

Reconciling Trauma: Arousal & Pleasure in Female Sexual Abuse Survivors

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Summary:

Challenging the pervasive societal narrative that sexual abuse is characterized only by fear and pain, this paper presents findings from a study of 38 female survivors. Several of them reported having experienced involuntary arousal, pleasure, or orgasms during their abuse. Through quantitative data and survivor testimony, we show that these reactions are not uncommon, but should never be confused with consent. We examine the long-term effects on survivors' sexual identity and healing. This research advocates for trauma-informed care that validates these complex experiences, and public education that dismantles harmful myths about consent and bodily responses.

Abstract:

This exploratory mixed-methods study examined 38 female survivors' reported experiences of involuntary physical arousal, psychological pleasure, and even orgasm during abuse events, challenging the pervasive societal narrative that sexual abuse is characterized solely by fear and pain. Quantitative data revealed that a significant portion of the sample reported experiencing physical arousal (86.8%), psychological pleasure (44.7%), and orgasm (28.9%) at some frequency during the abuse. Analysis of the qualitative data on orgasmic experiences revealed a range of subjective responses, including descriptions using terms that in other contexts might be associated with physical pleasure or intensity, even when occurring in a nonconsensual and traumatic setting. Notably, these involuntary responses occurred despite an overwhelming lack of consent, with 73.7% of respondents reporting that they never felt consented. In addition, these responses often coincided with active resistance, with 65.8% of respondents reporting resistance at some point. The experience of these complex and unwanted responses contributed significantly to shame, guilt, and self-blame; difficulty processing trauma; inhibited disclosure; and long-term challenges with sexual health and identity. The present findings underscore the notion that physical arousal, psychological pleasure, and orgasm during abuse do not indicate consent, but rather are involuntary responses. These findings underscore the need for trauma-informed support that validates these complex experiences and for nuanced public education that dismantles harmful myths about consent and physical responses.

Keywords:

Sexual Abuse, Trauma, Female Sexuality, Arousal, Pleasure, Orgasm, Consent, Survivors, Healing, Trauma-Informed Care.

1. Introduction

1.1. The Reality of Sexual Trauma

Sexual violence is a pervasive and devastating global problem with profound and long-lasting consequences for survivors, affecting individuals across all demographics and cultures (Borumandnia et al., 2020; Krug et al., 2002). The immediate aftermath of sexual abuse is widely recognized as involving intense fear, pain, psychological distress, and a profound sense of violation. These traumatic effects are well documented and form a critical part of our understanding of sexual violence. However, the phenomenology of survivors' experiences is often far more complex and multifaceted than this commonly accepted narrative suggests (MacIntosh et al., 2016; Pulverman et al., 2018). Acknowledging and exploring the full range of survivor experiences, even those that challenge societal expectations or norms, is essential to developing truly comprehensive trauma-informed care, effective prevention strategies, and a more nuanced societal understanding of sexual violence. This requires an open and courageous approach to research that is willing to delve into topics that have historically been considered taboo or difficult to discuss.

1.2. Introducing the "Beyond Fear and Pain" Aspect

Beyond the primary and indisputable dimensions of fear and pain in sexual trauma, a less discussed but crucial aspect of the surviving experience is the possibility that the body may experience involuntary physical reactions during the abuse, such as physiological arousal, lubrication, or even physical feelings that some survivors may describe as pleasure or orgasm. This reality challenges the simplistic and pervasive societal narrative that sexual violence is characterized only by negative physical and emotional states. As highlighted in previous research (Levin & van Berlo, 2004; Peterson & Muehlenhard, 2007; OSTRG-PUB-2021-010), some individuals report experiencing these involuntary reactions despite the violation and trauma. This can be a deeply confusing and distressing aspect of trauma for survivors, often leading to intense internal conflict and shame. Our ongoing research at OSTRG, including previous exploratory work (OSTRG-PUB-2021-010), underscores the importance of being open about these less discussed reactions. By bringing this "beyond fear and pain" aspect into the light, we aim to validate the experiences of survivors who have grappled with these confusing physical responses, and to promote a more complete and honest understanding of the profound complexities of sexual trauma.

1.3. The Conflation of Response and Consent

This challenging dimension of survivor experience, the occurrence of involuntary bodily responses such as arousal, pleasure, or even orgasm during abuse, is compounded by harmful societal narratives and deeply held misconceptions. A pervasive and dangerous myth is that physiological arousal, psychological pleasure, or orgasm during a sexual act automatically signifies consent or subjective pleasure. This misconception, often rooted in a lack of understanding of involuntary bodily responses and the complex dynamics of trauma, is not only

prevalent in public discourse but can also influence perceptions in legal and therapeutic contexts (Arttime & Peterson, 2015; Gavey, 2005; Hills et al., 2020). Perpetrators often exploit this myth by using a victim's involuntary physical responses as false "evidence" of consent or complicity, thereby justifying their actions and further traumatizing the survivor.

