

Sexual abuse in women from a brief psychotherapy perspective

Ricardo De la Cruz Gil¹
Stefano Bartoli²

¹ Centro de Psicoterapia Breve Estratégica, Peru.
Universidad Católica Argentina (UCA).

² Centro di Terapia Strategica, Arezzo, Italy.

Abstract

Sexual abuse is one of the forms of violence that most affect women worldwide. There are multiple consequences left in the victims, ranging from depression, post-traumatic stress disorder, anxiety, panic attacks, eating disorders, sexual problems, among others. The purpose of this article is to reflect on the sexual abuse suffered by women from the perspective of brief strategic psychotherapy, based on a systemic, cybernetic, and constructivist epistemology. A qualitative methodology of theoretical analysis will be employed. It is found that the experience of sexual abuse, as an entropic phenomenon, destroys and disorganizes the cognitive and relational structures of the victim. Brief psychotherapy enables the entry of negative entropy, allowing the relational, cognitive, and identity reconstruction of the victim, transforming her from a victim into a survivor. It is concluded that brief psychotherapy can allow the resignification of the traumatic event, the deconstruction of the cognitive and relational patterns that sustain the clinical symptoms as a consequence of the abuse experience, and enable the transformation, empowerment, development, and growth of the client.

Keywords:

Psychotherapy, Brief strategic psychotherapy, Sexual abuse, Sexual violence, Gender violence.

Introduction

Currently, there are multiple forms of violence that women experience, ranging from physical violence, sexual abuse, and psychological violence, among others. According to data from the World Health Organization, it is estimated that 27% of women between the ages of 15 and 49 report having suffered some form of physical or sexual violence by their partner (WHO, 2013, 2017). This figure represents a quarter of the women in the world. It has been found that psychological violence is the most frequently experienced form of violence among women (Hegarty et al., 2013).

Sexual violence and abuse can be defined as any sexually related activity that seeks to satisfy the perpetrator's sexual needs and occurs without the victim's consent. This includes sexual assault, rape, sexual harassment, and unwanted touching. It causes physical health issues and psychological distress in the victim, which may persist over time, limiting and affecting their personal, family, work, educational, professional, and social development.

On the other hand, although both men and women can be victims of sexual abuse, statistics reveal that it disproportionately affects women and gender-diverse individuals, who frequently suffer this type of aggression (Goodman-Williams et al., 2024). When episodes of violence are associated with physical injuries, the use of weapons, death threats, or situations that put the victim's integrity or life at risk, they generate greater psychological dysfunction (Dworkin et al., 2017; Dworkin, 2020),

potentially leading to psychological trauma in the victims. The effects can leave deep physical and emotional wounds, which, unfortunately, are often overlooked or remain invisible. The consequences of different types of violence against women range from suicidal ideation, eating disorders, post-traumatic stress disorder, depression, anxiety, substance abuse, insomnia, sexual problems, sexually transmitted diseases, unwanted pregnancy, and gynecological issues, among many others (Zilkens et al., 2017; Bacchus et al., 2018; Gibbs et al., 2018; Baker et al., 2021; Bacchus et al., 2024; White et al., 2024). It is known that at least half of the victims continue to experience these symptoms three months after the abuse occurred, carrying the stigma of having been abused, which generates feelings of guilt, shame, and psychological distress (Lomax & Meyrick, 2022).

These effects of sexual abuse are exacerbated by the negative and indifferent attitudes of family, friends, and the justice system, which increase the victim's fear, shame, and guilt, leading to serious consequences for their physical and emotional health (O'Doherty et al., 2023). Due to the severe repercussions and lasting consequences for victims, it is essential to further understand this phenomenon, particularly in terms of intervention and therapeutic approaches.

Psychotherapy has been shown to be effective in treating the clinical symptoms resulting from sexual abuse, violence, and child maltreatment (De la Cruz Gil, 2023c). There is evidence supporting the effectiveness of psychotherapeutic interventions in addressing the consequences of sexual abuse, reducing symptoms of depression, post-traumatic stress disorder, anxiety, guilt, dissociation, or fears related to rape, which are present in victims of sexual aggression (Lomax & Meyrick, 2022).

Brief strategic therapy has demonstrated both efficacy and efficiency in the treatment of various emotional disorders (Bartoli & De la Cruz Gil, 2023), being particularly effective in cases of psychological trauma and sexual abuse. This is a cognitive-constructivist therapeutic model with a systemic-cybernetic epistemology (De la Cruz Gil, 2021). From this perspective, it does not seek the cause in the past but rather focuses on the present, primarily employing final, circular, and cybernetic causality (De la Cruz Gil, 2023a; 2023b). There is no absolute objectivity; instead, it assumes an "objectivity in parentheses" (Maturana, 2013).

