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Consequences of Childhood Sexual Abuse for Intimate Couple Relationship according to Relational Marital Therapy*

Abstract

Childhood sexual abuse is a traumatic experience, the consequences of which are numerous in adult intimate relationships. Couples often have problems in maintaining their relationships and frequently face problems in their sexual life. Because of the consequences that they experience and which they usually do not attribute to past trauma, couples increasingly seek therapeutic help. A safe therapeutic relationship enables the formation of new neural connections and a change in relational structures. Identifying and understanding the consequences of sexual abuse with elements of dual awareness is essential for the partnership and healing of both partners. The purpose of the article is to deepen the understanding of the consequences of childhood sexual abuse for couple relationships according to the Relational Marital Therapy paradigm.

Keywords

Childhood sexual abuse, couples, sexuality, intimacy, relational couple therapy.

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1. Childhood sexual abuse

Childhood sexual abuse (hereinafter: CSA) is usually defined as a negative life event in which a child is forced into a sexual experience, which s/he does not fully understand and is not developmentally prepared for, which is why s/he disagrees with it or – because of the imbalance of power and / or physical or mental limitations – cannot accept, nor can s/he choose, since s/he does not understand the meaning and consequences of those actions.¹ The consequences that they experience later as adults are numerous and strongly affect their intimate relationships. These may vary, since sexual abuse occurs in a variety of circumstances, contexts and ways. Research shows that the consequences depend on various factors that are often interrelated: the age of the child at abuse,² the relationship with the perpetrator,³ the number of perpetrators,⁴ the manner of abuse, the duration of abuse,⁵ the response to the disclosure of abuse,⁶ and mother's support.⁷ To summarize the above-mentioned studies, they show that the younger the child is at the time of abuse, the closer relationship s/he has with the perpetrator, the higher the number of abusers is, the longer the duration of abuse is, the worse and more harmful its long-term consequences are. The same applies to children who are not believed when they tell about abuse, who

¹ C. Sanderson, *Counselling adult survivors of child sexual abuse*, London, Philadelphia 2006, Jessica Kingsley, p. 25.

² P. C. Alexander, *The differential effects of abuse characteristics and attachment in the prediction of long-term effects of sexual abuse*, „Journal of Interpersonal Violence” 8 (1993) 3, pp. 346–362; A. Browne and D. Finkelhor, *Impact of child sexual abuse: A review of the research*, „Psychological Bulletin” 99 (1986) 1, pp. 66–77.

³ P. C. Alexander, *The differential effects of abuse characteristics and attachment in the prediction of long-term effects of sexual abuse*, „Journal of Interpersonal Violence” 8 (1993) 3, pp. 346–362.

⁴ A. Browne and D. Finkelhor, *Impact of child sexual abuse: A review of the research*, „Psychological Bulletin” 99 (1986) 1, pp. 66–77.

⁵ T. Šraj, *Spolne zlorabe: povezanost psihičnih posledic s starostjo ob zlorabi, s trajanjem zlorabe in podporo žrtvam v okolju*, „Psihološka obzorja” 19 (2010) 2, pp. 49–67; A. Browne and D. Finkelhor, *Impact of child sexual abuse: A review of the research*, „Psychological Bulletin” 99 (1986) 1, pp. 66–77.

⁶ D. R. Catherall, *Handbook of stress, trauma, and the family*, Brunner-Routledge psychosocial stress series, New York 2004, Brunner-Routledge, p. 57.

⁷ K. A. Kendall-Tackett, L. M. Williams and D. Finkelhor, *Impact of sexual abuse on children: a review and synthesis of recent empirical studies*, „Psychological Bulletin” 113 (1993) 1, pp. 164–180.

are accused or not taken seriously, and to those who do not have the support of their mothers.

