**Sexual Abuse in Childhood and the Quality of Interpersonal Relationships (Satisfaction, Aggression, Loneliness) in the Workplace**

One central consequence of Child Sexual Abuse (CSA) is its negative impact on interpersonal relationships (Carbone-Lopez, 2012; Davis & Petretic-Jacson, 2000; Lamoureux et al., 2012). When studying interpersonal relationships, scholars tend to focus on the connection between CSA and couples’ relationships (MacIntosh & Ménard, 2021; Nielsen et al., 2018; Vitek & Yeater, 2021) or parent-child relationships (Fatehi et al., 2021; MacIntosh & Ménard, 2021). The connection between CSA and interpersonal relations in the workplace has scarcely been studied.

 Some studies show a connection between CSA and difficulties joining the job market (Bouchard et al., 2023; Bunting et al., 2018). Among others, connections were found between CSA and unemployment (Barrett & Kamiya, 2014), difficulty finding work (Hyman, 2000), dependence on welfare (Fergusson et al, 2013; Pinto Pereira et al., 2017), dismissal (Sansone et al., 2012), absence from the workplace, loss of work ability (Barrett & Kamiya, 2014; Bunting et al., 2018; Pinto Pereira et al., 2017), and low socioeconomic status (Bunting et al., 2018; Pinto Pereira et al., 2017). Few studies found no connection between CSA and unemployment or level of income (Tanaka et al., 2011; Zielinski, 2009). The literature contains scant attention to interfering variables that may explain the connection between CSA and difficulties that survivors of CSA face when trying to enter the job market, among them, attention difficulties (Hall 2000), anxiety (De Venter et al., 2020; Hall, 2000), depression (De Venter et al., 2000), health problems (Hyman, 2000), and low academic achievements (Hyman, 2000; Mitchell et al., 2021). The interpersonal relationships of CSA survivors in the context of difficulty entering the job market have hardly been examined.

 One of the central components that determine job satisfaction is interpersonal relationships in the workplace (Halbesleben, 2006; Sias & Shin, 2019; Sias, 2009). Most jobs – whether they require contact with superiors or mentors or with subordinates or customers – require a wide range of social interactions. Relationships in the workplace can constitute a source of strength and fortitude for the worker in several ways (Bakker & Demerouti, 2017; Hobfoll, 2011; Kataria et al., 2013). At the same time, the workplace can certainly provide opportunities to experience interpersonal difficulties as well. Therefore, the quality of relationships in the workplace has significant implications for the person’s experience and his or her quality of life (Sias & Shin, 2019).

 According to Johnson and Indvik (Johnson & Indvik, 1994, 1995), when people mature, they recreate a sense of ‘family’ within their social groups, including the workplace, since it is in the family group that people learn how to closely interact with others. People often report that the dynamics and emotions that develop in their workplace relations are similar to those they had experienced as children, in abusive family settings. They also report that they tend to recreate roles that they had held in the past, and may choose workplaces that allow them to do so (Johnson & Indvik, 1994, 1995). Based on this theoretical idea, it would make sense to expect that the general difficulties that CSA survivors face in interpersonal relationships outside of the workplace would affect their relationships within the workplace as well.

 Surprisingly, these theoretical ideas (Johnson & Indvik, 1994, 1995) have not been empirically examined, and only a few studies touched upon the topic of CSA survivors’ interpersonal relationships in the workplace (prigoff gina L, 2000; Strait, 2011). As far as we know, there has been no study to date that empirically compares the quality of CSA survivors’ interpersonal relationships in the workplace to that of survivors of other traumas, or of people who did not experience trauma.

 According to the literature, the three main components of the quality of interpersonal relationships in the workplace are perceived satisfaction with the relationship (Sias & Shin, 2019), loneliness in the workplace (Wright & Silard, 2020); and aggression in the workplace (Bowling & Hershcovis, 2017).

**CSA and perceived satisfaction with interpersonal relationships in the workplace**

Perceived satisfaction with interpersonal relationships in the workplace relates to all types of relationships between workers (such as executives, subordinates, colleagues, or mentors) (Sias, 2009). Studies found that high satisfaction from relationships with colleagues at work positively influences general satisfaction from work, teamwork, group cohesiveness, and performance, and may even help overcome somatic and emotional problems during challenging times (Parker et al., 2023).

