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DISSERTATION

SEXUAL ASSAULT AND INTIMATE HETEROSEXUAL RELATIONSHIPS: THE INTERACTION OF COMMUNICATION, COPING AND SUPPORT

Submitted by

Jean M. Leonard

Psychology

In partial fulfillment of the requirements

for the Degree of Doctor of Philosophy

Colorado State University

Fort Collins, CO

Fall 2001

COLORADO STATE UNIVERSITY

July 25, 2001

WE HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER OUR SUPERVISION BY JEAN M. LEONARD ENTITLED SEXUAL ASSAULT AND INTIMATE HETEROSEXUAL RELATIONSHIPS: THE INTERACTION OF COMMUNICATION, COPING AND SUPPORT BE ACCEPTED AS FULFILLING IN PART REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY.

Committee on Graduate Work

Advisor

Department Head/Director

ABSTRACT OF DISSERTATION

SEXUAL ASSAULT AND INTIMATE HETEROSEXUAL RELATIONSHIPS:

THE INTERACTION OF COMMUNICATION, COPING AND SUPPORT

This qualitative study examined the stories told by 5 married heterosexual couples about the impact of the woman's sexual assault on their relationships. The participants' perceptions of the areas of their relationship impacted, as well as how they have coped with and communicated about the sexual assault was collected through questionnaires and semi-structured interviews with the couples. Interview data was coded using the method of constant comparative analysis and emergent themes were reviewed to uncover the essence of the effect of sexual assault on these couples' relationships.

Analysis revealed three major themes, or factors, related to marital functioning that were impacted by sexual assault: communication, coping and support. A detailed description of the complex interactions among these factors and the way marital functioning is disturbed or altered when a sexual assault becomes a part of a relationship emerged. A model explanatory framework grounded in systems theory that details these interactions and the impact/healing cycle is proposed, and treatment recommendations for survivors and their partners are offered. The impact of cultural messages about

sexual assault on the way participants coped with the assault individually and as a couple was also examined.

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> You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, "I lived through this horror. I can take the next thing that comes along."...You must do the thing you think you cannot do.
>
> -Eleanor Roosevelt

I would not have reached this place without the support of friends and family during this long journey. Warm thanks to all of you for helping me do the thing I thought I could not do. Thank you to mom and dad for their unfailing support and for keeping me supplied with chocolate and words of wisdom. A special thanks to my brother, Jim, for believing in me and for sharing his graphic expertise. Thanks to Jamie, my fellow dissertation diva, for her midnight encouragement, butterscotch chip cookies and our reinforcement system, and to Candace for helping me maintain perspective and my sense of humor. Thanks to Jen and Dave and Cleo for helping me keep body and soul together these past few months with your encouragement, nutritious meals, and study breaks. Sincere appreciation to Nancy, Beatrice, Nicole, Bill, my women's bookgroup, and all my other friends for your encouraging phone calls, e-mails and pep talks – you helped me make it through the last few months of dissertating. My gratitude to my research assistants – Nicole, Mailee, Erin, Brandie, and Chris – for their many hours of transcription. And finally, for Lee, heartfelt appreciation for all of your encouragement throughout my graduate school career. Your mentoring has been instrumental in my growth these seven years.

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Introduction

Incidence and Terminology

Rape and sexual assault are quite common and often associated with serious and lasting effects for the victims, making this an issue of growing concern. During 1992 in the United States, 109,100 forcible rapes were reported to the police (Statistical Abstract of the United States, 1994). These numbers, however, underestimate incidence rates since rape, more than any other crime, is characterized by underreporting, with only one rape reported for every three to ten rapes committed (Koss, 1992; Smith, 1994). Research shows that one in four college aged women have been victims of rape or attempted rape, and that 84% knew their attacker, with 57% of these rapes occurring on dates (Warshaw, 1988). Women who are raped while married may be even less likely to report an assault, making these incidence rates difficult to determine. Estimates indicate that married women represent 9% to 26% of reported rape cases (Moss, Frank, & Anderson, 1990). Research also indicates that 50% or more of adult sexual assault victims also have a history of early sexual victimization (Cloitre, Scarvalone & Difede, 1997; Follette, Polusny, Bechtle, & Naugle, 1996). With the spectrum of sexual violence affecting so many women, the need for research has been increasingly recognized (Koss, 1990).

Definitions of terms related to sexual violence vary widely throughout the literature (Muehlenhard, Powch, Phelps, & Giusti, 1992). The term rape has typically referred to penile-vaginal intercourse, though some definitions have also included anal and oral intercourse or any type of penetration with objects. The terms date and acquaintance rape are sometimes used interchangeably to denote rape committed by someone known to the victim, though date rape often designates a more specific type of acquaintance rape which occurs in a dating situation. Sexual assault and related terms such as sexual aggression, sexual victimization, and sexual coercion have generally been viewed more broadly to include other forms of forced sexual contact. Broader definitions tend to yield higher reporting because they more accurately reflect women's diverse experiences of sexual violence (Koss, 1992; Muelenhard, Powch, Phelps, & Giusti, 1992; Smith, 1994). The term childhood sexual abuse is used broadly to refer to individuals sexually victimized prior to the age of eighteen by someone who is at least 5 years older than they are (Matlin, 1996.) In this study, the term rape has been defined to include penile-vaginal, anal or oral intercourse, or penetration with objects. Sexual assault and related terms have been broadly defined to include other forms of forced sexual contact.