For survivors who have experienced these reactions, the societal conflation of physical response and consent can be profoundly damaging. It contributes significantly to intense feelings of shame, guilt, and self-blame, causing survivors to question their own experiences and feel responsible for the abuse (Arttime & Peterson, 2015; Peterson & Muehlenhard, 2007). This internalized shame and fear of not being believed often leads to delayed or inhibited disclosure, preventing access to critical support and resources (Peterson & Muehlenhard, 2007; OSTRG-PUB-2021-010). Understanding and directly challenging this harmful conflation is therefore not merely an academic exercise, but a critical step in validating survivors' experiences, dismantling victim-blaming attitudes, and fostering an environment in which healing can occur.

1.4. Defining Key Concepts

In order to promote a clear and accurate understanding of the experiences discussed in this paper, it is crucial to establish precise definitions for key terms that are often conflated in the social discourse surrounding sexual violence. We define:

- **Physiological Arousal:** This refers to the involuntary bodily responses to sexual stimulation, such as lubrication, increased blood flow to the genitals, warmth, or tingling sensations (Levin & van Berlo, 2004). These are automatic physical reactions that occur regardless of conscious desire or consent.
- **Psychological Pleasure:** This denotes a subjective, positive emotional state or feeling. In the context of sexual activity, this would typically involve feelings of enjoyment, satisfaction, or well-being. It is distinct from physiological arousal and requires a conscious, subjective experience.
- **Orgasm:** This is defined as the peak or culmination of sexual arousal, often accompanied by involuntary rhythmic bodily responses, such as muscular contractions (Levin, 1985; Levin & Wagner, 1985). While often associated with pleasure, the subjective experience of orgasm can vary, and its occurrence, like physiological arousal, does not require or indicate consent.
- **Consent:** This is the voluntary, informed, and ongoing agreement to engage in sexual activity. Consent must be freely given, enthusiastic, and can be withdrawn at any time. Crucially, the presence of physiological arousal, psychological pleasure, or orgasm during a sexual act does **not** equate to or imply consent. These bodily and emotional responses are entirely separate from a person's ability to consent to or refuse sexual activity.

1.5. Rationale for this Study

Despite the growing recognition that sexual violence is a complex phenomenon with diverse experiences among survivors, there remains a significant need for targeted research that specifically explores the less discussed aspects, such as involuntary physical arousal, psychological pleasure, and orgasm during abuse. Previous exploratory work, including our own (OSTRG-PUB-2021-010), has highlighted the reality of these experiences and their potential to cause significant distress and confusion in survivors. However, these studies often draw on broad data sources or provide limited quantitative insight into the prevalence of these reactions. This study aims to build on this foundational work by collecting more specific and detailed data from a targeted sample of female survivors who have experienced these involuntary reactions. By combining quantitative data on the frequency of arousal, pleasure, and orgasm with qualitative accounts of subjective experience and long-term impact, this research seeks to provide a more comprehensive understanding of this challenging dimension of sexual trauma. Ultimately, the goal is to inform the development of more effective trauma-informed support services, contribute to nuanced public education that challenges harmful myths, and promote a more compassionate societal response to survivors who have grappled with these complex and often stigmatized experiences.

1.6. Research Questions

Based on the rationale outlined above, this study seeks to address the following research questions:

- What are the reported frequencies and subjective experiences of physical arousal, psychological pleasure, and orgasm experienced by female survivors during sexual abuse events?
- What are the reported impacts of these experiences on survivors' immediate thoughts and feelings during the abuse, as well as their long-term psychological well-being and sexual health?
- What are the implications of these findings for informing trauma-informed support, public education, and prevention efforts related to sexual violence?

2. Methods

2.1. Research Design

This study used an exploratory mixed-methods design, combining both quantitative and qualitative approaches, to explore the complex experiences of physical arousal, psychological pleasure, and orgasm among female survivors of sexual abuse. The research utilized data collected through an online questionnaire (OSTRG-DATA-2021-011) and, when requested by participants, telephone interviews. This design allowed for the collection of frequency data to provide quantitative insights into the reported occurrence of these experiences, while also collecting rich qualitative data through open-ended responses to explore the subjective nature, context, and impact of these experiences from the survivor's perspective. The availability of both

written questionnaires and telephone interviews was intended to facilitate participation and accommodate individual preferences for sharing sensitive information. Male and female interviewers were available to conduct telephone interviews, which further supported participant comfort.

