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## **Are Childhood Sexual Abuse and Intimate Safety in Adult Intimate Relationships Correlated?\***

### **Abstract**

Individuals who have experienced childhood sexual abuse report numerous problems in intimate relationships, including their physical and sexual experience. Satisfying sexuality arises from intimate safety, the prerequisite for which is mutual trust, which, however, can be impaired due to betrayal in individuals who were traumatized by sexual abuse in their childhood. In a study with 168 participants, we were interested in differences in intimate safety within intimate relationships (measured by the ISQ – Intimate Safety Questionnaire subscale which refers to sexual safety). Differences were studied within two groups of couples – those who had experienced childhood sexual abuse and those who had never experienced the sexual abuse in childhood. We found that among the participating couples, in 42 (50%) couples at least one of the partners experienced at least one type of sexual abuse. One or more types of sexual abuse in childhood were experienced by 12 (14%) men and 39 (46.4%) women. We also found that in couples who had experienced sexual abuse in childhood and couples who had not, there is a dif-

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ference in intimate safety in their sexual life. The couples who had not experienced sexual abuse in childhood reported statistically significantly higher sexual safety in their intimate relationships. We can conclude that childhood sexual abuse trauma is expressed in sexual intimacy with mistrust, which through the decreased feeling of safety inhibits individuals' vulnerability and reduces the opportunity to create intimacy. The survey was limited by a biased sample.

## Keywords

Trauma, childhood sexual abuse, intimate relationship, intimate safety

## 1. Introduction

### Childhood sexual abuse trauma and intimate safety

Sexual abuse in childhood is most often defined as a negative life event when a child is forced into a sexual experience which she does not fully understand, therefore she disagrees with it and/or cannot accept it because of the imbalance of power, i.e. physical or mental limitations, nor has she the ability to choose since she does not understand the meaning and consequences of actions.<sup>1</sup> The child is thus used as a sexual object to meet the needs or desires of a known or unknown adult, also an adolescent or an older child – the perpetrator, who deliberately seeks and encourages abuse by threat, force, intimidation or manipulation.<sup>2</sup> Because sexual abuse does not occur in isolation, but always within a relationship,<sup>3</sup> we speak of relational trauma, which is more psychopathogenic than any other social or physical stress.<sup>4</sup> Some authors define it as a complex psychological trauma characterized by the exposure to intense stressors, which

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<sup>1</sup> C. Sanderson, *Counselling adult survivors of child sexual abuse*, London, Philadelphia 2006, Jessica Kingsley, p. 26.

<sup>2</sup> D. Finkelhor, J. Korbin, *Child abuse as an international issue*, "Child Abuse & Neglect" 12 (1988) 1, pp. 3–23.

<sup>3</sup> J. L. Herman, *Trauma and recovery*, London 1997, Pandora, p. 133.

<sup>4</sup> A. N. Schore, *Affect regulation and the repair of the self (norton series on interpersonal neurobiology)*, New York 2003, WW Norton & Company.

may be repetitive or prolonged, as they develop during a developmentally sensitive period of childhood, or adolescence, when a critical period of brain development occurs,<sup>5</sup> which is harmful to a child's development.<sup>6</sup> Many effects can be observed immediately or may manifest later, often within intimate relationships,<sup>7</sup> where they can be expressed as fear, mistrust, or ambivalence regarding interpersonal closeness and vulnerability. Many adults find it difficult to trust their intimate partners.<sup>8</sup> They often experience a lot of fear, which can be related to safety in an unpredictable and dangerous world, self-confidence and intimacy with others. They are afraid of being betrayed and wounded once again, i.e. repeating the cycle of abuse. A number of studies have thus shown that trauma weakens the ability to trust, complicates emotional expression and affects interpersonal intimacy,<sup>9</sup> which is also reflected in experiencing and expressing sexuality.<sup>10</sup> In this context, intimacy is understood as a relational concept which consists of the ability to trust one another, the sharing of thoughts and feelings, and includes friendship and sexuality.<sup>11</sup> It is a multi-layered concept, consisting

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<sup>5</sup> C. A. Courtois, J. D. Ford, *Treating complex traumatic stress disorders: an evidence-based guide*, New York, London 2009, Guilford, p. 13.

<sup>6</sup> B. Van der Kolk, *Developmental Trauma Disorder*, "Psychiatric Annals" 35 (2005) 5, pp. 401–408.