Two additional terms frequently associated with this literature are victim and survivor. The term victim is often used to refer to women who are in the early stages of recovery whereas the term survivor refers to those who are in the process of overcoming the effects of the assault and are rediscovering their "personal strength." Both terms are used throughout this paper to acknowledge that women are not only victims, but also survivors.

Cultural Context

We, in the United States, live in a rape prone culture which fosters violence against women (Sanday, 1990). Many studies have looked at attitudes about rape and sexual assault (Borden, Karr & Caldwell-Colbert, 1988; Burt, 1980; Check & Malamuth, 1983; Hall, Howard, & Boezio, 1986; Muelenhard & Linton, 1987; Proite, Dannells, & Benton, 1993.) Burt (1980) found that higher sex role stereotyping, adversarial sexual beliefs, and acceptance of interpersonal violence was associated with greater acceptance of rape myths, "defined as prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists" (p. 217). These beliefs, such as "women ask for it," "when a woman says no she means yes" or "rape only occurs in dark alleys," foster a hostile climate in which rape victims attempt to deal with their assault. Additionally, regardless of age, males and females perceive the issue of rape differently. Men more strongly adhere to rape supportive attitudes (Holcomb, Holcomb, Sondag, & Williams, 1991; Holcomb, Sarvela, Sondag & Holcomb, 1993; Lenihan, Rawlins, Eberly, Buckley, & Masters, 1992), with some research showing that these attitudes endure even after exposure to a date rape education program (Lenihan, et al.). Those victims who more strongly adhere to rape myths (Feltey, Ainslie, & Gieb, 1991; Burt), may be more likely to believe that the rape or sexual assault was in some way their fault and are often concerned that parents or friends may find out about their experience (Hall & Gloyer, 1985). In these cases victims are often even less likely to talk with someone about the assault, subsequently enduring the aftereffects of rape on their own. Furthermore, the very existence of sexual violence, whether or not one has been a direct victim, alters and limits women's reality (Beneke, 1982). For example, women often report an awareness

of their vulnerability to potential victimization and may structure their activities with safety concerns in mind. Clinical wisdom also indicates that the cultural context profoundly impacts the healing process and a victim's utilization of potential support, both professional and personal. For example, I once had a client say something like, "Had I been mugged or shot, people would be sending me get well cards and baskets of fruit. But with this (sexual assault), I feel alone and don't know who I can tell."

Effects of Sexual Assault

While we know that women between the ages of fourteen and twenty-four are particularly vulnerable to sexual violence (Davis, Peck, & Storment, 1993; Warshaw, 1988), women across the lifespan are potentially vulnerable to the negative effects of victimization which can persist for many years. Common reactions in Rape Trauma Syndrome (Holmes & St. Lawrence, 1983) include fear, anxiety, depression, a variety of sexual problems, suicidal behavior, a negative self-concept, academic difficulty and withdrawal from social interactions (Gidycz & Koss, 1989; Goodman, Koss & Russo, 1993; Gruber, Jones & Freeman, 1982; Hutchings & Dutton, 1997; Kramer & Green, 1991; Leidig, 1992; Moscarello, 1991, 1992; Parrot, 1989; Schwartz, 1991). A correlation between unwanted sexual experiences and self perceived health and social problems has also been found (Erickson & Rapkin, 1991; Kimerling & Calhoun, 1994).

Understanding the long-term impact of sexual assault on intimate relationships is of particular interest because during adolescence and young adulthood, when sexual assault is most likely to occur, many attitudes and behaviors regarding dating, relationships, and sexual intimacy are still in their formative stages. Abusive patterns of interactions which are established in dating relationships during adolescence and early

adulthood often set a precedent for more permanent relationships in adulthood (Bergman, 1992; Burcky, Reuterman, & Kopsky, 1988; Carlson, 1987; O'Keeffe, Brockopp, & Chew, 1986; Reuterman & Burcky, 1989; Roscoe & Kelsey, 1986). While research has identified impaired social interactions as part of the sequelae of sexual assault, we are far from a comprehensive understanding of the effects sexual assault has on intimate relationships, particularly from the perspective of the couple.

The Impact of Sexual Assault on Relationships/The Impact of Relationships on Recovery

In studying factors that impact the recovery process subsequent to a sexual assault, social support, both formal and informal, has emerged as a key mediating variable connected with psychological adjustment (Davis & Brickman, 1996; Popiel & Susskind, 1985). Research indicates that the reactions of others can have either a negative (Davis & Brickman) or positive (Cohen & Willis, 1985; Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Harvey, Orbuch, Chwalisz, & Garwood, 1991; Kimerling & Calhoun, 1994; Notman & Nadelson, 1976) effect on a victim's recovery process. For example, a supportive and responsive partner provides a potential buffer to stressful life events (Cohen & Willis) and can assist in the recovery process (Notman & Nadelson). Furthermore, confiding in someone about the assault, when met with a positive response, has been linked with increased coping and less negative affect (Harvey, et al., 1991). Social support also moderates somatic symptoms and subjective health ratings (Kimerling & Calhoun).