 Given the information regarding the connection between CSA and difficulties in intimate relations (Godbout et al., 2009; Nielsen et al., 2018; Zabary et al., 2013), and in light of Johnson and Indvek’s theoretical ideas (Johnson & Indvek, 1994, 1995) regarding the way in which traumatic interpersonal relationships may be recreated in the workplace, this study hypothesized that the level of CSA survivors’ perceived satisfaction from relationships in the workplace will be lower than that of workers who experienced other traumas, and much lower than workers who did not experience trauma at all.

**CSA and loneliness in the workplace**

Loneliness is a negative emotional state that arises when a person perceives his social needs to be unmet, in either the number or quality of social connections (Perlman & Peplau, 1981). Loneliness rates have been steadily rising over the past 40 years, and studies show that loneliness contributes to a decrease in quality of life, to an increase in the consumption of health services, is detrimental to one’s financial status, and may even lead to death (Lim et al., 2020).

 No one has yet coined the term “loneliness in the workplace”. Some researchers claim that loneliness in the workplace is akin to the general feeling of loneliness, rendering a special term for this phenomenon unnecessary (for example, Ayazlar & Güzel, 2014), while others posit that while loneliness is essentially a subjective experience, its causes and restrictions may change according to the context and environment. According to this view, the unique character of the workplace defines loneliness differently, necessitating separate terminology (for example, Ercan & Yilmaz, 2011).

 Studies have found a correlation between CSA and general loneliness in adulthood (Gibson & Hartshorne, 1996; Kamiya et al., 2016; Shevlin et al., 2015). In the present study, we examined the hypothesis that this would be true also for the workplace.

**CSA and aggression in the workplace**

Aggression is defined as forceful behavior that is intended to cause harm to another person, who is trying to avoid that harm (Dewall et al., 2011).

 Aggression in the workplace is defined as negative actions that are taken against the institution or its members, leading the victims to try to avoid this (Bowling & Hershcovis, 2017b).

 Studies show that individual factors may influence the level of aggression in the workplace. For example, hot-headedness, diligence, agreeableness, and emotional stability were all found to be related to aggression in the workplace (Hershcovis et al., 2007; Penney et al., 2017a). As far as we know, CSA has not yet been studied as a possible predictor of aggression in the workplace.

 Aggression was also found to be one of the difficulties that CSA survivors face in interpersonal relations. These survivors have a greater chance of acting aggressively during their lives relative to people who had not experienced CSA (Norton-Baker et al., 2019; Siegel, 2000; Trabold et al., 2015).

 In the present study, we tested the hypothesis that CSA survivors would display higher levels of aggression also in the workplace.

**Method**

**Participants**

Participants were 296 men (N=79) and women (N=217) over the age of 18, who were employed in their workplaces for over a year. We defined six research groups, based on data attained from an “identifying earlier traumatic events” questionnaire (Goodman et al., 1998): 23 women with no prior traumatic events, 114 women who had experienced a non-CSA traumatic event, 80 women who had experienced CSA, 9 men with no prior traumatic events, 58 men who had experienced a non-CSA traumatic event, and 12 men who had experienced CSA.

 The study was conducted over a period of a year and a half. First, we created a link to an online questionnaire (Qualtrics) and circulated it on relevant social media platforms. The link was also posted on websites and forums related to the topic, and circulated by the researcher among her friends, gaining a sort of ‘snowball’ effect. Most of the questionnaires were completed during the first months of collation, where an initial analysis showed that there was an inadequate representation of CSA survivors. We then turned to the research department at the Welfare Ministry, which approved our request to appeal directly to welfare centers for sexual abuse throughout the country. 50 such patients in these centers filled out the questionnaire.

**Materials**

**Questionnaire for identifying earlier traumatic events (SLESQ)** (Goodman et al., 1998). This questionnaire is designed to identify exposure to prior traumatic events. It comprises 13 sections. 11 questions examine exposure to a specific event, such as violence, illness, or accidents. For example: “Have you ever been involved in a life-threatening accident?”. Participants who responded positively were requested to note their age at the time of the event, a description of the event, the level of exposure and injury, the number of occurrences or its duration, details of the aggressor, and the level of perceived terror. The authors of the questionnaire tested its reliability by retesting. The average of sections yielded a score of k=0.73, showing the test to be reliable, with a convergent validity of 0.64. Participants’ responses to this questionnaire yielded three experimental groups: 1. People who had not been exposed to a traumatic event; 2. People who had experienced a non-CSA traumatic event; and 3. People who had experienced recurrent sexual abuse in their childhood (respondents who answered questions 5-7 as relating to an ongoing event, describing the situation as one in which the victim could not distance him/herself from the aggressor). Respondents described the character of the event in an open-ended question, where they were instructed to relate to the event that they had felt was the most traumatic. When two such events were mentioned, we included the event relating to sexual abuse or domestic violence.