2. Sexual abuse and its consequence in intimate couple relationships

Research shows that psychological consequences and problems in interpersonal relationships are more common in those who have experienced sexual abuse than in those who have not.⁸ Men and women who have experienced CSA, as opposed to those who have not experienced it, report a number of interpersonal problems in the areas of trust, control, responsibility, assertiveness and a sense of alienation from their partner,⁹ which increases the probability of marital problems and is manifested as marital dissatisfaction.¹⁰ Numerous studies have shown that trauma affects intimacy with partners;¹¹ for example, it weakens the ability to trust and aggravates emotional expression. It is also expressed as sexual problems.¹²

⁸ J. N. Briere and D. M. Elliott, *Immediate and Long-Term Impacts of Child Sexual Abuse*, „The future of children” 4 (1994) 2, pp. 54–69.

⁹ V. E. Whiffen, J. M. Thompson and J. A. Aube, *Mediators of the link between childhood sexual abuse and adult depressive symptoms*, „Journal of Interpersonal Violence” 15 (2000) 10, pp. 1100–1120.

¹⁰ D. DiLillo, *Interpersonal functioning among women reporting a history of childhood sexual abuse: empirical findings and methodological issues*, „Clinical Psychology Review” 21 (2001), pp. 553–576.

¹¹ J. L. Davis and P. A. Petretic-Jackson, *The impact of child sexual abuse on adult interpersonal functioning: A review and synthesis of the empirical literature*, „Aggression and violent behavior” 5 (2000) 3, pp. 291–328.

¹² R. A. Colman and C. S. Widom, *Childhood abuse and neglect and adult intimate relationships: a prospective study*, „Child Abuse & Neglect” 28 (2004) 11, pp. 1133–1151; J. M. Najman, M. P. Dunne, D. M. Purdie, F. M. Boyle and P. D. Coxeter, *Sexual abuse in childhood and sexual dysfunction in adulthood: an Australian population-based study*, „Archives of sexual behavior” 34 (2005) 5, pp. 517–526.

2.1. Interpersonal consequences in sexuality

The most common problems are addiction to sexuality, sexual dysfunctions which affect sexual desire, arousal and orgasm, as well as pain disorders.¹³ In women who have experienced CSA, researches related to the consequences of abuse most often state problems with the lack of sexual desire, arousal and orgasm.¹⁴ One study, involving 262 men with erectile dysfunction and 479 without it, showed that those who had experienced sexual abuse as teenagers, experience erectile dysfunction more frequently.¹⁵ Sexual abuse by the father, according to research, is associated with greater aversion and sexual ambivalence in victims.¹⁶ In general, sexual intimacy patterns in persons who have experienced CSA are divided into three categories of typical responses:¹⁷ aversion to and avoidance of sexuality, hypersexuality and compulsiveness, and – as the third response – ambivalence, which means simultaneous experiencing of aversion and sexual preoccupation.

Due to these consequences, which couples often do not even associate with CSA, individuals quite frequently seek psychotherapeutic help in the form of individual or group therapy, both of which may be beneficial, but exclude partners. Some research has shown that partners of sexually abused children, among others, report isolation, pain, disappointment, anger, dissatisfaction.¹⁸

¹³ P. Carnes and J. Moriarity, *Sexual anorexia: overcoming sexual self-hatred*, Center City, Minn. 1997, Hazelden, p. 93.

¹⁴ L. M. Leonard and V. M. Follette, *Sexual functioning in women reporting a history of child sexual abuse: review of the empirical literature and clinical implications*, „Annual Review of Sex Research” 13 (2002) 1, pp. 346–388.

¹⁵ R. D. Tucker, S. S. Harris, W. B. Simpson and J. B. McKinlay, *The relationship between adult or adolescent sexual abuse and sexual dysfunction: preliminary results from the Boston Area Community Health Survey (BACH)*, „Annals of Epidemiology” 14 (2004) 8, pp. 621.

¹⁶ J. G. Noll, P. K. Trickett and F. W. Putnam, *A prospective investigation of the impact of childhood sexual abuse on the development of sexuality*, „Journal of Consulting and Clinical Psychology” 71 (2003) 3, pp. 575–586.