In contrast, unsupportive behavior has been linked with decreased psychological adjustment (Davis, Brickman & Baker, 1991). Research indicates that significant others

tend to offer "inappropriate support" (Davis & Brickman, 1996) and often do not know how to respond to sexual assault survivors in ways that are helpful or appropriate. Unsupportive responses such as being overprotective, minimizing the impact of the assault, withdrawing their love and support (Brookings, McEvoy & Reed, 1994) or blaming the victim (Brookings, et al.; Holstrom & Burgess, 1979) can impede the woman's recovery.

Davis and Brickman (1996) found that significant others romantically involved with sexual assault survivors engaged in more unsupportive behavior than other significant others or than those romantically involved with non-survivors. Davis and Brickman hypothesize that supportive and unsupportive behavior are driven by different motivations. They suggest that supportive behavior is directed by prosocial norms. In contrast, "unsupportive behavior may be governed primarily by spontaneous emotional reaction to the person or situation" (p. 259) and may reflect increased distress of romantic partners and the relationship strain subsequent to an assault. Moss, et al. (1990) found that married/cohabiting women who received poor support from their partners showed increased psychological symptoms. For some, poor support was correlated with an unstable relationship prior to the assault. However, 32.1% of the women who reported poor support subsequent to the sexual assault indicated no previous relationship problems. This group of women who felt "let down" by their partners experienced increased anxiety and decreased self-esteem. Popiel and Susskind (1985) showed that nonsupportive responses by a victim's support network were more often correlated with negative adjustment and thus may be a more important predictor of psychological adjustment than the presence of positive support.

We know that significant others, including male partners, of sexual assault victims often experience secondary trauma effects in response to the woman's victimization (Ledray, 1986; McEvoy & Brookings, 1991). However, these individuals, who represent a potentially important source of support for the victim, are rarely provided with opportunities to process their own reactions, which can, in turn, hinder a victim's healing process. Brookings, et al. (1994) note that "men can play a positive role in the victim's recovery if they are able to understand and deal appropriately with their own emotional reactions" (p 295). Cairns (1994) found men to experience a three-stage sensitization process in response to the sexual victimization experiences of their female friends. Stage one involved feelings of anger, retaliation fantasies, and helplessness. Stage two included surprise/realization and finally, in stage three, personalization and empathy for victims. For example, in the surprise/realization stage, men's awareness of sexual victimization events in their environment increased. Similarly, Cohen (1988) reported themes of frustration, concern, helplessness, anger, empathy and insight among members of a group for male partners of sexual assault survivors. Cairns recommends that therapeutic and educational interventions create opportunities for women and men to talk about their own experiences with sexual violence. This recommendation would also seem beneficial to couples dealing with a sexual assault. However, while communication is encouraged, little information is available on how to facilitate this.

While research has identified that positive and negative support from intimate partners can play a role in the healing process of sexual assault victims, little is known about the relationship dynamics of these couples. For comparison, research has found that the quality of the marital relationship impacts the incidence and relapse of

depression, whereas a supportive spousal relationship can provide a buffer against depression (Gotlib & Whiffen, 1989; Jacobson, Dobson, Fruzzetti, Schmaling, & Salusky, 1991; Jacobson, Fruzzetti, Dobson, Whisman & Hops, 1993). Studies investigating the marital dynamics of depressed patients and their significant others also indicate the presence of a greater number of negative social interactions, impaired social skills, limited social support (Basco, Prager, Pita, Tamir & Stephens, 1992; Jamesson & Jacob, 1997), poor communication and problem solving skills (Basco et al.; Kahn, Coyne, & Margolin, 1985; Sher & Baucom, 1993), greater problems with intimacy, and increased marital dissatisfaction (Basco et al.; Hooley & Teasdale, 1989). Increased negative mood (Gotlib & Whiffen, 1989; Ruscher & Gotlib, 1988) and higher rates of aggressive behavior have also been found in this population. Furthermore, depressed participants have also reported higher levels of perceived criticism from their spouses (Hooley & Teasdale, 1989), and perceived spousal support was the strongest predictor of post hospital recovery (Goering, Lancee & Freeman, 1992), regardless of depression severity. These authors noted that levels of perceived criticism did not always correlate with levels of criticism directed at the depressed individual but may "provide a measure of how much criticism is getting through to the patient" (p. 234, emphasis in original text). Considering the high incidence of depression among sexual assault survivors, some of these findings also may make sense for sexual assault recovery. To date, one study (Miller, Williams, & Bernstein, 1982) has examined sexual assault from the perspective of couples, revealing ongoing long-term relationship difficulties in communication, sexual concerns and understanding. Furthermore, clinical wisdom indicates that sexual assault survivors experience many relationship difficulties similar

to those of depressed women and that low perceived support tends to negatively impact the recovery process.