<sup>7</sup> S. Jerebic, *Travma spolne zlorabe v otroštvu in intimni partnerski odnos: neobjavljena doktorska disertacija*, Univerza v Ljubljani 2016, Teološka fakulteta.

<sup>8</sup> C. Sanderson, *Counselling adult survivors of child sexual abuse*, London, Philadelphia 2006, Jessica Kingsley, p. 89.

<sup>9</sup> J. N. Briere, *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*, London, New Delhi 1992, Sage Publications, p. 54; J. L. Davis, 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; D. Finkelhor, A. Browne, *The traumatic impact of child sexual abuse: a conceptualization*, "American Journal of Orthopsychiatry" 55 (1985) 4, pp. 530–541; O. Rumstein-McKean, J. Hunsley, *Interpersonal and family functioning of female survivors of childhood sexual abuse*, "Clinical Psychology Review" 21 (2001) 3, pp. 471–490.

<sup>10</sup> R. A. Colman, C. S. Widom, *Childhood abuse and neglect and adult intimate relationships: a prospective study*, "Child Abuse & Neglect" 28 (2004) 11, pp. 1133–1151; L. M. Leonard, 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; J. M. Najman, M. P. Dunne, D. M. Purdie, F. M. Boyle, 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.

<sup>11</sup> B. Mills, G. Turnbull, *After trauma: Why assessment of intimacy should be an integral part of medico-legal reports*, "Sexual and Relationship Therapy" 16 (2001) 3, pp. 299–308.

of intimate behaviour and intimate experience.<sup>12</sup> For satisfying intimacy, a couple needs more than one intimate interaction which consists of sharing personal experience exclusively with the partner, creating a positive emotional atmosphere between partners, and a feeling that one is heard and understood by the partner.<sup>13</sup> The act most often referred to as an example of intimacy is the sharing of one's own thoughts and feelings, i.e. self-disclosure,<sup>14</sup> which is gradually enhanced through mutual interaction.<sup>15</sup> Intimacy occurs when a person who expresses their physical and emotional vulnerability feels safe with and comforted by their partner.<sup>16</sup> Partners should create intimate safety, which involves the development of mutual trust and includes the predictable probability of intensifying interpersonal vulnerability, the development of a reliable and safe relationship with the partner, and the increase of trust in the partner's positive responses.<sup>17</sup> Therefore, to become vulnerable in an interpersonal context means to adopt a behaviour by which the individual risks being punished by the other. On the basis of this assumption, anything the individual may do and has in the past been associated with an unfavourable response of others, presents a risk for interpersonal vulnerability.<sup>18</sup> According to the above theory and research, in our study<sup>19</sup> we wanted to answer the following question: Is there a statistically significant difference in physical/sexual safety between couples who experienced childhood sexual abuse trauma and couples who had no such experience? Our findings will thus also answer the question about the correlation of childhood sexual abuse and intimate safety in adult intimate relationships.

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<sup>12</sup> K. J. Prager, *The psychology of intimacy*, New York, London 1995, Guilford Press, pp. 16–18.

<sup>13</sup> K. J. Prager, *The psychology of intimacy*, New York, London 1995, Guilford Press, p. 26.

<sup>14</sup> K. J. Prager, *The psychology of intimacy*, New York, London 1995, Guilford Press, p. 190.

<sup>15</sup> D. Rosenbloom, M. B. Williams, *Life after trauma: a workbook for healing*. New York 1999, Guilford Press, p. 270.

<sup>16</sup> J. V. Cordova, R. L. Scott, *Intimacy: A behavioral interpretation*, "The Behavior Analyst" 24 (2001) 1, pp. 75–86.

<sup>17</sup> J. V. Cordova, C. B. Gee, L. Z. Warren, *Emotional skillfulness in marriage: Intimacy as a mediator of the relationship between emotional skillfulness and marital satisfaction*, "Journal of Social and Clinical Psychology" 24 (2005) 2, p. 218.

<sup>18</sup> J. V. Cordova, R. L. Scott, *Intimacy: A behavioral interpretation*, "The Behavior Analyst" 24 (2001) 1, pp. 75–86.

<sup>19</sup> S. Jerebic, *Travma spolne zlorabe v otroštvu in intimni partnerski odnos: neobjavljena doktorska disertacija*, Univerza v Ljubljani 2016, Teološka fakulteta.