¹⁷ C. M. Meston, J. R. Heiman and P. D. Trapnell, *The relation between early abuse and adult sexuality*, „Journal of Sex Research” 36 (1999) 4, pp. 385–395; J. L. Davis and P. A. Petretic-Jackson, *The impact of child sexual abuse on adult interpersonal functioning: A review and synthesis of the empirical literature*, „Aggression and violent behavior” 5 (2000) 3, pp. 291–328.

¹⁸ K. S. Reid, R. S. Wampler and D. K. Taylor, *The alienated partner: responses to traditional therapies for adult sex abuse survivors*, „Journal of Marital & Family Therapy” 22 (1996) 4, pp. 443–453; N. S. Wiersma, *Partner awareness regarding the adult sequelae of childhood sexual abuse for primary and secondary survivors*, „Journal of Marital & Family Therapy” 29 (2003) 2, pp. 151–164.

Sexual abuse is related to the body and sexuality, which are an integral part of intimate partner relationships. Recognizing, understanding and processing the consequences of CSA is therefore of vital importance to both partners and the quality of their relationship.

We shall now introduce Relational Marital Therapy¹⁹ and its theoretical starting point with its main concepts.

3. Relational Marital Therapy

Relational Marital Therapy (hereinafter: RMT) combines system theories with the relational model. It addresses and processes one's images of oneself and others and the effects created during childhood on the basis of relationships with significant others. In order to understand an individual and his relations, it is important to examine and understand the influence of early relationships that shape one's intrapsychic world and one's perception, and are later repeated in adult intimate relationships.²⁰ RMT is based on the premise that spouses can awaken, in each other, the strongest impulses of organic emotional attraction as well as the worst nightmares that they have already experienced as children with other persons – with the unconscious purpose of resolving these issues. Early childhood experiences, including CSA, thus significantly influence the choice of a partner, as well as the development of the whole intimate relationship.²¹

How the experiences of childhood, including sexual abuse, are transferred to interpersonal relationships, RMT explains by means of five fundamental relational mechanisms.

¹⁹ C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut; C. Gostečnik, *Relacijska zakonska terapija*, Ljubljana 2007, Brat Frančišek & Frančiškanski družinski inštitut; C. Gostečnik, *Inovativna relacijska družinska terapija: inovativni psiho-biološki model*, Ljubljana 2011, Brat Frančišek, Teološka fakulteta & Frančiškanski družinski inštitut; C. Gostečnik, *Inovativna relacijska zakonska terapija*, Ljubljana 2015, Brat Frančišek, Teološka fakulteta & Frančiškanski družinski inštitut.

²⁰ C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 36.

²¹ C. Gostečnik, *Relacijska zakonska terapija*, Ljubljana 2007, Brat Frančišek & Frančiškanski družinski inštitut, pp. 13-16.

3.1.1. The Fundamental mechanisms in Relational Marital Therapy

3.1.2. Affective psychic construct

Affective psychic construct (APC) is a defence mechanism that protects an individual against his painful contents. It consists of emotions, thinking, behaviour and organic components that protect the individual from being painfully faced with sexual abuse.²² At the emotional level, one often has constructs of guilt; at the level of thinking, there can be beliefs of one's inferiority; at the behavioural level, such emotions and beliefs can lead to sexual problems. Through a variety of triggers during sexual intercourse, such as touch, smell or taste, individuals who have been sexual abused avoid sex to unconsciously protect themselves against disgust, fear and shame they have experienced when being abused. These defences offer a false sense of security, which allows the individual to avoid confronting CSA²³ and make communication between partners more difficult.²⁴ APCs are most strongly present in dysfunctional couple relationships; they are the most important part of the relational mechanism of affect regulation that leads an individual into relationships in which these affects (e.g. shame, disgust, and grief) can be repeated.²⁵

