Archives of Sexual Behavior
https://doi.org/10.1007/s10508-023-02693-5

ORIGINAL PAPER

"Finding My Worth as a Sexual Being": A Qualitative Gender Analysis of Sexual Self-Concept and Coping in Survivors of Childhood Sexual Abuse

Roxanne Guyon[1] · Mylène Fernet[2] · Stéphanie Couture[2] · Monique Tardif[2] · Marie-Marthe Cousineau[2] · Natacha Godbout[2]

Received: 28 December 2022 / Revised: 23 August 2023 / Accepted: 24 August 2023

Abstract
Childhood sexual abuse (CSA) is likely to have impacts on adult survivors' sexuality, particularly on their sexual self-concept. However, little is known about how survivors cope with CSA-related sexual impacts, including sexual self-concept impairments. Thus, this study aimed to examine the interplay between sexual self-concept and coping strategies in CSA survivors by (1) documenting the manifestations of their impaired sexual self-concepts; (2) identifying their strategies to cope with the sexual impacts of CSA; and (3) examining gender differences on sexual self-concept impairments and coping strategies. Content analysis was conducted on semi-structured interviews with 25 women and 26 men adult survivors of CSA recruited via social networks and victim support organizations. Analyses yielded three conceptual categories: (1) Developing an unconsolidated and unfavorable sexual self-concept following CSA; (2) Avoiding CSA-related sexual impacts and impaired sexual self-concept; (3) Approaching CSA-related sexual impacts with more authenticity. Men often managed their suffering and compensated for their impaired sexual self-concept by engaging in sexual dominance and over-investment, by accepting their sexual difficulties and relying on medication to overcome them. Women tended to restrict themselves and disconnect sexually to avoid suffering, complied with their partners' sexual demands out of a sense of duty, prioritized sexual intimacy over orgasm, and seek professional help. Interventions with survivors should promote the development of approach strategies to cope with sexual difficulties, including self-concept impairments, and foster sexual authenticity.

Keywords Childhood sexual abuse · Coping · Gender · Sexual self-concept

Introduction

The experience of childhood sexual abuse (CSA), which refers to being compelled or forced to participate in unwanted sexual touching or intercourse before the age of majority (Finkelhor et al., 1990), can lead to multiple long-term impacts due to the overwhelming, coercive, and invasive nature of this trauma. While these impacts may be present in all areas of survivors' lives (e.g., mental and physical health, social life, etc.; Hailes et al., 2019), they are particularly likely to affect their relationships and sexuality, given that CSA most commonly involves sexual acts committed by a close person, including family members, friends, and romantic partners (Freyd, 1996). These impacts may include posttraumatic intrusive memories, especially during or after sexual activity (Carreiro et al., 2016), in addition to sexual dysfunction such as anorgasmia, dyspareunia, lack of sexual desire and pleasure, and poor sexual satisfaction (Bigras et al., 2015; Pulverman et al., 2018). Other documented CSA outcomes include sexual compulsivity and avoidance (Vaillancourt-Morel et al., 2015) and negative feelings toward sexuality, such as experiencing shame and guilt during or after sexual activity (Hitter et al., 2017; O'Leary et al., 2017). These impacts may also be exacerbated or reactivated in the context of romantic relationships (DiLillo et al., 2007), where intimacy and sexuality are likely to occur or where the trauma can be recalled.

A recent comprehensive review has documented five sexual dimensions that are impacted by CSA in adult survivors:

✉ Roxanne Guyon
roxanne.guyon.1@ulaval.ca

[1] Department of Psychiatry and Neurosciences, Université Laval, Québec, QC G1V 0A6, Canada

[2] Department of Sexology, Université du Québec à Montréal, Montréal, QC, Canada

Published online: 25 September 2023

sex-related cognitions, affective components of sexuality, and sexual function, satisfaction, and behaviors (Bigras et al., 2021). Although Bigras et al.'s (2021) review shows that CSA may impact sexuality on multiple levels, it also shows that recent studies have focused primarily on understanding the physiological and behavioral aspects of survivors' sexuality (e.g., sexual dysfunction, risky behaviors) rather than on its cognitive aspects. For instance, sexual self-concept (i.e., ideas, thoughts, and feelings that individuals have about themselves as sexual persons; Snell, 1998), an integral component of sexual health (Rostosky et al., 2008), has been understudied among CSA survivors. Yet, profound impacts on survivors' sexual esteem, self-perceptions, and identities, which are components of sexual self-concept, have been observed in clinical practice (Maltz, 2012).

Sexual Self-Concept in Childhood Sexual Abuse Survivors

The few studies that have examined sexual self-concept in CSA survivors have shown that they may have low sexual esteem and negative perceptions of sexuality or of themselves as sexual beings (Guyon et al., 2020a). For example, survivors may see themselves as bad sexual partners or as sexual objects at others' disposal (Hitter et al., 2017), or perceive their sexuality to be depressing (Guyon et al., 2020a). Clinical observations also show that CSA survivors are more likely to report perceiving themselves as bad, evil, and forever broken; self-perceptions that particularly resonate and manifest in their intimate relationships and sex lives (Maltz, 2012). Yet, negative self-perceptions can alter survivors' capacity to form positive intimate connections, leading to a wide range of sexual difficulties (Gewirtz-Meydan & Ofir-Lavee, 2020; Maltz, 2012). Although the empirical and clinical evidence attests to the importance of understanding the impacts of CSA on survivors' sexual self-concept, little is known about their extent and how men and women survivors cope with them.

Sexual Coping and Self-Concept in Childhood Sexual Abuse Survivors

To adapt to the traumatic sexual experiences and their aftermath, CSA survivors can mobilize different coping strategies (Walsh et al., 2010). Coping refers to the use of diverse cognitions and behaviors to manage a stressful or threatening situation (Folkman & Lazarus, 1984), such as trauma. Although coping processes are complex, stress and coping research generally points to two concepts that are central to understanding trauma responses: avoidance and approach strategies. Approach and avoidance strategies refer to the cognitive, emotional, and behavioral efforts oriented toward (approach) or away (avoidance) from the threat (Roth & Cohen, 1986). At times, avoidance strategies may be beneficial in that they temporarily soothe intense emotions but can pose obstacles or impede recovery on the long term. On the other hand, approach strategies can contribute positively to the resolution of trauma and its impacts, as long as the coping strategies used do not lead to prolonged and intense exposure to trauma, which could be counterproductive as they may cause further distress (Roth & Cohen, 1986).

Considering the nature of sexual traumas and their impacts on sexuality, avoidance strategies could be mobilized to cope with the outcomes of CSA, which includes a negative sexual self-concept. Indeed, some empirical data support this postulate. A literature review conducted by Spacarelli (1994) underlined that avoidance coping strategies (e.g., minimizing, denying, dissociating) may negatively influence CSA survivors' self-views as well as their attitudes toward sexuality. Similarly, findings by Saha et al. (2011) showed that a "traumatized self"—characterized by feelings of shame and guilt and the use of avoidance strategies—can lead to perceptions of oneself as unimportant and undeserving, which leave no mental space for self-reflection. In parallel, studies have suggested that some sexual impacts reported by survivors—which at first glance would not be considered as obvious manifestations of avoidance—may have the adaptive purpose of alleviating the suffering caused by CSA. For example, sexual compulsivity (i.e., excessive sexual cognitions and/or behaviors) has been identified as a strategy to temporarily relieve inner tensions and emotions such as guilt, shame, loneliness, and distress, as well as poor self-image and self-esteem (Kuzma & Black, 2008; Perera et al., 2009).

On the other hand, the use of approach strategies to cope with sexual impacts could support a more positive sexual self-concept in CSA survivors, but studies on this topic are limited. Among the few studies that have simultaneously examined survivors' sexual coping and self-concept, Hitter et al.'s (2017) qualitative study found that those who fully embrace their sexual self show a greater acceptance of their sexual bodies, boundaries, and preferences, in addition to a general shift in perspective about themselves as sexual beings (e.g., ceasing to perceive themselves as broken). Similarly, Newsom and Myers-Bowman's (2017) qualitative results highlighted that positive sexual coping strategies as reported by women CSA survivors primarily consist of a shift in perspective about sexuality and oneself as a sexual being (e.g., seeing sexuality as desirable and oneself as worthy of it). Thus, it is plausible that CSA survivors' sexual coping strategies are closely interwoven with their sexual self-concept.

However, the interplay between sexual coping and sexual self-concept in CSA survivors has been under-investigated.

Most CSA studies have been conducted with samples of women, and more rarely, with mixed samples, hindering the evaluation of gender differences and similarities in sexual self-concept and coping strategies. Yet, the internalization of normative gender roles can influence men's and women's sexuality differently (Deutsch et al., 2014). In addition, although some similarities can be observed, the way in which men and women deal with stress may somewhat differ. For instance, some studies have found that women survivors are more likely to use emotion-focused coping strategies, and men survivors, problem-focused strategies (Meléndez et al., 2012; Schoenmakers et al., 2015). Similarly, another study has shown that, while women survivors have a greater propension to internalize their emotional suffering, they are also more likely to seek emotional support (Sigurdardottir et al., 2014). On the other hand, men survivors are more prone to externalize their suffering with anger and anti-social and aggressive behaviors, and to not seek help (Sigurdardottir et al., 2014). Likewise, men CSA survivors who have sex with men have been found to cope through social isolation and acting-out behaviors, which can in turn have repercussions on their sexual and intimate relationships (Field et al., 2008). Although the identification of gender specificities regarding sexual self-concept and coping is essential to better guide the care and interventions offered to CSA survivors (Sigurdardottir et al., 2014), they have been little investigated using mixed samples of CSA survivors.

