

## Child Sexual Abuse History and Adult Promiscuity Among Female Filipino Survivors

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### Abstract

This study investigated the relationship of Childhood Sexual Abuse (CSA) and Adult Promiscuity among Filipina CSA survivors using a phenomenological approach. Through in-depth qualitative interviews, the narratives of four participants—aged between 21 to 32—were examined, elaborating a comprehensive exploration of their experiences about being sexually abused as children, how the events affected them in youth into adulthood, their coping mechanisms, the seasons in their lives spent in promiscuity, and where they are now. Thematic analysis of the collected data revealed that these survivors engaged in risky sexual activities because they wanted some semblance of control over what happened, they were addicted to the system of the abuse, and they were led to believe the negative notions instilled in their minds by their abusers. Further into the paper, it was revealed that three out of these survivors no longer live promiscuous lives and are either in recovery or had recovered from CSA. Cultural implications were also examined, showing that the Philippines has a secret pandemic of CSA, that its conservativeness attaches shame to CSA survivors, and that spirituality as Filipinos have both negative and positive effects amongst the lives of participants. In essence, this paper aims to assist with solutions to psychological problems of sexual trauma and the societal consequences they entail.

**Keywords:** trauma, abuse, promiscuity, sexual abuse, childhood sexual abuse and adult promiscuity

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### Introduction

Child Sexual Abuse (CSA) bears a variety of definitions; yet in the simplest of terms, CSA can be defined as any sexual activity where an adult enforces his/her power upon a minor for his/her own sexual gratification, however it may be attained (Castro, et.al., 2019). CSA may be contact (e.g. fondling, vaginal, oral, or anal sex) or non-contact (exposing a child to pornographic materials, adult exhibitions, and requests for sexual favors). CSA experiences also differ in severity, duration, frequency, and perpetrator-victim relationships (Friedenberg, et. al., 2013). Nevertheless, abuse is abuse no matter how it has been carried out, and in cases of CSA, the effects of such violations

manifest in the lives of the survivors as uniquely as their fingerprints. As Friedenberget al (2013) reported in their study, CSA experiences are as heterogeneous as the individuals who were seized to bear them. Science and Research can try to explain the nature and effects of abuse in their own terms, but they may never quite measure up to the detailed, lived narratives of CSA survivors themselves.

CSA does not only destroy a person's body. It also brings forth the devastation of a child's cognitive and affective sense of self; thus, posing serious threats to the interference of a minor's development, especially the victim's nervous system. In fact, CSA has been linked to relevant psychiatric sequelae, which includes the development of Depression and Post Traumatic Stress Disorder (PTSD). CSA is also known as a risk factor for psychological trauma that negatively impacts the brain's developmental process and functionality (Heim et. al, 2013). Further neuroscientific studies reveal that there is a huge difference between the brain structure of abused and non-abused children. Aforementioned researches have unearthed numerous electrophysiological brain alterations, modified brain structure, and deregulated brain activation to stimuli. In other words, the traumatized brains of CSA survivors are different from those of non-CSA survivors (Bremner, 2023). They also think and act differently, provided that the wirings of their brain are altered with the impacts of the abuse. In fact, in 2013, researchers conducted a Stroop Test on individuals who had experienced sexual abuse, utilizing this test as a measure of processing speed, cognitive skills, and selective attention capacity. The findings of their study pointed towards potential attentional difficulties among the survivors of CSA (Barrera et al., 2013). Additionally, a separate study highlighted an elevated risk of psychiatric disorders in individuals who had experienced child sexual abuse, emphasizing the broader implications of trauma (Dworkin, 2018).

A not-so-well-known effect of CSA is sexual promiscuity during adulthood — a topic that this study focuses on. Having survived CSA episode/s have been linked to poorer psychological functioning (Senn et. al., 2008; Homma et. al., 2012), aggression, relationship problems (Jones and Furman, 2010), or increased use of alcohol and other drugs. CSA can lead to the distrust of others; this sense of betrayal is rooted from the fact that CSA perpetrators often belong to the closest environment of the abused child. It is possible that their wounders are also the ones they love (Pereda et. al, 2016).

Bearing the traumatic experiences as they go through life, CSA survivors are at a high-risk for performing risky behaviors in adolescence and youth (Senn. et.al, 2008), and that is where promiscuity and sexual revictimization come in.