## 2. Method

### 2.1. Participants

In the survey<sup>20</sup> we received 168 questionnaires (plus 19 which were incomplete or unsuitable, so we did not use them). The research sample therefore consisted of 168 participants, i.e. 84 couples who attended two open groups for spouses. Of these, 69 couples were married, and 15 were living in a non-marital union at the time of data collection. The age of the participants ranged from 24 to 68 years. The average age of male participants was 40.8 years and the standard deviation was 8.9 years. The average age of female participants was 38.5 years, SD = 8.7 years. The average duration of marriage was 12.4 years (SD = 10.4). As far as education is concerned, three participants had elementary education, 52 secondary education, 93 post-secondary or tertiary education, and 20 had obtained a master's degree or doctorate. Couples/families differed according to the number of children. On average, a couple had two children. In a further analysis couples were divided into two groups depending on whether or not one of the partners reported the trauma of childhood sexual abuse. Thus, we also present the frequency of sexual abuse in our sample. 12 (14%) of men and 39 (46.4%) of women reported having experienced one or more forms of sexual abuse in childhood. 5 men and 26 women reported more than one form of sexual abuse. The average age at which they had experienced sexual abuse is difficult to calculate, since some of them reported multiple events at different ages. If we do not take into account merely the earliest abuse, the average age for men would be 12, and for women 11 years. Among the participating couples, in 42 (exactly 50%) at least one of the partners experienced at least one of the forms of sexual abuse.

### 2.2. Measuring tools

Childhood sexual abuse (CSA) trauma was determined by a set of questions in which we have listed a range of behaviours that include various forms

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<sup>20</sup> S. Jerebic, *Trauma spolne zlorabe v otroštvu in intimni partnerski odnos: neobjavljena doktorska disertacija*, Univerza v Ljubljani 2016, Teološka fakulteta.

of childhood sexual abuse<sup>21</sup> with and without body contact.<sup>22</sup> Based on the answers to valid questions, the participants were divided into two groups: the group of sexually abused in childhood and the group of those who were never sexually abused in childhood.

The Intimate Safety Questionnaire (ISQ) by Cordova, Blair and Meade, 2010, consists of 28 items and measures the degree of vulnerability in intimate relationships in 5 different dimensions. For the purposes of research, we used a subscale with five items referring to physical/sexual safety with the prior agreement with and permission of the author (Cordova). The participants could choose 0 to 4 points in responding to each statement (e.g. 'Sexual intercourse with my partner is unpleasant for me'). A higher number indicates a higher degree of commitment and trust. The reliability coefficient Cronbach Alpha for the entire questionnaire is 0.90.<sup>23</sup> In our case, the reliability of the subscale was verified with internal reliability by testing the Cronbach Alpha coefficient, which was 0.54 in the male sample and 0.57 in the female sample.

### 2.3. Procedure

We reached the research sample through participants who attended two open groups for couples, one in Celje and one in Ljubljana. Before the group meeting started, we asked the couples to fill in questionnaires related to sexual abuse in childhood and vulnerability in intimate relationships regarding sexuality (Intimate Safety Questionnaire, ISQ). In the invitation to participate in the survey, we stated what we were researching and ensured the anonymity of the data. In envelopes with our address, the questionnaires were distributed, one to a wife and one to a husband; both were asked to use the same code, or quote each other's code, so that we could later identify couples. Some participants returned completed questionnaires at the end of the group

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<sup>21</sup> D. Finkelhor, J. Korbin, *Child abuse as an international issue*, "Child Abuse & Neglect" 12 (1988) 1, pp. 3–23; M. L. Sacco, B. A. Farber, *Reality testing in adult women who report childhood sexual and physical abuse*, "Child abuse & neglect" 23 (1999) 11, pp. 1193–1203.

<sup>22</sup> S. J. Collings, *The long-term effects of contact and noncontact forms of child sexual abuse in a sample of university men*. "Child Abuse & Neglect" 19 (1995) 1, pp. 1–6.

<sup>23</sup> J. V. Cordova, J. Blair, A. E. Meade, *The Intimate safety Questionnaire: measuring the private experience of intimacy*, Unpublished manuscript, in: M. Hawrilenko, T. D. Gray and J. V. Cordova, *The heart of change: acceptance and intimacy mediate treatment response in a brief couples intervention*, "Journal of Family Psychology" 30 (2010) 1, pp. 93–103.

meeting, while others were sent to us in mail. The questionnaires returned by only one spouse were excluded, as well as the questionnaires in which couples failed to answer questions about childhood sexual abuse, and those by couples whose intimate relationship/marriage lasted less than a year. There were 19 unused questionnaires in total. The results were statistically processed using the SPSS program. The research was approved by the Ethics Committee of the Republic of Slovenia.