Study Rationale and Objectives

Studies investigating the interplay between sexual self-concept and sexual coping strategies by both men and women CSA survivors are lacking. Documenting these strategies, as well as different manifestations of sexual self-concept, may offer meaningful or helpful therapeutic avenues to promote survivors' sexual well-being and recovery (Maltz, 2012). It is therefore important to also identify survivors' motivations for engaging in specific coping strategies to better guide interventions. Similarly, it is essential to consider gender specificities relative to sexual self-concept and coping in order to better tailor interventions to men and women CSA survivors' respective needs and realities (Gewirtz-Meydan & Opuda, 2020). Thus, this study aimed to examine the interplay between sexual self-concept and coping in CSA survivors by (1) documenting the manifestations of an impaired sexual self-concept; (2) identifying the strategies mobilized by survivors to cope with the sexual impacts of CSA and their functions; and (3) examining men and women CSA survivors' sexual self-concept impairments and coping strategies (i.e., gender specificities).

Method

Participants

The qualitative data of this retrospective study were drawn from a larger mixed-methods study based on a concurrent triangulation design (Creswell & Zhang, 2009), which focuses on the intimate and sexual experiences of CSA survivors. For the qualitative arm, 51 adults (25 women and 26 men) were recruited through social media, and community organizations that provide services to CSA survivors. A recruitment poster detailing the study was shared online and in person by organization's staff to recruit participants. Eligible participants had to be 18 years of age or older (i.e., age of majority in Québec) and report having experienced CSA. CSA inclusion criteria were based on the Criminal Code of Canada: (1) unwanted sexual behaviors before the age of 18 or (2) any sexual contact prior to 16 years old with someone who is 5 years older or in a position of authority. Participants' age ranged from 24 to 66 years ($M = 44.65$, $SD = 12.63$). All participants self-identified as cisgender and most were born in Canada (88.2%), were employed (54.9%), had a university degree (41.2%), were single (50.1%), and self-identified as heterosexual (70.6%). The majority of the sample reported that their CSA experience involved penetration (69%), was committed by an immediate family member (63%), and lasted from 1 to 5 years (39%). Sample and CSA characteristics are presented in Table 1.

Procedure

Eligible participants were contacted to take part in a semi-structured interview. The interviews took place at the principal investigator's research facilities, which include rooms used exclusively for conducting research interviews. First, participants were presented with a consent form detailing the study protocol to ensure adequate comprehension of the study's goals, procedure, risks and benefits, confidentiality, and voluntary-based participation. Consenting participants were then asked to complete a sociodemographic questionnaire, followed by an interview lasting approximately 90 min. The interview consisted of open-ended questions about CSA and its perceived impact on intimate relationships, sexuality, and coping strategies. For example, questions such as "How important is sexuality in your life?" and "What impact do you think CSA has had on your sex life, and more specifically, on your self-perception as a sexual being?" prompted participants to discuss their sexual self-concept. The interviews were conducted by graduate sexology students trained to intervene in crisis situations. A debriefing and a list of

Table 1 Sociodemographic and childhood sexual abuse characteristics

	Men ($n=26$) n(%)	Women ($n=25$) n (%)	Total ($N=51$) n (%)
Sociodemographic characteristics			
M Age	51.23	37.80	44.65
Birthplace			
Canada	23 (88.5)	22 (88.0)	45 (88.2)
Europe (France, Sweden)	2 (7.7)	2 (8.0)	4 (7.8)
United States	1 (4.0)	0 (0.0)	1 (2.0)
Haiti	0 (0.0)	1 (4.0)	1 (2.0)
Occupation			
Student	2 (7.7)	6 (24.0)	8 (15.7)
Employed	14 (53.8)	14 (56.0)	28 (54.9)
Unemployed	3 (11.5)	1 (4.0)	4 (7.8)
Other (e.g., maternity, sick leave, etc.)	7 (26.9)	4 (16.0)	11 (21.6)
Educational attainment			
Primary school/high school diploma	8 (30.8)	5 (20.0)	13 (25.5)
College/Professional degree	7 (26.9)	10 (40.0)	17 (33.3)
Bachelor's degree	7 (26.9)	6 (24.0)	13 (25.5)
Master's or PhD degree	4 (15.4)	4 (16.0)	8 (15.7)
Relationship status			
Single	14 (53.8)	12 (48.0)	26 (50.1)
In a relationship	1 (4.0)	5 (20.0)	6 (11.8)
Common-law partnership	5 (19.2)	7 (28.0)	12 (23.5)
Married	4 (15.4)	1 (4.0)	5 (9.8)
Other (e.g., polyamorous)	2 (7.7)	0 (0.0)	2 (3.9)
Sexual orientation			
Heterosexual	15 (57.7)	21 (84.0)	36 (70.6)
Gai/Lesbian	4 (15.4)	1 (4.0)	5 (9.8)
Bisexual	1 (3.8)	2 (8.0)	3 (5.9)
Other (e.g., queer, heteroflexible, asexual)	6 (23.1)	1 (4.0)	7 (13.7)
CSA characteristics			
Sexual acts[a]			
Without contact (e.g., exhibitionism, voyeurism)	0 (0.0)	1 (4.0)	1 (2.0)
Fondling	11 (42.3)	4 (16.0)	15 (29.4)
Penetration (i.e., oral, vaginal, anal)	22 (84.6)	24 (96.0)	35 (68.6)
Perpetrator's identity[b]			
Romantic partner[c]	1 (3.8)	2 (8.0)	3 (5.9)
Extended family member (e.g., grandparent, uncle)	5 (19.2)	4 (16.0)	9 (17.7)
Stranger	6 (23.1)	6 (24.0)	12 (23.5)
Acquaintance	14 (53.8)	12 (48.0)	26 (51.0)
Immediate family member (e.g., parent, sibling)	15 (57.7)	17 (68.0)	32 (62.7)
Frequency of CSA			
2 to 10 times	8 (30.7)	9 (36.0)	17 (33.3)
10 to 20 times	3 (11.5)	5 (20.0)	8 (15.7)
20 to 50 times	3 (11.5)	4 (16.0)	7 (13.7)
Too many times to count	12 (46.2)	7 (28.0)	19 (37.3)
Duration of CSA			
Less than 3 months	2 (7.7)	2 (8.0)	4 (7.8)
3 months to 1 year	6 (23)	4 (16.0)	10 (19.6)
1 to 5 years	10 (38.4)	10 (40.0)	20 (39.2)
Over 5 years	8 (30.8)	9 (36.0)	17 (33.3)

[a]Participants who reported more than one type of sexual act are classified in the most "severe" category

[b]Cumulative percentage exceeds 100%, as participants could report more than one perpetrator

[c]For survivors victimized at the age of being in a romantic relationship

psychosocial resources was provided to participants at the end of the interview. The week following the interview, participants were re-contacted to assess their psychological state and support was offered if needed. Participants were each compensated $30.00 CAD.

Analysis

A conventional content analysis (Hiesh & Shannon, 2005) was performed on the qualitative data using a hybrid approach to data analysis (see Fereday & Muir-Cochrane, 2006; Xu & Zammit, 2020). The first step of content analysis is coding, which involves breaking down the transcriptions into meaning units (i.e., interview extracts related to the same concept; Hiesh & Shannon, 2005). A mixed coding grid was first developed based on empirical data addressing sexual self-concept and sexual coping strategies, which reflects a deductive analytical approach. The grid was then refined based on the present interview data, reflecting an inductive approach. Codes were then added, modified, or deleted throughout the coding process. Subsequently, a codebook including the developed codes with accompanying excerpts was generated to facilitate categorization (i.e., forming mutually exclusive conceptual categories using groupings of codes that refer to the same concept). Conceptual categories were created in light of survivors' sexual self-concept impairment and coping strategies. Then, the common thread linking the categories together was identified to develop a coherent storyline that reflected participants' discourses. For instance, the order of the conceptual categories was determined based on the way participants told their stories. Notably, most spoke of avoidance strategies in the past tense, and approach strategies, as an integral part of their current experiences. Therefore, the analysis reflects a process that would likely echo the development of short- and long-term sexuality after CSA (i.e., the development of an unfavorable sexual self-concept and the use of short-term avoidance strategies, which gradually gives more room for approach strategies that favor authenticity). Finally, differences in men's and women's experiences were documented within categories (i.e., nuances between men's and women's reports within the same category), and between categories (i.e., categories that were reported by only one gender). Analyses were revised independently by three researchers, and disparities were discussed jointly until a common agreement was reached. This procedure ensured a common understanding of the data and increased the results' validity (Noble & Smith, 2015). Interview excerpts were further translated from French to English.

