration and hurtful words (i.e., psychological abuse) may profoundly impact survivors' sense of self (Klein et al., 2007). Furthermore, parental figures might be less attuned to signs of CSA or less receptive to a child's disclosure of CSA (e.g., by expressing disbelief), which could hinder young survivors' recovery (Guyon et al., 2021). Such reactions might be more common in the context of psychological maltreatment, where parental figures might be psychologically absent or unable to perceive or respond to their child's needs (neglect) or might psychologically mistreat their children (e.g., insult or yell at their child). Finally, experiencing psychological maltreatment could significantly impede survivors' resilience (Dussault, Girard, et al., 2022). However, the experiences of adult survivors of CSA and psychological maltreatment in terms of growth and coping strategies could benefit from being examined through participants' own narratives.

Few studies, especially qualitative in nature, have investigated survivors' adaptive coping strategies specific to the sexual sphere of life (Guyon, Fernet & Godbout, 2020). Mindfulness appears to be a promising avenue for improving individuals' intimate relationships and sexuality (Dussault et al., 2020) but still needs to be investigated among adult survivors of childhood maltreatment. Researchers, practitioners, and survivors would benefit from the exploration of the complex interplay between sexuality and mindfulness in childhood maltreatment survivors using a qualitative design, since it allows a better contextualization of participants' experiences. Furthermore, such research can give participants a voice and the opportunity to give meaning to their own experiences.

MINDFULNESS, INTIMATE RELATIONSHIPS, AND SEXUALITY

Mindfulness is defined as the awareness that arises when one pays attention in the present moment, without judgement, and with acceptance (Kabat-Zinn, 2003). Studies have shown that childhood maltreatment survivors report lower levels of mindfulness dispositions (Kratzer et al., 2018; Godbout, Bakhos, et al., 2020; Godbout, Morissette Harvey, et al., 2020). Mindfulness dispositions (i.e., trait mindfulness) refer to an array of mindfulness capacities (e.g., being aware and in the present moment, being non-judgmental toward oneself and one's

experiences; Baer et al., 2006) that, while relatively stable throughout a person's life, can improve (e.g., through mindfulness practices; Dussault et al., 2020) or deteriorate (e.g., due to traumatic experiences; Godbout, Bakhos, et al., 2020; Godbout, Morissette Harvey, et al., 2020). Lower levels of mindfulness dispositions can manifest in difficulties in connecting with oneself and with a partner during relational and sexual interactions (Godbout, Bakhos, et al., 2020). Researchers postulate that these lower levels of mindfulness dispositions may be explained by a tendency to engage in avoidance strategies to reduce trauma-related distress, which paradoxically maintains distress because it prevents the healing and metabolization of past trauma (Dussault, Lafortune, et al., 2022). In turn, impeded mindfulness dispositions are associated with a plethora of long-term sexual and relational difficulties, such as a lower ability to maintain significant intimate relationships, higher rates of conflict, and lower levels of sexual satisfaction, sexual adjustment, and sexual self-esteem (e.g., Dussault et al., 2020; Godbout, Bakhos, et al., 2020). While individuals display varying degrees of mindfulness (Kabat-Zinn, 2003), trauma survivors typically show trauma-related responses such as psychological distress, which impede mindfulness (Briere, 2015; Godbout et al., 2016). Conversely, higher mindfulness dispositions could foster coping with distressing emotions and thoughts related to childhood maltreatment and contribute to sexual well-being. Notably, greater mindfulness dispositions could lead survivors to transform the aftermath of their past, unchangeable trauma into differently appraised experiences (Garland et al., 2009), which could, in turn, positively transform their relationships and sexualities (e.g., strengthen relationships, foster existential and spiritual growth, etc.). Indeed, intimate partners displaying mindfulness dispositions could mobilize mechanisms (e.g., emotion regulation, self-other connection) that are particularly useful to relationship processes (e.g., forgiveness, partner acceptance), which, in turn, can promote partners' relationship satisfaction (Karremans et al., 2017).

Mindfulness during partnered sex should also be studied among CSA and psychological maltreatment survivors because of its potential to foster relational and sexual well-being (Dussault et al., 2020). Nevertheless, mindful partnered sex may be challenging because it requires high levels of embodiment and an ability to remain in the present while connecting with a partner (Kleinplatz et al., 2018). Intimacy and sexual activity might trigger feelings of vulnerability (Leavitt et al., 2019), especially in trauma survivors, which can lead to disconnection from oneself and from one's partner and lower levels of well-being.

While a growing body of research has studied mindfulness, sexuality, and intimate relationships, research investigating the impact of childhood trauma on sexuality and intimate relationships, particularly from survivors' point of view, remains scarce. Better understanding the contexts in which mindfulness dispositions may foster relationship and sexual well-being from survivors of CSA's points of view and maltreatment could provide useful clinical implications for survivors.

MINDFULNESS AND POSTTRAUMATIC GROWTH

An emerging body of literature suggests that mindfulness may lead to (e.g., [Chen et al., 2021](#); [Wen et al., 2021](#)) or foster (e.g., [Hanley et al., 2017](#); [Williams et al., 2020](#)) posttraumatic growth (PTG). PTG refers to the “positive psychological changes experienced as a result of the struggle with traumatic or highly challenging life circumstances” ([Tedeschi et al., 2018](#), p. 3). Five indicators of PTG have been identified: increased appreciation for life, meaningful interpersonal relationships, rich existential and spiritual life, feelings of personal strength, and the recognition of new possibilities. PTG is conceptualized as an iterative process rather than a static or linear outcome. Traumatic events such as psychological maltreatment and CSA can not only be profoundly disturbing and distressing but also coexist with positive reappraisals of these painful experiences ([Tedeschi & Calhoun, 2004](#)). For that matter, the severity of distress experienced vis-à-vis a traumatic event might encourage individuals to grow ([Ulloa et al., 2016](#)). Furthermore, PTG is not about a return to pre-trauma normalcy but rather about the positive changes that can follow trauma ([Tedeschi & Calhoun, 2004](#)). Such notions, rather than implying that trauma is desirable, reflect the hope that survivors may recover from the adverse experiences, as well as find meaning and learning in them, which may eventually promote life satisfaction.

