Notice of the Final Oral Examination
for the Degree of Doctor of Philosophy

of

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MSc (University of Victoria, 2012)
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“How Do Women Survivors of Childhood Sexual Abuse Experience 'Good Sex' Later in Life? A Mixed-Methods Investigation”

Department of Psychology

Thursday, June 7, 2018
10:00 A.M.
Clearihue Building
Room B007

Supervisory Committee:
Dr. Marsha Runtz, Department of Psychology, University of Victoria (Supervisor)
Dr. Marion Ehrenberg, Department of Psychology, UVic (Member)
Dr. Thea Cacchioni, Department of Gender Studies, UVic (Outside Member)

External Examiner:
Dr. E. Sandra Byers, Department of Psychology, University of New Brunswick

Chair of Oral Examination:
Dr. Lara Lauzon, School of Exercise Science, Physical and Health Education, UVic

Dr. Stephen Evans, Acting Dean, Faculty of Graduate Studies
Abstract

There is a significant volume of research evidence documenting the sexual problems experienced by women survivors of childhood sexual abuse (CSA). Accordingly, existing treatment paradigms for sexual problems in this population tend to equate the absence of symptoms with adequate sexual functionality, implying that CSA survivors can aspire to sexual functionality at best. However, this false dichotomy reinforces a medicalized, genital-focused view of women's sexuality, and provides no information about what connotes a positive sexual experience for CSA survivors. The current mixed-methods study is centered on the research question, “how do women survivors of CSA experience 'good sex'?" Semi-structured interviews were conducted with 15 women who self-identified as CSA survivors and self-reported having experienced good sex. Participants were also asked to complete standardized quantitative measures of women's sexual functioning, sexual satisfaction, and sexual self-schema. Using interpretative phenomenological analysis (IPA), four themes emerged from the qualitative portion of the study. The women expressed a clear definition of good sex (theme one), identified factors that contributed to their experience of good sex (theme two), conceptualized good sex within a developmental context (theme three), and discussed similarities in the experience of good sex between survivors and non-survivors, though noted that the pathways to this experience were different for survivors (theme four). Participants' scores on the quantitative portion of the study varied widely from each other and were inconsistent across individual scores of sexual functioning and sexual satisfaction. These findings demonstrate that women survivors of CSA can and do experience good sex, and this experience of good sex may not be captured accurately by constructs of sexual functioning, sexual satisfaction, and sexual self-schema as depicted in commonly-used questionnaires. Implications for health practitioners, clinicians and researchers are discussed.