Results

The participants' narratives led to the identification of three main conceptual categories: (1) Developing an unconsolidated and unfavorable sexual self-concept following CSA; (2) Avoiding CSA-related sexual impacts and impaired sexual self-concept; (3) Approaching CSA-related sexual impacts with more authenticity. All categories, subcategories, and gender specificities are reported in Table 2.

Developing an Unconsolidated and Unfavorable Sexual Self-Concept Following Childhood Sexual Abuse

When asked about the impact CSA has had on their self-perceptions as sexual beings, almost all participants reported significant impairment, such as poor self-knowledge, in addition to negative self-perceptions. For instance, Utopia (27, self-identified heteroflexible woman, sexually abused by her father) expressed that the CSA she endured profoundly impacted her perception of self-worth: "What I recall the most as a consequence is that you don't know your worth as a human being. It screwed up my foundation. My self-esteem has been taken away from me." These impacts on participants' self-concept primarily manifested in their sex lives, where survivors displayed unconsolidated and unfavorable perceptions of themselves as blurred, broken, unlovable, filthy, objectified, or inferior.

The Blurred Self: I Don't Know Who I Am

The narratives of several survivors brought to light an unconsolidated sexual self-concept. These survivors expressed that their identities did not fully or coherently develop because of the CSA they experienced. For Carl (66, self-identified heterosexual man, sexually abused by his mother), not having a clear and coherent sexual self-concept manifested into frequently changing his physical appearance to find his identity: "I was like a chameleon, I had to change costumes to become the person I wanted to be." Some survivors, like Michelle (32, self-identified heterosexual woman, sexually abused by her stepfather), felt that they had no identity and could not identify as either men or women: "I had no identity. I didn't feel like a woman, or a man either."

The Broken Self: I Am Rotten from the Inside, Damaged, and Different

The perception of having a broken self and of being different from individuals without a history of CSA also transpired in survivors' narratives, notably men's. Joss (50, self-identified heterosexual man, sexually abused by his sister) explained that he "always felt like [he] was different from others." Chuck (36, self-identified heteroflexible man, sexually abused by his father's man friend) reported that feeling damaged lead him to hide his difference from others: "You're feeling so rotten inside that you don't want others to see that there's a problem." As for Vanessa (28, self-identified heterosexual

Table 2 Categories, subcategories, and gender specificities

Categories	Subcategories	Gender Specificities	
		Women	Men
Developing an unconsolidated and unfavorable sexual self-concept following CSA	The blurred self: I don't know who I am		
	The broken self: I am rotten from the inside, damaged, and different	Most perceived themselves as damaged compared to who they were before CSA	Most perceived themselves as different from those who have not experienced CSA
	The filthy self: I am dirty, horrible, gross and ashamed		
	The objectified self: I am a people pleaser and a sex object	Only women perceived themselves as sex objects and people pleasers in general	
	The unlovable self: I am unworthy of love, affection and intimacy		
	The inferior self: I am beneath others and not man enough		Only men perceived themselves as inferior, especially compared to other men
Avoiding CSA-related sexual impacts and impaired sexual self-concept	Sexual self-restriction: Avoiding sexual activity and pleasure to maintain control over one's body and emotions	Only women avoided select sexual practices to avoid feeling vulnerable	Only men temporarily avoided sex to preserve self-image
	Sexual Disconnection: Dissociating and numbing during sex to cut oneself from one's internal states		Only men used drugs or alcohol during sex to compensate for a negative sexual self-concept
	Sexual Compliance: Meeting the sexual needs of others to avoid rejection and fulfill one's duty	Only women avoided expressing their sexual boundaries to fulfill a duty	Only men accepted being used by their sexual partners to feel loved
	Sexual Over-Investment: Adopting hypersexual behaviors to feel loved, soothed, to take back control and assert masculinity		Only men overinvested sexuality by exchanging sexual services for love and masturbating compulsively to self-soothe or seek intense sensations
	Sexual domination: Conquering, subjecting and harming a partner to take back control and assert masculinity		Only men engaged in sexual dominance to reassert their superiority and masculinity
Approaching CSA-related sexual impacts with greater authenticity	Sexual reframing: Adjusting one's perspective and goals regarding sexuality	Most women focused on intimacy during sexual activity	Most men focused on intimacy during non-sexual activities
	Sexual acceptance: Legitimizing and normalizing one's boundaries, needs, desires and difficulties	Only women indicated feeling that they no longer needed please sexual partners	Only men dedramatized their sexual difficulties
	Sexual reappropriation: Reclaiming possession of one's body, senses and sexuality	Only women reported reappropriating their bodies through non-sexual activities (e.g., dance)	
	Sexual assertiveness: Expressing sexual boundaries, needs and desires within a relational context		
	Sexual support: Seeking a partner's help, therapeutic assistance or medication to overcome sexual difficulties	Most women sought inward-oriented support (therapeutic assistance)	Most men sought outward-oriented support (medication)

Empty spaces indicate that no gender specificities were observed for this subcategory

woman, sexually abused by her brother and friend's father), she expressed feeling broken and irreparable: "That's the image I have of myself…a broken thread that you'll try to mend, but it's still broken all the time."

The Filthy Self: I Am Dirty, Horrible, Gross, and Ashamed

Survivors also reported a sexual self-concept characterized by a sense of being filthy. For instance, for Florence (24, self-identified bisexual woman, sexually abused by her father), being filthy manifested during masturbation through CSA flashbacks marked by feelings of disgust and shame for having been sexually abused by her father: "Sometimes I have thoughts about the sexual abuse I experienced that comes back [when masturbating] and I'm like 'gross!' Like there's a little voice in my head saying, 'your dad abused you.'" These feelings of shame and disgust appeared to be rooted in survivors' sense of self, as shown by Emmanuel (39, self-identified heterosexual man, sexually abused by a clergy member): "I felt dirty all the time. I was more ashamed of my sexuality than anything."

This feeling of being dirty also manifested through negative body image. Nancy (52, self-identified heterosexual woman, sexually abused by her stepfather and strangers) said that the people in her life do not understand her extreme negative body image: "I find my body horrible…People don't see it, but I tell them 'You don't see what I see when I look in the mirror.'" Survivors also reported resorting to body transformations to compensate for their low self-esteem. As John (59, self-identified heterosexual man, sexually abused by a man teacher) explained: "I had my face redone via surgery. The CSA is there: it led to a series of events related to low self-esteem."

The Objectified Self: I Am a People Pleaser and a Sex Object

Several participants evoked seeing themselves as sex objects or people pleasers, which suggests self-objectification. However, women were the only ones to see themselves as people pleasers, and therefore, to speak of an objectified self that was manifested in non-sexual life contexts. For instance, Anna's (33, self-identified heterosexual woman, sexually abused by her brother) narrative reflects a self-concept that revolves solely around giving, which is susceptible to being troubled when in the position of needing others:

> I always conceived of my life like I came into the world to take up as little space as possible and help as many people as I can. Then, the day I die, I'll disappear, and people will forget me…So, when I stopped doing humanitarian work, I felt a big depression…because suddenly, my life didn't make sense anymore. I was not helping anyone. I was the one who needed help.

Moreover, many survivors had the perception that they existed solely to meet others' sexual needs. As related by Emmanuel (39, self-identified heterosexual man, sexually abused by a clergy member), this sexual self-objectification reinforces the perception of having no value as a human being: "I was a human wreck, I was nothing but an object. I've been that all my life, especially in my teenage years…I learned that if you want something in life, well, you must give your ass." Caryne (42, self-identified bisexual woman, sexually abused by her aunt's man friend) perceived herself as someone who deserved to be used and abused: "I see myself as someone who is just there to please people. Everyone should take advantage of me and rape me."

The Unlovable Self: I Am Unworthy of Love, Affection, and Intimacy

The perception of being unworthy of love was reported by several survivors. As Alexia (32, self-identified heterosexual woman, sexually abused by her stepfather and man babysitter) related, being sexually abused as a child can lead survivors to assume that "no one can ever love [them]." Christian (62, self-identified heterosexual man, sexually abused by his stepfather and man peers) could not conceive ever being loved by a woman because he did not see himself as "a lovable person." This perception of being unworthy of love was particularly evident in CSA survivors' intimate relationships. For instance, Carl (66, self-identified heterosexual man, sexually abused by his mother) believed that he could be dumped because he was not worthy of his romantic partners, which in turn fueled his sexual difficulties:

> Subconsciously, I was always like, "Why are they with me?" It would affect me in that I couldn't even get aroused anymore and then I would feel guilty on top of that because, well, if I can't then they're going to dump me.