3.1.3. Basic affect

Basic (core) affects are feelings of joy, anger, fear, shame, sadness and disgust experienced on organic level. They paint the fundamental atmosphere with cognitive, behavioural and emotional levels of experiencing that pervades a family, and thus determines family dynamics since it affects all family members.²⁶ Affects from one's childhood that were, due to abuse / the abuser, related to pain, are either forbidden or expressed in an excessive manner. To a certain extent,

²² C. Gostečnik, *Inovativna relacijska družinska terapija: inovativni psiho-biološki model*, Ljubljana 2011, Brat Frančišek, Teološka fakulteta & Frančiškanski družinski inštitut, p. 66.

²³ C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 18.

²⁴ C. Gostečnik, *Relacijska zakonska terapija*, Ljubljana 2007, Brat Frančišek & Frančiškanski družinski inštitut, p. 43.

²⁵ C. Gostečnik, *Inovativna relacijska družinska terapija: inovativni psiho-biološki model*, Ljubljana 2011, Brat Frančišek, Teološka fakulteta & Frančiškanski družinski inštitut, p. 66.

²⁶ C. Gostečnik, *Inovativna relacijska družinska terapija: inovativni psiho-biološki model*, Ljubljana 2011, Brat Frančišek, Teološka fakulteta & Frančiškanski družinski inštitut, p. 63.

these affects are repeated in every relationship, both in intimate partnerships and in therapy.²⁷

3.1.4. Affect regulation

Affect regulation is crucial in RMT. Its organic component comprises hormonal system for the regulation of organic tension, parasympathetic and sympathetic system,²⁸ and physical and cognitive processes.²⁹ In the case of CSA, dysregulated affects are especially noticeable later in stressful situations,³⁰ e. g. in painful conflicts between partners. Sexual abuse affects the manner of affect regulation and plays a central role in creating the basic affect since it changes the individual's psychic structure and creates a strong affective connection.³¹ Affects associated with abuse deeply pervade the perception of an individual and have a significant impact on how he sees himself, his partner and their relationship. We speak of the basic affects of shame and disgust.³²

3.1.5. Projective and Introjective identification

Firstly, projective and introjective identification is a way of communication, and secondly, it is a defence against uncontrollable and unwanted emotions, a fundamental mechanism of affect regulation.³³ This intrapsychic and interpersonal process enables an individual to attribute the painful aspects of himself,

²⁷ C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 18.

²⁸ C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 18.

²⁹ C. Gostečnik, *Inovativna relacijska družinska terapija: inovativni psiho-biološki model*, Ljubljana 2011, Brat Frančišek, Teološka fakulteta & Frančiškanski družinski inštitut, p. 77.

³⁰ C. Gostečnik, *Relacijska zakonska terapija*, Ljubljana 2007, Brat Frančišek & Frančiškanski družinski inštitut, p. 28.

³¹ C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 353.

³² C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 24.

³³ C. Gostečnik, *Relacijska zakonska terapija*, Ljubljana 2007, Brat Frančišek & Frančiškanski družinski inštitut, pp. 14–20.

i.e. contents that are traumatic and denied, to another person – his partner.³⁴ By means of this mechanism, in sexual abuse the perpetrator transmits / projects to the child guilt, shame, and disgust,³⁵ which begin to awaken in adult intimate partnerships. On the basis of valence, the partner identifies with these contents and begins to act, think and feel accordingly.³⁶ Consequently, the victim of CSA is temporarily released of his pain, his spouse feeling it instead. Those couples whose affects are not regulated and are vulnerable due to CSA need a therapist who will be able to regulate affects which spouses project onto one another.³⁷

3.1.6. Repetition Compulsion

RMT speaks of compulsive repetition of systemic, interpersonal and intrapsychic perceptions. This is about the re-creation of conflict situations, traumas and one's behaviour, thinking and emotions.³⁸ Sexual abuse with all its destructiveness is thus repeated in intimate partnerships, calling for resolution.