**Loneliness in the workplace**: The UCLA scale for social loneliness (Russell et al., 1980) is designed to measure loneliness by self-report. It comprises twenty items, half of which reflect satisfaction from social relationships, such as “There are people I can turn to,” and the other half describe dissatisfaction, such as “I feel like I am not part of things.” Participants are instructed to rate each statement according to their own experience, on a scale from 1 = ‘not at all’ to 4 = ‘to a great extent’. After reversing the positive items, each participant received a score based on the average of all the items, such that a higher score reflects greater loneliness. This questionnaire yielded high internal consistency (α= 0.92) and good retest reliability 12 months later (the correlation between the two was 0.73). Previous use of the Hebrew version of this questionnaire in other studies yielded similar psychometric values (Solomon, 1993). In the present study, participants were asked to respond concerning their relationships at work. This yielded high internal consistency as well, α= 0.91 (see Appendix 4).

 **Measuring aggression in the workplace**: We used a questionnaire (AQ-Aggression Questionnaire-Short Form, [Bryant & Smith, 2001]) that is based on a 29-item aggression questionnaire (Buss & Pery, 1992; Kiewitz & Weaver, 2007). A factor analysis yielded an abridged form with 12 items, with a high measure of fit (GFI = .94) between the four components (physical aggression, verbal aggression, rage, and hostility). This model was formulated on two American samples using the abridged version. The correlation coefficients for the two samples were generally good: physical aggression (.79, .80), verbal aggression (.83, .80), rage (.76, .76), and hostility (.75, .70). Further analyses supplied support for the model’s structural validity and showed a strong discriminant validity for the ‘hostility’ factor in the abridged version in comparison with the previous ones. For this study, the ‘there and back’ questionnaire was translated into Hebrew, and participants were asked to respond within the context of their work relations. The current study yielded good internal consistency (α = 0.81) (see Appendix 5).