The Inferior Self: I Am Beneath Others, and not Men Enough

The perception of being inferior was described as stemming from CSA and was characteristic of many men survivors' narratives. As Chuck (36, self-identified heteroflexible man, sexually abused by his father's man friend) expressed: "After CSA, self-esteem is affected. You feel beneath others." For Ludger (63, self-identified heterosexual man, sexually abused by his father, his father's friend, and a clergy member), this feeling of being devalued has led him to always want to be better than others: "You feel devalued relative to others. Always wanting to perform and compare yourself to them." This feeling of inferiority also manifested through a

perception of not corresponding to masculine gender norms. Joss (50, self-identified heterosexual man, sexually abused by his sister) reported that he "didn't feel like a man, like other men did, and [he] was not up to par." As Jacques (59, self-identified heterosexual man, sexually abused by his man sports coach) said, some survivors may inflate their self-esteem as a strategy to overcome their sense of inferiority: "because of my low self-esteem…Well, that's a mechanism following CSA. A self-esteem that had to be inflated, and now, it's sometimes too high."

Avoiding CSA-Related Sexual Impacts and Impaired Sexual Self-Concept

Survivors' narratives highlighted the use of several avoidance strategies to deal with sexual difficulties: sexual self-restriction, disconnection, compliance, over-investment, and dominance. These strategies aimed to soothe painful emotions, regain or maintain control over one's body, sexuality, or trauma, and compensate for a negative sexual self-concept.

Sexual Self-Restriction: Avoiding Sexual Activity and Pleasure to Maintain Control Over One's Body and Emotions

To maintain control over their bodies and avoid being in a position of vulnerability, several survivors expressed that they restricted themselves, by temporarily or permanently avoiding sexual activity. For Arthur (54, self-identified heterosexual man, sexually abused by a clergy member), temporary sexual self-restriction was a punishment for losing control of himself during sex or feeling controlled by sex: "Sometimes I would say: 'I'm punishing myself. So, for a month, no penetration.' It was a way of not having to indulge in that unknown part of life [sexuality] of which I am wary." For his part, Jack (38, self-identified heterosexual man, sexually abused by his friend's father) became less sexually active and assertive to avoid being in a position of vulnerability that could affect his sexual esteem:

> I could be more comfortable with approaching girls and being sexually active. I'm in a phase where it's not working. On one hand, I should be more comfortable, but on the other hand, I have other things on my mind and it's not my priority. Maybe I'm a bit stressed about my performance…And I'm afraid of leaving a bad impression.

Sexual self-restriction also manifested in avoiding certain sexual practices due to difficulties with letting go and being vulnerable. For instance, Anna (33, self-identified heterosexual woman, sexually abused by her brother) often prevents her partner from performing oral sex on her to avoid being vulnerable, because the pleasure orgasm can bring triggers intense negative feelings. She attributes this to the fact that she feels like an object:

> For me, having an orgasm is like dying. The few times I get close to it, I get anxious…I often prevent my partner from giving me oral sex. I feel like an object, like children's toys that light up when you start tickling them in the right places.

Sexual Disconnection: Dissociating and Numbing During Sex to Cut Oneself From One's Internal States

Several survivors reported disconnecting from their bodies during sexual activity. Disconnection could take the form of leaving one's body, dissociating, or numbing oneself with drugs and alcohol prior to having sex. This strategy was mainly employed to soothe the unpleasant emotions or thoughts associated with sexuality, which may be related to a sense of stigma induced by CSA. Like other women, Vanessa (28, self-identified heterosexual woman, sexually abused by her brother and friend's father) disconnected by leaving her body during sexual activity to cut herself off from sensations and emotions: "When I was younger, there was a disconnection between the sex I was having and my body…I was abandoning myself."

Men mostly disconnected during sexual activity by dissociating and using alcohol or drugs to perform sexually and to avoid feelings of shame embedded in their sexual self-concept that might compromise performance. In Samuel's (33, self-identified heteroflexible man, sexually abused by his man peer and woman babysitter) case, dissociation enabled him to remain unaware of his partners' disappointment when he was not performing well:

> I can't express what I feel [during sexual activity]. I don't have access to it because I completely dissociate from the present moment…I don't want to disappoint or affect the experience of the other person because I want to perform sexually.

Sexual Compliance: Meeting the Sexual Needs of Others to Avoid Rejection and Fulfill One's Duty

Preventing oneself from establishing sexual boundaries and submitting to a partner's needs was addressed by many survivors but was more characteristic of women's experiences. Women reported feeling that they could not refuse sex or to engage in certain sexual practices since, from their perspective, it was their duty to provide sexual access to their partners. Caryne (42, self-identified bisexual woman, sexually abused by her aunt's man friend) prevented herself from discussing with her partner about the negative impact unwanted sexual activity has had on her sense of self because she believed that she must satisfy him: "I never said to him,

'I feel like your slut.' I've never said 'no' to him. When he wants sex and I don't feel like it, I let him. I must satisfy him." As illustrated in Natacha's (28, self-identified heterosexual woman, sexually abused by her brother, a former boyfriend, and strangers) narrative, having sex out of a sense of duty can become a pattern that leads to revictimization: "I thought I had to give them my body. I didn't necessarily want to have sex with them, but I did because they wanted me to. I'd wake up the next day and do it again and again."

Men survivors tended to engage in sexual compliance to obtain love or attention. Carl (66, self-identified heterosexual man, sexually abused by his mother) voiced that to have attention, he was willing to be used and to endure uncomfortable relationships with partners he did not like: "I had sexual experiences, but they were kinda seedy…like not very nice and comfortable. I let certain people just use me without necessarily being attracted to them because they paid attention to me." As for Hugh (35, self-identified heteroflexible man, sexually abused by his sister and woman babysitter), bypassing his own sexual boundaries and submitting to his partner's sexual desires to feel loved has further affected his sexual esteem:

> There was always something that was outside of my own [sexual] boundaries…"I'm going to do anything to make you love me. Do you want to have a threesome? I'm not really interested, but yes, my love. Have you cheated on me? Well, that's okay!" This really had an impact on my self-esteem and my comfort with sex afterwards.

Sexual Over-Investment: Adopting Hypersexual Behaviors to Feel Loved, Soothed, to Take Back Control and Assert Masculinity

Another coping strategy addressed by survivors was sexual over-investment. Many mentioned that they have had several sexual experiences involving a large number of partners or have worked in the sex work industry to fulfill unmet needs: to feel loved, desired, and soothed. Women survivors indicated that they had sex with many partners for affection and to feel desirable, and because they perceived that they were meant to be sexualized. Julie (29, self-identified heterosexual woman, sexually abused by her father's man friend) mentioned that she had sex with a lot of people to meet a need for affection: "I slept with a lot of people. You meet people in bars and then you can't say, 'can I sleep with you just to cuddle tonight?' I put myself in those situations because I wanted affection."

Men also over-invested in their sex lives by offering sexual services and engaging in sexual activity with multiple sexual partners. However, they also reported specific sexual experiences such as exhibitionism, compulsive masturbation, and problematic pornography consumption. Their motives for sexual over-investment included to feel loved, better manage emotions, or reaffirm masculinity. For Larry (50, self-identified gay man, sexually abused by his mother's man cousin), sexual over-investment involved showing off his body in public places and engaging in sexual activity with "anyone" for the sake of attention: "I would show off everywhere: in parking lots, on the side of the highway, I would fuck anyone… because it was the only way I could get attention." As for Victor (59, self-identified bisexual man, sexually abused by his father), he voiced that he sold sexual services for most of his life to meet his physical and emotional needs, which has transformed his relationship with sexuality:

> I was a prostitute for a long time…It started when I was 15 and lasted until I was 55. To get all kinds of things: food, clothes, love. It affects the mind and how you deal with sex and love, obviously…It's the same principle as 'I have sex with you because you love me.' It's a way to get love and manage emotions.

Men survivors also reported over-investing in sexuality to assert their masculinity. For Justin (31, self-identified heterosexual man, sexually abused by his man cousin), having multiple woman sexual partners allowed him to prove to himself that he was not gay:

> For me, it was rough not having sex. I even dated girls that I wasn't interested in at all. I was subjected to [sexual abuse] for years by my cousin…He lived with us in the house, so the times [CSA] happened, I've lost count. I was like his girlfriend, only I was a kid. So, as I grew up, I became able to date girls myself. I wanted to assert that I wanted to be with women. I didn't want to be with my cousin. I wanted my book to be written with more stories with women, because I had a lot of stories with a guy.

Paul (60, self-identified gay man, sexually abused by his father) mentioned going to saunas to have sex with multiple partners, which caused him to feel paradoxical emotions: violated, yet excited and relieved. However, he emphasized the need of being in a position of control to alleviate his fear of sexuality during his sexual encounters:

> I have a basic fear of sexuality. It's a struggle to be touched but if I have control, it's fine…Paradoxically, I did the saunas. I could have sex with seven guys, one after the other. Then, I realize that by letting myself be touched, I felt all crooked, bad, like I had been raped. Like I was going for something toxic…It was a kind of repeated purpose. On the other hand, when the excitement was very high, [the unpleasant feelings] went over. That doesn't mean that it was emotionally worthwhile, that I felt good, other than being relieved.