Impact/Implications for Healing Process

Findings suggest that because intimate partner relationships can have such a profound impact on the healing process and that sexual assault may have a tremendous impact on intimate relationships, the quality of a survivor's intimate relationship should be assessed and addressed during treatment (Moss, et al., 1990). Studies also advocate involving male partners in the treatment process (McEvoy & Reed, 1994; Moss, et al.). Brookings, et al. (1994) recommend that rape crisis centers increase the number of services they offer to male significant others, including individual therapy, couples' therapy, and support groups which focus on helping men cope with their own emotional distress and learning how to help female survivors, believing that such services will enhance women's recovery process. While such recommendations are made, few specific ideas of how to implement these have been offered. Increased knowledge of how couples negotiate the issue of sexual assault would allow for improved interventions that address the needs of both the victim and her partner.

Rationale for the present study

There is limited research which examines the effects of sexual assault on intimate heterosexual relationships or vice versa, the effects of these relationships on the healing process. The broader social support literature indicates that positive social support in general, and positive support from an intimate partner in particular, can moderate the effects of a stressful life event. Additionally, the few studies conducted to date on sexual assault seem to indicate that a survivor's support network can impact the recovery

process (Davis & Brickman, 1996; Davis, et al., 1991; Popiel & Susskind, 1985; Remer & Elliott, 1988a, 1988b). Clinical experience also suggests that supportive significant others can help facilitate the healing process, and that unsupportive partners can hinder that process. Furthermore, both the literature and clinical wisdom indicate that while sexual assault has a significant impact on intimate relationships it is often a difficult issue to negotiate, resulting in potential intimacy problems, increased fighting, communication difficulties, or termination of relationships subsequent to an assault (Remer & Elliott, 1988a, 1988b). We also know that partners of assault survivors often experience secondary trauma that can influence the relationship (Cairns, 1994; Cohen, 1988; Emm & McKenry, 1988; Ledray, 1986; McEvoy & Brookings, 1991; Remer & Elliott, 1988a, 1988b; Silverman, 1977). The impact of these dynamics have not been fully explored to date.

The few studies which have examined the impact of sexual assault on intimate relationships have primarily looked at the issue from either the victim's or the male partner's point of view but have not considered both perspectives within the same study (Davis, et al., 1991; Emm & McKenry, 1988; Moss, et al., 1990; Popiel & Susskind, 1985). Furthermore, these studies have not examined the effects of sexual assault on intimate relationships in much detail, and have not investigated the communication strategies engaged by couples in dealing with these issues. As Davis and Brickman (1996) say,

> studying the reactions of detached observers to hypothetical descriptions of crime in the laboratory may have little to say about how family and friends respond to actual victims. Those close to actual victims are engaged in complex relationships within which the crime is only one component. They care for the victims and they know that their behavior will affect both the victim's well-being and the future course of a

> relationship in which they are emotionally invested. Only by studying these real-life "messy" situations can we hope to understand the dynamics of how others behave toward victims and the effects those behaviors have. (pp. 259-260)

The one study (Miller, Williams, & Bernstein, 1982) that did investigate couples' responses to rape focused on marital maladjustment rather than coping processes and support dynamics of these couples. Furthermore, data were collected from marital adjustment questionnaires and clinical notes and observations from therapy rather than open-ended interviews.

The current study seeks to examine the impact of sexual assault from both the victim's and her partner's perspective, as well as their perspective as a couple. A qualitative examination of the topic will allow some initial comparisons as to whether both members view the impact similarly or differently and how perceptions compare with actual support. It also will enable us to begin to understand how couples successfully deal with issues related to a sexual assault, as well as uncovering issues that seem particularly troublesome for these couples.

In addition, most studies to date have examined functioning in the days and months shortly after the assault (Davis, et al., 1991; Moss, et al., 1990; Popiel & Susskind, 1985). However, results from these studies indicate that the assault is far from resolved in the first few months. While two studies have focused on longer-term effects, they have focused on victims of stranger rape (Emm & McKenry, 1988) or long-term maladjustment (Miller, et al., 1982). Clinical experience reveals that when a woman continues to suffer from the effects of an assault, but has not told her partner about her victimization, she more often garners unsupportive responses. Popiel and Susskind found that many victims are not talking about the assault at three months despite

ongoing distress. Research also indicates that negative reactions can inhibit recovery (Davis & Brickman, 1996), while positive support can help facilitate the "healing" process (Golding, et al., 1989; Harvey, et al., 1991; Kimerling & Calhoun, 1994; Notman & Nadelson, 1976). However, the cultural context decreases the likelihood that victims will seek support, even from intimate partners. In order to facilitate long-term healing from this trauma, it is important to attempt to better understand how victims cope with and communicate effectively about their assault within their intimate relationships.

Method

Participants

Participants were five married couples in heterosexual relationships. Participants were selected for inclusion based on specific criteria, thus representing a criterion sample (Miles & Huberman, 1994; Patton, 1990). Women who had been married to, or cohabiting with, their partners for at least 2 years, and who had experienced a sexual assault at age sixteen or older were eligible. The initial reactions subsequent to a sexual assault are often traumatic (Goodman, et al., 1993; Hutchings & Dutton, 1997; Kramer & Green, 1991; Ledray, 1986). Thus, in an effort to minimize the chance of working with a woman in immediate crisis, this study included women whose assaults occurred one year or more prior to the beginning of the study (Dumont & Stermac, 1996). Also, the male partners were all aware of the sexual assault and both members of the couple had to be willing to participate in the study. These criteria were selected to facilitate the examination of the longer-term effects of sexual assault on well-established relationships. No couples were excluded from the present study.