**Results**

Table 1: Participants’ demographics, by group (N = 296)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Total(N = 296) | No trauma(N = 32) | One-time trauma(N = 172) | Recurrent sexual trauma(N = 92) | Difference |
| **General** |  |  |  |  |  |
| Age (M, SD)(Range 21-74) | 44.62(11.41) | 47.75a(9.54) | 46.42a(12.22) | 40.18b(9.01) | F(2, 293) = 10.98\*\*\*(η2 = .070) |
|  |  |  |  |  |  |
| General (N, %) |  |  |  |  |  |
| Men | 79 (26.7) | 9 (28.1) | 58 (33.7) | 12 (13.0) | χ2(2) = 13.14\*\* |
| Women | 217 (73.3) | 23 (71.9) | 114 (66.3) | 80 (87.0) |
|  |  |  |  |  |  |
| Country of birth(N, %) |  |  |  |  |  |
| Israel | 254 (86.1) | 27 (84.4) | 151 (88.3) | 76 (82.6) | χ2(2) = 1.71 |
| Other | 41 (13.9) | 5 (15.6) | 20 (11.7) | 16 (17.4) |
|  |  |  |  |  |  |
| Religion |  |  |  |  |  |
| Jewish | 286 (96.6) | 32 (100.0) | 167 (97.1) | 87 (94.6) | --- |
| Other | 5 (5.4) | --- | 5 (2.9) | 5 (5.4) |
|  |  |  |  |  |  |
| Level of religiosity (N, %) |  |  |  |  |  |
| Religious | 34 (11.5) | 4 (12.5) | 14 (8.1) | 16 (17.4) | χ2(4) = 10.61\* |
| Traditional | 3 (9.4) | 3 (9.4) | 28 (16.3) | 22 (23.9) |
| Secular | 25 (78.1) | 25 (78.1) | 130 (75.6) | 54 (58.7) |
|  |  |  |  |  |  |
| Years of education(M, SD)(Range 8-32) | 16.52 (3.49) | 17.22 (3.12) | 16.53(3.39) | 16.27(3.78) | F(2, 293) = 0.88(η2 = .006) |
|  |  |  |  |  |  |
| **Income**(N, %) |  |  |  |  |  |
| Below average | 35 (12.0) | -- | 15 (8.9) | 20 (22.0) | χ2(4) = 21.34\*\*\* |
| Average | 60 (20.5) | 4 (12.5) | 32 (18.9) | 24 (26.4) |
| Above average | 197 (67.5) | 28 (87.5) | 122 (72.2) | 47 (51.6) |
|  |  |  |  |  |  |
| **Intimacy and family** |  |  |  |  |  |
| Marital status(N, %) |  |  |  |  |  |
| In a relationship | 74 (25.0) | 4 (12.5) | 41 (23.8) | 29 (31.5) | χ2(2) = 4.88 |
| Married | 222 (75.0) | 28 (87.5) | 131 (76.2) | 63 (68.5) |
| Duration of relationship(N, SD)(Range 1-55) | 16.07 (11.27) | 18.06a (11.07) | 17.48a (12.03) | 12.75b (9.03) | F(2, 292) = 6.02\*\*(η2 = .040) |
| Minor children from this partner (N, %) |  |  |  |  |  |
| Yes | 180 (60.8) | 21 (65.6) | 102 (59.3) | 57 (62.0) | χ2(2) = 0.53 |
| Adult children from this partner (N, %) |  |  |  |  |  |
| Yes | 91 (30.7) | 14 (43.8) | 63 (36.6) | 14 (15.2) | χ2(2) = 15.76\*\*\* |
| Minor children from a previous partner (N, %) |  |  |  |  |  |
| Yes | 22 (7.4) | 1 (3.1) | 9 (5.2) | 12 (13.0) | --- |
| Adult children from a previous partner (N, %) |  |  |  |  |  |
| Yes | 36 (12.2) | 5 (15.6) | 20 (11.6) | 11 (12.0) | χ2(2) = 0.41 |
|  |  |  |  |  |  |
| Total number of minor children(M, SD)(Range 0-8) | 1.48 (1.52) | 1.34 (1.23) | 1.38 (1.48) | 1.72 (1.65) | F(2, 293) = 1.65(η2 = .010) |
| Total number of adult children(M, SD)(Range 0-5) | 0.86 (1.23) | 1.22a (1.21) | 1.00a (1.33) | 0.47b (0.92) | F(2, 293) = 7.48\*\*\*(η2 = .049) |
|  |  |  |  |  |  |
| **Employment** |  |  |  |  |  |
| Seniority (years)(M, SD)(Range 1-41) | 9.31(8.84) | 10.71a (10.16) | 10.62a(9.46) | 6.30b(6.01) | F(2, 269) = 7.24\*\*\*(η2 = .051) |
|  |  |  |  |  |  |
| Position at work(N, %) |  |  |  |  |  |
| Senior manager | 47 (15.9) | 6 (18.8) | 29 (16.9) | 12 (13.0) | χ2(4) = 1.89 |
| Junior manager | 45 (15.2) | 6 (18.8) | 27 (15.7) | 12 (13.0) |
| Common worker | 204 (68.9) | 20 (62.4) | 116 (67.4) | 68 (74.0) |

\*p < .05, \*\*p < .01, \*\*\*p < .001

\*Different letters represent significant differences between the cells

The above data show a wide range of ages, with an average age of 45. Participants who had experienced CSA are, on average, 6-7 years younger than participants in the two other groups, which is statistically significant (F(2, 293) = 10.98, p < .001, η2 = .070). About three-quarters of the participants were women, who were a statistically significant percentage within the CSA group (~87%), as compared to the other two groups (~66% and ~72%) (χ2(2) = 13.14, p < .01). Most of the participants were Jewish native Israelis, with no difference between the groups. Most of the participants were secular (~70%), who constituted a significantly lower percentage in the CSA group (~59%) than in the other two groups (~76% and ~78%) (χ2(4) = 10.61, p < .05). Participants had 16.5 years of education on average, with no difference between the groups. Most of the participants reported an over-average income (~67%), statistically lower in the CSA group (~52%) than in the other two groups (~72% and ~87%) (χ2(4) = 21.34, p < .001).