2.2. Participants and Recruitment

Study participants were a self-selected group of 38 female survivors of sexual abuse. Participants were recruited through an online posting (OSTRG-DATA-2021-012) on the social media platform Reddit and the survivor support website After Silence. The recruitment request specifically sought female survivors who had experienced any form of involuntary physical response (including arousal, lubrication, or orgasm) during sexual abuse. It is important to acknowledge that this targeted recruitment method introduces a selection bias, meaning that findings regarding the frequency of these experiences cannot be generalized to the entire population of female sexual abuse survivors. However, this approach was intentionally chosen to gather in-depth data from individuals who have directly experienced this specific and often underexplored aspect of sexual trauma, providing valuable insights into the nature and impact of these complex reactions. Due to the anonymous nature of the online forum and questionnaire, detailed demographic information beyond self-identified gender and survivor status was not systematically collected.

2.3. Data Collection

Data for this study were collected using a structured questionnaire (OSTRG-DATA-2021-011) designed to elicit both quantitative and qualitative information about female survivors' experiences of arousal and pleasure during sexual abuse. The questionnaire was divided into several major sections. Section 1 collected basic demographic information about the participant's current age range. Section 2 focused on the context of the abuse, inquiring about its frequency (single incident, multiple incidents, short or long term) and the participant's age when the abuse began and ended, if applicable. Section 3 explored the types of stimulation or abuse experienced (e.g., oral, digital, penile, anal, nipple, object), allowing for multiple choices and additional details. Section 4, the core of the questionnaire, focused on experiences during the abuse events, including frequency scales for physical arousal/pleasant bodily sensations (Q6), psychological pleasure/positive emotional states (Q7), and orgasm (Q8), along with open-ended questions asking for descriptions of these experiences (Q6 Desc, Q7 Desc, Q8 Desc). This section also included frequency scales for feelings of consent (Q10) and resistance (Q11), and an important open-ended question about thoughts and feelings during the abuse related to any arousal, pleasure, or orgasm experienced (Q9). Section 5 explored experiences after the abuse, with open-ended questions about immediate effects (Q12) and long-term effects on physical sensations/body reactions (Q13) and psychological/emotional states related to sexuality (Q14). Finally, Section 6 included open-ended questions to encourage general reflection on how the experience of arousal/pleasure/orgasm during abuse has affected healing (Q15) and long-term sexual identity/health (Q16). The questionnaire included options for participants to indicate if they were unsure of an answer or to skip questions they did not wish to answer.

2.4. Data Analysis

Data analysis included both quantitative and qualitative methods. Quantitative analysis focused on the frequency data collected in Section 4 (Q6, Q7, Q8, Q10, Q11). Descriptive statistics, including frequencies and percentages, were calculated to summarize the reported occurrence of physical arousal, psychological pleasure, orgasm, feelings of consent, and resistance during the abuse events. These quantitative findings provide an overview of the reported prevalence of these experiences within the study sample. Qualitative analysis was conducted on the open-ended responses collected throughout the questionnaire (Q6 Desc, Q7 Desc, Q8 Desc, Q9, Q12, Q13, Q14, Q15, Q16). Thematic analysis, as described by Braun and Clarke (2006), was used to systematically identify, analyze, and report recurring patterns or themes within the qualitative data. The analysis process included familiarizing ourselves with the data through repeated readings, generating initial codes related to descriptions of experiences, context, and impact, grouping these codes into potential themes, reviewing and refining the themes, and defining and naming the final themes. This qualitative analysis was intended to provide a deeper understanding of the subjective nature of the reported experiences, the thoughts and feelings associated with them, and their reported impact on survivors' healing and long-term well-being, and to complement the quantitative findings.

3. Results

This study analyzed quantitative and qualitative data from 38 female survivors of sexual abuse who responded to a targeted online questionnaire designed to explore experiences of arousal and pleasure during abuse events. The results provide insights into the reported frequency of physical arousal, psychological pleasure, and orgasm, as well as qualitative descriptions of the subjective nature of these experiences as reported by the participants.

3.1. Reported Frequencies and Subjective Experiences of Arousal, Pleasure, and Orgasm During Abuse

Participants reported varying frequencies of experiencing physical arousal, psychological pleasure, and orgasm during the sexual abuse events. The quantitative data reveals that experiencing involuntary physical responses was common within this sample.

Regarding **physical arousal or pleasant bodily feelings** during the abuse (Q6), a significant majority of participants reported experiencing these sensations at some frequency. 13.2% of respondents reported experiencing physical arousal "Seldom," 23.7% "Sometimes," 36.8% "Usually," and 13.2% "Always." Cumulatively, 86.8% of participants reported experiencing physical arousal at some frequency during the abuse events. Only 10.5% reported "Never" experiencing these feelings, and 2.6% were unsure. Descriptions of this physical arousal varied, often including terms such as "strange buzzing feeling," "electricity," "uncomfortable tingly feeling," "tingling warmth," "intense physical response," "nerves were on fire," "lubrication was immediate and heavy," "body felt 'awake'," "strange pressure," "vagina felt tight and warm," "intense heat and tingling," "body immediately felt hot and started to lubricate," and "pulsing feeling." Some described it as automatic or involuntary, noting a disconnect from their will or

mind (e.g., "My body would get this strange buzzing feeling... It was involuntary, but it happened," "Felt like my body was reacting against me," "It was automatic, like my body didn't listen to me," "My body felt completely separate from my mind").