From the point of view of the dynamics of intimate couple relations, it can be said that projection identification and repetition compulsion enable the mutual transfer of basic affects within a couple.³⁹

The described relational mechanisms are the foundation of therapy. Below we present the course of RMT in practice.

3.2. Relational Marital Therapy in practice

RMT is based on three levels of experience: systemic, interpersonal and intrapsychic. These levels are based on the five concepts described above, and therapy

³⁴ C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 146.

³⁵ T. Repič, *Spolna zloraba in proces relacijske družinske terapije. Doktorska disertacija*, Teološka fakulteta Univerze v Ljubljani 2007, T. Repič, p. 116.

³⁶ C. Gostečnik, *Inovativna relacijska družinska terapija: inovativni psiho-biološki model*, Ljubljana 2011, Brat Frančišek, Teološka fakulteta & Frančiškanski družinski inštitut, p. 68.

³⁷ C. Gostečnik, *Relacijska zakonska terapija*, Ljubljana 2007, Brat Frančišek & Frančiškanski družinski inštitut, p. 28.

³⁸ C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 182.

³⁹ C. Gostečnik, *Inovativna relacijska družinska terapija: inovativni psiho-biološki model*, Ljubljana 2011, Brat Frančišek, Teološka fakulteta & Frančiškanski družinski inštitut, p. 71.

is based on the assumption that repetitive patterns of relationships, experiences in childhood and body sensations, in particular basic affects created during that time, are constantly being re-created on all three levels of experience.⁴⁰

The foundation of therapy is the relationship that the therapist forms with the couple and represents a new and creative space between them.⁴¹ In therapist's presence, the partners will be able to first feel acceptance, understanding and compassion. This relationship is also the basis for change in therapy.⁴² Within this relationship, the primary task is to offer the couple the feeling of safety and security, the therapist uses various interventions during RMT process.

3.2.1. Relational Marital Therapy process

In RMT, through the mechanism of projective and introjective identification, the unconscious contents of self-images and images of others, affects and psychobiological states stored in somatic memory are transferred. On the first level, RMT therefore seeks organic experiences that are first transferred to the partner and later to the therapist. The therapist tries to find out what both partners are experiencing. At the second level, the therapist addresses the regulation of basic affects on the basis of what has been said and of body sensations, and the affective psychic constructs that are shown in behaviour. The therapist pays special attention to the intrapsychic structure, as these contents show up in the relationship between partners, and the therapist experiences them as transference and countertransference. Thus, building on the parallels between the past and the present, the therapist gives meaning to these contents.⁴³ Understanding the link between unresolved childhood experiences and subsequent marriage problems helps the spouses to transform problems through personal responsibility into something new, which allows growth, through the dissolution of the APC which

⁴⁰ C. Gostečnik, *Inovativna relacijska družinska terapija: inovativni psiho-biološki model*, Ljubljana 2011, Brat Frančišek, Teološka fakulteta & Frančiškanski družinski inštitut, p. 9.

⁴¹ C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 344.

⁴² C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 41.

⁴³ C. Gostečnik, *Relacijska zakonska terapija*, Ljubljana 2007, Brat Frančišek & Frančiškanski družinski inštitut, pp. 44-46.

has made functional communication more difficult.⁴⁴ And it is on the third level where therapist, equipped with new knowledge, focuses on the formation of a new relationship, in which s/he changes implicit affective contents, replacing them with new, healthier behaviours.⁴⁵

3.2.1.1. Change in Relational Marital Therapy process

In RMT changes emerge that are the goal of the very therapeutic process. In victims of CSA, abuse penetrates into their psychic structure and by means of affects directs their behaviour, *inter alia* interfering with their intimate relationships.⁴⁶ In the therapeutic process, for couples who have experienced CSA it is important to first change the way they experience themselves, then each other and their common relationship or, as Gostečnik calls it, “the change of relational structures”.⁴⁷ Clinical practice shows that couples with CSA experience enter therapy because of the problems they experience in intimate relationships in order to resolve them. RMT sees these problems as an opportunity for growth and a more qualitative interpersonal relationship.⁴⁸ Resolution is thus carried out through changes on cognitive, emotional and physical levels, enabling the couple to reconnect in a new way.