There is a widespread existing literature that explains CSA-sexual assault relationship in adulthood. Santos-Iglesias and Sierra (2012) suggest that boundary-less, dangerous sexual relationships are governed by three factors – sexual experience, sexual assertiveness, and substance use before intercourse. With the aid of recent studies, it has also been established that women who have lived through CSA have a larger number of partners. (Arata, 2000) This can be due to the fact that CSA can influence the level of information, self-protection, and behavioral skills that the victims have to establish boundaries before sex. CSA victims may be limited in their knowledge about sexually transmitted infections (STIs), they have fewer favorable attitudes towards a protective sex, and lower self-efficacy (Hall et. al., 2008).

This study aims to explore sexual promiscuity as an effect of CSA. It also focuses on the lived experience of female Filipino survivors and how they acted out their sexuality during adulthood. The researcher chose to focus on the Philippine perspective of child sexual abuse on female survivors, since the conservative country still shies away from this kind of discussion, bringing forth ignorance upon its citizens and passing on shame and guilt to those who have suffered CSA and are told to keep it in the dark. This stigma remains in spite of the fact that Cameleon Association (2015) reports that about 7,000,000 children are sexually abused in the Philippines.

## **Method**

This chapter demonstrates the research design used, research site, selection criteria and participants, data collection and analysis, role of the researcher, methods of validation, and ethical considerations.

### *Research Design*

In this paper, the researcher utilized a qualitative case study. Case study, by definition, is an empirical inquiry that inspects a contemporary phenomenon in-depth, within the context of the real-world (Yin, 2014). Due to its ability to provide a comprehensive and contextualized examination of the

subject matter, this design would be the best fit for a study that delves into the unique experiences of the participants.

### *Research Site*

The researcher used a variety of online video conferences like Zoom and Google Meet to conduct the interviews. It was guaranteed that the researcher would abide by Republic Act No. 10173, otherwise known as the Data Privacy Act, to keep all the information she had gathered safe from the beginning of the study to the absolute end. Breaching the contract she would have with her interviewees was punishable by the law.

### *Selection Criteria and Participants*

The researcher found her participants by direct recruitment. Since the topic covered in this research was sensitive and distressing for most participants, the researcher reached out to organizations who were catering to the needs of CSA survivors. More importantly, the researcher specified that only those who were currently receiving professional help or psychological support at the time the study was being done, would be qualified for the interview. The interview process was also supervised by the Research Adviser, unless the interviewees requested not to for their personal preference.

### *Data Collection*

When the proposal for this study was approved, the researcher sent emails to the organizations that cater to the needs of CSA survivors. This included *Maya's Organisation*, *Department of Social Welfare and Development (DSWD)*, *VAW's Desk*, and *Living Waters – Philippines*. Approval of the concerned people preceded the researcher's dissemination of informed consents to the potential participants of the study. The said consent had all the information they needed to have full comprehension of. Upon obtaining signed informed consent from them, the interview started.

Data were collected through surveys, naturalistic observation, and interviews. Secondary data such as the collection of official records, polls, and previous studies, were also taken into account.

The interview was conducted online using platforms such as Zoom and/or Google Meet, with a duration of approximately 45 minutes to an hour, encompassing follow-up questions. The discussion covered a range of general topics, including but not limited to the effects that CSA had on them, their coping mechanisms, their promiscuity as a response, and their insights about it in the lens of their inherent personhood and nationality.

#### *Validation of the Research Instruments*

The questionnaires in this study included relevant parts of the standardized Sexual and Physical Abuse History Questionnaire (SPAHQ4). The former was an instrument frequently administered to women who were set to disclose the significant parts of their trauma to a professional. To make such a survey fit for the participants in this study, instead of using the number 13 (e.g. thirteenth birthday) as a definite point of transition to adulthood, the researcher changed the affected parts to age 18 (e.g. eighteenth birthday). To ascertain the quality and appropriateness of the modified interview guide, the researcher sought validation from psychologists and psychometricians.

The answers on the questionnaires and interview were all subject to supervision by the mentor and the adviser of the researcher. All data collected were handled with the highest confidentiality. Even from the early stages of the study, transparency was demanded from the researcher, especially to the recorded videos of the interview.

#### *Ethical Considerations*

Participation in this study was entirely voluntary. The researcher adhered to Republic Act No. 10173, also known as the Data Privacy Act. It can be affirmed that the data collected throughout the research process was kept in the strictest confidence, including the personal information of the interviewees. To ensure the security and personal safety of both the interviewer and interviewee, the following guidelines were established and followed:

- a. The intentional infliction of emotional distress had to be avoided by the interviewer. In alignment with this, the interviewer had to ensure that participants in the study were receiving psychological and/or professional help at the time of the interview.