Experiencing **psychological pleasure or positive emotional states** during the abuse (Q7) was reported less frequently than physical arousal within this sample. 23.7% of participants reported experiencing psychological pleasure "Seldom," 10.5% "Sometimes," 7.9% "Usually," and 2.6% "Always." Cumulatively, 44.7% of participants reported experiencing psychological pleasure at some frequency during the abuse events. In comparison, 50% reported "Never" experiencing psychological pleasure, and 5.3% were unsure or did not provide a frequency. Descriptions of psychological pleasure often linked it to external factors or manipulative dynamics, such as receiving attention or praise (e.g., "Sometimes, if she was being nice before, I'd feel a warmth, like I wanted her approval," "Felt 'special' when he paid attention," "He made me feel chosen and mature," "Felt relief when he seemed happy or satisfied, like I'd done the 'right thing'," "He made me feel special, like this was our 'secret connection'," "Sometimes felt a strange sense of relief or 'specialness' when he paid attention," "Sometimes felt a sense of 'attention' or 'calm'"). These descriptions often highlighted the confusing or mixed nature of these feelings within the traumatic context.

Reporting one or more **orgasms** during the sexual abuse events (Q8) was also less frequent than physical arousal but was still reported by a notable portion of the sample. 7.9% of participants reported experiencing orgasm "Seldom," 10.5% "Sometimes," 7.9% "Usually," and 2.6% "Always." Cumulatively, 28.9% of participants reported experiencing orgasm at some frequency during the abuse events. In comparison, 21.1% reported "Never" experiencing orgasm, 13.2% were unsure, and a larger portion (36.8%) did not provide a frequency for this question, suggesting potential difficulty or reluctance in reporting on this specific experience. Descriptions of the orgasm experience during abuse varied in their subjective nature. While some participants described the orgasm as a "violent release," "shock," "confusing and weird," "glitch," or "something wrong," others described sensations that included physical pleasure or intensity, even within the traumatic context (e.g., "It felt like a release, very pleasurable feelings," "It felt powerful but wrong," "The sensations were intense pleasurable, but not in a healthy way," "It did feel good"). This highlights that the subjective experience of orgasm during abuse is not uniformly negative, although it occurs within a non-consensual and traumatic framework.

3.2. Disconnect with Consent and Resistance

The quantitative and qualitative data from this study underscore a crucial disconnect between the reported experiences of physical arousal, psychological pleasure, or orgasm during the abuse events (as detailed in Section 3.1) and the participants' reports regarding consent and resistance. These findings provide strong evidence that involuntary bodily and emotional responses during sexual abuse do not equate to consent or a lack of resistance.

When asked about feeling as though they were **consenting or agreeing** to the sexual activity during the abuse events (Q10), the vast majority of participants reported a clear lack of consent. 73.7% (28/38) of respondents indicated they "Never" felt they were consenting. A smaller

percentage reported feeling consent "Seldom" (10.5%, 4/38), "Sometimes" (13.2%, 5/38), or "Usually" (2.6%, 1/38), with no participants reporting "Always." This quantitative data demonstrates that for the overwhelming majority of this sample, the experience of abuse was unequivocally non-consensual, regardless of any involuntary physical or psychological responses that may have occurred.

Similarly, participants' reports on whether they **said no or tried to stop** the activity during the abuse events (Q11) indicate that experiencing arousal, pleasure, or orgasm did not necessarily preclude resistance. While 34.2% (13/38) reported "Never" saying no or trying to stop (which can be a response to trauma, such as freezing or dissociation), a substantial majority reported engaging in resistance at various frequencies. 21.1% (8/38) reported resistance "Seldom," 31.6% (12/38) "Sometimes," 7.9% (3/38) "Usually," and 5.3% (2/38) "Always." Cumulatively, 65.8% of participants reported saying no or trying to stop at some frequency during the abuse events. This highlights that resistance is possible and occurs for many survivors, even when their bodies may be exhibiting involuntary responses.