### 3. Results

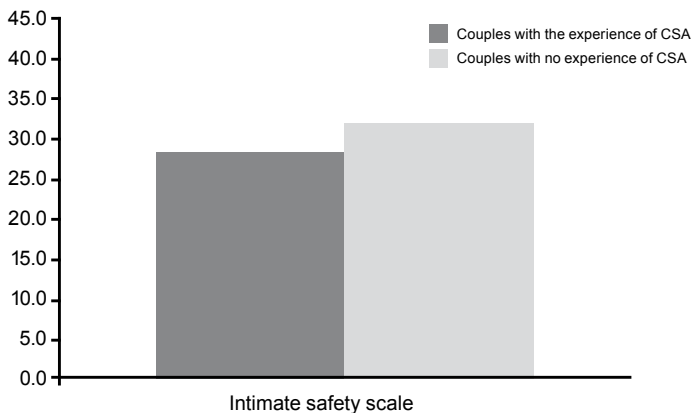
In the beginning, we defined the descriptive properties of the variables for couples from the results obtained. Descriptive statistics are shown in Table 1 below. The first set of columns presents descriptive statistics of sums of the scale for couples. In the other two sets, descriptive statistics are presented separately for couples in which at least one of the partners experienced childhood sexual abuse, and couples in which none of the partners experienced sexual abuse in childhood. The comparison of the arithmetic means between the 2nd and 3rd columns enables the first observation of the differences in the perception of intimate safety. These differences were then verified by statistical procedures.

**Table 1.** Descriptive statistics of the variables for all couples, for couples with CSA trauma and for couples who have not experienced CSA trauma

Questionnaire or subscale	All couples			At least one partner has experienced childhood sexual abuse			None of the partners experienced childhood sexual abuse		
	M	SD	SE	M	SD	SE	M	SD	SE
Intimate Safety Questionnaire	30.1	4.79	0.52	28.5	5.32	0.82	32.1	3.13	0.49

*Note.* The calculation of the total result of a couple on one scale and subscale is the sum of the results of both partners.

Prior to the analysis of the results, the normality of distribution was tested by the Kolmogorov-Smirnov test. Normality has been tested separately for the distribution of couples who had experienced sexual abuse, and for the distribution of couples who had not experienced sexual abuse. The results of the Kolmogorov-Smirnov test showed that both in the abused ( $D(41) = 0.109$ ,  $p = 0.200$ ) and those who were not abused ( $D(40) = 0.113$ ,  $p = 0.200$ ) there is no significant deviation from the normality of the distribution. In calculating differences on variables we used t-test.



**Figure 1.** The comparison of average results (M) on the Intimate Safety Questionnaire between couples with sexual abuse and couples with no experience of childhood sexual abuse.

In Figure 1 we see that couples who suffered sexual abuse in childhood experience lower physical / sexual safety in a relationship than couples who did not experienced sexual abuse. This difference is statistically significant ( $t(67) = 3.769$ ,  $p < 0.001$ ,  $r = .419$ ). Couples who did not experience sexual abuse in childhood reported statistically significantly higher physical / sexual safety in the relationship. In this case, the effect is medium to high.

#### 4. Discussion

The results of the study showed the difference in intimate safety, specifically in physical / sexual safety, in couples who experienced childhood sexual abuse



trauma. In these cases, intimate safety is statistically significantly lower than in couples who did not experienced sexual abuse in childhood. At this point, we could refer to the theory of Finkelhor and Browne<sup>24</sup> who in relation to a traumatogenic model speak of the four traumatic effects of sexual abuse that change the child's rational and emotional perception of the world and cause trauma with distorted self-image and worldview: traumatic sexualization, powerlessness, stigmatization, and betrayal. Betrayed trust is one of the most significant traumatic dynamics as far as acting in interpersonal relations is concerned. The child was abused, the feeling of safety and trust were destroyed, and the child experienced betrayal. When the child grows up, the sense of childhood betrayal can be transferred to other relationships,<sup>25</sup> in which the affects related to abuse are replayed. Sexual abuse in childhood powerfully impacts the ability to trust, and since this ability requires minimal defensiveness and the belief that others are not dangerous, an individual with the experience of CSA can hardly trust their intimate partner at all.<sup>26</sup> In intimacy, past abuse is thus expressed as fear, mistrust, or ambivalence about interpersonal closeness and vulnerability, which is confirmed by other studies. Many adults find it difficult to trust their partners.<sup>27</sup> They often experience a lot of fear,<sup>28</sup> which can be linked to safety in an unpredictable and dangerous world, self-confidence and intimacy with others. They fear being betrayed and wounded once again, finding themselves in the cycle of abuse. Our findings also coincide with studies which suggest that trauma weakens the ability to trust, hinders emotional expression and affects couple intimacy.<sup>29</sup> When an individual does not feel safe enough and does not trust