We will now present an explanatory model of sexual abuse in women, its relational dynamics from this epistemological perspective, which will help us better understand the phenomenon of sexual abuse and contribute to its therapeutic approach and intervention.

Sexual abuse as an entropic and complex phenomenon

The consequences of the experience of sexual abuse on the victim are multiple, particularly concerning their psychological health and well-being. In this sense, such an experience is characterized as an entropic force that breaks, destroys, and degrades the victim and all the subsystems that provide them with stability, security, control, and organization.

The entropy of the traumatic event disrupts the cognitive and relational structures of the person, their way of perceiving the world, their beliefs, as well as their ability to cope with the traumatic experience. Faced with the overwhelming force of the traumatic event of abuse, the person loses all organization. They become unstructured, disorganized, fragmented. The power of entropy ultimately disintegrates their internal organization, their representation of reality, their identity, their relationship with themselves, their family, and the world. We know that traumatic experiences, particularly sexual abuse—especially when the person's life and physical integrity were at risk—are characterized by the dysfunctional restructuring of representational models of reality, altering and

modifying how individuals establish their own sense of security and control (Cagnoni & Milanese, 2010).

In this way, the experience of abuse shatters personal security, leaving the victim feeling helpless, unsafe, and vulnerable. Everything around her, suddenly and forcefully due to entropy, can now cause fear or potentially harm her. People, especially men, certain places, objects, the night, solitude—everything that may be associated with the environment and the experience of abuse becomes dangerous. This gradually begins to limit her normal functioning and healthy interaction with others, with her family, her friends, her surroundings, and the world. Now, the world becomes a dangerous place.

A peculiar characteristic of the entropic force of the experience of sexual abuse is that it destabilizes and alters the victim's system of time construction and representation. It modifies her temporal line, her sense of time, and her diachronic level. It disrupts the homeostasis of past, present, and future, and in doing so, time becomes frozen, anchored to the moment of the traumatic experience. In this way, the person remains tied to the past, specifically to the historical moment corresponding to the experience of abuse. Thus, the victim lives in an eternal past, reliving it repeatedly in a recurrent manner. The past becomes present, constantly reminding her of the terrible event—its images, sensations, emotions, and even smells—disrupting her life and generating emotional distress. From this perspective, her autobiography and personal narrative remain trapped in an eternal past, destabilizing her present and denying the possibility of a future, which she perceives as threatening and distant. This makes it difficult for the victim to plan, preventing her from projecting herself positively into a new life. She remains anchored to the past, centered on the traumatic experience, which generates even greater distress and emotional suffering.

As time passes, the entropy that corrodes, deconfigures, and disorganizes the person and her homeostasis also alters cognitive and interactional patterns. New patterns emerge as the person's adaptive response to the entropic phenomenon. These new cognitive and interactional patterns reinforce themselves, and paradoxically, they begin to limit the person even more, causing greater pain, suffering, vulnerability, and emotional fragility.

At the interactional level, her ability to relate to and interact with others, her family, and the world becomes destabilized. Perceiving the world as dangerous, combined with the overwhelming feeling of emotional vulnerability, leads her to seek help. She can no longer do things alone—she needs someone to accompany her in her solitude, through the darkness of the night, to go outside, or simply to carry out activities that she once performed without difficulty. She requires another person, seeking help from others to provide the security she has lost. This person becomes a sort of emotional crutch that allows her to move forward, offering a sense of stability and emotional security. However, paradoxically, this reliance also reinforces the belief that she cannot manage on her own, that she is incapable of self-sufficiency. Ultimately, this leads to an increasing loss of her ability to relate to others, causing her to withdraw into herself, further limiting her actions in the world, and enclosing herself within an invisible prison from which it is difficult to escape.

In this way, entropy begins to erode the person's identity, reshaping her belief system, modifying and altering her self-esteem. Trapped in this invisible prison, she develops a new identity—one that transforms her into a victim.

Thus, the traumatic experience generates, over time, a new homeostasis built around the trauma. The person seeks to forget the past associated with the traumatic event and the experience of abuse. However, as a dysfunctional attempted solution, this effort achieves the opposite effect—it sustains

and perpetuates the trauma, making it present. In this way, the past manifests itself in the present, blocking the individual and preventing them from distancing themselves from the traumatic event.

Entropy from the abuser's perspective

In the abuser, entropy acts by generating a phenomenon of dehumanization and perceptual objectification of the victim, which affects the perception-action dynamic. For the abuser, the victim becomes a thing, an object; she ceases to be human and is perceived merely as an instrument to achieve sexual pleasure and satisfaction. Entropy transforms the victim into a mere object in the eyes of the abuser, stripping her of her human condition.