The qualitative data from participants' descriptions of their **thoughts and feelings during the abuse** (Q9) vividly illustrates the internal conflict and the profound disconnect between involuntary bodily/emotional responses and the survivor's will or desire. Many participants described feelings of disgust, confusion, fear, and a sense of betrayal by their own bodies. Quotes such as "Disgusted by my body's reactions. Felt like I was complicit because my body responded. Constantly thinking 'make it stop' but feeling trapped," "Mostly felt confused and scared. The physical feelings made me feel dirty and wrong, like I was part of what was happening. Wanted it to stop but felt frozen," and "Why did my body respond like that? Felt immense guilt, like I was somehow encouraging it despite not liking it" highlight the distress caused by bodily reactions that contradicted their lack of consent and desire for the abuse to end.

Even participants who reported experiencing orgasm (Q8) frequently described it in terms of a lack of control or an unwanted physical response rather than a desired or consensual experience, despite the potential for physical pleasure (as noted in Section 3.1). Descriptions like "It felt like a violent release, not pleasure," "It was a shock, felt completely out of place and wrong," "It felt like a huge physical wave I couldn't stop," and "My body was out of my control. The sensations were intensely pleasurable, but not in a healthy way" underscore that the experience of orgasm during abuse was often perceived as an involuntary physical event separate from their will or consent. Some survivors even reported focusing on the physical response as a coping mechanism to "get it over with," illustrating a strategic response within a non-consensual situation rather than an indication of agreement ("Focused on getting it over with, having orgasms made it end quicker").

Taken together, the quantitative data on the overwhelming lack of consent and the significant presence of resistance, combined with the qualitative descriptions of internal conflict and distress surrounding involuntary responses, strongly support the conclusion that for this sample of survivors, physical arousal, psychological pleasure, or orgasm during sexual abuse were

involuntary responses that occurred in the absence of consent and often despite active resistance or a strong internal desire for the abuse to stop.

3.3. Impact on Survivors (Immediate and Long-Term)

The experience of involuntary physical arousal, psychological pleasure, or orgasm during sexual abuse events, as described in the previous sections, has profound and varied effects on survivors, affecting their immediate post-abuse state, long-term psychological well-being, and sexual health. Several key themes emerge from the qualitative data regarding these effects.

A central and pervasive impact is the intense **shame, guilt, and self-blame** experienced by survivors, directly linked to their body's involuntary responses. Participants frequently described feeling "dirty," "wrong," "bad," or "damaged" because their bodies reacted physically during the abuse, internalizing the societal myth that such responses imply complicity or consent. Quotes such as, "Disgusted by my body's reactions. Felt like I was complicit because my body responded," (Participant 1) and "The physical feelings made me feel dirty and wrong, like I was part of what was happening," (Participant 2) are common. This self-blame is deeply ingrained, with survivors stating, "Felt guilty for any physical response, like I was betraying my parents," (Participant 7) and "Hated myself for responding physically," (Participant 13). The experience of orgasm, in particular, could intensify these feelings, leading to the belief that it was "proof I was 'bad'" (Participant 23) or that the pleasure felt like "undeniable proof of complicity" (Participant 23).

These complex responses significantly contribute to **difficulty processing the trauma and inhibited disclosure**. Survivors grappled with integrating their body's reactions into their understanding of the abuse as a violation. The confusion and self-blame made it challenging to label the experience accurately or to share it with others, fearing they would not be believed or understood. Participants noted, "Made healing incredibly complicated. Hard to integrate these physical responses into the narrative of being a victim," (Participant 1) and "Made healing confusing, like part of me was complicit," (Participant 3). The internal conflict created by a body that reacted involuntarily, sometimes pleasurably, when the mind was in terror or wanting it to stop, led to survivors doubting their own reality and memory of events ("The mix of psychological manipulation and physical response made me doubt my own reality and memory of events for years," - Participant 11).

The impact extends significantly to **long-term sexual health**. Survivors reported a range of difficulties with physical sensations and responses related to sexuality after the abuse ended. This included issues with arousal and orgasm in consensual relationships ("Difficulty with arousal and orgasm in consensual relationships," - Participant 1), involuntary physical reactions during consensual touch that were distressing ("Sometimes involuntary physical reactions during consensual touch that are distressing," - Participant 2), and changes in sensitivity (e.g., hyper-sensitivity, numbness) (Participant 15, 19, 22, 26, 35). Specific physical conditions like pelvic floor tension and pain (Participant 8, 20) and PGAD symptoms years later (Participant 19, 37) were also reported. Some survivors developed a strong aversion to certain types of touch or stimulation that were part of the abuse (Participant 6, 14, 18, 26, 36). Conversely, some

reported periods of intense hypersexuality or engaging in risky sexual behaviors as a coping mechanism or a way to feel control, which also proved damaging (Participant 7, 11, 13, 29, 36, 37, 38).