- b. Potential participants were provided with informed consent containing comprehensive information about the scope and depth of the study, its primary purposes, and the ethical considerations. This included their right to withdraw at any point they desired, and all their questions were entertained.
- c. The researcher's contacts were made available to the participants if they had any questions related to the study.
- d. In cases of extreme psychological distress, the interviewer was committed to stopping the interview and calling the counselor on standby to provide the interviewee with psychological first-aid.

#### *Subject Recruitment and Consent Process*

- a. The recruitment plan involved writing to organizations that catered to the needs of CSA survivors. Poster promotions were also posted on social media to gain potential participants. Direct recruitment was also encouraged as long as the individuals fit the given criteria.
- b. Google Forms were sent to potential participants. The said forms contained a consent form and sample interview questions.
- c. When all the bases were covered and the participants who met the criteria agreed to participate, interviews took place via Zoom and/or Google Meet. This was because some of them didn't feel comfortable being seen while narrating sensitive parts of their stories and therefore took comfort in the availability of the off-cam option. There were counselors on standby during the interviews.
- d. All data collected was kept safe in a folder with only the researcher who could access it.

#### **Results**

The interview process for this study was conducted online; thus, it presented its own set of challenges such as occasional slow internet connections. Moreover, participants were at times embarrassed by the sensitive nature of the topic. Despite having access to the interview guide beforehand, the actual interview experience differed significantly, highlighting the unique complexity of engaging with those narratives.

To address these challenges, the researcher took proactive measures to ensure a safe and supportive environment. Prior to the interviews, thorough preparations were made, including having a counselor

on call in case emotional issues arose during the process. All participants were receiving professional help for their mental health during the time the interview was conducted. Participants also chose pseudonyms to protect themselves. The interviewer exhibited patience and conducted the interviews with grace and respect, acknowledging the sensitivity of the subject matter and the impact it has on the participants' well-being.

The research participants were diverse in their experiences and they all shared their experiences. Participant 1, Lau, was a 21-year-old student about to graduate from college. Isabela, 21, was diagnosed with Bipolar and PTSD and currently in medications (alongside therapy). Participant 3, Sujie, 28, had been married for two years. Finally, Participant 4, Matilda, 32, was a married mother with a five-year-old son. The themes uncovered in the findings align with the Traumagenic Dynamics Framework proposed by Finkelhor and Browne (1985). It addressed the most prevalent aspects of their narratives such as powerlessness, betrayal, traumatic sexualization, stigmatization, motivation for repeating trauma, emotions related to sexual promiscuity, and their journey towards hope.

#### *The Lasting Effects of Child Sexual Abuse: Traumagenic Dynamics*

In this study, all participants revealed that they carried the long-term effects of the violence they endured into adulthood, breeding more complicated issues in their lives such as having to deal with mental illnesses, the health consequences that come with promiscuity, alcohol, and use, and the nagging sense of shame, guilt, and fear that hampered their ability to healthily connect with others.

As Isabela mentioned in the interviews:

*“I am now diagnosed with Bipolar Disorder and Post Traumatic Stress Disorder. Because of the abuse I experienced, I have still in therapy for three years. I take medications for panic attacks, which I still experience when I have flashbacks. My counselor told me that my case is one of the most severe cases she encountered because I did not only have one abuser, but several.”*

*“I started drinking and having sex with strangers. Most times, I get drunk, cut school, and go straight to motels to have sex with men.”*

*“I feel ashamed of myself. I feel ashamed that I am educated, yet there’s a time in my life when I was this promiscuous.”*

Matilda also shares the following accounts:

*“After having Gonorrhoea, I promised myself I would not [have casual sex] again. I was traumatized.”*

*“I told myself I would never have a relationship with men because of what my father did to me. I have never been in a romantic relationship. I hate men.”*

*“I needed love but I could not trust people. I could only offer sex. When I had sex with men, I felt connected and loved for a little while. Afterwards I would feel numb and like the abuse that happened to me happened again. I believed what my father said to me that I was a whore and I would not be loved.”*

While Lau stated:

*“I was reckless, in and out of relationships. Emotionally attached and sexually addicted. Even though I was afraid of men, I felt incomplete without having sex with them.”*

When asked further about her feelings and insights regarding being sexually promiscuous in the Filipino culture, Sujie mentioned:

*“I could not say [engaging in risky sexual activities] helped me but it allowed me to live with my memories of the abuse. I also felt wanted and loved though I knew it was not real. I was willing to be used for sex because I needed affection.”*

The literature on CSA is loaded with information about several problems that arise after traumatic events, including dysfunction, depression, and issues with self-esteem. However, it is difficult to scrounge for a model that can fit them all—a complex body of research—to one paper. Thankfully, the Traumagenic Dynamics Framework proposed by Finkelhor and Browne (1985) exists to create a systematic understanding of CSA effects that also shed light on the reasons behind a survivor's promiscuity in adulthood. Moreover, these dynamics were also reflected in the answers of the survivors who participated in this study.