The abuser denies the victim's humanity because they refuse to recognize and validate them as a legitimate other. Obtaining pleasure becomes more important than acknowledging the other person's humanity. Since the victim is perceived as an object, she is easily degraded and harmed. The abuser interacts with an object—a thing that provides pleasure, that excites them, and with which they can do whatever they please. In this way, at a perceptual level, the abuser has dehumanized and objectified the victim, leading them to act as if they were engaging with a mere object that serves to fulfill their needs and obtain sexual gratification.

The abuser: Typology

Based on the strategies that the sexual abuser implements as a dysfunctional attempted solution to achieve their own sexual satisfaction, and considering a series of circumstances that differentiate each type of abuse, we present a profile of the sexual abuser. This profile is based on the strategies the abuser employs, considering the following variables:

- Whether or not physical force is used to commit the abuse.
- Whether or not the experience involved touching.
- Whether or not penetration occurred.
- Whether the victim was known to the abuser or not.
- Whether the abuse occurred within a family context or outside of it.

These variables, along with the strategies the abuser employs, configure a distinct set of abuse typologies.

1. The Exhibitionist Abuser:

This type of abuser derives sexual pleasure and satisfaction from exposing themselves to their victims. They may display their intimate parts, usually their genitals, to their victims. Some find satisfaction in being watched while engaging in sexual activities, and they may even masturbate while exposing themselves. This type of abuser generally does not use physical force, does not have physical contact with the victim, nor seeks to engage in intercourse.

2. The Pedophile/Incestuous Abuser:

This type of abuser operates within the family unit, committing abuse against relatives, with children and adolescents being the primary focus of their abuse. They take advantage of the proximity and trust provided by family ties, whether by blood or legal kinship. The abuser may be a stepbrother, stepfather, father, brother, cousin, uncle, grandfather, etc. They employ strategies of coercion and seduction, exploiting the power asymmetry and the age difference between themselves and the victim, which facilitates emotional manipulation. In the initial stages of the abuse process, there may be no penetration or physical contact. However, as the abuse progresses, physical contact and ultimately penetration may occur.

3. The Blackmailing Abuser:

This abuser uses strategies of subjugation through emotional and psychological blackmail. They do not employ physical violence but derive sexual pleasure and satisfaction from exerting control over the victim through coercion. In many cases, the victim is in a state of emotional, physical, work-related, or financial dependence. The abuser knows the victim well and leverages this proximity to impose subjugation through emotional manipulation, having previously established a relational dynamic that facilitates abuse. In the initial stages, there may be no physical contact with the victim, but as the abuse escalates, sexual relations occur.

There are two types of blackmailing abusers: intrafamilial and extrafamilial.

3.1. Extrafamilial Blackmailing Abuser Known to the Victim:

This blackmailing abuser is close to the victim or their family but has no familial ties to them. The abuser may be a teacher, a neighbor, a store clerk, a priest, a pastor or religious leader, a university friend, an employer, a friend of a sibling, and many others. This abuser subjugates the victim within a relational dynamic of submission and dependency, using fear to inhibit the victim's freedom of decision and action.

For example, if the abuser is the victim's teacher, they exert control by threatening that the victim will fail the course, repeat the academic year, or be expelled from the university. If the abuser is the victim's employer, they instill fear of job loss. The blackmailer constructs a relational dynamic in which the victim is subjugated, typically without resorting to physical violence.

3.2. Intrafamilial Blackmailing Abuser:

This abuser has a familial relationship with the victim, such as a cousin, brother-in-law, stepbrother, partner, or another member of the nuclear, extended, or in-law family. While there is a power asymmetry, there is no significant age difference between the abuser and the victim. Unlike the pedophile incestuous abuser, this type of abuser does not focus on children or adolescents. They also do not use physical violence but rather establish a relational dynamic that facilitates abuse through the victim's emotional subjugation via blackmail.

4. The Voyeuristic Abuser:

This type of abuser derives pleasure from observing their victims naked or engaged in acts with sexual connotations, often without the victim's knowledge or consent. They experience satisfaction and sexual gratification from watching their victims and often prefer observing over engaging in intercourse. In many cases, they masturbate while watching. Typically, they do not employ physical violence.

5. The Frotteuristic Abuser

This abuser operates by taking advantage of environments with a high concentration of people and overcrowding, which allow close physical proximity to potential victims. Such contexts include public transportation, buses, subways, stores, nightclubs, and other crowded places that facilitate their actions. This abuser derives sexual pleasure and satisfaction through physical contact with the victim, who has not given consent and is generally a stranger. They may enhance their satisfaction by masturbating as a subsequent act to the frotteurism. Typically, they do not engage in sexual intercourse with their victims.