 All participants were in a relationship, three-quarters of them married, with no significant differences between the groups. The average duration of the relationship was significantly lower in the CSA group (around 13 years) than in the other groups (around 18 years) (F(2, 292) = 6.02, p < .01, η2 = .040). Around 61% of the participants had minor children from their current partner, and around 7% had minor children from a previous partner, with no differences between the groups. In addition, around 15% of the CSA group had adult children from their current partner, which is significantly lower than the ~40% in the other groups (χ2(2) = 15.76, p < .001). About 12% of the participants had adult children from previous partners. On average, participants had around 1.5 minor children and close to 1 adult child. There was no difference in the number of minor children between the groups, but CSA participants had fewer adult children than participants in the other two groups (F(2, 293) = 7.48, p < .001, η2 = .049).

 All the participants were employed (between 1-41 years, average = 9 years). The duration of employment was significantly lower in the CSA group (around 6 years) than in the other two groups (average of around 10 years) (F(2, 269) = 7.24, p < .001, η2 = .051). Close to 70% of the participants were common workers, ~15% senior managers, and ~15% junior managers, with no differences between the groups. Most (~64%) are hired workers, and the remainder were either self-employed (~23%) or both hired and self-employed (~13%), with no differences between the groups. The senior managers had, on average, ~25 workers, and the junior managers ~!7 workers on average, with no differences between the groups.

This study hypothesized that the quality of relationships in the workplace would be lowest among participants who had experienced CSA, a bit better among participants who had experienced a non-CSA traumatic event, and best among participants who had not experienced traumatic events.

We tested this hypothesis using multi-variable variance while controlling for age, years of education, and levels of religiosity (1+secular, 0=traditional and religious) (MANCOVA). In light of the control variables, we also tested differences between the groups using an Estimated marginal means.

Table 2: Averages, SDs, and F values for quality of relationship in the workplace, by group (N = 296)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No traumatic event (N = 32) | Non-CSA traumatic event (N = 132) | CSA(N = 92) | Difference |
| Aggression at work (1-5) | 1.40b (0.35) | 1.60a (0.53) | 1.73a (0.57) | F(2, 290) = 3.57\*(η2 = .024) |
| Loneliness at work (1-4) | 1.97 (0.38) | 2.03 (0.44) | 2.12 (0.44) | F(2, 288) = 0.86(η2 = .006) |
| Satisfaction from relationships at work (1-7) | 5.83 (1.16) | 5.75 (1.25) | 5.47 (1.46) | F(2, 290) = 0.18(η2 = .001) |

Note: Different letters represent significant differences between the cells

The above Table demonstrates a significant difference between the groups only for aggression at the workplace. Aggression at the workplace is lower for participants who did not experience any traumatic event than for those who experienced a non-CSA traumatic event (p = .042) or CSA (p = .008). The difference between participants who had experienced non-CSA trauma and those who had experienced CSA was not significantly different (p = .212). Differences between the groups on the measures of loneliness in the workplace or satisfaction from relationships in the workplace were not significant.

**Discussion**

In this study, we spotlighted a central sphere of interpersonal relations that CSA survivors experience - interpersonal relations in the workplace. While many studies tested the relationship between CSA and intimate relationships, very few were dedicated to the relationship between CSA and relationships in the workplace. We tested these interpersonal relationships using three central components of relationships, as found in the literature. The **first** component is the person’s perceived satisfaction from his or her relationships at work; the **second** component is the level of loneliness at work; and the **third** component is the level of aggression at the workplace. We hypothesized that the negative impact that CSA has on interpersonal relationships, as demonstrated in the context of intimate and parental relationships, would be true for relationships in the workplace as well. Therefore, we hypothesized that CSA survivors would subjectively experience lower satisfaction from their relationships in the workplace, and would feel lonelier and be more aggressive, than survivors of other traumas, and even more so as compared to people who did not experience prior trauma.

 Surprisingly, we did not find any difference between the three groups on the measures of **perceived satisfaction from relationships** in the workplace and **loneliness** in the workplace. The only significant difference was in the levels of **aggression**, where participants who had experienced prior trauma displayed higher levels of aggression at work than those who had not experienced prior trauma. There was no significant difference in the level of aggression in the workplace between CSA survivors and survivors of other types of traumas. This can be explained in several ways.