PTG theory ([Tedeschi & Calhoun, 2004](#)) suggests that individuals develop a set of assumptions and beliefs about themselves and the world that guide their actions and give meaning to their lives. Nonetheless, interpersonal trauma such as childhood maltreatment can disrupt one’s belief systems, including perceptions of oneself, one’s future, and the world (e.g., [Carthy et al., 2023](#); [Cloitre et al., 2013](#)). Intrusive ruminations following traumatic events may also activate post-traumatic stress symptoms (e.g., anxiety, dissociation; [Szabo et al., 2017](#)). Mindfulness practices and dispositions can alleviate or reduce these symptoms and even foster PTG ([Dong et al., 2023](#); [Ghaedi-Heidan et al., 2023](#); [Huang et al., 2021](#)). Yet, additional data are needed to empirically document how participants express mindfulness dispositions in their intimate and sexual relationships in the aftermath of CSA and psychological maltreatment. By grounding themselves in the present and paying attention to trauma-induced thoughts and feelings, survivors can gradually expose themselves to painful or unpleasant sensations, the intensity of which could decrease over time. Mindfulness allows them to step back and de-center themselves from the experience, even if only momentarily, which, in turn, allows for perspective-taking and reappraisal, thereby fostering PTG ([Garland et al., 2009](#); [Tedeschi & Blevins, 2015](#)). Studies suggest that acknowledging and reflecting on the emotions and sensations triggered by trauma is necessary for PTG ([Chopko & Schwartz, 2009](#)). By instigating paradoxical thinking, such processes allow trauma survivors to recognize that gains can be made from the losses associated with trauma ([Tedeschi & Blevins, 2015](#)). Indeed, after experiencing trauma, survivors who experience PTG may come to simply accept that bad things exist in the world, rather than think that the world is inherently a bad place ([Tedeschi &](#)

[Blevins, 2015](#)). As such, mindfulness may be a precursor of meaning-making (i.e., assumptions and beliefs that give meaning to one’s life), a key element of PTG after loss or trauma ([Hanley et al., 2017](#); [Williams et al., 2020](#)).

While studies investigating the interplay between mindfulness and PTG are limited, even fewer examine these elements in relational and sexual spheres of life. However, some research suggests that mindfulness and PTG can be experienced in survivors’ intimate relationships and sex lives. First, it is posited that survivors of interpersonal traumas develop PTG mostly through social interactions (e.g., through loving interactions without getting hurt in healthy relationships; [Dagan & Yager, 2019](#)). Second, key components of PTG have been identified in CSA survivors’ healing processes, such as changing perceptions of sexuality, developing better sexual communication skills, and being more authentic sexually ([Guyon, Fernet & Godbout, 2020](#)). Moreover, while the literature on PTG in survivors of sexual violence is scarce, it has been documented that PTG is a recurring phenomenon in survivors ([Ulloa et al., 2016](#)). In sum, PTG is complex and relatively poorly understood.

THE CURRENT STUDY

The current study aimed to (a) understand the impacts of CSA and psychological maltreatment on adult survivors’ sexualities and intimate relationships and (b) explore their resilience strategies and adaptation capacities to overcome these impacts. This work is based on previous studies having documented quantitative profiles of childhood maltreatment ([Dussault, Girard, et al., 2022](#)) and one of these profile’s in-depth description (i.e., their mindfulness trajectories following their experience of childhood maltreatment; [Dussault, Lafortune, et al., 2022](#)). The current study aimed to refine our understanding of how mindfulness, sexuality, and intimate relationships are specifically experienced in survivors of psychological maltreatment and CSA (i.e., participants from another of the quantitative profiles documented in [Dussault, Girard, et al., 2022](#), which allows a qualitative, more complete overview of the aforementioned findings), to potentially identify intervention avenues.

MATERIALS AND METHODS

Procedure

This study was part of a broader mixed-methods study investigating the sexual and intimate trajectories of adult survivors of CSA, during which participants completed semi-structured, in-depth interviews (for other publications providing more information on the overall sample and study, see [Dussault, Girard, et al., 2022](#); [Dussault, Lafortune, et al., 2022](#); [Guyon et al., 2020, 2021, 2023](#)). Participants were recruited through advertisements on social media, emails through professional networks, posters in organizations catering to CSA survivors, and word of mouth. They first completed an online quantitative survey on their experience of CSA

and psychological maltreatment, sociodemographic information, mindfulness, and sexual and relational outcomes on a secure platform (LimeSurvey). Fifty-one CSA survivors were interviewed. The mean duration of interviews was 2 hours and explored participants' childhoods (e.g., their CSA and psychological maltreatment, their family environment), intimate relationships and sexuality in adulthood, and adaptive processes following their traumatic experiences. Some of the interview questions participants were asked were "Can you describe your relationship (past and current) with your family?" "According to you, what are the implications of the sexual abuse in your current adult life?" and "How do you perceive your sexual life?" The complete interview schedule can be found in the supplemental material. At the end of the interview, a debriefing session was conducted to assess participants' psychological distress, and a list of resources was offered to them. With participants' consent, interviews were audio recorded and transcribed. To preserve their anonymity, participants chose their own pseudonyms. The study was approved by the Université du Québec à Montréal's institutional research ethics board (approval number: 1476_e_2021).

Participants

Based on previous research, we aimed to recruit a sample of 25 women and 25 men to examine a wide range of CSA experiences and reach empirical saturation. Of the total sample of 51 participants, only those who reported having experienced psychological maltreatment ($N = 21$) were included in the current analysis. More precisely, participants were selected from the quantitative arm of the study based on a hierarchical cluster analysis of childhood interpersonal trauma and mindfulness (Dussault, Girard, et al., 2022). We conducted in-depth qualitative analyses that allowed for triangulation with the previously published quantitative data. The Childhood Cumulative Trauma Questionnaire (Bigras, Daspe, et al., 2017; Bigras, Godbout, et al., 2017; Godbout et al., 2017) was used to measure psychological maltreatment along with other types of childhood interpersonal trauma, with response options ranging from 0 (*Never*) to 6 (*Every day or almost*).