6. The Violent Predator Abuser

This type of abuser behaves like a predator, stalking and seeking out victims while waiting for the right moment and opportunity to commit the abuse. There is a pattern regarding both locations and victims, who are generally unknown to the abuser and tend to walk alone in isolated areas. Regarding the locations, these are the abuser's hunting grounds, which they have identified, often knowing their characteristics, the times they are deserted, possible escape routes, etc. This establishes a dynamic in which the predator lurks for solitary victims in low-traffic areas.

This type of abuser uses physical force, threats, coercion, and intimidation to subjugate their victims through violence, threatening and insulting them. They may or may not use a weapon, such as a knife or a gun, to complete the subjugation of the victim.

The abusive relational dynamic is characterized by the enjoyment the abuser derives from inflicting pain and suffering on the victim. They become sexually aroused by forcibly subjugating the victim, causing them fear and terror. The abuser takes pleasure in having control over their victim, using their strength and power over the defenseless person, which provides them with sexual gratification. Dominating, controlling, and using force on their victims is what brings them pleasure.

In some cases, this type of abuser kills their victim. Some of these abusers are pedophiles who prefer victims who are children or adolescents. Another group targets adult women, while yet another may prey on both children and adult women.

7. The Opportunistic Abuser

This type of abuser also stalks their victims but waits for the right occasion. They do not use violence; instead, they frequent places and contexts where they can find victims who typically attend alone or in groups—such as nightclubs and other nighttime venues—where alcohol or drug consumption facilitates their actions. In this way, they search for or encounter their victims in settings and situations that make abuse easier. The use of alcohol and/or drugs serves as a vehicle that prepares the potential victim and facilitates the actions of this type of abuser.

This is why nightclubs, parties, and concerts become their hunting grounds. Their victims are women who attend these spaces, often having consumed alcohol or drugs. The abuser stays attentive to these potential victims and waits for an opportunity. The context itself conceals the abuse; they do not need to physically subdue or coerce their victim because the setting facilitates the abuse and reduces the likelihood of a formal complaint.

The strategies employed by this perpetrator differ from those of other abusers. In this case, the abuser stalks and identifies their victims among those present in the setting. Generally, these victims are young women who frequent such places, consume or are likely to consume alcohol or drugs, and seek to have fun. Once a target is identified, the abuser approaches the victim, interacts with them, drugs them, or simply waits for them to consume a stimulant or alcohol, which facilitates the subsequent abuse.

Once the abuse is carried out, the abuser leaves. The incident may be perceived as a "wild night of pleasure," causing the victim to hesitate in filing a report. The abusive dynamic established by this abuser involves the use of stimulant drugs as part of the abuse process. They rarely use physical force or threats. Instead, they seek to control their victims through drugs, pharmaceuticals, or alcohol. Their relational dynamic is characterized by sedating their victims and abusing them during moments of anesthesia, loss of consciousness, or sensitivity. They experience arousal and satisfaction from having control over victims who are either fully or partially sedated.

8. The Stalker Abuser

This type of abuser carries out a series of strategies through systematic and repetitive verbal and non-verbal behaviors that involve stalking their victims, offending them, and attacking their dignity, with consequences for their health and emotional well-being. They derive sexual pleasure from pursuing, seeking, watching, spying on, calling, and repeatedly intimidating the victim. They may even threaten the victim, and in advanced stages, they may physically harm them. In their relational dynamic, this type of abuser enjoys permanently intimidating the victim. There are two types:

8.1. The Occasional Street Harasser

This type of harasser targets victims in the street or public spaces. Their victims are usually strangers and sporadic. They typically use verbal behaviors and sexually suggestive non-verbal gestures. This harasser systematically searches for victims and stalks them in public spaces. They are visually stimulated, deriving pleasure from watching and grossly expressing, both verbally and non-verbally, lascivious comments about the victim's sexual attributes or physical characteristics, or making explicit references to intercourse with the victim.

Through street harassment, they seek to reaffirm their masculinity. They aim to demonstrate to others—to their peers or to society—that they are "macho," that they are strong, and to showcase their manhood. They reproduce belief systems and values that make it acceptable, or even encouraged, to express and use such behaviors toward women, sometimes even feeling proud of doing so.