Participants were recruited broadly from a variety of campus and community sources along the Front Range. Recruitment procedures included networking with sexual assault advocacy services, psychological clinics, campus agencies, individual therapists, and advertising through fliers and a variety of newsletters. This proved to be

a very challenging population to access and recruitment was halted after two years of effort.

Nine of the participants were White European American and one was Native American. All five couples were married, with the average length of marriage being 6 years, with a range of 1.5 years to 15 years. Three couples had an average of 2.6 children, ranging from 8 weeks to 19 years in age. All participants had at least a high school education and half had a bachelors' degree, and two had a masters' degree. Four of the five women worked outside the home, and all of the men were employed in professional positions. Six participants reported their adult religion as Christian, while two identified as Jewish, and two noted no religion.

All of the women and four of the five men had a history of outpatient mental health treatment, with four women and two men addressing the issue of sexual assault specifically. None of the participants sought couples' therapy, although several mentioned having an occasional couple's therapy session with an individual therapist. Two of the women had a history of psychiatric hospitalization, while none of their male partners had been hospitalized. Two of the women and one of the men reported a history of non-fatal suicidal behavior. Four of the participants reported a history of alcoholism in their family of origin, and half indicated some type of mental illness among close relatives, while three did not disclose their family's history regarding mental health issues.

Four of the five women reported a history of multiple assaults in adulthood (age 16 or older), ranging from two to twenty-seven years prior to the time of their participation in the study. One woman reported being assaulted by strangers while four

reported acquaintance assaults, and one reported being assaulted by a boyfriend. Some degree of force was used in all cases, including coercion, psychological threats, physical restraint or violence, emotional abuse, manipulation, and the use of drugs and/or alcohol. Only one woman filed a police report regarding her assault, but no charges were pressed. Three of the women were in a relationship at the time of their assault, one with her current partner. The other couples began dating their current partners anywhere from two to fifteen years after the sexual assault. All the women reported not disclosing most of their assaults to anyone for months or years, although two women indicated that they had shared information about their most recent assault within days. The men appeared to provide information about the women's assault histories that was consistent with the women's self-report data, indicating that the males were informed of their wives' experiences.

Three of the women stated that they had also been the victim of other types of interpersonal violence, including physical assault, car jacking, auto theft and domestic violence. Similarly, three of the men reported being victims of physical assault or various types of theft. Two of the women also reported a history of childhood sexual abuse and four acknowledged emotional abuse by family members. Two have sought counseling to deal with their childhood abuse. One male reported a history of both childhood and adult emotional, physical and sexual abuse, and a second male reported a history of emotional abuse in childhood.

Procedure

Recruitment began after receiving approval from the Human Research Committee to conduct this investigation. When a couple contacted the researcher

expressing interest in the study, the study was explained and participants were told that participation was voluntary. A two-hour appointment was then arranged for the couple to come to the university. The woman and her partner were given an opportunity to ask questions about the study and upon signing an informed consent form proceeded with the study. Each member of the couple was given a packet of questionnaires (described below) to complete individually. Couples were then interviewed together using a semi-structured interview format by the investigator. Interviews lasted for an average duration of one and a half to two hours. All interviews were both audio and video taped and transcribed word for word by the investigator and trained research assistants.

Measures

Background Information Sheet.

This form gathered individual data on each partner regarding demographic information, psychological history and the history of the sexual assault. Basic information on age, sex, marital status, number of children, education, occupation and religion was collected. Participants were also asked about previous outpatient and inpatient psychiatric history, suicidal behavior and family of origin psychiatric history. Questions also inquired about both childhood and adult sexual abuse history as well as other victimization (See Appendix A and Appendix B for questionnaires for the female and her male partner respectively.)

Impact of Sexual Assault on Current Relationship Questionnaire.

This questionnaire asked each partner to describe the impact of the sexual assault on their current relationship. Questions also investigated coping strategies, both as individuals and as a couple, inquiring about issues that have been resolved and those that

continue to be a challenge to work through. Finally, participants were asked about their perceptions of their own and their partner's coping. (See Appendix C for the questionnaire for the female participant. The questionnaire for male partners was the same except for slight changes in phrasing.)

SCL-90-R Symptom Checklist.

The SCL-90-R (Degogatis, Lipman, & Covi, 1973) is a 90-item self-report symptom inventory which assesses basic functioning on a number of dimensions including somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism, as well as a global symptoms index. The SCL-90 was used as a measure of basic psychological adjustment of both the woman and her male partner in this study.

Clinical interview.

A semi-structured interview was conducted with both members of the couple to further elaborate on the data provided by each couple individually. The interview also served to provide information about how the couple communicates about the sexual assault and offered an opportunity to compare what a couple reported personally to what they discussed together. Clinical experience reveals that what victims discuss individually and what they talk about with their partner often differs and contributes to relationship difficulties during the healing process. (See Appendix D for sample questions that emerged over the course of the study.)