### *Traumatic Sexualization*

These dynamic leads victim to believe that they can gain affection, attention, and privileges through sex which can lead them to use it in the future in a way to find love and favor from someone. (Finkelhor and Browne, 1985) For example, Sujie shared that she felt wanted while she was being abused, even though she didn't like the abuse itself. In her own words, she expressed:

*"When the abuse stopped happening to me, I genuinely felt like something was off. It was like I was not wanted anymore so I sought those sensations with different men."*

Matilda shared the same sentiments with Sujie. She expressed that her CSA history gave a distorted view of her body and the worth attached to it. She said:

*"I needed love but I could not trust people. I could only offer sex. When I had sex with men, I felt connected and loved for a little while."*

Furthermore, because a child's sexual feelings and attitudes are molded dysfunctionally by the perpetrator as a result of the abuse, she is led to believe the misconceptions and confusions about her sexual behavior instilled in her mind by the offender. (Finkelhor and Browne, 1985) This could be mirrored in the statement made by Matilda.

*"My father said to me that I was a whore and I would not be loved."*

Children who have gone through traumatic sexualization come out from their personal tragedies with heart wrenching and inappropriate reservoirs of sexual behaviors, their minds filled to the brim with misconceptions and confusions about themselves, especially their sexuality, and with unusual emotional associations with sexual activities that they could not make sense of (Finkelhor and Browne, 1985). The survivors that participated in this study expressed shame about themselves and about their feelings towards themselves and their behavior. As Lau stated:

*"I was obsessed with pornography in high school because I heard a lot about '50 Shades of Gray.' It piqued my interest. I feel a weird joy when watching pornography. I'm disgusted with myself. Honestly, it's*

*still difficult until now. It's like I can relate to what's happening, and I'm not alone. What happened to me before is now becoming normalized. It's like it's just okay."*

Isabela further mentioned:

*"I am ashamed because it's not even my typical self to become promiscuous. I just don't know what else to do. I lost control."*

Sujie expressed the same sentiment:

*"Shame. I felt shame."*

Lastly, there's Matilda:

*"I feel shameful. I didn't used to understand why I was like that before, but now there is clarity."*

### **Betrayal**

This is the dynamic by which, through the traumatic experience, the children learned that the people they were supposed to rely on caused them harm (Finkelhor and Browne, 1985). All four participants experienced betrayal mostly from their families who were either the abusers themselves, just like what happened in Sujie and Matilda's case.

*"My father did it [sexually abuse] to me."*

*"It was my father who sexually abused me five times."*

Some of them had this dynamic from the people who not only failed to protect them, but also judged them. This is demonstrated by the following testimonials of Lau and Isabela:

*"It happened when I was only 11, and the guy was 31. At first, I thought it was okay because we were friends, and of course, being young, I had no idea about such things. As time went on, he started doing things that were strange to me—twice, he did it. I wasn't penetrated yet, but the trauma and fear started to build up. My parents thought we had a relationship, so their perception of me changed, and that affected how they treated me. It reached other family members, and my image with them turned negative. That's when the fear and trauma grew: what if they find out what he did, what will they think of me now? Every night, I think about it. I was too young for that. It has affected me to this day."*

*“When I was eighteen, I told my family a little bit about what happened to me and they did not believe me. It was soul crushing.” [After the confession,] I rebelled against them and myself by engaging into one night stands. I never thought I would reach that point of my life when I was using my body to forget everything. I started drinking and having sex with strangers.”*

Furthermore, Isabela said:

*“It may sound strange, but when I lack physical control, I feel a stronger sense of control mentally and emotionally. I also don't like blaming other people. I blamed my rapist for years, and when I confessed, nothing really changed. It's like everything is my fault anyway. So, let's just make it my fault for real.”*