8.2. The Obsessive Stalker

This type of stalker becomes obsessed with a specific victim, who may be a well-known artist, a public figure, or simply a private individual. They engage in systematic stalking and pursuit, which can be physical and in-person or digital through social media. Their obsession drives them to compulsively seek out their victim, persistently following them in person—to their home, workplace, gym—or virtually, through their social media profiles on Facebook, Instagram, etc. This forces the victim to shut down all social media accounts and isolate themselves to avoid being followed.

In their relational dynamic, the stalker is entirely fixated on the victim, and in their cognitive distortion, they believe the victim is in love with them as well. They interpret any action by the victim as a sign of reciprocation or as a message directed toward them. For instance, if the victim wears a certain outfit or posts something specific on social media, the obsessive stalker believes it was done for them, interpreting it as a response to the letters or emails they send. They consider the victim their property, believing they own them.

The obsession of this type of stalker is so intense that the victim suffers emotionally and severely limits their interactions, with grave consequences for their psychological health and well-being. In advanced stages of stalking, this obsessive stalker may physically harm the victim or even kill them.

Coping Strategies

The experience of abuse leaves a mark on the victim, and its emotional intensity destabilizes and disrupts their homeostasis. To cope, the victim develops a series of coping strategies aimed at restoring lost stability and mitigating emotional distress. However, these strategies become

dysfunctional attempted solutions that, rather than helping in the long run, exacerbate the problem and prolong its effects over time. Some of the strategies the victim employs include:

1. Avoiding talking about the experience: The victim acts as if the abuse never happened and, therefore, does not talk about it. They believe that by ignoring it, it will magically disappear. However, this represents a form of avoidance, which paradoxically makes them unable to process the experience in a functional way.
2. Avoiding all contexts, situations, places, objects, or people related to or associated with the abuse experience: The victim avoids anything that could trigger memories of the abuse. However, this avoidance paradoxically leads to a generalization of the experience, progressively limiting the victim's life. They stop attending social gatherings, avoid going out at night or alone, and refrain from interacting with men, even avoiding proximity and physical contact.

This deterioration in their ability to confront the situation also affects their capacity to build relationships with others. It limits their ability to establish functional relationships with friends, family, and the world around them. It reinforces the belief that the world is dangerous, further restricting their abilities, solidifying the idea that they are incapable, and ultimately diminishing their self-esteem, making them even more vulnerable.

A third strategy is seeking help. Feeling vulnerable and incapable, the victim constantly seeks companionship and support—someone who can reassure them, either verbally or physically, someone who can provide assistance or company during moments of crisis or solitude. They can no longer go out alone; they need someone with them. However, this only reinforces their perceived inability to face the situation independently. This leads to a state of dependence on the person providing help and a perceived lack of control over the situation, which, paradoxically, instead of aiding recovery, incapacitates them even further.

A fourth strategy is attempting to control cognitive processes. The victim tries to rationally control their thoughts and memories related to the abuse experience. They attempt—ineffectively—to dominate the thoughts, images, and emotions associated with the abuse, which intrusively invade their mind, filling them with sensations of fear and dread. They struggle in vain to maintain control over their mental processes. They try not to think about it and attempt to forget, but instead, they only fuel the fire, keeping those memories alive.

The fifth strategy the victim employs is holding onto the desire for revenge. They carry with them the wish for retribution, the desire to make the aggressor suffer for the harm and distress caused. A significant part of their life becomes centered on the need for revenge, which paradoxically leads them to think about the abuser even more, further wounding themselves and filling their mind with hatred, resentment, and bitterness. This impedes their healing process, keeping the wound open and fueling daily emotions of anger, rage, and revenge, ultimately causing them even greater pain and suffering.

Psychotherapy as a Negentropic Force

Negentropy, as a force of organization and order, allows all systems in the universe to move away from chaos and destruction, bringing them toward structure and life. Negentropy is strongly linked to life itself. In this way, the therapeutic process generates a force of negative entropy that introduces order, organization, and structure to the chaos and destruction caused by the traumatic experience.

Psychotherapy in general, and brief therapy in particular, thus serve as a negentropic force that gradually reconstructs the destruction left by the traumatic whirlwind. It is a process that involves both therapist and client, a process that requires cooperation, in which both define a strategic goal or objective to achieve. This goal gives meaning to the therapeutic relationship and provides a direction. It becomes a shared vision of the future to be attained, of the new reality to be built.

This process also involves the adoption of an "objectivity in parentheses"—that is, the rejection of the idea of a single universe, a single reality. Instead, it acknowledges the existence of a multiverse and multiple realities, as many as there are observers. It entails confronting the self-deception of absolute objectivity (Ceberio & De la Cruz, 2023; De la Cruz Gil, 2010, 2023b).