Eligible participants were at least 18 years old, reported a history of CSA and psychological maltreatment, had participated in the qualitative arm of the study, and had had at least one consensual sexual encounter in their lives (in order to investigate participants' intimate relationships and sexualities). For a complete description of this subsample, please see Guyon et al.'s (2021) study. Figure 1 shows the complete sample selection process.

The final sample was composed of self-identifying women (45.5%) and men (54.5%). Most were born in Canada (86.4%) and reported a Catholic upbringing (72.7%). Over half of the participants were employed (54.5%), while others were students (18.2%), looking for employment (13.6%), or retired (9.1%). Most identified as heterosexual (77.3%), followed by gay or lesbian (13.6%), bisexual (4.5%), and other (4.5%) sexual orientations. On average, participants were 45.23 years old (25–66 years old; $SD = 11.98$) and earned a gross annual personal income of CN\$35,000 (\$0–19,999–\$100,000+). About half

reported being in a committed relationship (45.5%). On a scale ranging from 0 (*Never*) to 6 (*Every day or almost*) in a typical year during their childhood, they reported experiencing psychological neglect two to five times a year, and psychological abuse, one to five times a year. Their mean frequencies of physical neglect and abuse victimization were relatively low (i.e., less than once a year).

Data Analysis

A conventional content analysis (Hsieh & Shannon, 2005) was conducted on the interview data with a focus on its content and contextual meaning as they relate to the phenomenon under study, namely, mindfulness and PTG in survivors of CSA and psychological maltreatment. The analytic procedure was based on Hsieh and Shannon's (2005) recommendations.

First, transcripts were read repeatedly to assimilate the data and achieve immersion before beginning the analyses. Second, systematic coding was developed and used to identify patterns in participants' narratives, a process which allows for researchers' interpretation of textual content. Coding was performed by a team of six researchers who held master's degrees in sexology. A coding grid was developed using a hybrid approach (see Fereday & Muir-Cochrane, 2006). During the first step of its development, a deductive approach was mobilized to create codes based on the literature about CSA, its repercussions on sexuality and intimate relationships, and recovery trajectories. However, the process remained amenable to an inductive approach, which was adopted at a later step of development to incorporate the concepts that emerged during analyses. The coding process was standardized using a team coding approach (Weston et al., 2001), whereby coders regularly met to discuss their coding procedure. This process ensures consistency and enables researchers to discuss any emerging codes and difficulties encountered during analyses. Interview extracts pertaining to each code were selected for their relevance to this study's objectives (i.e., family history and structure, childhood traumas, avoidance, denial, self-work and self-reconstruction, adaptation strategies, resilience, acceptance, meaning-making, relationship difficulties, intimate partner violence) and then broken into "meaning units." These meaning units, or codes, were then organized into conceptual categories (i.e., a brief description of the general orientation of a code set; Paillé, 1994) through an inductive approach, without predetermined categories. Categories and subcategories were then developed based on their relation to psychological maltreatment, mindfulness and PTG, sexuality, and intimate relationships. Because mindfulness and PTG were not explicitly investigated (i.e., no questions specific to mindfulness or PTG were asked during the interviews), the analyses were performed on participants' unprompted mindfulness and PTG narratives.

Compliance with rigorous criteria for qualitative analysis was emphasized throughout the process (e.g., exclusivity of categories and subcategories; Glaser & Strauss, 2009). Categorization was performed by the first author. During and after the categorization process, categories were revised independently