### Powerlessness

When CSA survivors engage in sexual activities where they dominate the situation, that may be them regaining the sense of power and domination that their victimized selves attribute to their offenders. (Finkelhor and Browne, 1985) For instance, when Isabela was asked how she felt about engaging in promiscuous sexual activities, she said,

*“I have a say here. I can tell them when to penetrate me, how to hurt me, and the things I don't want them to do. I have full control. There are no emotional ties. It's a plus that I do this drunk. I feel braver.”*

This dynamic of powerlessness also sheds light on the narrative of Lau. Her first consensual sex experience was with her then-partner. Her experience showed that the powerlessness she felt when she was eleven in the shadows of her perpetrator was the same powerlessness that she had to endure at eighteen. She said,

*“I believe I didn't choose to have sex with him. He forced me to do it.”*

Worse yet, this was not the only time that she felt powerless over her sexual decisions.

*“When I was in college, I met my other boyfriend. At first, I thought he was close to my age, which is 18+, but as time passed, I found out that he was already 42. He introduced me to BDSM. We started engaging in unconventional practices, such as threesomes and foursomes. He also began penetrating me with*

*different objects. Sometimes, he would make me have sex with another partner, while he's having sex with another partner...all in the same room. I know it might sound disgusting, but it's not something I wanted."*

Furthermore, Lau mentioned in the other part of her interview:

*"I knew I could leave or stop anytime, but I was afraid that my then-partner would get angry if I didn't obey him."*

### *Stigmatization*

Stigmatization is made up of feelings and thoughts about the self as bad and blameworthy due to CSA (Finkelhor & Browne, 1985). This dynamic has been painfully evident across the answers of some participants. As Lau mentioned:

*"I felt so different from my peers after it happened. I felt like people were judging me every time they looked at me. I began wearing longer shorts and larger pieces of clothing."*

Isabela also expressed her fear of abandonment once people find out about her history,

*"I could not trust anyone. I could not let anyone in my life because if they knew what happened to me, I was so afraid they would think I was dirty and eventually leave."*

### *Compulsion to Repeat the Trauma: The Psychology Behind Promiscuity after Child Sexual Abuse Behavioral Reenactments and the Illusion of Control*

Sigmund Freud once wrote that the victims who were not able to integrate their trauma were bound to "repeat the repressed material as a contemporary experience instead of remembering it as something belonging to the past." (Freud, 1920) After finding the results of this study and hearing from the survivors themselves, one can derive that unprocessed trauma for child sexual abuse was one of the reasons why these survivors became promiscuous in their adulthood. They weren't able to make sense of their experience as a child and were forced to repress it in order to survive. They gained an assumption of themselves as vulnerable and unworthy, and the world as ugly and unjust. As a result of not having their post-traumatic reactions addressed, they later on "act-out" in life and

relinquish control over the unbidden re-experience or re-enactments—promiscuity being one of the resorts available.

Four survivors reenacted their trauma through promiscuity in order to gain some semblance of control to what happened to them in the past.

Isabela said that although the risky sexual activities she engaged in were not satisfactory, she kept on engaging in them because it gave her the illusion of control even just for a while. In her own words, she said:

*“I wanted to do those things to myself because I could fool myself into thinking that...sex was my decision this time. It wasn’t being done to me, it was my choice to abuse myself. I was in control”*

There are plenty of traumatized people who compulsively expose themselves to situations reminiscent of the original trauma. When trauma is unprocessed, these behavioral reenactments are not usually seen in a conscious level to be understood and eventually changed. (van der Kolk, 1989) As a result of that, victims may feel trapped in a vicious cycle of revictimization—mostly of their own unconscious doing. For instance, Lau expressed her helplessness in her sexual escapades. She conveyed,

*“I no longer have control.”*

### *Self-destructiveness*

Related studies revealed that there's a significant relationship between childhood sexual abuse and various types of self-harm, particularly cutting and self-starving (van der Kolk, 1989). These were evident in the lives of the participants. Sujie and Matilda expressed that they used self-harm as their coping mechanism after surviving sexual abuse

*“I self-harmed. Cut myself. I could feel okay for a while. Different pain.”*

*“If I didn’t cut my skin, I would’ve killed myself. It was for coping.”*

In this study, when eating disorders were mentioned, three out of four survivors—Isabela, Sujie, and Matilda shared that yes, they had an eating disorder once in their lifetime, though they did not elaborate further.