Beyond specific sexual functions, there were broader **long-term psychological and relationship impacts**. The confusion and shame surrounding the abuse experience, particularly the body's responses, affected survivors' sexual identity and their ability to form healthy intimate relationships. Participants described struggling with intimacy and emotional closeness ("Struggle with intimacy," - Participant 1, 3, 8, 16, 18, 19, 22, 25, 29, 33, 35, 36, 38), difficulty trusting partners, especially men (Participant 8, 18, 25, 29, 35, 36), and confusion about their own sexuality and what is "normal" (Participant 1, 20, 37). The feeling of **body betrayal**, where the body acted independently or against the survivor's will, was a recurring theme that deeply impacted their sense of self and comfort in their own skin ("My body feels disconnected like it has its own unwanted responses," - Participant 1; "Felt like my body was still reacting against my will," - Participant 8; "Made healing a constant battle against this physical memory and sense of betrayal. Profound impact on my ability to form intimate relationships. Feel like my body has its own traumatic history," - Participant 27). Some survivors reported developing specific fantasies or kinks related to the dynamics of the abuse, further complicating their sexual identity and relationship patterns (Participant 7, 10, 13, 36). The data on reported physical and psychological pleasure *after* the abuse events (Q12, Q13, Q14) shows a significant decrease in frequency compared to experiences *during* the abuse, with the majority reporting "Never" experiencing lasting pleasure (51.9% for physical, 70.4% for psychological from Q12 YN/No). This reinforces that any immediate physical or psychological sensations that might be perceived as positive are quickly overshadowed and replaced by the profound and lasting negative impacts of the trauma.

4. Discussion

4.1. Validating Complex Experiences

The findings of this study, drawn directly from the self-reported experiences of female survivors, provide empirical support for the reality that physical arousal, psychological pleasure, and even orgasm can occur during sexual abuse events. The quantitative data presented in Section 3.1, indicating that a significant portion of this sample reported experiencing physical arousal (86.8% at some frequency), psychological pleasure (44.7% at some frequency), and orgasm (28.9% at some frequency) during the abuse, challenges the simplistic yet pervasive societal narrative that sexual violence is characterized solely by fear and pain. While this narrative is true for many survivors, our findings, consistent with previous exploratory work (OSTRG-PUB-2021-010) and reviews of existing literature (Levin & van Berlo, 2004; Peterson & Muehlenhard, 2007), suggest that a substantial proportion of survivors experience a more complex and often unwanted range of physical and psychological responses during nonconsensual acts.

Acknowledging and validating the occurrence of these involuntary responses is a critical step in understanding the multiple effects of sexual trauma. As the qualitative data in Section 3.1 illustrate, the subjective experience of these reactions is highly variable. While many

descriptions emphasize confusion, disgust, and a sense of betrayal by the body, some participants' accounts of physical arousal or orgasm included terms that in other contexts might be associated with pleasure or intensity (e.g., "strange buzzing feeling," "intense waves of sensation," "very pleasurable feelings" during orgasm, "powerful but wrong"). It is important to interpret these descriptions within the larger context of the nonconsensual and traumatic event. The presence of physical sensations that might be perceived as pleasurable does not diminish the traumatic nature of the abuse; rather, it often adds a layer of complexity and distress for the survivor. Validating that these confusing and sometimes contradictory experiences are real and not a reflection of the survivor's will or desire is fundamental to trauma-informed care and to dismantling harmful myths that contribute to victim-blaming. By openly discussing these taboo aspects of survivors' experiences, we move toward a more complete and honest understanding of sexual trauma.

4.2. Exploring Potential Explanations

Understanding the potential mechanisms underlying the involuntary physical arousal, psychological pleasure, and orgasm reported by survivors during sexual abuse is essential for challenging harmful myths and informing support. While the precise interplay of factors is complex and likely to vary significantly between individuals and specific abuse events, previous research and the qualitative data from this study offer potential explanations for these involuntary responses, including those described in terms often associated with positive sensations in consensual contexts.

A primary explanation lies in the nature of involuntary physiological reflexes. The human body has the capacity to respond physiologically to sexual stimulation, regardless of conscious will or desire (Levin & van Berlo, 2004; Sipski, 2001). Arousal, including lubrication and increased blood flow, can be an automatic bodily response triggered by physical touch or pressure in the genital area, even in the absence of subjective desire or consent. Similarly, orgasm, while a complex culmination of arousal, can also involve involuntary muscular contractions and physical release that can occur as a physiological response to intense stimulation, independent of the survivor's emotional state or will (Levin, 1985; Levin & Wagner, 1985). These bodily responses are hardwired and can manifest as involuntary reflexes, as described by participants who felt that their bodies reacted automatically or were "out of control" (Section 3.1).