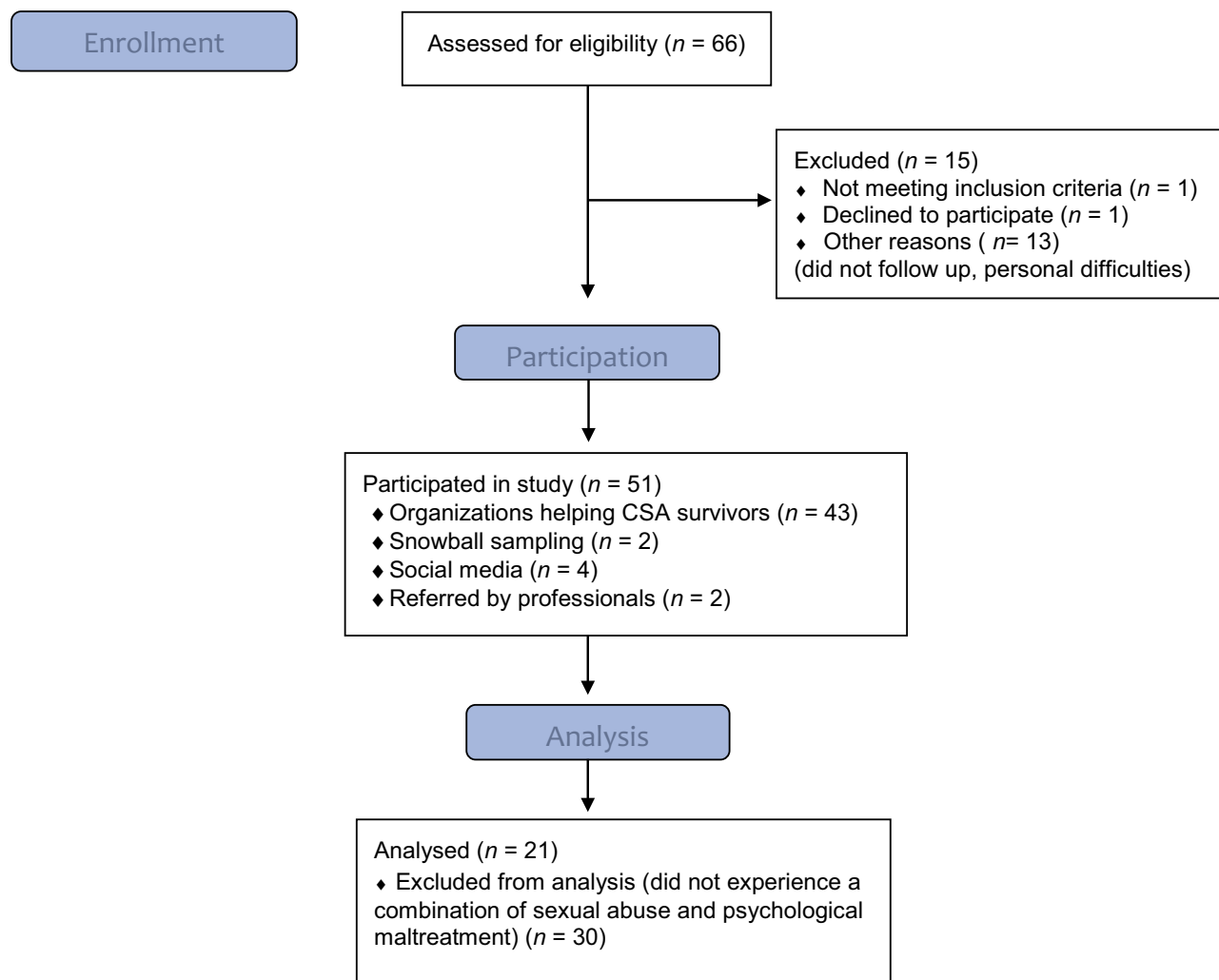


FIGURE 1. Sample selection.

by two researchers with expertise in qualitative research and three researchers with expertise in CSA, trauma, sexual and intimate relationships, and recovery processes. Disparities were discussed until common agreements were reached, a process that increases analytical consistency, a criterion that ensures the production of reliable and replicable qualitative findings (Noble & Smith, 2015). This process was chosen to remain true to participants' narratives, which confers truth value, a criterion for rigorous qualitative analysis pertaining to the clear and accurate representation of participants' perspectives (Noble & Smith, 2015). Finally, a synthesis of the data was executed to report and share the study's findings. All analyses were conducted using NVivo version 12 (QSR International).

Reflexivity

ÉD is a researcher whose expertise includes mindfulness and intimate relationships in survivors of childhood interpersonal trauma. She has practiced mindfulness via yoga for over a decade and Vipassana meditation for 5 years. During her studies, she

was also introduced to secularized mindfulness approaches, such as the mindfulness-based stress reduction program (Kabat-Zinn, 2003). As a lecturer, she guides short meditations with her students. MF is new to mindfulness-based meditation and provided her expertise in qualitative research. RG is a professor of sexology specializing in sexual trauma survivors' sexual experiences and recovery processes. She recently began studying and practicing mindfulness. NG is a senior researcher on trauma, sexuality, and mindfulness and is a licensed clinical psychologist who uses mindfulness-based practices with some of her clients. She offers mindfulness classes to her students and has been practicing mindfulness and yoga for more than a decade. All authors have expertise in sexology, a field that examines sexuality and intimate relationships from a positive and interdisciplinary perspective.

RESULTS

The analyses yielded four main conceptual categories (see Table 1 for an overview), which were characterized by a process from the

TABLE 1. Overview of the Findings: Codes, Categories, Subcategories, and Exemplar Statements

Codes	Categories	Subcategories	Exemplar statements
Family history and structure; Childhood traumas.	An Unsafe Family Environment That Hindered the Development of Positive Experiences and Relationships ($n = 16$)	Emotional Avoidance, Psychological Neglect, and Abuse ($n = 13$) Corporal Punishment ($n = 7$)	<i>My mother never talked to me. My father neither. They wouldn't talk about their emotions, about what they'd feel, they would shut up, and the law of silence, as we called it, ruled. (Édouard, man, 49 years old)</i> <i>He [my father] would squeeze my arm really hard and bring me to my room lifting me by my arm. He slapped me in the face, once. (Michèle, woman, 32 years old)</i>
Difficulties; Avoidance; Denial	Impaired Mindfulness Dispositions: The Reliving of Trauma, the Avoidance of Suffering, and Feeling Engulfed ($n = 17$)	Forgetting, Denying, and Minimizing: Strategies Aiming at Soothing Painful Memories and Emotions ($n = 16$) Nightmares, Stagnation, and Despair: A Feeling of Being Trapped in the Past ($n = 4$)	<i>For a long time, I told myself that maybe I had imagined these things, that they didn't happen, or that I exaggerated. (Anna, woman, 33 years old)</i> <i>There's a bug in the computer. I'm the computer. There's a bug somewhere. It's not the end of the world, I could live with it, but it takes away some quality of life, and makes me insecure about my own behaviors. In that moment, it affects your self-confidence because you tell yourself: "Am I going to be able to do this? Will I get through this?" (Abdoul, man, 56 years old)</i>
Relationship Difficulties; Intimate Partner Violence	Impaired Intimacy: Instability, Codependence, Emotional distance, and Self-Silencing ($n = 17$)	Relational Instability, Lack of Safety, Codependence, and Emotional Distance ($n = 14$) Self-Silencing and Uneasy Communication ($n = 8$) An Absent, Rare, or Emotionally Uninvested Sexuality ($n = 7$)	<i>I asked him [my partner] yesterday, "If we didn't have the kids anymore, when the kids are gonna move out, do you think you'll stay with me?" He said, "Oh no, I can't answer that. I have no idea." So, it's hard, it's really hard. (Annick, woman, 46 years old)</i> <i>I gave everything to everyone and went to bed at 2 a.m. and was tired, and I had this impression that I had no space personally. I had to give her everything because she's my child, and I had to give him everything because he's my partner. (Anna, woman, 33 years old)</i> <i>Opening up is just too intense for me. I used sexuality to escape being real. (Robert, man, 53 years old)</i>
Self-work and Self-Reconstruction; Adaptation strategies; Resilience; Acceptance; Meaning-making;	Mindfulness Dispositions that Foster PTG in Participants' Intimate Lives ($n = 16$)	From Avoidance to Awareness, Acceptance and Meaning-Making ($n = 13$) Sexual and Relational PTG Enabled by Partner's Support, Respect, and Caring ($n = 14$)	<i>I meditate a lot. It's practically part of my everyday life. For me, it's quite liberating, and I have lots of other tools that help me. (Philippe, man, 53 years old)</i> <i>I think it's the story of a normal couple. Now, I'm seeing that the intimacy I have with my wife allowed me to develop normal relationships, which include "happy people problems." (Arthur, man, 54 years old)</i>

initial experience of childhood trauma (psychological maltreatment and CSA) to mindfulness, PTG, and a betterment of sexuality and intimate relationships in adulthood. First, participants described a childhood in an unsafe family environment in which they experienced psychological maltreatment in addition to CSA (Category 1). Second, they expressed feeling engulfed by their childhood traumas and avoiding re-experiencing painful emotions and traumatic memories (Category 2). This engulfment promoted dissociation and non-presence, which hindered mindfulness. Said differently, participants' posttraumatic symptoms impaired their mindfulness dispositions. In adulthood, they reported impaired intimate relationships characterized by instability, codependence, emotional distance, and self-silencing (Category 3). Finally, some participants documented their experience of PTG within their intimate relationships (Category 4). They indicated that the benefits of mindfulness extended to their relationships by fostering their ability to set boundaries and show vulnerability and authenticity, which intersected with PTG, mainly through meaningful interpersonal relationships and life wisdom.