Qualitative Methodology

Qualitative research involves naturalistic inquiry and inductive analysis that allows for the understanding of nuance, complexities, and context of the phenomenon

under investigation and is open to emergent findings (Creswell, 1994; Patton, 1990). Qualitative data includes in-depth, detailed inquiry, rich description and direct quotations. Furthermore, qualitative research involves commitment to examining and appreciating the unique experience of each individual case rather than focusing on aggregate data. Comparisons come only after careful analysis of individual cases. The goal of the qualitative researcher is to create an environment that allows participants to describe their experiences and points of view in their own words. To facilitate this process, the researcher gets close to the people or phenomenon being studied and takes a stance of passionate curiosity. The qualitative investigator's own experiences and insight become a crucial part of the data and the process of understanding. The researcher takes a stance of empathy towards the participants and one of neutrality in relation to the findings, placing them "in a social, historical and temporal context" (Patton, 1990, p. 40).

Phenomenological Approach

Phenomenological inquiry is an inductive and holistic approach that examines people's world views, seeking to understand how people make sense of their experiences. This approach asserts that reality is as it is perceived by the individual. Thus it focuses on the question "What is the structure and essence of experience of this phenomenon for these people?" (Patton, 1990, p. 69). Another central component of phenomenological inquiry is an "assumption that there is an essence or essences to shared experience . . . core meaning mutually understood through a phenomenon commonly experienced" (Patton, p. 70). In the present study, experiences of individual women and their male partners related to the impact of sexual assault on their intimate

relationship were analyzed and compared in an effort to discover the essence of this shared phenomenon.

Data Analysis

This study used the method of constant comparative analysis, a technique most commonly associated with grounded theory, to analyze the interview data. This method dovetails well with a phenomenological perspective because constant comparative analysis offers an efficient method for working with raw text to build an explanatory framework. In constant comparative analysis, text is inductively coded in a tri-level coding process (Strauss & Corbin, 1990). Codes are generated by the data and impacted by the world-view of the researcher. First level, or open, coding involves descriptive coding of meaningful segments of interview data. Due to the large amount of data, the phenomenological technique of bracketing was also used. With this technique, parts of the transcript related to the phenomenon of interest are bracketed to exclude unrelated material (Moustakas, 1994; Patton, 1990). These bracketed segments are then coded. To assist with the process of first level coding, the computer program HyperResearch was used. Both verbal and non-verbal data from the interviews were coded. Second level, or axial, coding was then conducted to organize the open codes into categories. From this process, main themes emerged. Third level coding (selective coding) was then used to understand the underlying storyline and to link the emergent categories into a meaningful framework, incorporating information from both first and second level coding (Moustakas; Patton; J. H. Banning, personal communication, October 14, 1996). Throughout the coding process, the phenomenological concept of epoche was practiced (Patton), in which I attempted to set aside my own values, beliefs, and preconceptions as

much as possible in order to truly "listen" to the data. The method of constant comparative analysis strives to ensure that the storyline about the essence of the experiences of participants is grounded in their actual narratives.

The process of engaging in qualitative data analysis is inductive, emergent and cyclical. Data analysis was conducted throughout the process of continued data collection, contributing to the further refinement of data collection. Discontinuation of coding is influenced by both practical and theoretical considerations. Coding can be stopped when satiation or theoretical saturation is reached, that is, new observations add no new information to one's understanding or theory, or due to practical constraints such as limited time or money. While this study proposed to analyze interview data until satiation/theoretical saturation, data collection was ultimately terminated due to time constraints. Still, this small sample yielded a rich amount of data and a useful amount of theoretical saturation was attained.

Measures to Increase Trustworthiness (Reliability and Validity)

In any research study the questions of validity and reliability are important. From a qualitative perspective, validity can be viewed as a question of craftsmanship, as communication or as action (Patton, 1990). Validity focuses on the quality of one's investigation, as well as the applicability of one's findings. In an effort to increase credibility, the present study included the following measures: reflexivity, triangulation of data sources and methods, member checking and peer examination (Patton). Reflexivity refers to the assessment of one's input as the investigator and how one impacts the research process. A field journal was kept documenting daily logistics, methodology details, and rationale for decisions about the study. Additionally, a

personal diary was kept to record the researcher's ideas, thoughts, questions and frustrations related to the research process. Triangulation of data sources involves the collection of data from multiple populations using a single method. The current study examined interview data from both female sexual assault survivors and their male partners. Additionally, triangulation of methods is also possible by comparing interview data to the questionnaires and the SCL-90 data. Peer examination of the current study by a colleague knowledgeable about qualitative research methods and sexual assault was also utilized. Lastly, the investigator has taken a year-long course on qualitative research methods and data analysis.

The study also proposed to utilize member checking in which participants read the transcription of their interviews for accuracy and comment on the emerging storyline. At the time of their interviews, several couples expressed possible interest in participating in member checking, although they all noted that they doubted they would change anything. Copies of the transcripts were mailed to participants as they requested. One transcript was returned with one minor change. The reason for the lack of response from the other couples is unclear. Member checking was an optional component of the study and participants were not obligated to comment on their transcripts. Their failure to return an edited transcript may reflect their satisfaction with the transcript, lack of time or interest, or some other unknown reason. When offered the option of reviewing the emerging results, participants declined and instead expressed an interest in seeing the final results.