First, as far as we know, this is the only study to date that tested for differences between the groups within the context of satisfaction from relationships in the workplace. The literature describing people who ‘bring’ their trauma to the workplace and the interpersonal difficulties that accompany that (Johnson & Indvik, 1994, 1995) is mainly theoretical, and does not rely upon empirical studies that compare the groups. Satisfaction is a subjective term that needs to be tested empirically through self-report questionnaires, something that has not yet been done. It is therefore possible that the present study questions the theory that ‘bringing’ the trauma into the workplace will lead to lower satisfaction from relationships at work among CSA survivors. This requires further study.

 Another explanation can be related to the fact that several studies found a direct correlation between CSA and difficulties in academic studies and income level, but when interfering familial and personal variables were considered, this correlation no longer exists (Boden et al., 2007; Fergusson et al., 2013). Perhaps, similarly, the present study shows that the level of satisfaction from interpersonal relationships is not necessarily explained by the mere presence of CSA, but by other interfering variables that this study did not examine.

 An additional explanation relies on studies that deal with CSA survivors’ fortitude. These studies show that one of the factors that helped the survivors maintain a functional lifestyle is their relationships with their peers. As opposed to family, or the closer, harmful environment, the peer group may constitute a source of strength and belonging (Marriott et al., 2014; Valentine & Feinauer, 1993). This explanation may be true for the current study as well, such that the coping mechanisms used by the CSA survivors in their workplace relationships are different from the coping mechanisms they use in their intimate relationships, where the interpersonal relationships that form in the workplace parallel relationships with a peer group, as distinct from relationships with harmful individuals in their close environment.

 Results regarding **loneliness in the workplace** were more surprising, especially since clinicians report – based on their work with CSA survivors – that loneliness in the workplace is one of the central issues raised in treatment sessions (Dagan and Yager, 2019). In addition, findings show a connection between sexual abuse in childhood and loneliness throughout life (Gibson & Hartshorne, 1996; Kamiya et al., 2016; Shevlin et al., 2015). This can be explained in several ways.

 First, according to Hawkley (Hawkley et al., 2012), loneliness is comprised of three dimensions. **The first dimension**, “intimate loneliness,” is formed within the person’s closest sphere. This dimension relates to the person feeling that he or she lacks a significant other (such as a romantic partner, close friend, or parent) who can supply emotional support during times of need. This sphere includes up to five such individuals. **The second dimension**, “relational loneliness,” is formed within the person’s social sphere, where he or she should feel comfortable with family and friends. This relates to the way the person perceives the existence or lack of quality social and familial relationships. This sphere includes between 15-50 people whom the individual meets routinely, people who share mutual emotional and instrumental support. **The third dimension**, “collective loneliness,” relates to the person’s wider social network, with whom he identifies (such as school, the workplace, social media, sports teams, and political parties), and with whom he can communicate from afar within the collective domain. This sphere can include between 150-1,500 people. The more groups a person belongs to, the less collective loneliness they feel. Studies that show high levels of loneliness among CSA survivors (Gibson & Hartshorne, 1996; Kamiya et al., 2016; Shevlin et al., 2015) may relate to the first and second dimensions, while in the current study, participants were asked about loneliness in the workplace, which can be considered the third dimension.

 Furthermore, Lev-Wiesel and Sternberg (Lev-Wiesel & Sternberg, 2012) found that people who had experienced physical or psychological abuse in childhood also suffered from social exclusion. In contrast, they found no such significant correlation between abuse and social exclusion for CSA survivors. In their paper, the researchers offered possible explanations for this surprising finding. Some of the ideas they raised may also explain the current study’s finding regarding loneliness in the workplace.

 One explanation that they offer is related to the dissociation that many CSA survivors develop. Perhaps CSA survivors in the workplace are dissociated from their emotions and their sense of self, and they are therefore less attuned to feelings of lonelines.

 They suggest another explanation, based on study results that show that CSA survivors often use avoidance strategies (Bal et al., 2003; Merrill et al., 2001). Avoidance coping patterns may lead to withdrawal from relationships with peers. These patterns become fixed such that the child becomes accustomed to ignoring all social interactions, to the point where she is no longer aware of social exclusion (Lev-Wiesel & Sternberg, 2012). This pattern, formed in childhood as a result of the abuse, is expressed by CSA survivors in the workplace as well.