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<sup>24</sup> D. Finkelhor, A. Browne, *The traumatic impact of child sexual abuse: a conceptualization*, "American Journal of Orthopsychiatry" 55 (1985) 4, pp. 530–541.

<sup>25</sup> J. L. Davis, 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.

<sup>26</sup> J. N. Briere, *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*, London, New Delhi 1992, Sage Publications, p. 51.

<sup>27</sup> C. Sanderson, *Counselling adult survivors of child sexual abuse*, London, Philadelphia 2006, Jessica Kingsley, p. 89.

<sup>28</sup> C. L. Anderson, P. C. Alexander, P. C. *The relationship between attachment and dissociation in adult survivors of incest*. "Psychiatry" 59 (1996) 3, pp. 240–254.

<sup>29</sup> J. N. Briere, *Child Abuse Trauma: Theory and Treatment of the Lasting Effects*, London, New Delhi 1992, Sage Publications, p. 54; J. L. Davis, 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; D. Finkelhor,

another, then she cannot relax into a state of physical and sexual vulnerability. This also corresponds to research that identifies the expression of sexual abuse trauma in one's sexuality. The results of a study by Thelen et al<sup>30</sup>. show that the fear of intimacy is associated with closeness, trust and another's reliability, which is also reflected in sexuality. In the study by Easton, Coohy, O'leary, Zhang and Hua,<sup>31</sup> which included 165 participants of both sexes, who had been sexually abused as children, the researchers found that 48% of women and 37.5% of men are afraid of sexual intercourse. A study by Pistorello and Follette,<sup>32</sup> which examined the transcription of therapy recordings, found that individuals with the experience of CSA trauma reported problems in intimate relationships. One of the results showed that the symptoms of trauma after abuse were associated with sex avoidance and sexual guilt. The other indication were problems with intimacy and communication in relationships. This is confirmed by the study of clinical practice,<sup>33</sup> where couples with the experience of sexual abuse reported sexual problems. Among other things, there was a lack of sexual intercourse, the absence of sexual desire, the perception of sex as a duty, and dissatisfaction with sexuality. They experienced distress, confusion and unpleasant feelings, such as guilt, fear, shame and disgust. The very defensiveness or, precisely, defences that were set up in childhood in response to sexual abuse trauma, persist in adulthood and act as obstacles in intimate relationships. Sexual abuse trauma was caused within a relationship, and since an adult intimate relationship also involves body and sexuality, it is here where sexual abuse can awake most uncontrollably, since it is engrained in body sensations. In individuals with an experience of sexual abuse, everything related to body and sexuality within

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A. Browne, *The traumatic impact of child sexual abuse: a conceptualization*, "American Journal of Orthopsychiatry" 55 (1985) 4, pp. 530–541; O. Rumstein-McKean, J. Hunsley, *Interpersonal and family functioning of female survivors of childhood sexual abuse*, "Clinical Psychology Review" 21 (2001) 3, pp. 471–490.

<sup>30</sup> M. H. Thelen, J. S. Vander Wal, A. M. Thomas, R. Harmon, *Fear of intimacy among dating couples*, "Behavior Modification" 24 (2000) 2, pp. 223–240.

<sup>31</sup> S. D. Easton, C. Coohy, P. O'leary, Y. Zhang, L. Hua, *The effect of childhood sexual abuse on psychosexual functioning during adulthood*, "Journal of Family Violence" 26 (2011) 1, pp. 41–50.

<sup>32</sup> J. Pistorello, V. M. Follette, *Childhood sexual abuse and couples' relationships: female survivors' reports in therapy groups*, "Journal of Marital and Family Therapy" 24 (1998) 4, pp. 473–485.