Sexual Domination: Conquering, Subjecting, and Harming a Partner to Take Back Control and Asserting Masculinity

Engaging in dominance behaviors, with the purpose of reclaiming power over their trauma and restoring confidence by asserting one's masculine identity, was part of men's coping strategies. To compensate his low self-esteem, Philip (53, self-identified gay man, sexually abused by his grandfather) employed a strategy of choosing sexual partners over whom he could have power: "Mid-twenties, thirties, it was not a time when I was really confident in myself, my body, or in my sex appeal…I often chose sexual partners that I could have some power over." For his part, Chuck (36, self-identified heteroflexible man, sexually abused by his father's man friend) spoke about the value of putting himself in a position of power, like chasing and conquering multiple sexual partners: "I had a great thirst for women. My friends had nicknamed me the jackal because I was focused on hunting women. When they wanted to have sex, I was less tempted. I was more interested in conquering them." As for Mario (56, self-identified heteroflexible man, sexually abused by his mother, sister, and father's employee), he exhibited aggressive and violent behavior toward his sexual partner to assert his masculinity and superiority, which allowed him to preserve a facade so that his partner could not access his vulnerable self:

> The first few nights I slept with her; I was so scared. I thought: if she gives me tenderness, I'm afraid I'll beat her. I didn't know what softness was. You point a gun at me, a knife, I don't care, I'm used to it. Love me, and you'll hurt me, you'll destroy me. You're going to discover me. You're going to show me that I can trust, but I don't know what that is. I felt like an abuser…I wasn't planning to beat her, just to sexually smash her up. I wanted to do some mean stuff to show that I was a man or to assert my superiority.

Approaching Childhood Sexual Abuse-Related Sexual Impacts with Greater Authenticity

While participants' narratives showed that sexual difficulties were still present at the time of the interviews, they also indicated a greater use of approach strategies over time. These cognitive and behavioral strategies involve reframing sexuality and sexual goals, accepting one's sexual needs and difficulties, reclaiming possession of one's body and bodily sensations, being assertive in a relational context, and seeking support to overcome sexual difficulties. As evidenced by their discourses, these strategies seem to be characterized by a more authentic sexual self.

Sexual Reframing: Adjusting One's Perspective and Goals Regarding Sexuality

Many survivors talked about changes in their sexual motivations and in the way they perceived sexuality overall. Their discourses showed that they have adjusted to their sexual difficulties by moving away from the pressure to perform or meet sexual norms (e.g., being sexually active, reaching orgasm at all costs, etc.), which reflect greater flexibility. Women primarily expressed that they placed more emphasis on intimacy with their partners than on orgasm and sexual frequency. Anna (33, self-identified heterosexual woman, sexually abused by her brother) testified to the importance of focusing on the quality of sexual encounters, especially on the emotional connection with her partner: "Recently, sexuality has come to a standstill. However, I told myself, 'As long as we don't do it a lot, we'll do it better.' So, we try, we take more time, we are more connected." For her part, Marylin (50, self-identified lesbian woman, sexually abused by her stepfather) no longer seeks orgasm at all costs and wants to broaden her sexual repertoire: "I used to be more expeditious, and I'd get right to the sex. Orgasm was the ultimate goal. Now, I'd like to discover something else. I'd like to start enjoying caresses."

One element that characterized the discourse of men who reframed sexuality was that they focus on finding non-penetrative and non-sexual alternatives to cultivate closeness within their relationships. Arthur (54, self-identified heterosexual man, sexually abused by a clergy member) reached an agreement with his wife to preserve satisfaction in their relationship:

> She really likes massages and I like touching her. So, we found other ways to satisfy each other. Of course, it will never be the same as before in our relationship, but at the same time, she has come a long way in helping me, so I'm going to do my part.

Sexual Acceptance: Legitimizing and Normalizing One's Boundaries, Needs, Desires, and Difficulties

Another important strategy mentioned by survivors was the acceptance and legitimation of their authentic sexual selves. Participants reported a greater acceptance of their sexual boundaries, difficulties, and desires, or conversely, that they no longer wanted to have sex. Anna (33, self-identified heterosexual woman, sexually abused by her brother) realized that she should explore and accept what she truly likes rather than restricting herself to what is socially valued: "I wish my boyfriend would cuddle more. That's not something that exists in my life. Maybe I should start here [cuddling] to

enjoy sex instead of taking out my dildo and my porn." For Magalie (25, self-identified heterosexual woman, sexually abused by her uncle), accepting herself enabled her to stop depending on her partners' approval: "The more the years go by, the better I am with myself and the less I need to try to please others sexually."

Men survivors also spoke of a greater acceptance of their sexual needs and wants, which is intimately linked to the importance they ascribe to sexuality. This acceptance could take the form of a romantic life devoid of sexuality, as was the case of Abdoul (56, self-identified heterosexual man, sexually abused by his man cousin) who no longer considered sexuality a priority: "For me, sexuality is secondary. It's a part of the relationship, but it's not the most important part. I've known women for whom it was important, so I left because it wasn't for me." Conversely, other men, like Emmanuel (39, self-identified heterosexual man, sexually abused by a clergy member), have reclaimed their right to a satisfying sex life: "Sexuality is important. I give myself the right to have one, to experience it, to feel good and comfortable." Participants' greater acceptance of their sexual selves was manifested through the normalization of their sexual difficulties. As Max (55, self-identified heterosexual man, sexually abused by his father's man friend) said:

> It takes me longer [to get an erection]. I don't have a problem with that. It always works in the end…Sometimes I don't have an orgasm. It doesn't bother me, and I know it's as normal as eyesight problems that appear when you get older.

Sexual Reappropriation: Reclaiming Possession of One's Body, Senses, and Sexuality

The importance of reclaiming one's body, senses, and sexuality was mainly documented among women. This reappropriation of sexuality, even if it may come with fears, is an integral part of survivors' recovery. As Melanie (36, self-identified heterosexual woman, sexually abused by her stepfather) emphasized: "At every stage of recovery…you can't let fear take over or close you off forever. There are things about sexuality that you must take ownership of." For Anna (33, self-identified heterosexual woman, sexually abused by her brother), reappropriating her sensations enabled her to develop an intimate relationship with her daughter:

> We have a common courtyard where I live, and I know no one's watching. Once, I tried to dance the different stages of incest that I experienced. While dancing, I started stroking my face. I was like: This is nice! I'm 33 years old and I'm only discovering this now. You know, I have a daughter, and now I give her massages, I cuddle her. But before that moment, the cuddles between us did not exist.

Philip (53, self-identified gay man, sexually abused by his grandfather) explained that the challenge in reclaiming one's body lies mainly in accepting one's sexual difficulties:

> What is happening is a reappropriation of my body and sensations. It's not a lack of desire, nor a lack of enthusiasm, but sometimes it's more complicated. People understand that, but I just need to understand it and be more comfortable with it.

Sexual Assertiveness: Expressing and Upholding Sexual Needs, Desires, and Boundaries

Sexual assertiveness, the ability to express and uphold one's sexual needs, desires, and boundaries, is a strategy that was evoked by many men and women survivors. Participants highlighted the potential of assertiveness to prevent revictimization but also to optimize their comfort with sexuality. Jolene (29, self-identified heterosexual woman, sexually abused by men peers) related a situation in which she listened to her feelings, affirmed her discomfort, and set boundaries regarding sexual practices that were reminiscent of the CSA she experienced:

> One of my sexual partners inadvertently reenacted one of the sexual abuses I experienced. I felt really anxious. Afterwards, I told him: "I don't like what you did. It reminds me of what I experienced, so I wish you wouldn't do it again."

Utopia (27, self-identified heteroflexible woman, sexually abused by her father) is now better able to discern her sexual needs since she became more connected to her true sexual self:

> Now, I want that [soft sex]. I realize that this is what I've wanted my whole life, but I was convinced that I couldn't have it. I've never had sex based on my needs. I've never been comfortable or had the courage to express them, to admit my true needs to myself. Maybe I didn't even know what I really wanted.

Similarly, Arianne's (27, self-identified heterosexual woman, sexually abused by her uncle) narrative shows that assertiveness is a skill that can be facilitated by being more authentic:

> One of the main values I look for in sexuality is to be true, authentic, and not to try to please the other person at all costs. Sometimes, I still doubt my ability to set boundaries, but I know it's important, so I try to do it.

Men survivors' discourses similarly attested to an increased ability to be sexually assertive. Notably, discussing his interest to explore intimate and sexual activities with his partners afforded Robert (53, self-identified heterosexual man, sexually abused by his mother and man neighbor) greater confidence:

"It's a curiosity to have some caresses and some forms of intimacy that I did not have before. It's also a pride to tell my partners that I was interested in crossing that line." Joss (50, self-identified heterosexual man, sexually abused by his sister), testified that sexual assertiveness may be facilitated through greater authenticity and openness about one's difficulties:

> There is often some discomfort when a woman wants to get close to me. Talking about it will improve the relationship. When I open my mind and really tell her who I am, that's when it works. I've learned to be humble. I'm able to talk about my discomfort now.