Moreover, it involves recognizing the other as a legitimate being in the therapeutic process, as well as acknowledging their worldview. Accepting, recognizing, and validating the client fosters an interaction based on respect, legitimacy, and love (Maturana, 1999; Maturana & Verden-Zöler, 2019; De la Cruz Gil & Bartoli, 2023). When the client feels validated, recognized, and accepted, the therapeutic process is facilitated, making them more receptive to the therapist's prescriptions and recommendations, and more willing to implement them. This, in turn, leads to the emergence of a positive synergy, rooted in negentropy—a new totality that involves both the therapist and the client, allowing learning, creativity, and innovation to arise. Therapeutic change is the natural consequence of this new totality and emergence (De la Cruz, 2023a).

The therapeutic encounter between client and therapist, founded on legitimization, respect, and the validation of the other, is sustained by the emotion of love. This enables the emergence of new realities, transforming emotional pain into psychological health and well-being.

Transformation

The psychotherapeutic process enables transformation and change in the client. It allows her to transition from being a victim to becoming a survivor.

A fundamental aspect of psychotherapy for individuals who have suffered sexual abuse is the shift in their narrative and self-perception. Whether they perceive themselves as victims or survivors has profound consequences for their self-esteem, abilities, and the identity they construct. The use of these labels creates a different reality.

Referring to oneself as a victim generates a negative and limiting social discourse (O'Shea et al., 2024). Those who continue to perceive themselves as victims are at greater risk of developing psychopathologies and cognitive distortions related to the abuse experience. They have a higher tendency to repeat dysfunctional patterns and remain stuck in the situation (Williamson, 2024). Remaining in a victim identity anchors the person to the past, damages self-esteem, and limits healthy relationships and personal development. It constructs an identity that is permanently linked to harm, suffering, and unhealed emotional wounds.

By contrast, survivors are assigned positive attributes—they are admired and recognized. Seeing oneself as a survivor facilitates the therapeutic process and encourages the development of new attitudes and behaviors. It supports the creation of resources and resilience.

For this reason, in brief psychotherapy, we aim to deconstruct the victim identity to build a new reality and, consequently, a new identity—that of a survivor. The goal of brief psychotherapy is for the client to recognize that being a victim is only a temporary and transitional state—one that she must pass through in order to emerge transformed, having healed her emotional wounds.

This is a crucial step in helping her become an empowered woman and a survivor. It allows her to focus on the future, granting her the freedom to expand her interactions, develop her abilities, and look optimistically toward tomorrow. It improves her self-esteem and emotional self-management, fully and completely empowering her.

Resignification

The experience of abuse shattered the client's personal structure and organization. The homeostasis of her life was disrupted, and she assigned a specific meaning to the traumatic event she endured. This meaning significantly limited her life, affecting her personal, family, academic, and professional spheres.

By participating in therapy, the client engages in a process of reconstruction, reorganization, and order—but also of resignification.

Psychotherapy enables a cognitive shift in how the client perceives the experience she went through. She assigns a new meaning to the abuse experience. She sees it differently, reinterpreting the event. The event itself remains the same—the experience remains objectively unchanged and will always be a fixed part of history.

What changes is the subjective construction the client builds around the experience—through a new reading, a new perspective, and a new interpretation that allows her to give it a different meaning.

She no longer sees it from the position of a victim but from a place of learning, from a stance different from the initial one—the stance of a survivor, which enables her personal growth.

She now stands on a new foundation. She is no longer just a victim; she is a survivor, more empowered than before. This new identity allows her to embrace a new perspective, with new capabilities, new resources, new strengths, and new meanings.

Development, Growth, and Empowerment

The psychotherapeutic process facilitates the restoration of the client's relational capacities, increasing her new abilities, behaviors, and strengths.

After experiencing abuse, the client significantly restricted her life on all levels. She became imprisoned, trapped in her own thoughts, fears, and anxieties, which severely limited her ability to live freely. The entropic force of the traumatic abuse experience confined her to an invisible prison.

Psychotherapy must enable the restoration of her freedom, expanding her relational world, encouraging her to resume her daily activities, return to her studies, reconnect with friends, and rebuild her social, friendship, and professional support networks. In this way, brief psychotherapy grants her freedom, liberating her from her emotional chains and allowing her to rebuild her world.

Only when the client is truly free from all emotional burdens and traumatic memories can she look back not as a victim, but as a survivor, shifting her focus toward the future, hope, and freedom.

Conclusions

Sexual violence is one of the most widespread forms of violence experienced by women. When episodes of violence involve the use of weapons, physical injuries, or threats to the victim's life or integrity, they generate greater psychological dysfunction.