<sup>33</sup> S. Jerebic, D. Jerebic, *Consequences of childhood sexual abuse for intimate couple relationship according to relational marital therapy*. "The Person and the Challenges" 8 (2018) 2, pp. 133–146.

intimate relationships can thus be perceived as a threat.<sup>34</sup> Our results show that sexual abuse can be expressed in intimate / physical / sexual safety. We assume that mistrust in couples who have experienced the childhood sexual abuse trauma leads to uneasiness, which hinders vulnerability and prevents relating. The co-author of the Intimate Safety Questionnaire found that individuals who reported higher levels of intimate safety also reported more trust in their relationship, greater commitment to the relationship, and greater overall relationship satisfaction. Cordova believes that the lack of trust can inhibit an individual's tendency to interpersonal vulnerable behaviour, which limits opportunities for intimate events and the development of feelings of intimate safety,<sup>35</sup> as has been shown in our research.

It is shocking that nearly every second female participant in the study experienced at least one of various forms of sexual abuse. Considering retrospective self-reporting, due to the nature of memory (possible amnesia), the percentage of couples who have experienced CSA trauma could be even higher. At the same time, it should be borne in mind that some couples have completed questionnaires prior to the group meeting with their spouse / partner to whom they had not yet spoken about potential CSA trauma and therefore did not qualify for the group of couples with the history of sexual abuse. For a better insight, in the future it would be valuable to also investigate information about the abuser: to determine whether the abuser belonged to the family or came from the outside, the duration of abuse, and how these data are related to intimate safety. We had thought about this before the start of the research, when we conducted a pilot study on sexual abuse in childhood. The space to answer the question „Who abused you?” often remained blank, so we decided to omit this question in this study. When asking about sexual abuse in childhood, before the set of questions about the CSA we wrote that the questions can provoke unpleasant feelings and the participants should only answer if they want to, as we did not want them to be retraumatized. Thus, 11 questionnaires were returned that could not be included in the survey, as the participants did not answer the questions about sexual abuse. We can assume that for those individuals, sexual

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<sup>34</sup> B. A. Van der Kolk, *Beyond the talking cure: somatic experience and subcortical imprints in the treatment of trauma*, in: F. Shapiro (eds.), *EMDR as an integrative psychotherapy approach: experts of diverse orientations explore the paradigm prism*, Washington 2002, American Psychological Association, pp. 57–83.

<sup>35</sup> J. V. Cordova, R. L. Scott, *Intimacy: A behavioral interpretation*, “The Behavior Analyst” 24 (2001) 1, pp. 75–86.

abuse is still a painful issue and they did not want to deal with it; but it is also possible that they have not spoken about abuse with their partner and did not want to answer the questions on CSA trauma in their presence. If the latter was true, it would mean that these participants are in distress because they cannot trust their partner, and mistrust is also reflected in intimate relationship. It is possible that the participants have responded negatively to the question of sexual abuse, even if they did experience it, because they felt ashamed in front of their partner. In the study of the therapeutic process,<sup>36</sup> it turned out that the shame and fear of partner's response prevents the person who has experienced sexual abuse from disclosure. Five men and 26 women reported more than one form of sexual abuse, so in future research participants should be asked about each form of abuse separately and, as already said, questions about the perpetrator should be included.

It is also worth mentioning some of the shortcomings of our research. One of them is the sample itself, which included couples who participated in two groups for spouses. In subsequent studies, it would be necessary to include couples who do not see themselves as couples with problems and / or do not attend a couples' group. The second weakness is not very high reliability of the ISQ questionnaire. The cause could be using only one subscale. Despite the constraints, the couples included in the survey provided a diversity of participants. They were aged 24 to 68, which means that we included three generations. The education structure was also varied – from elementary to doctoral education; couples had from zero to seven children; some couples were married, while others lived in a non-marital union. The results of the study may help marital therapists in their clinical work with couples. Namely marriage is not just an institution, but also a personal relation comprising a community of persons.<sup>37</sup> It is terrifying that every second intimate relationship is in danger due to the impact of the systemic dimension of CSA trauma, which should be considered in therapy. It is therefore important for a therapist to have both theoretical and practical knowledge about sexual abuse and its systemic dimension.

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<sup>36</sup> S. Jerebic, *Travma spolne zlorabe v otroštvu in intimni partnerski odnos: neobjavljena doktorska disertacija*, Univerza v Ljubljani 2016, Teološka fakulteta.

<sup>37</sup> E. Osewska, *Memories of Adults Regarding Relations with Parents in Childhood*. "The Person and the Challenges" 7 (2017) 1, pp 149–158.

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