### *Revictimization*

Revictimization, or the likelihood that the CSA survivor will experience more sexual abuse in her life, is a constant finding amongst studies of Childhood Sexual Abuse and promiscuity. (van der Kolk, 1989) For the same reason, victims of child sexual abuse are at high risk for being prostitutes (Finkelhor and Browne, 1985). This can be seen clearly in the life of Lau:

*“My first experience was when I was eighteen and my ex boyfriend was 24. Even though I was already at a legal age, I believe I didn’t choose to have sex with him. He forced me to do it. It also happened with another guy, twice.”*

Considering the information gathered from the participants and the literature, it can be deduced that promiscuity itself is an act of revictimization; the then-victims becoming their own aggressors or exploiters. The abuse—and everything that came with it—instilled a negative image of themselves in their heads, which they act accordingly. It was worded clearly by Isabela, whose sense of betrayal from her family primarily led her to be promiscuous:

*“It’s like everything is my fault anyway. So, let’s just make it my fault for real.”*

### *Emotions Towards Their Sexual Promiscuity*

Sexual abuse instills negative sexual attitude and emotions before, during, and after sexual intercourse. They are more likely to find it difficult to anticipate, express, enjoy, and receive love sexually. (Maltz & Holman, 1987) Starr (1993) conducted a study that focused on Adult Victims of Sexual Abuse and Their Sexuality wherein he found out that survivors of CSA are—compared to non-abused individuals—more likely have issues with adult sexuality in terms of performance, self-identity, sexual self-esteem, and feelings of guilt, humiliation, and worthlessness (Starr, 1993).

### *Dissatisfaction*

According to the study of sexuality after sexual assault by Berlo and Ensink (2000), for sexual abuse survivors, pleasure and satisfaction in sexual activities decrease at least one year post-assault. However, they also indicated that in a variety of studies, it was stated that survivors can struggle with issues in their sex lives even years after the assault occurred. (Berlo and Ensink. 2000) In this study, three out of four survivors disclosed that they had their first consensual sexual intercourse when they were aged 18 and above. Matilda engaged in consensual sex when she was sixteen.

Three out of four participants described how they felt towards their sexual activities while they were promiscuous, and their answers were mostly made up of negative emotions. Isabela, Sujie, and Matilda stated:

*“Dissatisfaction.”*

*“To be honest, [I was] not satisfied at all. It just left me emptier and emptier.”*

*“Empty and numb. When I remembered them later in my Professional life I would have panic attacks because I was afraid the strangers I had sex with would meet me in banks and ruin my reputation. I was always scared.”*

Lau, on the other hand, had a different stand:

*“They [the sexual escapades] made me feel scared and satisfied.”*

However, when asked how they felt during the first time they had consensual sexual intercourse, they had one sentiment. Lau, Isabela, Sujie, and Matilda all expressed dissatisfaction.

*“Fear and disappointment.”*

*“It was unsatisfactory.”*

*“Empty. Not satisfied.”*

*“I had fun while doing it. But afterwards I would be numb. Like what was that? Sometimes I would cry but I was not sure why I was crying because I had fun. I was not happy about it. Why would I be happy about it?”*

The irony of repeating the behaviors that didn’t serve them well shows the powerlessness that CSA survivors have over their own behaviors once they begin to become promiscuous.

### *Shame and Guilt*

Though shame and guilt both evoke negative emotions, there are still some differences that distinguish one from the other. (Day, 2019) Shame is about how a person feels about themselves while guilt is about the world seeing the side of them that isn't expected. (Lewis, 2003) In this study, both feelings of shame and guilt appear to be prevalent among the survivors. Most of this was attached to their cultural ties—with Philippines, a mostly Catholic country, being intolerant of premarital sex and even more disapproving of promiscuity. This can be observed in the narratives of Lau and Isabela:

*“I felt ashamed because we are not as liberal as other countries.”*

*I’m aware that our culture is conservative. As a Christian, I can’t admit this to my community except for my accountable groups.”*

Sujie did not elaborate on her shame; but her note was hopeful when she talked about inner-healing. She said:

*“...after inner healing, I felt freed from the shame of it. I repented. I was forgiven. I live a life free of that. “*

Matilda, who also went through inner-healing, stated:

*"I only shared it with my friends involved in inner healing and the people in my life who genuinely cared, including the Christian counselors who were part of my healing journey."*

Moreover, Matilda notably mentioned forgiving her abuser:



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*“I live a happy life now with my own family and want peace for myself. I forgave my father not because of this culture, but because of my relationship with God. I think I deserve the same forgiveness for myself.”*

### *Life After Sexual Promiscuity*

Some CSA survivors report positive changes in their lives after their traumatic experiences, a phenomenon that's also known as post-traumatic growth (Lahav et al., 2020). This growth serves as a powerful catalyst to their adjustment into the life-after and improve their well-being. Furthermore, it helps decrease their tendency to resort to maladaptive coping mechanisms and risky sexual behaviors (Scoglio et al., 2019). In other words, CSA survivors can have hope for a life without the constant threat of sexual consequences from promiscuity.