3.2.2. Relational Marital Therapy effectiveness

The effectiveness of RMT model is confirmed by several studies. It has been established that Relational Marital Therapy contributes to reducing problems in intimate relationships and improves emotional stability.⁴⁹ In the study ex-

⁴⁴ C. Gostečnik, *Inovativna relacijska družinska terapija: inovativni psiho-biološki model*, Ljubljana 2011, Brat Frančišek, Teološka fakulteta & Frančiškanski družinski inštitut, p. 306.

⁴⁵ C. Gostečnik, *Relacijska zakonska terapija*, Ljubljana 2007, Brat Frančišek & Frančiškanski družinski inštitut, p. 46.

⁴⁶ C. Gostečnik, *Relacijska zakonska terapija*, Ljubljana 2007, Brat Frančišek & Frančiškanski družinski inštitut, p. 7.

⁴⁷ C. Gostečnik, *Relacijska družinska terapija*, Ljubljana 2004, Brat Frančišek & Frančiškanski družinski inštitut, p. 40.

⁴⁸ C. Gostečnik, *Relacijska zakonska terapija*, Ljubljana 2007, Brat Frančišek & Frančiškanski družinski inštitut, p. 376.

⁴⁹ M. Cvetek, *Čustveno procesiranje in spodbujanje razvoja čustvenega procesiranja v relacijski zakonski in družinski terapiji: doktorska disertacija*, Univerza v Ljubljani, Teološka fakulteta 2013, p. 322–323.

aming change in clients who were involved in a three-month therapeutic process, it was found that there were changes regarding partnership problems and power, which shows a number of statistically significant improvements in comparison with individuals who were not included in therapeutic treatment. Among other things, the study has shown that the intimacy and communication between partners improved, the positive aspects of the relationship and trust between partners increased, dissatisfaction with sexuality decreased and their relationship generally began to improve.⁵⁰ In a study involving couples with CSA experience, it was found that after six months of treatment, the quality of their intimate relationships improved, and the degree of commitment and confidence in sexuality increased. After they completed Relational Marital Therapy process, the couples were able to identify changes in their sexuality, communication, emotional experience, family relationships and interconnectedness. When identifying factors crucial for change, couples mentioned the therapist's empathy and new insights related to sexual abuse in childhood and sexuality in an adult intimate relationship.⁵¹ Relational Marital Therapy thus helps couples with CSA experience to recognize, understand and process the consequences of abuse in their relationship and, consequently, contributes to quality intimacy in their marriage. The latter is very important, since marriage is not just an institution but also a personal relation comprising a community of persons.⁵² Salvation can never be achieved by an individual alone, but in relation to others, especially in relation to God, who gently enters the life of a spouse, offers a safe haven and a merciful embrace in which a couple can drop all defences, reconcile and create a new life.⁵³

⁵⁰ B. Kreš, *Analiza sprememb pri udeležencih v relacijski družinski terapiji in ključni trenutki teh sprememb z vidika udeležencev: doktorska disertacija*, Univerza v Ljubljani, Teološka fakulteta 2016, p. 269-270.

⁵¹ S. Jerebic, *Travma spolne zlorabe v otroštvu in intimni partnerski odnos: doktorska disertacija*, Univerza v Ljubljani, Teološka fakulteta 2016, 184–185.

⁵² E. Osewska, *Memories of Adults Regarding Relations with Parents in Childhood, "The Person and the Challenges"* 7 (2017) 1, pp. 149-158.

⁵³ B. Simonič, *Nežnost in njen pomen v medosebnih odnosih*, "Bogoslovni vestnik" 78 (2018) 1, pp. 209-218.

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