An Unsafe Family Environment That Hindered the Development of Positive Experiences and Relationships (n = 16)

Participants reported that, as children, they endured psychological abuse and neglect on a regular basis, creating an unsafe family environment that hindered the development of positive experiences and relationships. Sometimes, physical abuse was also used by parental figures but, from the participants' perspective, was more of a means of occasional corporal punishment than "regular and unjustified" abuse.

Emotional Avoidance, Psychological Neglect, and Abuse (n = 13)

Participants' family environment was characterized by the absence of discussion about and acceptance of emotions and the avoidance of uncomfortable conversations. As Édouard (man, 49 years old) mentioned, "My mother never talked to me. My father neither. They wouldn't talk about their emotions, about what they'd feel, they would shut up, and the law of silence, as we called it, ruled." Some participants reported not always having realized that they were experiencing trauma. For instance, Larry (man, 50 years old) mentioned, "I have to say, I had it rough, but without noticing it. And I find it very weird because, they're my parents. . . . And they would always say: 'We're good parents, aren't we?' Always. They'd say that all the time." Indeed, some participants only realized much later that the psychological maltreatment they experienced was traumatic.

Moreover, a few participants reported not only that their family environment was cold and devoid of emotional experiences but also that one parental figure was psychologically violent. They reported being insulted, manipulated, or yelled at.

For example, when asked about his family dynamics, Larry (man, 50 years old) added:

The last time I saw her [my mother], in January, she told me, "My God, you put on so much weight." No "hello", or anything. Those are the only words she would say to me and it's been like that since I was born.

Corporal Punishment (n = 7)

Some participants' narratives illustrated occasional physical abuse within their household. For example, Michèle (woman, 32 years old) reported, "He [my father] would squeeze my arm really hard and bring me to my room lifting me by my arm. He slapped me in the face, once." Furthermore, participants sometimes downplayed the physical abuse they experienced as justifiable corporal punishment. As Jean¹ (man, 59 years old) reported: "I wasn't beaten. I was sometimes pushed around a bit, but let's say I wasn't. . . . I'd often step out of line. We have to put things into perspective."

Impaired Mindfulness Dispositions: The Reliving of Trauma, the Avoidance of Suffering, and Feeling Engulfed (n = 17)

Participants expressed that experiencing CSA led to several difficulties, such as intrusive memories, nightmares, and psychological distress. They avoided connecting with their suffering, which included dissociating from their emotions, sensations, and the present moment, which translates to impaired mindfulness dispositions. They described a journey characterized by feeling trapped in the past.

Forgetting, Denying, and Minimizing: Strategies Aiming at Soothing Painful Memories and Emotions (n = 16)

Forgetting, denying, and minimizing CSA events, sometimes through self-silencing one's needs, were practiced by several participants as avoidance strategies. These strategies were usually used during adulthood in the face of intrusive memories, flashbacks, and nightmares related to CSA events. For example, Abdoul (man, 56 years old) related that he put his CSA-related memories "in a drawer, which [he] tried to close and lock so that [they] would stay there." Survivors also reported denying or minimizing CSA events: "For a long time, I told myself that maybe I had imagined these things, that they didn't happen, or that I exaggerated" (Anna, woman, 33 years old). In Laurianne's (woman, 33 years old) case, dissociating from her body and her feelings allowed her to avoid feeling overwhelmed by her traumatic experience:

I should've taken more time and listened to my body and my mental state, because whether I wanted it or not, something was wrong and I did not want others to see or know about it. I was lying to myself.

¹ Jean is a male name, and is the French equivalent of John.

As for Caryne (woman, 42 years old), she explained that she tried to agree with or obey others or be compliant or submissive to avoid getting hurt:

When something had to be done a certain way, I would do things accordingly to avoid being punished [as a child, her sister was physically punished for disobeying their parents], because I knew it hurts, and that's it. I tried to be as obedient as possible.

Other strategies, such as substance (ab)use, were used by participants to avoid painful emotions. For Joss (man, 50 years old), substance (ab)use was a way to soothe the painful emotions caused by CSA: “A child that has been sexually abused is so destabilized, experiences so many emotions, and tries to cope, that at some point he might try to cope not in the best way, such as through alcohol or drug consumption.” In some cases, suffering was so unbearable that survivors increased their prescription or illicit drug use, leading them to develop an addiction: “Doctor, I have really bad back pain, can you prescribe me morphine, please? I did that, I did whatever I could, you know. Tried to renew codeine prescriptions until the pharmacist told me: ‘This is too much’” (Hugues, man, 35 years old).

Nightmares, Stagnation, and Despair: A Feeling of Being Trapped in the Past (n = 4)

Some participants expressed ongoing difficulties in processing their CSA, which manifested as intrusive memories on an “emotional level; not like a physical memory or a real memory” (Annick, woman, 46 years old), or as nightmares, which are “not easy to experience” (Larry, man, 50 years old).

The feeling of being trapped in the past was also illustrated by some participants who believed that recovery or well-being was unattainable or that trauma would always have the upper hand. For example, Joss stated that sexual abuse “breaks a human being for their entire life.” Sometimes, as illustrated in Abdoul’s (man, 56 years old) narrative, low self-confidence and doubt about one’s ability to overcome trauma could lead to a loss of hope in leading fulfilling lives:

There’s a bug in the computer. I’m the computer. There’s a bug somewhere. It’s not the end of the world, I could live with it, but it takes away some quality of life, and makes me insecure about my own behaviors. In that moment, it affects your self-confidence because you tell yourself: “Am I going to be able to do this? Will I get through this?”