Sexual Support: Seeking a Partner's Help, Therapeutic Assistance, or Medication to Overcome Sexual Difficulties

Seeking support from both informal (e.g., intimate partner) and formal resources (e.g., a therapist) is a strategy mentioned by several survivors to deal with sexual difficulties. Women reported seeking support from their romantic partners and using psychosocial services to a greater extent than men, a coping strategy that is inwardly oriented (i.e., involving connecting to oneself and doing personal work). Melanie (36, self-identified heterosexual woman, sexually abused by her stepfather) talked about how her boyfriend's support helped her become increasingly comfortable with sexuality, a difficult subject for her to discuss: "He's making me feel more and more comfortable, but I'm still uncomfortable when talking about sex. I'm not used to it. But that's okay…a little practice goes a long way, thanks to him." For Annick (46, self-identified heterosexual woman, sexually abused by her former boyfriend and man friend), consulting a sex therapist led her to prioritize her own needs: "I consulted a sexologist. I wanted to increase my sexual pace, you know, find a way for both of us to be happy. I realized that I was doing it for him, not for me."

Men also reported seeking support from their partners but were the only ones to report using medication to cope with sexual difficulties, a strategy that is outwardly oriented (i.e., does not necessarily imply a connection to oneself or doing personal work). Larry (50, self-identified gay man, sexually abused by his mother's man cousin), like other men survivors, used medication to restore his sexual functioning, especially his ability to achieve or maintain an erection: "I was prescribed Viagra because [CSA] has an impact on my [erectile] difficulties."

Discussion

The current study aimed to document the manifestations of impaired sexual self-concept after CSA, the strategies mobilized by survivors to cope with the sexual impacts of CSA, as well as their function. Gender specificities were also documented. Results showed that, in response to CSA, most participants have developed an unconsolidated and unfavorable sexual self-concept. In addition, survivors reported both avoidance and approach strategies to alleviate their sexual difficulties. According to their narratives, avoidance strategies were engaged in to soothe painful emotions, reclaim a sense of control, and compensate for a negative sexual self-concept. Survivors' discourses show that they tend to integrate more approach strategies into their sex lives over time, approaches that are marked by greater authenticity.

A Sense of Confusion and Worthlessness Embedded in Sexuality

As highlighted in past studies, intimate and interpersonal trauma, such as CSA, is likely to undermine survivors' general and sexual self-concept (Lanius et al., 2020; Maltz, 2012). This was also articulated by the present study's participants, who reported difficulties in knowing who they are as a sexual being as well as several negative self-perceptions, indicating that CSA can lead to a profound sense of confusion and worthlessness. In this regard, CSA is a trauma that deprives survivors of their bodies, identities, and self-perceived value as human beings since they are submitted to the abuser's desires and may even be rewarded for it (i.e., receiving gifts or affection). This can profoundly taint survivors' visions of sexuality and can lead to strong feelings of shame, guilt, and powerlessness (Finkelhor & Browne, 1985). These negative feelings and self-perceptions may in turn lead many of them to avoid sex and intimacy or, conversely, to engage in sexual activity while using strategies to avoid the painful emotions and memories it may trigger (e.g., sexual dissociation; Bird et al., 2014) or to regain control over their trauma.

The Use of Coping Strategies that Promote or Hinder Authentic Sexual Self-Concept

The interrelationship between coping strategies and sexual self-concept was evident in several participants' narratives. For example, the perception of oneself as a sexual object or as unlovable could lead some survivors to submit to their partners' sexual desires (i.e., sexual compliance) or to over-invest themselves in sexual activity to meet other needs (i.e., sexual over-investment). These findings are consistent with the traumatic sexualization dynamics postulates of Finkelhor and Browne's (1985) model, which states that survivors may engage in sexual activity to meet other needs, mostly because they learned as a child that sex can be used as currency (e.g., when an abuser gives affection or gifts to a child). Similarly, as the present findings illustrate, internalizing the belief that one is inferior, particularly as a sexual being, can lead to avoiding sex or imposing oneself sexually to detach from

or correspond to masculinity standards and re-establish a positive vision of oneself. Gold and Heffner (1998) explain that engaging in sexual dominance and compulsiveness may overcome a view of oneself as passive or helpless or may help one adopt the abuser's perspective, that is, a position of power. Thus, avoidance strategies may compensate for an unfavorable sexual self in CSA survivors but may manifest differently from one survivor to another.

The use of avoidance strategies in CSA survivors is well documented, but these coping strategies are usually identified as outcomes or symptoms. For example, the literature reports several CSA effects such as sexual dissociation, compulsion, and avoidance, as well as a greater propensity to be revictimized or to reproduce abusive behaviors in adulthood (Bird et al., 2017; Krahé & Berger, 2017; Vaillancourt-Morel et al., 2015). However, the present results show that these outcomes can be adaptive in nature, as they can alleviate negative emotions and suffering, meet certain needs, or help reclaim control over one's trauma. In sum, avoidant strategies can help survivors escape CSA-related suffering, especially shame and helplessness, which persist in their sexual relationships as adults.

Issues around control and power underly several avoidance coping strategies, such as giving up control by engaging in sexual compliance or dissociation or holding on to control by avoiding certain practices or by using dominance over one's partner. Sexual over-investment and dominance strategies support the compulsion to repeat theory, which posits that trauma survivors may reenact parts of their trauma during sexual activity later in life to gain a sense of control and eventually overcome their trauma (see Van der Kolk, 1989). However, although regaining control over one's life can be beneficial for survivors, strategies used to achieve such control can involve the repeating of sexual cognitions and behaviors that contribute to long-term suffering, thereby preventing the trauma from being metabolized (Van der Kolk, 1989).

Participants' greater ability to cope with the sexual and affective impacts of CSA is consistent with Walsh et al.'s (2010) review. Indeed, unlike avoidance strategies, approach strategies can help manage CSA-related negative thoughts and emotions, reflecting survivors' better integration of trauma over time (Walsh et al., 2010). Indeed, past studies have found that reframing sexuality, recognizing one's sexual needs and boundaries and expressing them to one's partner, and seeking support to overcome sexual difficulties can promote sexual well-being and recovery in CSA survivors (Hitter et al., 2017; Kia-Keating et al., 2010; Newsom & Myers-Bowman, 2017). The current study's contribution to the CSA literature lies in highlighting the interrelations between approach coping strategies and authenticity within sexuality. Accepting and embracing one's vulnerability is likely to alleviate shame and promote self-confidence, agency, and recovery in CSA survivors (Chouliara et al., 2014; Hitter et al., 2017).

Gender Specificities Regarding Sexual Self-Concept and Coping

Although men and women survivors of this study shared similarities regarding how they perceived themselves as sexual beings and how they cope with CSA-related sexual impacts, some gender specificities were noted. More specifically, while participants' discourses suggest that both men and women have integrated stigma into their sexual self-concept, men's unfavorable sexual self-concept, especially their perception of being different and inferior, is particularly triggered when they compare themselves to men who have not experienced CSA. Furthermore, unlike men survivors, women spoke of an objectified self in both sexual and non-sexual contexts. These gender differences are consistent with those put forward in the self-construals model (Cross & Madson, 1997). This model proposes that, in Western societies, women are more likely to develop an interdependent self-concept (i.e., self-definition centered on relationships with others), and men, an independent self-concept (i.e., self-definition centered on the separation of the self from others and on notions of power). These gender differences are reflected in the strategies used to cope with the sexual sequelae of CSA. For example, only women reported meeting their partner's sexual needs because they felt it was their duty and seeking professional help to overcome their sexual difficulties, suggesting their greater likelihood of turning toward others. On the other hand, only men used dominance behaviors in sexual contexts to reaffirm their masculinity, in addition to using medication rather than seek therapy to overcome their sexual difficulties. These strategies are consistent with an independent self-concept. Moreover, our results are consistent with those of Liddon et al.'s (2018), which found that men tend to seek quick solutions to their problems (e.g., medication), whereas women prefer to discuss their difficulties and related emotions with professionals.

Some strategies mobilized by men CSA survivors from this study are evocative of gender socialization and prescribed gender norms. Notably, only men reported using drugs or alcohol to numb their sexual performance preoccupations or engage in sexual dominance to reaffirm their masculinity and regain a sense of power. Men were also the only ones to report engaging in sexual avoidance and over-investment to maintain or regain control. Thus, vastly different strategies, such as sexual disconnection and dominance or sexual avoidance and over-investment, have been mobilized in response to the pressures of hegemonic masculinity, that is, that men should show strength, dominance, and performance (Grave et al., 2020). This could explain the shame many men survivors felt, as their self-image did not

correspond to masculinity standards, as well as why their sexual issues were more likely to revolve around notions of control and performance that were women's. Men survivors may feel "unworthy as men" or needing to "prove" their masculinity by engaging in behaviors that are socially associated with manhood (O'Leary et al., 2017). Likewise, it is also possible that men survivors feel a need to reaffirm their gender through sexual behavior because their masculinity had been threatened during CSA. This could be the case for men who have been sexually abused by men and who, as a result, have come to question their sexual orientation. Because of heteronormativity and the stigma associated with same-sex practices, some men might adopt hypermasculine sexual behaviors (e.g., sexual over-investment and domination) toward women to validate or prove their heterosexuality (McGuffey, 2008).