The consequences of sexual abuse leave deep emotional and physical wounds in victims. Psychologically, survivors must cope with various psychopathologies, which may include suicidal ideation, eating disorders, depression, bipolar disorder, borderline personality disorder, substance abuse, anxiety, sexual dysfunctions, and post-traumatic stress disorder (PTSD).

The experience of sexual abuse has entropic characteristics that drag the victim from a state of order into chaos and destruction. The entropic force of the abuse experience shatters homeostasis, disrupting stability, security, and control. It breaks cognitive and relational structures, alters the perception of time and reality, and deeply affects identity. This has a profound impact on the victim's relationship with herself, her family, others, and the world.

Psychotherapy in general, and brief strategic therapy in particular, from a cybernetic, systemic, and constructivist perspective, enable the reconstruction and reorganization of the chaos and destruction caused by the abuse experience.

Therapy restores order, structure, and organization, helping the survivor move away from the near-death experience brought by entropy and toward life through the therapeutic process.

Psychotherapy acts as a negentropic force that allows the victim to transform into a survivor, resignifying her experience, and developing new abilities, behaviors, and strengths. This transformation is rooted in acceptance, validation, respect, legitimacy, and love.

References

- Bacchus, L. J., Colombini, M., Pearson, I., Gevers, A., Stöckl, H., & Guedes, A. C. (2024). Interventions that prevent or respond to intimate partner violence against women and violence against children: a systematic review. *The Lancet. Public health*, 9(5), e326–e338. [https://doi.org/10.1016/S2468-2667\(24\)00048-3](https://doi.org/10.1016/S2468-2667(24)00048-3)
- Bacchus, L. J., Ranganathan, M., Watts, C., & Devries, K. (2018). Recent intimate partner violence against women and health: a systematic review and meta-analysis of cohort studies. *BMJ open*, 8(7), e019995. <https://doi.org/10.1136/bmjopen-2017-019995>
- Baker, D. E., Hill, M., Chamberlain, K., Hurd, L., Karlsson, M., Zielinski, M., Calvert, M., & Bridges, A. J. (2021). Interpersonal vs. Non-Interpersonal Cumulative Traumas and Psychiatric Symptoms in Treatment-Seeking Incarcerated Women. *Journal of trauma & dissociation : the official journal of*

the International Society for the Study of Dissociation (ISSD), 22(3), 249–264.

<https://doi.org/10.1080/15299732.2020.1760172>

- Bartoli, S., y De la Cruz, R. (2023). Epistemología, historia y fundamentos de la Terapia Breve Estratégica. El Modelo de Giorgio Nardone. *Papeles del Psicólogo*, 44(1), 36-44.
<https://doi.org/10.23923/pap.psicol.3009>
- Cagnoni, F & Milanese, R. (2010). *Cambiar el Pasado: Superar las Experiencias Traumáticas con la Terapia Estratégica*. Herder.
- Ceberio, R. M., y De la Cruz Gil, R. (2023). Objetividad y causalidad en la biología cognitiva de Humberto Maturana. Su influencia en la psicoterapia breve. *Diálogos Abiertos*, 2(1), 27–48.
<https://doi.org/10.32654/DialogosAbiertos.2-1.3>.
- De la Cruz Gil, R. (2010). *Violencia intrafamiliar: enfoque sistémico*. Trillas
- De la Cruz Gil, Ricardo. (2021). Epistemología sofista y su influencia en la terapia breve estratégica. Modelo Nardone. *Límite (Arica)*, 16, 1. Epub 03 de septiembre de 2021. <https://dx.doi.org/10.4067/s0718-50652021000100201>
- De la Cruz, R. (2023a). Abordaje e intervención terapéutica en psicoterapia breve cibernético-constructivista. *Revista Científica Retos de la Ciencia*, 7(15), 74-86.
<https://doi.org/10.53877/rc.7.15.2023070108>
- De la Cruz, R. (2023b). Cibernética y causalidad aristotélica en la biología cognitiva de Humberto Maturana. *MAD*, (47), 36-49. <https://revistamad.uchile.cl/index.php/RMAD/article/view/71661>
- De la Cruz Gil, R (2023c). Eficacia de la psicoterapia en el maltrato infantil. Una revisión sistemática de la experiencia Latinoamericana. *Revista Perspectivas Metodológicas*, 1(23),1-9.
<https://doi.org/10.18294/pm.2023.4337>
- De la Cruz Gil, R., & Bartoli, S. (2023). Influencia de la epistemología de Humberto Maturana en la psicoterapia breve, la cognición 4E y la salud mental. *Ciencia Y Psique*, 2(3), 189–205.
<https://doi.org/10.59885/cienciaysique.2023.v2n3.08>
- Dworkin, E. R., Menon, S. V., Bystrynski, J., & Allen, N. E. (2017). Sexual assault victimization and psychopathology: A review and meta-analysis. *Clinical psychology review*, 56, 65–81.
<https://doi.org/10.1016/j.cpr.2017.06.002>
- Dworkin E. R. (2020). Risk for Mental Disorders Associated With Sexual Assault: A Meta-Analysis. *Trauma, violence & abuse*, 21(5), 1011–1028. <https://doi.org/10.1177/1524838018813198>
- Gibbs, A., Dunkle, K., & Jewkes, R. (2018). Emotional and economic intimate partner violence as key drivers of depression and suicidal ideation: A cross-sectional study among young women in