Impaired Intimacy: Instability, Codependence, Emotional Distance, and Self-Silencing (n = 17)

Most participants either reported difficulties in entering and maintaining intimate relationships or reported being in relationships described as codependent, conflict-ridden, or violent. Some of these relational difficulties were described as directly linked to avoidance strategies (e.g., substance use, gambling). In some participants’ relationships, self-censorship (i.e., suppressing one’s own needs in favour of others’) was done in view of avoiding potential conflict.

Relational Instability, Lack of Safety, Codependence, and Emotional Distance (n = 14)

Most participants reported past or present unstable intimate relationships. Instability, uncertainty, and unpredictability were expressed in many ways, such as experiencing ups and downs and distress due to not knowing if the relationship would last. For example, Annick (woman, 46 years old) reported that her relationship instability was a source of distress for her:

I asked him [my partner] yesterday, “If we didn’t have the kids anymore, when the kids are gonna move out, do you think you’ll stay with me?” He said, “Oh no, I can’t answer that. I have no idea.” So, it’s hard, it’s really hard.

Some participants reported being in a relationship with someone who had mental health or substance use issues. Joss (man, 50 years old), for instance, felt trapped in his relationship because of his fear of breaking up with his partner:

Her addiction continued to get worse and I couldn’t leave, I wasn’t able to . . . I didn’t want to live with drugs. But I couldn’t get out of the relationship. Why? Because I saw the huge losses I was going to experience.

Relationship instability also manifested through infidelity—participants’ or their partners’—which was experienced as hurtful and as a violation of trust. Infidelity created instability because it was usually followed by conflict, feelings of abandonment in the person who was cheated on, or separation. Julie’s (woman, 29 years old) narrative illustrates the emotional distance that took place in these situations, which highlights the lack of communication and feelings of safety in her relationship: “We talked about it [my infidelity] afterwards. It wasn’t with the intention of hurting him, but I think I did it more to emotionally distance myself.”

Recurrent conflicts characterized participants’ relational lives. Such often remained unresolved, or in some cases, compromised participants’ or their partners’ safety or physical integrity. Sources of conflict included personal values (e.g., attitudes towards sex, political inclinations, etc.), personality differences, daily life (child-rearing, renovations, etc.), or misunderstandings. In some cases, such as Hughes’s (man, 35 years old), conflicts were related to substance use: “Big fights were about, more precisely, relapse into hard drug consumption and gambling. The big fight we had last spring was about me being stuck in gambling.”

A few participants reported perpetrating and/or being on the receiving end of intimate partner violence. Participants often downplayed the violence’s severity. For example, Abdoul (man, 56 years old), who reported bidirectional intimate partner violence said, “There never was [physical violence]. There’s never been an intention, or an act whatsoever, except some verbal violence. And it happens at times when we drink a little too much, we drink too much wine, and so on.” In Annick’s (woman, 46 years old) case, she said that her partner sexually assaulted her, but that “it was such an isolated event that I go on as if it never occurred. . . . Talking about it wouldn’t make any sense, and I’d have to leave him.”

Other participants became aware of the violence within their relationships and reported feeling troubled. In Caryne's (woman, 42 years old) case, her husband threatening to strangle her led her to "call the cops and all, because . . . it scared [her]." Édouard (man, 49 years old) acknowledged being assaulted by his partner, recognizing that violence perpetrated by women is often trivialized: "When a woman punches you, it's not perceived as an aggression, but I did really feel assaulted, yes." Yet, when he was asked if physical violence ever occurred in his relationship, he answered no. When the interviewer asked him if his ex-wife hit, shook, or slapped him, he said that "[s]he punched [him], but it would stop quickly," suggesting that he ultimately minimized her behaviour.

Self-Silencing and Uneasy Communication (n = 8)

Some participants reported a tendency to engage in self-censorship when faced with relational difficulties to preserve their relationship or the love bond they shared with their partner. For example, Joss (man, 50 years old) mentioned "not being able to stand up for [him]self" because of an ex-partner's substance use, which made him cater to her needs in order to make the relationship work. As for Édouard (man, 49 years old), he felt that he had to "walk on eggshells when [his] girlfriend [was] around" and behave in a certain way with other women so that his girlfriend would not get jealous. He said that if "[he] go[es] out in public and look[s] at a beautiful woman, she mustn't see it."

An Absent, Rare, or Emotionally Uninvested Sexuality (n = 7)

Childhood maltreatment manifested in participants' lives as sexual discomfort, emotionally uninvested or compulsive sexuality, or a lack of sex life. For instance, Joss (man, 50 years old) reported feeling suspicious of women wanting to get close to him: "I felt self-conscious. I didn't feel like a man like other men could. I felt I didn't measure up. . . . There's always discomfort when a woman wants to get close to me. I'm always suspicious." Robert (man, 53 years old), for his part, used sex as a façade to avoid giving others access to his emotional states: "Opening up is just too intense for me. I used sexuality to escape being real." Finally, Jacques (man, 59 years old) reported that pornography was his way of tuning out of his relationship when it got boring: "I have compulsive sexual behaviours with online pornography. It's part of my ritual if my relationship gets boring or if I lose interest, it's like my way out. . . . It's like an addition, I throw myself into it."

Mindfulness Dispositions That Foster PTG in Participants' Intimate Lives (n = 16)

Despite the intimate and sexual difficulties related to their traumas, participants attempted to make sense of and heal from their traumatic experiences or increase their well-being. Sexual well-being was reported as increasing in tandem with the development of mindfulness abilities. In some cases, being in a committed relationship encouraged participants to overcome

their difficulties (e.g., by disclosing their needs and desires to their partner) and resulted in the development of mindfulness dispositions (i.e., mainly awareness and acceptance) and PTG. For other participants, healing occurred through meaning-making regarding their difficulties, and accepting their past and their ongoing progress, which echoed PTG and its related relationship skills. Some of these new abilities to navigate relationships were mobilized in interpersonal relationships in general but were deemed particularly helpful in romantic relationships, which require higher levels of vulnerability and intimacy. Overall, PTG appeared to be an iterative process influenced by and impacting survivors' individuality and intimacy.