While some gender specificities seem particular to the CSA events experienced (e.g., feeling broken versus different from individuals who did not undergo CSA), other differences between men and women are also observed among the general population (e.g., women are more likely to be people pleasers). This highlights the idea that, while gender norms may affect all individuals, survivors may be more susceptible to them due to the additional stigma surrounding sexual abuse. It is therefore possible that CSA survivors are particularly likely to internalize and reproduce gender norms and stereotypes in their intimate and sexual relationships to temper their diffuse and unfavorable sexual self-concept. However, such gender norm conformity may prevent survivors from progressing toward sexual authenticity and recovery.

Strengths, Limitations, and Future Research

This study sheds light on how sexual self-concept unfolds after CSA, and how it interplays with survivors' sexual coping strategies. The identification of specific sexual self-concept impairments and sexual coping strategies' underlying purposes is one of the present study's strengths, as it provides promising intervention avenues for when working with CSA survivors. This study fills an important gap in the scientific literature, since few qualitative studies have investigated gender-specific sexual coping strategies. By giving survivors the opportunity to tell their stories from their own perspectives, participating in this study has helped to empower them. This is particularly important for men survivors, whose sexuality has been understudied (Gewirtz-Meydan & Opuda, 2022).

Despite these important contributions, some limitations should be considered. First, the current study's retrospective design may be susceptible to recall bias. Furthermore, participants may have reframed their past experiences over time, viewing them differently through the prism of the present. However, this process of biographical reconstruction was an integral part of the qualitative approach used in the present research, which prompted participants to reflect on significant events, including CSA and sexual experiences, to make sense of their past. Despite possible reinterpretations, these reflections provide valuable insights into their thoughts, emotions, sexual functioning, and recovery process at a particular point in their lives. Second, the identified coping strategies have been described in the order in which they are mostly likely to have occurred, though this order may not be representative of all participants' lived experiences. Notably, avoidance and approach strategies may vary in primacy over time for an individual, and both may be used at any given time (Roth & Cohen, 1986). An important avenue for future studies would be to mobilize longitudinal designs to capture CSA survivors' sexual trajectories. Third, the study's cross-sectional and qualitative design, in addition to the fact that participants had experienced other types of traumas (e.g., childhood maltreatment, domestic violence, etc.), prevents one from establishing that the sexual self-concept impairments and coping strategies were uniquely related to or caused by CSA. Nonetheless, participants were recruited based on their having experienced CSA, and most have made their own connections between their sexual abuse and their sexuality. Future quantitative research should examine the nature of the links between CSA, sexual self-concept, and coping strategies (see Supplementary Fig. 1 for a preliminary model to test). Similarly, quantitative studies could further investigate gender differences in CSA survivors' sexuality. Fourth, empirical saturation could not have been reached for all conceptual categories and subcategories, since the current paper was based on a broader study investigating survivors' general experiences rather than their sexuality, specifically. Further research could therefore primarily focus on survivors' sexuality. Fifth, the results take little account of the specific contexts that may have favored the emergence of certain sexual impacts and coping strategies (e.g., CSA characteristics, relational difficulties, poverty, oppression). It is also important to consider that the results mostly reflect the experiences of men and women who have been sexually abused by men. Since this gender dynamic seems to pose additional challenges for men's gender identity, it can transpire in their sexual self-concept (e.g., feeling different from and inferior to other men), coping strategies (e.g., sexual compulsion and domination, having multiple partners, etc.), and their underlying motivations (e.g., to reaffirm masculinity, to maintain control, etc.). Future studies should examine the contexts in which CSA and survivors' first adult sexual experiences occurred. Finally, the sample is predominantly composed of cisgender, heterosexual, Canadian-born individuals who use psychosocial services, which limits the results' generalizability. Therefore, more effort is needed to recruit sexually- and gender-diverse survivors of diverse backgrounds

(e.g., immigrant communities). The findings generated by such research could improve services and interventions for CSA survivors.

Recommendations for Practice

The present findings suggest that it may be beneficial for professionals to simultaneously address survivors' sexual self-concept and sexual coping strategies. To do so, it is important that survivors become aware of the impacts CSA has had on their sexuality on cognitive, emotional, and behavioral levels. Survivors would also benefit from understanding how CSA may be reenacted in their sex lives as adults through the coping strategies they are using. It is important to avoid a blaming approach and to recognize that avoidance strategies can and do meet a variety of needs, and that they have therefore helped to alleviate some suffering. However, given that avoidance coping strategies can make one relive their sexual trauma (Fortier et al., 2009; Van der Kolk, 1989) and can be harmful to survivors and their partners (e.g., can lead to sexual revictimization or perpetration of sexual violence), it is pivotal to help them gradually reframe, accept, assert, and reclaim their authentic sexuality. It is also imperative to help survivors distinguish CSA-related impacts from who they are as sexual human beings. Thus, professionals could educate survivors on notions of traumatic sexualization (Finkelhor & Browne, 1985), which includes distorted beliefs about oneself and one's sexuality, and connect them to survivors' experiences. Professionals could also teach sexual assertiveness skills, foster cognitive restructuration about sexuality (e.g., the idea that sex is a duty), and provide basic sex education (e.g., the importance of sexual consent). They could also promote body-focused interventions such as guiding survivors in (re)discovering their bodies and bodily sensations in a safe environment, as it has been shown to promote the development of a positive sexual self-concept (Guyon et al., 2022b). Finally, as CSA outcomes may differ for men and women, interventions should be tailored to the particular challenges they face and gradually lead them to distance themselves from gender norms and expectations in favor of greater authenticity. Similarly, gender inequality awareness initiatives should be further promoted, as they may decrease the occurrence of CSA and its impacts (Mathews & Collin-Vezina, 2016).

Conclusion

Participants spoke of the blurred or negative views they have of themselves as sexual beings (i.e., sexual self-concept) in light of the sexual abuse they have experienced children, which have shaped their sexualities and the strategies they have mobilized to cope with their sexual difficulties. To regain a sense of control, soothe the suffering engendered their trauma, and mend their impaired sexual self-concept, survivors tend to use avoidance strategies, especially earlier in their sex lives. However, with time, they have become increasingly capable of approaching CSA-related sexual impacts by embracing a more authentic sexual self. Men and women survivors may adopt different strategies to overcome their sexual difficulties or use similar strategies to meet different needs. Men were more likely to manage their suffering and compensate for an altered sexual self-concept by over-investing themselves in sexuality, adopting dominance behaviors, normalizing their sexual difficulties or overcome them with the use of medication. Consistent with feminine gender norms, women were more likely to avoid sex to alleviate their suffering or comply with their partners' sexual demands to feel loved. They were also more likely than men to focus on the quality of their sexual encounters rather than on achieving orgasm and to consult professionals to overcome their sexual difficulties. The present findings show the importance of examining CSA survivors' sexual self-concept to better understand their adaptive sexual trajectories and provide interventions that are tailored to gender specificities to optimize sexual well-being and recovery.

Supplementary Information The online version contains supplementary material available at https://doi.org/10.1007/s10508-023-02693-5.

Acknowledgements We would like to thank the organizations for their invaluable help in recruiting survivors and the survivors themselves for generously sharing their stories to contribute to this research.

Funding This research was supported by a grant from the Social Sciences and Humanities Research Council (#430–2016-00951) awarded to Mylène Fernet, a Fonds de Recherche du Québec–Société et Culture scholarship (#2022-B2Z-297045) and a Social Science and Humanities Research Council of Canada scholarship (#752–2021-2334) awarded to Roxanne Guyon.

Declarations

Conflicts of interest The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Ethical approval This study was approved by the Université du Québec à Montréal's institutional research ethics board.

References

Bigras, N., Godbout, N., & Briere, J. (2015). Child sexual abuse, sexual anxiety, and sexual satisfaction: The role of self-capacities. *Journal of Child Sexual Abuse, 24*(5), 464–483. https://doi.org/10.1080/10538712.2015.1042184

Bigras, N., Vaillancourt-Morel, M. P., Nolin, M. C., & Bergeron, S. (2021). Associations between childhood sexual abuse and sexual well-being in adulthood: a systematic literature review. *Journal of Child Sexual Abuse, 30*(3), 332–52. https://doi.org/10.1080/10538712.2020.1825148

Bird, E. R., Seehuus, M., Clifton, J., & Rellini, A. H. (2014). Dissociation during sex and sexual arousal in women with and without a history of childhood sexual abuse. *Archives of Sexual Behavior, 43*(5), 953–964. https://doi.org/10.1007/s10508-013-0191-0

Carreiro, A. V., Micelli, L. P., Sousa, M. H., Bahamondes, L., & Fernandes, A. (2016). Sexual dysfunction risk and quality of life among women with a history of sexual abuse. *International Journal of Gynecology & Obstetrics, 134*(3), 260–263. https://doi.org/10.1016/j.ijgo.2016.01.024

Chouliara, Z., Karatzias, T., & Gullone, A. (2014). Recovering from childhood sexual abuse: A theoretical framework for practice and research. *Journal of Psychiatric and Mental Health Nursing, 21*(1), 69–78. https://doi.org/10.1111/jpm.12048

Creswell, J. W., & Zhang, W. (2009). The application of mixed methods designs to trauma research. *Journal of Traumatic Stress, 22*(6), 612–621. https://doi.org/10.1002/jts.20479