- informal settlements in South Africa. *PloS one*, 13(4), e0194885.
<https://doi.org/10.1371/journal.pone.0194885>
- Goodman-Williams, R., Volz, J., & Fishwick, K. (2024). Reasons for Not Reporting Among Sexual Assault Survivors Who Seek Medical Forensic Exams: A Qualitative Analysis. *Journal of interpersonal violence*, 39(9-10), 1905–1925. <https://doi.org/10.1177/08862605231211926>
- Hegarty, K. L., O'Doherty, L. J., Chondros, P., Valpied, J., Taft, A. J., Astbury, J., Brown, S. J., Gold, L., Tacket, A., Feder, G. S., & Gunn, J. M. (2013). Effect of type and severity of intimate partner violence on women's health and service use: findings from a primary care trial of women afraid of their partners. *Journal of interpersonal violence*, 28(2), 273–294.
<https://doi.org/10.1177/0886260512454722>
- Maturana, H. (1999). *Transformación en la convivencia*. Dolmen Ediciones.
- Maturana, H. (2013). *La realidad: ¿objetiva o construida?*. Antrophos.
- Maturana, H. y Verden-Zöler, G. (2019). *Amor y juego: fundamentos olvidados de lo humano. Desde el patriarcado a la democracia*. Granica.
- Lomax, J., & Meyrick, J. (2022). Systematic Review: Effectiveness of psychosocial interventions on wellbeing outcomes for adolescent or adult victim/survivors of recent rape or sexual assault. *Journal of health psychology*, 27(2), 305–331. <https://doi.org/10.1177/1359105320950799>
- O'Doherty, L., Whelan, M., Carter, G. J., Brown, K., Tarzia, L., Hegarty, K., Feder, G., & Brown, S. J. (2023). Psychosocial interventions for survivors of rape and sexual assault experienced during adulthood. *The Cochrane database of systematic reviews*, 10(10), CD013456.
<https://doi.org/10.1002/14651858.CD013456.pub2>
- Organización Mundial de la Salud (OMS). (2013). Estimaciones mundiales y regionales de la violencia contra la mujer: prevalencia y efectos de la violencia conyugal y de la violencia sexual no conyugal en la salud. Ginebra, Suiza: Autor. Recuperado de <http://www.who.int/reproductivehealth/publications/violence/9789241564625/es/index>. Html
- Organización Mundial de la Salud. (2017). Violencia contra la mujer. Violencia Contra La Mujer. <http://www.who.int/es/news-room/fact-sheets/detail/violence-against-women>
- O'Shea, B., Feicht, R., Brown, M., & Numer, M. (2024). Rethinking sexual violence labels: exploring the impact of 'victim' and 'survivor' discourse. *European journal of psychotraumatology*, 15(1), 2296329. <https://doi.org/10.1080/20008066.2023.2296329>
- White, S. J., Sin, J., Sweeney, A., Salisbury, T., Wahlich, C., Montesinos Guevara, C. M., Gillard, S., Brett, E., Allwright, L., Iqbal, N., Khan, A., Perot, C., Marks, J., & Mantovani, N. (2024). Global Prevalence and Mental Health Outcomes of Intimate Partner Violence Among Women: A Systematic Review and

Meta-Analysis. *Trauma, violence & abuse*, 25(1), 494–511.
<https://doi.org/10.1177/15248380231155529>

Williamson J. (2024). Sexual Assault Labels, Compassion for Others, Self-Compassion, and Victim Blaming. *Violence against women*, 30(11), 2981–3004. <https://doi.org/10.1177/10778012231168635>

Zilkens, R. R., Smith, D. A., Kelly, M. C., Mukhtar, S. A., Semmens, J. B., & Phillips, M. A. (2017). Sexual assault and general body injuries: A detailed cross-sectional Australian study of 1163 women. *Forensic science international*, 279, 112–120.
<https://doi.org/10.1016/j.forsciint.2017.08.001>