From Avoidance to Awareness, Acceptance, and Meaning-Making (n = 13)

Participants indirectly mentioned the mindfulness dispositions (i.e., greater awareness and acceptance leading to meaning-making of their pasts and conscious action) they had developed notably in their relationships and sex lives. For example, Joss's (man, 50 years old) path toward recovery from substance addiction led him to "take control of [his] life again and get rid of codependency." Independently of the context in which mindfulness abilities emerged, participants reported accepting their past, attributing meaning to their difficulties, and engaging in self-compassion, which fostered sexual and relationship satisfaction. For example, digging into her past helped Anna (woman, 33 years old) remember not only more of her CSA but also pleasant childhood memories, which facilitated meaning-making: "Digging in my wounds, . . . there are unfortunate but also more pleasant things that came back to my mind. You know, memories of me playing with cardboard boxes, things like that, or of the dogs." In Philippe's (man, 53 years old) case, meditation (a formal mindfulness practice), which he practiced daily, helped him to free himself from the sexual abuse he had suffered: "I meditate a lot. It's practically part of my everyday life. For me, it's quite liberating, and I have lots of other tools that help me." A key element that has helped a few survivors to move past their CSA was to forgive their abuser. For example, Édouard (man, 49 years old) told his mother, on her deathbed, that he had forgiven her for sexually abusing him, which led him to accept his painful past: "I was privileged, at that moment, to be alone with her and to get closure. To tell her: 'Go away now, you're forgiven.'"

Sexual and Relational PTG Enabled by Partner's Support, Respect, and Caring (n = 14)

PTG in sexual and intimate relationships was apparent in many participants' narratives and manifested as meaning-making regarding one's story, breaking dysfunctional or abusive relationship patterns, and developing a positive view of intimate relationships and sexuality. Most participants expressed that they had a better knowledge of themselves as they grew older. Their past or ongoing relationships led them to become more authentic and vulnerable, set boundaries, and "mutually

evolve” (Anna, woman, 33 years old) with their partners. Édouard’s (man, 49 years old) current relationship was characterized by such a progression, in which he and his partner recognized their shared responsibilities regarding their couple’s well-being. Given that he used to be in what he considered as more “superficial” relationships that did not allow for common growth, such an evolution was relatively recent in Édouard’s current relationship thanks to his partner’s sense of responsibility and availability:

Sometimes, we don’t understand each other. So, I have a tendency to distance myself, to let go of things, and to go back to her afterwards. My responsibility in these cases is to tell her: “Look, we’re going to take a step back, see what happens, and talk about it later.” Her responsibility is to understand that I don’t have the same pace as her when it comes to communication.

Arthur (man, 54 years old), who had been married for 27 years, said that, despite the trauma he experienced at a young age, he recognizes the importance of intimacy in his romantic relationship in order to feel “normal”: “*I think it’s the story of a normal couple. Now, I’m seeing that the intimacy I have with my wife allowed me to develop normal relationships, which include ‘happy people problems.’*” Indeed, Arthur’s partner used to believe that, due to the love, compassion, and patience she has for him, their relationship would succeed. With their adult children having recently moved out of the house, they could focus on finding each other again, notably through intimacy.

The PTG that took place in participants’ intimate relationships sometimes took the form of abandoning unhealthy relationship patterns. For instance, Jack (man, 38 years old) shared how he tried to work on such a pattern with his intimate partners: “*The fact that I get attach[ed] too quickly, I have to change that. I’ve realized that I stayed in relationships for too long because I was scared of hurting the other person.*” Indeed, making sense of unsuccessful previous relationships helped participants define how to grow as intimate partners. In another aspect, respect was sometimes expressed in sexual contexts, which had a great, positive impact on survivors in terms of defining boundaries and healthy intimate relationships. Larry (man, 50 years) mentioned, “*The first time we made love, he told me, ‘Don’t do anything you’re not comfortable with.’ This is so nice; no one had ever said that to me before.*” Respectful relationships brought these participants to appreciate what they had, as Paul’s (man, 60 years old) remark illustrates: “*We’re a team. The trust I was talking about earlier, that I can count on him, I’m fundamentally convinced of that.*” Indeed, this sense of trust in his relationship allowed Paul to envision spending the rest of his life with his partner, which represented growth and stability after having been in less meaningful and healthy relationships.

DISCUSSION

The current study aimed to (a) understand the impacts of CSA and psychological maltreatment in adult survivors’ sexualities and

intimate relationships and (b) explore their resilience strategies and adaptation capacities to overcome the former. Results showed that participants reported family environments characterized by psychological maltreatment in addition to CSA (Category 1), which are conducive to the development of posttraumatic symptoms that hinder sexual and relational well-being. Their narratives speak to the deleterious long-lasting impacts of childhood trauma on mindfulness dispositions and sexual and relational well-being (Category 2). Results not only echo the documented impacts of childhood trauma on mindfulness dispositions, sexuality, and relationships (e.g., Godbout, Bakhos, et al., 2020; Godbout, Morissette Harvey, et al., 2020) but also provide more details about how family contexts might have generated such outcomes. Participants reported the specific traumatic events they have experienced and the general sense of emptiness and emotional avoidance at home that has affected them. They scarcely mentioned psychological maltreatment as a source of their relational difficulties in adulthood, which could potentially mean that the consequences of psychological maltreatment are difficult to recognize. Participants also trivialized their victimization or perpetration of violence in their intimate relationships. Since previous research has shown that psychological maltreatment may be equally or more predictive of interpersonal violence in adulthood than physical maltreatment (Bell & Higgins, 2015; Hibbard et al., 2012), our findings highlight the need to promote awareness about the minimization or denial of victimization experiences. They also contribute to the CSA literature by showing how the sexualities and intimate relationships of adult CSA survivors having experienced psychological maltreatment may be impacted.