Two—Sujie and Matilda—out of four participants were married by the time they were interviewed. These two survivors shared the joy they are now both experiencing with their families.

*“I feel even more supported by my husband. My abuse happened to me but it’s not everything about me anymore.”*

*“I live a happy life now with my own family...”*

Both of these women have gone through inner-healing provided by *Living Waters Philippines*—a ministry providing a safe space for relationally and sexually wounded people. Matilda said:

*“I told myself I would never have a relationship with men because of what my father did to me. But inner healing [in Living Waters] changed that and I met my husband, I am happier now.”*

Sujie mirrored Matilda’s statement very well:

*“They helped me in my healing by putting me into an accountability group where I could share everything without judgment. This allowed me to confront my issues with men and my feelings towards what happened in my childhood.”*

Isabela, a CSA survivor with PTSD and Bipolar, who had been in medication and therapy for three years was asked about her treatment progress. She responded:

*“We talk about my feelings in therapy. I have felt better. I still struggle with my desire to have casual sex, but I get help.”*

Later in the interview, she expressed the pain that she carries to the present:

*“It's been years already but it still hurts me.”*

Lau has remained unclear if she still engages in risky sexual activities to this date. However, she said something about her present partner:

*“I have someone now who accepts me and all my fears and traumatic experiences.”*

## Discussion

### *Promiscuity as an Effect of CSA*

A subject that has received alarming attention in the recent years, sexual abuse is a tragedy by itself. As a common social occurrence in every society that tolerates violence and gender inequality, this violation to the victims' basic rights is both a global and a personal problem. Though sexual abuse can happen to both genders, data presented through the years suggest that sexual abuse is more common amongst women. More importantly, most sexual abuse cases happened in childhood. (Courtois, 1996, as cited in Maltz, 2002)

Unlike other types of abuse, Child Sexual Abuse (CSA) has a wider range of serious consequences that pierce through an individual's identity. CSA is less likely to be processed properly even years later, especially without professional support. (Marcdante and Kliegman, 2014) From the results provided in this study, one can deduce that promiscuity is not only an effect of CSA. It also serves as a coping mechanism available to those who have lived through it and unable to see other healthy

options to cope, due to the lack of support and nurturance from the people around them. Although most of the survivors involved in the study began engaging in risky sexual activities during their adulthood, their actions were not truly conscious. Traumatized people are biologically inclined to expose themselves to situations that resemble some details of the trauma, for the same reasons why in relationships that exhibit domestic violence, the abused rarely leaves the abuser. They get addicted to the abuse, the system, and even to the abusers. As a result, they continue to recreate their traumatic events in some form for themselves.

Lowder and Oliphant (2012) state that CSA has been proven to leave long-lasting emotional and physical effects on women. In their cited papers, further exploration on the topic has shown that because of the physical and emotional violation that occurs in CSA, it is possible that the event may instill a dramatic impact on a victim's body image. In light of that, another study confirms that female CSA survivors are at a high risk of developing eating disorders. In this study, some survivors developed eating disorders later in life and self-harmed, reflecting self-destruction from self-loathing that arises from poor self-image. A theory might rise from this: If CSA may predispose females to eating disorders (ED) later in life, with ED as a negative effect that reflects the victim's poor body image, then CSA may propel a female survivor to throw herself into situations that tear her self-image further, such as engaging in mindless, casual sex with many partners.

#### *CSA and Promiscuity in the Filipino Perspective*

In the Philippines, about 7,000,000 children are sexually abused every year and 98% of them are girls. CSA cases are one of the most common problems that the Department of Social Welfare and Development (DSWD) has to deal with next to cases of abandonment and neglect. Rape remains the most frequent type of CSA, even though there is already an established law against it known as the Anti-Rape Law of 1997. As time continues to pass, the situations of the country in terms of CSA cases are left ignored. This is directly associated with the culture of discrimination towards females; in addition to that, there is the lack of services offered for minors to be assisted towards a better life, especially those girls who live on the streets and are victims of CSA. More often than not, CSA survivors keeping their lips sealed is inherent to the Filipino culture, where speaking up against sexual

abuse is considered a shameful event that tarnishes the family's reputation. (Cameleon Association, 2015)