In an effort to increase dependability of the study, a modified code-recode procedure was used in which all data was coded and a subset of data was recoded several

weeks later. Furthermore, triangulation and peer examination also serve to increase dependability.

Personal Point of View

Within the tradition of qualitative research, the researcher is viewed as the instrument of investigation. Thus it is considered to be important to discuss the character of the investigator. I am a 30-year-old White female graduate student in counseling psychology. I have extensive clinical experience working with sexual assault survivors in a variety of contexts including individual therapy, group therapy and as a victim advocate. Furthermore, I have been actively involved in prevention education and training on the issue of sexual assault. While I have never been assaulted, I know many women with whom I am close that have been sexually assaulted and victims of other forms of sexual violence.

Results

Overview

Each couple's interviews and each individual's questionnaires were coded and examined for major themes. Although the participants had very different sexual assault experiences, the data reveal similar stories of the impact of the sexual assault and the process of coping with it. Additionally, the tone of each of the interviews, as well as listening between the lines, allowed for observations about the relationship dynamics of each couple. Anna Neumann (1998) observed that the stories we "hear of others' lives are composed only partly of text; they are also composed of silence for which no text can exist" (pp. 91-92). The stories of the ways these couples were impacted by sexual assault emerged both out of the written text, as well as the consistencies, silences, omissions, and tone of the interviews. These stories tell of a psychological journey of healing characterized by both challenges and growth.

While discussion of the results will focus on these couples' similarities, it seems imperative to at least briefly note some of the unique factors that provide the context for these similar reactions so the complexity of these couples' experiences can be more fully appreciated. Candace[1] (couple 01) was drugged and sexually assaulted while at a professional conference approximately two years prior to the interview and was married

[1] All names have been changed to protect the confidentiality of the participants.

to her husband, James, at the time. This is the only couple who reported the sexual assault, which turned out to be a very traumatic experience for both of them and was the focal point of much of their healing process. Denise and Rich (couple 02) are both survivors of multiple forms of abuse (sexual and emotional) in both childhood and in previous relationships and this shared abuse history seems to be the shaping factor in this couple's experience of the woman's adult sexual assaults. Joyce (couple 03) was sexually assaulted by multiple perpetrators when she was 16-years-old, approximately 10 years prior to meeting her current partner and 15 years prior to the interview. The rape resulted in a pregnancy and she subsequently had an abortion. She kept both the rape and the abortion a secret for many years, finally sharing this experience with her husband, Ethan, when they began dating. For a time, Ethan was her sole support, which placed a great deal of pressure on him and the relationship. This secrecy and the historical nature of her assault significantly impacted how they have coped as a couple. Prior to meeting her husband, Doug, Janet (couple 04) was in an emotionally and sexually abusive relationship for 2.5 years, which chipped away at her self-esteem, particularly because of her religious beliefs about premarital sex. Similar to couple 03, secrecy about the assault was central to this couple's healing, as was lack of support by Janet's family of origin. An older male assaulted Cindy (couple 05) when she was 16-years-old. This was her first sexual experience and she did not label it as a sexual assault until a few years ago when she was in therapy. The fact that she and her husband, Chris, were only beginning to deal with this 27-year-old assault at the time of the interview was key to their experience. Keeping these factors in mind, we will now examine the common themes that emerged from these couples' collective experiences.

Analysis revealed three major themes, or factors, related to marital functioning that were impacted by the sexual assault. These were communication, coping and support. Communication was described in terms of amount and style of communication, degree of comfort discussing the sexual assault, barriers to effective communication and productive efforts at communication. Discussion of coping centered on effects of the sexual assault, helpful and unhelpful strategies, observations about the women's and the men's coping and ideas for improving future coping. The theme of support focused on supportive and unsupportive actions, challenges and limitations to support, and available resources.

What stands out even more than individual themes in these results is a description of the complex interactions that take place among communication, coping and support and the way marital functioning is disturbed or altered when a sexual assault is added to the relationship. As the interactions of these various factors were described, both the positive and negative impact of the assault on a variety of aspects of life and the marital relationship for these couples became obvious. Furthermore, the process of healing was described, including helpful strategies, challenges to healing, beneficial outcomes and ongoing efforts at continued recovery. Through examining the interaction of these factors we begin to understand the complexity of the ways couples heal when dealing with sexual assault.

Communication

Amount and style of communication.

All couples highlighted the importance of communication in their experience. The amount of communication about the sexual assault varied, yet all couples noted that,

in general, the assault was discussed infrequently, often less than other topics. In fact, many stated that they actively ignored or avoided the topic, only discussing the assault when something arose which forced them to do so. Candace (C01) illustrated this well as she reflected on their communication, noting that in

> other areas we are very direct with one another about how we feel and what we want. Around the area of sexual assault we are more subtle and tend to avoid the issue if possible, that is, until it sneaks up and smacks us in the face. (Candace, C01)[2]

For one couple, discussing the sexual assault was quite a new process, while another noted that the interview represented the most they have ever talked about the assault in one sitting. Three couples described more open communication over time, and several couples demonstrated open communication during the interviews.