Participants reported relational instability, feeling unsafe, codependence, and emotional distance in their relationships (Category 3). Together, Category 3 and Category 2 findings indicate that survivors of CSA and psychological maltreatment did not benefit from family environments that foster optimal relational and intimacy skills or help them recover from the trauma they experienced (e.g., support following disclosure). We also documented self-silencing (i.e., neglecting one’s needs and emotions in relationships; Jakubowski et al., 2022) in participants’ narratives, which mirrors the findings of other studies conducted among CSA survivors (in male survivors; Weetman et al., 2021). Although CSA survivors often report high rates of other types of childhood maltreatment (Aakvaag et al., 2017), most studies did not account for the co-occurrence of other types of childhood maltreatment. The current study expands our knowledge of how CSA and psychological maltreatment, specifically, affect survivors’ sexuality, intimate relationships, and mindfulness dispositions.

Through the difficulties stemming from their CSA and psychological maltreatment experiences, most participants highlighted the development of their mindfulness, intimate relationships, and sexuality. Sometimes, experiencing PTG in their own individual lives allowed participants to experience sexual and relational well-being. Furthermore, meeting a respectful partner with whom to build a secure relationship allowed survivors to feel safe and be more vulnerable, which increased their sexual and relational well-being.

Building on the growing body of literature showing that mindfulness might act as a precursor of PTG (e.g., Hanley et al., 2017; Williams et al., 2020), our results underlined that mindfulness, meaning-making, and PTG were interrelated. Participants who specifically expressed experiencing PTG have also reported previous or ongoing distress, which supports that PTG is a non-linear process and may occur with concomitant psychological distress (Tedeschi & Calhoun, 2004; Ulloa et al., 2016). Survivors expressed the crucial role of being in secure intimate relationships for their healing processes. Two meta-syntheses of studies on CSA survivors' sexuality and relationships have revealed that secure relationships offer a space to heal and experience growth (Guyon, Fernet & Godbout, 2020; Weetman et al., 2021). Our findings add to those of previous studies by documenting that, in some cases, inner work or therapy is needed in order to be able to build secure intimate relationships.

In our study, PTG was reflected in participants' intimate relationships and sexuality mainly through two of the five previously documented dimensions of PTG, namely meaningful interpersonal relationships, and life wisdom (Tedeschi et al., 2018). Participants described what appeared as healing trajectories pertaining to mindfulness dispositions (i.e., awareness and acceptance) as a crucial mechanism allowing them to accept that their traumas had happened and that they remain in the past (Hartley et al., 2016), to attribute meaning to their trajectories, and to act with awareness. As such, meaning-making may be a key cognitive process enabled by mindfulness, which in turn promotes PTG (Hartley et al., 2016; Williams et al., 2020). In this sense, targeting survivors' mindfulness dispositions might enable PTG within their intimate relationships. Our findings add context to this hypothesis, given that psychological work, developing a secure attachment to a partner, and lessening the use of avoidance strategies (e.g., substance use) only account for some of the elements that participants mentioned as fostering the healing of their past trauma. Indeed, formal mindfulness practices, being encouraged to respect one's sexual boundaries, being aware of destructive relationship patterns, and wanting to engage in intimate relationships differently were some of the other elements that we documented as important for participants' healing experiences.

Nonetheless, these findings must be considered in light of their limitations. First, the main study focused on CSA (e.g., participants were recruited based on their experience of CSA). In this sense, few participants explicitly mentioned psychological maltreatment as traumatic experiences potentially responsible for their sexual and relational difficulties in adulthood, despite their reporting of psychological maltreatment in the quantitative component of the study (Dussault, Girard, et al., 2022). Such discrepancy might be explained by the main study's focus as well as by the lack of collective education on the severity and repercussions of psychological maltreatment. In this sense, more research is needed to establish how mindfulness, sexuality, and intimate relationships are impacted by CSA and psychological maltreatment.

Moreover, Categories 3 and 4 did not reach empirical saturation. However, it is important to note that these two categories

emerged as part of a secondary analysis of a broader study that did not explicitly investigate mindfulness dispositions or PTG. Indeed, no questions directly addressing these concepts were included in the interview schedule. Therefore, these categories offer a glimpse of important constructs that should be further examined in future studies that focus on CSA and psychological maltreatment survivors' recovery processes. Future research should thus directly investigate mindfulness and PTG and ensure empirical saturation. Furthermore, the current study was retrospective and cross-sectional in nature, which involves recall bias. Also, many participants were recruited from community organizations that cater to survivors of CSA. The sample was therefore composed of individuals who were better equipped to reflect on and deconstruct their CSA experiences, which was apparent in their narratives. Therefore, the sample is not representative of CSA survivors who have not begun a recovery process.

Clinical Implications

The present results suggest that individuals who have experienced CSA might benefit from reflecting on the other types of childhood interpersonal traumas they have endured to better understand how they might have affected their sexualities and intimate relationships. CSA survivors would benefit from having their therapists or counsellors assess their psychological maltreatment history in view of offering tailored interventions. Indeed, CSA survivors might gain from making meaning of how psychological maltreatment might have affected their recovery process (e.g., by creating an unsafe family environment for CSA disclosure, creating emotional distance that complicated the possibility of talking about past trauma or its effects, etc.). Our results also highlight that survivors of CSA and psychological trauma may experience PTG in their intimate relationships. Previous studies have shown that trauma survivors may develop PTG through social interactions (Dagan & Yager, 2019), which may change their perceptions of sexuality or foster the development of communication skills and increase sexual authenticity (Guyon, Fernet & Godbout, 2020). Our study adds to a growing body of knowledge and emphasizes the importance of developing intimate interpersonal connections to promote relational and sexual well-being. This can be achieved with an intimate partner who is respectful of one's boundaries, sexual needs, and commitment to healing, or with professionals who can help define healthy, secure interpersonal relationships. Prior to experiencing PTG, it appears crucial that survivors develop an understanding of their past traumas through gradual exposure. Such understanding, referred to as meaning-making, is reflected by increases in mindfulness dispositions (i.e., awareness and acceptance) acquired during the recovery process over time.

CONCLUSION

This qualitative study provides a broader understanding of not only how mindfulness, sexuality, and intimate relationships are impeded by CSA and childhood psychological maltreatment but

also how they sometimes ameliorate over time. Specifically, secure intimate relationships may provide an optimal context for survivors to foster their ability to be aware, observe, accept, and make sense of their trauma to then be able to experience PTG and a more fulfilling sexual and relational life.

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