 In addition, the current study included CSA survivors who have been working in their workplace for at least a year. The study did not include unemployed CSA survivors. Hence, this group of survivors may be more socially adept to begin with, a fact that enables them to join the workforce. Since some studies show that CSA survivors find it more difficult to join the job market than others (Bouchard et al., 2023; Bunting et al., 2018), we recommend that future studies examine whether reasons related to interpersonal relations make it difficult for CSA survivors to join the workforce.

 Regarding **satisfaction from relationships in the workplace** and **loneliness in the workplace**, we did not find differences between the three groups. In contrast, regarding **aggression in the workplace**, we found that CSA survivors, like survivors of other types of traumas, show higher levels of aggression than people who did not experience prior trauma.

 We were surprised to find no significant difference in levels of aggression in the workplace between the groups of CSA survivors and the group of non-CSA trauma survivors. The literature raises two possible explanations for the lack of significant differences in the levels of aggression between CSA survivors and survivors of other types of traumas.

 One explanation is related to the term “identification with the aggressor,” taken from dynamic theory. According to the theory, this is one of the psychological mechanisms that may develop due to CSA. “Identification with the aggressor” is an autonomic response that aims to protect the victim of childhood sexual abuse from his unbearable reality (Frankel, 2002). As a result, the child may internalize the aggressor’s aggression, and act aggressively toward herself and/or toward others. This pattern may be recreated in interpersonal relationships throughout life (Hirsch, 1996). The present study only examined general aggression, and not self-inflicted harm or suicidal tendencies as an expression of aggression toward the self (Harford et al., 2014). Perhaps there were no significant differences between the groups because some of the CSA survivors, who had internalized and employ the mechanism of identifying with the aggressor, tend to direct the aggression toward themselves through suicidal acts or self-inflicted harm. This type of aggression was not manifest in the current study design.

 Another possible explanation is related to levels of PTSD symptoms. One study demonstrated a connection between childhood traumas and difficulties in emotional regulation. However, when controlling for PTSD symptom severity, this connection remained only for two of the nine dimensions of emotional regulation (Ehring and Quack, 2010). Another study found a connection between the number of traumatic events and levels of aggression at work (Volpin, 2021). Perhaps, people who experience more traumatic events, irrespective of the type of traumatic event, will have higher levels of PTSD symptoms, and consequently also more aggression.

One of the study’s central contributions is the finding that shows that, as opposed to our knowledge about the marital and parental interpersonal relationships of CSA survivors, there is no significant difference between CSA survivors and survivors of other traumas, or even people with no prior traumas, regarding interpersonal relationships in the workplace. This is statistically significant for two of the variables, namely, CSA survivors were no less satisfied with their relationships at the workplace and did not experience higher levels of loneliness than participants in the other two groups. The current study may show that the work context, perhaps because it is perceived as less intimate than the marital context (making emotions less likely to surface, and not being as strong a trigger for symptom outbursts), may offer CSA survivors an opportunity to forge beneficial, normative interpersonal relationships. This stresses the importance of having survivors of CSA join the workforce: Beyond the self-actualization and financial benefits, holding a job will also broaden the survivors’ social support network. Many of the CSA survivors who participated in this study expressed satisfaction with their relationships in the workplace and had worked there for at least a year. This shows that the workplace constitutes a source of strength for the survivors and demonstrates the importance of creating intervention programs for boosting CSA survivors’ participation in the workforce. The clinical application of this is that the findings raise awareness of the importance of work, in general, and of relationships in the workplace, in particular, as a positive anchor and resource for fortitude that should be emphasized when treating CSA survivors.

The study’s main drawback is that the sample included participants over the age of 18 who have been working in their workplace for at least a year. This does not teach us about the interpersonal relationships of CSA survivors who are not part of the workforce; CSA survivors who work in a permanent job may have more fortitude to begin with. Given the importance of integrating CSA survivors into the workforce, future studies should compare the variables of the current study between CSA survivors who work in a permanent place and survivors who are not part of the workforce. It would be worth learning whether differences exist in the levels of loneliness and aggression in the workplace between these two groups, and, should such differences exist, we could then consider the need to foster intervention programs for lowering these variables among the survivors. We need to expand our knowledge of factors that block the CSA survivors’ way toward integration into the workforce.

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