In addition, **psychological coping mechanisms** such as dissociation can play a significant role in how survivors experience and perceive bodily sensations during overwhelming trauma (Schwartz et al., 1995). Dissociation involves a detachment of the mind from the body or the traumatic event, which can alter the perception of bodily sensations. In such states, bodily responses, including those that might otherwise be perceived as distressing, may be experienced as numb, distant, or dissociated, potentially leading to descriptions that focus on physical mechanics or intensity rather than subjective pleasure.

The dynamics of **grooming and manipulation** by perpetrators may also intertwine physical experiences with confusing emotional states, particularly in cases of ongoing or childhood abuse (Pulverman et al., 2018). Perpetrators may intentionally mix abuse with perceived

positive elements, such as affection, praise, gifts, or a sense of special connection. As noted in the qualitative data (Section 3.1), some participants associated psychological pleasure with receiving attention or feeling "special" from the perpetrator. This manipulation can create a confusing emotional landscape in which the survivor's need for connection or validation becomes tragically entangled with the abuse, potentially resulting in subjective feelings or a learned physical response that is deeply distressing in the context of the violation.

Finally, the body's response to **extreme fear or stress** can be highly complex and unpredictable (Levin & van Berlo, 2004). The "fight, flight, or freeze" response can involve intense physiological activation. While often associated with responses such as increased heart rate or muscle tension, in some cases the body's response to overwhelming stress may also involve unexpected physical releases or sensations that are not indicative of pleasure or consent in the traumatic context.

It is crucial to reiterate that these potential explanations for involuntary physical and psychological responses, including those described using terms that can denote pleasure in consensual settings, in no way imply that the survivor desired, consented to, or enjoyed the abuse. They highlight the complex interplay of involuntary physiological processes, psychological coping strategies, and manipulative dynamics that can occur in the context of sexual violence, and clearly separate these responses from the will of the survivor and the non-consensual nature of the act.

4.3. Implications for Trauma Support and Therapy

The findings of this study have critical implications for clinical practice, support services, and therapeutic approaches for female survivors of sexual abuse. Given that a significant proportion of survivors may experience involuntary physical arousal, psychological pleasure, or even orgasm during abuse, and that these experiences are often accompanied by profound shame, guilt, and confusion, trauma-informed care must be equipped to address these complex dynamics directly and without judgment.

Therapists and support professionals working with survivors need specialized training to understand the involuntary nature of these responses and the potential for them to occur during non-consensual acts. A lack of awareness or understanding among professionals can inadvertently perpetuate harmful myths or cause survivors to feel invalidated, misunderstood, or further shamed when disclosing these experiences. Creating a safe and non-judgmental therapeutic space that allows survivors to openly discuss their physical reactions and associated feelings of betrayal, complicity, or confusion without fear of judgment is paramount.

Addressing feelings of "bodily betrayal"-the sense that one's body acted against one's will during the abuse-is an important aspect of the healing process for many survivors (as highlighted in section 3.3). Trauma-informed therapy can help survivors understand that these bodily responses are complex, often involuntary, and do not reflect their consent or desire. By validating these experiences and helping survivors integrate their bodily responses into their trauma narratives, rather than seeing them as evidence of complicity, professionals can support

survivors in reducing self-blame and reclaiming a sense of agency and connection with their bodies.

In addition, the long-term effects on sexual health and identity identified in this study (Section 3.3), such as difficulties with arousal or orgasm in consensual settings, changes in sensitivity, or struggles with intimacy and trust, require targeted therapeutic interventions. Trauma-informed approaches to sexual therapy can help survivors cope with these challenges, address the specific ways in which trauma, including these involuntary responses, has shaped their sexuality, and work toward rebuilding healthy, consensual sexual lives in accordance with their will and desires. Recognizing the potential for specific effects such as PGAD, chronic pain, or hypersexuality as a result of abuse requires access to professionals with specialized knowledge in these areas. Ultimately, support services and therapy must validate the full range of survivors' experiences, including those that are confusing or challenging, in order to facilitate full healing and assist survivors in reconciling their trauma.

5. Conclusion and Future Research

5.1. Key Findings

This exploratory mixed-methods study, based on the self-reported experiences of 38 female survivors of sexual abuse, highlights the critical need to go "beyond consent" in understanding the multifaceted effects of sexual trauma. Our findings indicate that experiencing involuntary physical arousal (pleasant bodily feelings) during abuse is not uncommon, with a significant majority (86.8%) of this targeted sample reporting these sensations at some frequency. Although less common, psychological pleasure (44.7%) and orgasm (28.9%) were also reported by a significant proportion of participants during abuse events. Crucially, our data quantitatively reinforces the fundamental disconnect between these reported responses and the presence of consent, with the overwhelming majority (73.7%) reporting that they "never" felt they were consenting, and a significant majority (65.8%) reporting resistance at various frequencies. The qualitative data vividly illustrate the internal conflict and sense of "bodily betrayal" experienced by survivors as they grapple with involuntary responses against their will and the traumatic nature of the abuse. These complex and often unwanted responses contribute significantly to profound and lasting effects, including intense shame, guilt, and self-blame; difficulty processing trauma; inhibited disclosure; and long-term challenges with sexual health and identity. The significant decrease in reported physical and psychological pleasure following the abuse events further underscores that any sensations experienced during the abuse were quickly overshadowed by the traumatic impact.