In spite of the fact that CSA is prevalent in the Philippines—and CSA can lead victims to become promiscuous later in life—there is little to no data of the correlation of CSA and sexual promiscuity specifically amongst female Filipinos. There are only increasing cases of children in prostitution, exacerbated by the pandemic and poverty. (Jennings, 2020) As of writing, the links between these alarming prostitution cases and CSA have not yet been discussed. This can be due to the fact that the majority of the Filipino urban population is Westernized yet conservative in its public and legal sexual values. Due to the pervasive domination of the Catholic church, the only sexual behavior seen as legal and moral is heterosexual intercourse within a monogamous marriage. Beyond that, other imaginable sexual variation is condemned. Therefore, prostitution, pornography, polygamy (except in some minority groups and the Muslim south), premarital and extramarital sex, cohabitation, homosexuality, and other variants of sexual behavior are all illegal. They may still exist in silence—especially homosexuality and cohabitation—but are avoided in formal conversations, not encouraged or tolerated, and generally frowned upon. (Bocar and Perez, 2013)

Though shame and guilt are felt by the CSA survivors in general, as stated in the Traumagenic Dynamics Model of Finkelhor and Browne, the feelings of shame and guilt by Filipina CSA survivors are mostly rooted in the stigma that their nation has over CSA, promiscuity, or even the mere discussions—or lack thereof—of such.

#### *The Role of Spirituality in the Lives of CSA Survivors Who Become Promiscuous Adults*

Spirituality, especially in Catholic dominated countries like the Philippines, can cause people to feel innately ashamed of their sexuality. For sexual abuse survivors, this feeling is amplified. Not only do they bear the shame of the abuse or the promiscuous life itself, but also its implications on their identities as Filipinos. This has been reflected in the study with the survivors. For some, shame has kept them from talking about these topics to preserve themselves from the harsh stigmatization of their own culture. However, for some survivors, there is a sense of safety found in few psychospiritual communities in the Philippines, particularly "inner-healing" communities like Living Waters Philippines

(LWP). Interventions of such organizations for CSA survivors can be healing and redeeming. Moreover, some survivors' spirituality has given them peace brought by faith in a Higher Power and forgiveness.

Therefore, spirituality has both positive and negative effects in the lives of Filipino CSA survivors who later on become promiscuous. While for some, it may be the very thing that shackles them into isolation, for others, it is what sets them free from shame and becomes the key to their own healing and redemption.

### **Conclusion**

Unique as they are, the narratives of the survivors resonated with Finkelhor and Browne's Traumagenic Dynamics. These women had experienced painful sexualization, betrayal, powerlessness, and stigmatization—and all of these dynamics had contributed to their promiscuity later in life. This study also looked into their urge to relive their trauma, specifically the psychology behind their behaviors. It was discovered that their promiscuous reenactments were based on a perception of control over their bodies and what was happening to them, control that they did not have as children who were intimidated into quiet and compliance. Upon putting their stories in the lens of the conservative Filipino culture, it was clear that the tendency of the nation to shy away from the topic of child sexual abuse—when there is actually a pandemic of it—is a tragedy in itself. It adds weight to the shame and guilt of the survivors, indirectly inhibiting their complete recovery. No matter how dark their stories seemed, though, the survivors ended the recount of their lives in hopeful notes. Two of them are happily married at present, one is in treatment for Bipolar Disorder and PTSD, and one has claimed that she's finally in a relationship that brings her peace. This goes to show that it is undeniable how life-altering CSA is—it affects a person holistically. However, so does healing. Their stories are tangible proof that with proper resources from professionals and to some, spirituality, sexual trauma from childhood doesn't have to be a life-sentence.

### **Recommendation**

The researcher primarily recommends future researchers to study the correlation of Childhood Sexual Abuse and Promiscuity in the Philippine context, with a greater sample size and emphasis on

the viewpoints of survivors about themselves, their abuse, and their promiscuity in the lens of Filipino Psychology. In addition to that, there need to be more in-depth groundwork on the cultural implications of child sexual abuse, especially the issues that influence why children do or do not disclose. This can prevent repression of the children's trauma and may encourage early intervention.

CSA survivors should also have more access to trauma-informed agencies and organizations like *Maya's Organization*, *Living Waters - Philippines*, and *Intimacy Philippines*. This can be done by having these organizations supported by other institutions and having them and their missions propagated around the country.

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