Cross, S. E., & Madson, L. (1997). Models of the self: Self-construals and gender. *Psychological Bulletin, 122*(1), 5–37. https://doi.org/10.1037/0033-2909.122.1.5

Deutsch, A. R., Hoffman, L., & Wilcox, B. L. (2014). Sexual self-concept: Testing a hypothetical model for men and women. *Journal of Sex Research, 51*(8), 932–945. https://doi.org/10.1080/00224499.2013.805315

DiLillo, D., Lewis, T., & Loreto-Colgan, A. D. (2007). Child maltreatment history and subsequent romantic relationships: Exploring a psychological route to dyadic difficulties. *Journal of Aggression, Maltreatment & Trauma, 15*(1), 19–36. https://doi.org/10.1300/J146v15n01_02

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55*(4), 530–541. https://doi.org/10.1111/j.1939-0025.1985.tb02703.x

Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect, 14*(1), 19–28. https://doi.org/10.1016/0145-2134(90)90077-7

Fortier, M. A., DiLillo, D., Messman-Moore, T. L., Peugh, J., DeNardi, K. A., & Gaffey, K. J. (2009). Severity of child sexual abuse and revictimization: The mediating role of coping and trauma symptoms. *Psychology of Women Quarterly, 33*(3), 308–320. https://doi.org/10.1111/j.1471-6402.2009.01503.x

Freyd, J. J. (1996). *Betrayal trauma: The logic behind forgetting childhood abuse*. Harvard University Press.

Gewirtz-Meydan, A., & Ofir-Lavee, S. (2020). Addressing sexual dysfunction after childhood sexual abuse: A clinical approach from an attachment perspective. *Journal of Sex & Marital Therapy, 47*(1), 43–59. https://doi.org/10.1080/0092623X.2020.1801543

Gewirtz-Meydan, A., & Opuda, E. (2022). The impact of child sexual abuse on men's sexual function: A systematic review. *Trauma, Violence, & Abuse, 23*(1), 265–277. https://doi.org/10.1177/1524838020939134

Gold, S. N., & Heffner, C. L. (1998). Sexual addiction: Many conceptions, minimal data. *Clinical Psychology Review, 18*(3), 367–381. https://doi.org/10.1016/S0272-7358(97)00051-2

Grave, R., Teixeira, T., Teixeira, P. M., Marques, A. M., & Nogueira, C. (2020). A meta-synthesis about the study of men's sexual behavior through the lens of hegemonic masculinity. *PSICOLOGIA, 34*(2), 225–244. https://doi.org/10.17575/psicologia.v34i2.1661

Guyon, R., Fernet, M., Canivet, C., Tardif, M., & Godbout, N. (2020). Sexual self-concept among men and women child sexual abuse survivors: Emergence of differentiated profiles. *Child Abuse & Neglect, 104*, 104481. https://doi.org/10.1016/j.chiabu.2020.104481

Guyon, R., Fernet, M., Girard, M., Cousineau, M. M., Tardif, M., & Godbout, N. (2022). Who am I as a sexual being? The role of sexual self-concept between dispositional mindfulness and sexual satisfaction among child sexual abuse survivors. *Journal of Interpersonal Violence, 32*, 08862605221123290. https://doi.org/10.1177/08862605221123290

Hailes, H. P., Yu, R., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: An umbrella review. *Lancet Psychiatry, 6*(10), 830–839. https://doi.org/10.1016/S2215-0366(19)30286-X

Hitter, T. L., Adams, E. M., & Cahill, E. J. (2017). Positive sexual self-schemas of women survivors of childhood sexual abuse. *Counseling Psychologist, 45*(2), 266–293. https://doi.org/10.1177/0011000017697194

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277–1288.

Kia-Keating, M., Sorsoli, L., & Grossman, F. K. (2010). Relational challenges and recovery processes in male survivors of childhood sexual abuse. *Journal of Interpersonal Violence, 25*(4), 666–683. https://doi.org/10.1177/0886260509334411

Krahé, B., & Berger, A. (2017). Gendered pathways from child sexual abuse to sexual aggression victimization and perpetration in adolescence and young adulthood. *Child Abuse & Neglect, 63*, 261–272. https://doi.org/10.1016/j.chiabu.2016.10.004

Kuzma, J. M., & Black, D. W. (2008). Epidemiology, prevalence, and natural history of compulsive sexual behavior. *Psychiatric Clinics of North America, 31*(4), 603–611.

Lanius, R. A., Terpou, B. A., & McKinnon, M. C. (2020). The sense of self in the aftermath of trauma: Lessons from the default mode network in posttraumatic stress disorder. *European Journal of Psychotraumatology, 11*(1), 1807703. https://doi.org/10.1080/20008198.2020.1807703

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing.

Liddon, L., Kingerlee, R., & Barry, J. A. (2018). Gender differences in preferences for psychological treatment, coping strategies, and triggers to help-seeking. *British Journal of Clinical Psychology, 57*(1), 42–58. https://doi.org/10.1111/bjc.12147

Maltz, W. (2012). *The sexual healing journey: A guide for survivors of sexual abuse*. William Morrow.

Mathews, B., & Collin-Vezina, D. (2016). Child sexual abuse: Raising awareness and empathy is essential to promote new public health responses. *Journal of Public Health Policy, 37*(3), 304–314. https://doi.org/10.1057/jphp.2016.21

McGuffey, C. S. (2008). "Saving masculinity:" Gender reaffirmation, sexuality, race, and parental responses to male child sexual abuse. *Social Problems, 55*(2), 216–237. https://doi.org/10.1525/sp.2008.55.2.216

Meléndez, J. C., Mayordomo, T., Sancho, P., & Tomás, J. M. (2012). Coping strategies: Gender differences and development throughout life span. *Spanish Journal of Psychology, 15*(3), 1089–1098. https://doi.org/10.5209/rev_sjop.2012.v15.n3.39399

Newsom, K., & Myers-Bowman, K. (2017). "I am not a victim I am a survivor": Resilience as a journey for female survivors of child sexual abuse. *Journal of Child Sexual Abuse, 26*(8), 927–947. https://doi.org/10.1080/10538712.2017.1360425

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing, 18*(2), 34–35. https://doi.org/10.1136/eb-2015-102054

O'Leary, P., Easton, S. D., & Gould, N. (2017). The effect of child sexual abuse on men: Toward a male sensitive measure. *Journal of Interpersonal Violence, 32*(3), 423–445. https://doi.org/10.1177/0886260515586362

Perera, B., Reece, M., Monahan, P., Billingham, R., & Finn, P. (2009). Childhood characteristics and personal dispositions to sexually compulsive behavior among young adults. *Sexual Addiction & Compulsivity, 16*(2), 131–145. https://doi.org/10.1080/10720160902905421

Pulverman, C. S., Kilimnik, C. D., & Meston, C. M. (2018). The impact of childhood sexual abuse on women's sexual health: A comprehensive review. *Sexual Medicine Reviews, 6*(2), 188–200. https://doi.org/10.1016/j.sxmr.2017.12.002

Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *American Psychologist, 41*(7), 813–819. https://doi.org/10.1037/0003-066X.41.7.813

Saha, S., Chung, M. C., & Thorne, L. (2011). A narrative exploration of the sense of self of women recovering from childhood sexual abuse. *Counselling Psychology Quarterly, 24*(2), 101–113. https://doi.org/10.1080/09515070.2011.586414

Schoenmakers, E. C., van Tilburg, T. G., & Fokkema, T. (2015). Problem-focused and emotion-focused coping options and loneliness: How are they related? *European Journal of Ageing, 12*(2), 153–161. https://doi.org/10.1007/s10433-015-0336-1

Sigurdardottir, S., Halldorsdottir, S., & Bender, S. S. (2014). Consequences of childhood sexual abuse for health and well-being: Gender similarities and differences. *Scandinavian Journal of Public Health, 42*(3), 278–286. https://doi.org/10.1177/1403494813514645

Spaccarelli, S. (1994). Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review. *Psychological Bulletin, 116*(2), 340–362. https://doi.org/10.1037/0033-2909.116.2.340

Vaillancourt-Morel, M. P., Godbout, N., Labadie, C., Runtz, M., Lussier, Y., & Sabourin, S. (2015). Avoidant and compulsive sexual behaviors in male and female survivors of childhood sexual abuse. *Child Abuse & Neglect, 40*, 48–59. https://doi.org/10.1016/j.chiabu.2014.10.024

Van der Kolk, B. A. (1989). The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. *Psychiatric Clinics of North America, 12*(2), 389–411. https://doi.org/10.1016/S0193-953X(18)30439-8

Walsh, K., Fortier, M. A., & DiLillo, D. (2010). Adult coping with childhood sexual abuse: A theoretical and empirical review. *Aggression and Violent Behavior, 15*(1), 1–13. https://doi.org/10.1016/j.avb.2009.06.009

Xu, W., & Zammit, K. (2020). Applying thematic analysis to education: A hybrid approach to interpreting data in practitioner research. *International Journal of Qualitative Methods, 19*. https://doi.org/10.1177/1609406920918810