5.2. Directions for Future Research

Building on the findings of this exploratory study, several critical areas warrant further investigation to deepen our understanding of involuntary responses during sexual abuse and their implications. First, while our targeted sample provided valuable insights, future research should utilize larger, more diverse, and ideally population-based samples to better estimate the

prevalence of physical arousal, psychological pleasure, and orgasm during nonconsensual acts in broader survivor populations. Second, more extensive qualitative studies, such as in-depth interviews with selected survivors, are essential to delve more deeply into the nuances of these experiences and to explore in greater detail the specific contexts, subjective meanings, and long-term trajectories. Third, research is needed to understand the dynamics of perpetrator intent-specifically, whether perpetrators actively seek to induce physical arousal, pleasure, or orgasm in their victims, and how this manipulation affects the survivor's experience and healing process. Fourth, rigorous research is needed to evaluate the effectiveness of trauma-informed interventions specifically designed to address the shame, guilt, and self-blame associated with the experience of involuntary responses during abuse. Finally, studies should explore the most effective strategies for public education and prevention efforts aimed at clearly and unambiguously distinguishing between consent, physiological arousal, and psychological pleasure, thereby dispelling harmful myths that contribute to victim-blaming and impede survivors' healing. OSTRG is committed to continuing research in these critical areas to improve our understanding and support for survivors of sexual trauma.

References:

1. Artime, T. M., & Peterson, Z. D. (2015). *Feelings of wantedness and consent during nonconsensual sex: Implications for posttraumatic cognitions*. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(6), 570–577.
2. Borumandnia, N., Khadembashi, N., Tabatabaei, M., Farhadi, M. H., & Rezaei, N. (2020). *The prevalence rate of sexual violence worldwide: A trend analysis*. *BMC Public Health*, 20(1), 1835.
3. Braun, V., & Clarke, V. (2006). *Using thematic analysis in psychology*. *Qualitative Research in Psychology*, 3(2), 77–101.
4. Gavey, N. (2005). *Just sex? The cultural scaffolding of rape*. Routledge.
5. Hills, P. J., Seib, E., Pleva, M., & Hills, N. (2020). *Consent, wantedness, and pleasure: Three dimensions affecting the perceived stress of and judgments of rape in sexual encounters*. *Journal of Experimental Psychology: Applied*, 26(1), 171–184.
6. Kovac, M. (2021). *Beyond consent: Arousal and pleasure in female sexual abuse survivors (OSTRG-PUB-2021-010)*. Open Sexual Trauma Research Group.
7. Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (Eds.). (2002). *World report on violence and health*. World Health Organization.
8. Levin, R. J. (1981). *The female orgasm – A current appraisal*. *Journal of Psychosomatic Research*, 25(2–3), 119–133.
9. Levin, R. J., & van Berlo, W. (2004). *Sexual arousal and orgasm in subjects who experience forced or non-consensual sexual stimulation: A review*. *Journal of Clinical Forensic Medicine*, 11(2), 82–88.
10. Levin, R. J., & Wagner, G. (1985). *Orgasm in women in the laboratory: Quantitative studies on duration, intensity, latency, and vaginal blood flow*. *Archives of Sexual Behavior*, 14(5), 439–449.

11. MacIntosh, H., Fletcher, K., & Collin-Vézina, D. (2016). "I was like damaged, used goods": Thematic analysis of disclosures of childhood sexual abuse to romantic partners. *Marriage & Family Review, 52*(6), 598–611.
12. Peterson, Z. D., & Muehlenhard, C. L. (2007). Conceptualizing the "wantedness" of women's consensual and non-consensual sexual experiences: Implications for how women label their experiences with rape. *Journal of Sex Research, 44*(1), 72–88.
13. Pulverman, C. S., Kilimnik, C. D., & Meston, C. M. (2018). The impact of childhood sexual abuse on women's sexual health: A comprehensive review. *Sexual Medicine Reviews, 6*(2), 188–200.
14. Schwartz, M., Galperin, L. D., & Masters, W. H. (1995). Post-traumatic stress, sexual trauma and dissociative disorder: Issues related to intimacy and sexuality. *Journal of Trauma Practice, 1*(3–4), 165–176.
15. Sipski, M. L. (2001). Sexual response in women with spinal cord injury: Neurologic pathways and recommendations for the use of electrical stimulation. *Journal of Spinal Cord Medicine, 24*(3), 155–158.