Degree of comfort with communication.

The degree of comfort with discussing the sexual assault also varied. In general, at least one member of each couple was at least moderately comfortable talking about the assault, while about half of the participants acknowledged that they were more direct communicating about other areas of their relationship. The women also expressed reluctance about sharing details about the assault, often because they knew this was a source of pain or discomfort for their husbands. For example, Candace (C01) stated "we don't talk about the 'specifics' as to what I remember happening. I don't think he wants to know and I couldn't tell him...I don't want to put that in his head."

Barriers to communication.

The above characteristics played out in communication dynamics in each couple

[2] Quotes have been minimally edited, reducing the number of phrases such as "um" and "ya know" for easier readability.

to different degrees, often presenting challenges to effective communication. For instance, Candace and James (C01) noted that their communication about the sexual assault was not intentional. Rather,

> usually something had to have triggered it. (James: Not like, "let's talk about this.") It's usually, I was having a lot of problems sleeping after the event or I'd wake up startled or he'd approach me in an intimate way and I'd freeze up and that would lead up to the conversation. And another couple of times, I had a couple of anxiety attacks, they were in the bedroom, and ya know, that sort of thing. (Candace, C01)

Another common struggle was guarded communication. Frequently, a component of this communication style was that the woman did not share her feelings or needs, as evidenced by Cindy's (C05) comment that

> Well, I have a hard time putting anything sensitive out there, to be vulnerable, 'cause, it's going to come back at me later. Not that you have ever done something like that. I don't think that (Chris: Yeah) just that if I give you a piece of me, you're gonna stomp on it and throw it at me. (Cindy, C05)

Denise also described struggling with being vulnerable and the challenges this brought to her relationship because

> there's still that barrier where I won't let anybody cross, not even Rich. And he's the closest man I've ever been to, ya know, because of the vulnerability. I don't want to be hurt again. Anymore than anybody else does. But, on the other hand, I honestly believe that you can't truly love yourself or anybody else if you don't let them get past that vulnerability. Anyway, those are the kinds of issues that I have got to deal with, just to make our relationship better. To make me better. (Denise, C02)

Productive efforts at communication.

Nearly all participants and four out of five couples identified some productive efforts at communication. Most acknowledged that talking helped with the coping process, with open and productive expression of feelings and needs, particularly anger,

facilitating communication. In particular, the male's active involvement, listening without making assumptions or being judgmental, helped foster deeper communication

Coping

Effects of the sexual assault.

Although the characteristics of the women's assaults varied, all described the sexual assault as having a significant negative impact on them, both as individuals and as a couple. In commenting on the assault, couples variously described it as "the hardest thing two people should ever have to go through," "a happening without true meaning," and something they "wished had never happened." Couples highlighted a variety of behavioral reactions, emotional effects, and physical symptoms in response to the sexual assault.

Behavioral reactions included becoming more of a "homebody," being afraid to be alone, being afraid to travel, losing touch with friends, being afraid of crowds, isolating, hypervigilence, hostility, control issues and drug use. All couples also described coping with the daily effects of sexual assault, such as sleep problems, anxiety attacks, nightmares, decreased appetite, flashbacks, and memory problems. Triggers – events, sights, sounds or smells reminiscent of the assault that stimulated a trauma reaction – were particularly challenging for these couples, impacting many facets of daily life. For example, the thought of pregnancy or abortion was an ongoing source of anxiety for Joyce (C03), thus potentially impacting future family planning. Several women described overcoming their triggers over time, as illustrated when Candace (C01) stated

> we almost repainted, ironically, our room is blue, our bedroom. And I would, the room that this happened in I just have a memory of blue. So it

> was like, I couldn't sleep in the room. We almost painted it and I says no, I can deal and I like it and we picked this color. We like this color. And I'll be damned if I'm going to paint it. You know, 'cause he says, we'll paint the damn thing, we'll paint and no "I'll get over it"...I'm not going to let this dictate what I, ya know, what colors I like and what colors I don't like. (Candace, C01)

From the interviews, one gains an appreciation for the varied and intense emotional impact of the assault for these women and men. The women expressed feeling isolated, afraid for their safety or to encounter the perpetrator, crazy, depressed, frustrated, angry, confused, helpless, hopeless, hurt, insecure and lost. For several women, feelings of self-blame, self doubt, shame and guilt presented ongoing struggles. These feelings were often influenced by cultural messages related to the validity of their experiences, including social views of assault, the stigma of (teen) pregnancy, religious beliefs, the fact that it was a historical assault, and gender roles. Even with a supportive partner, feelings of blame remained challenging. For example, Joyce (C03) stated that while she never felt blamed by Ethan, she felt that he didn't always understand her feelings of guilt and so his efforts at not blaming her sometimes felt invalidating. Several women additionally noted low self-esteem and increased sensitivity. For example, Janet described her struggles as

> an everyday battle with the self esteem. And it started getting...through the therapy, it started building up a little bit and I was learning how to do things, learning that I do have self worth. And that I, um, doing things that make me feel good about myself. But, it doesn't take much to knock me off my feet. It really doesn't. You know, it's just, it's just a constant battle. (Janet, C04)

The men reported an equally varied list of reactions, including feeling confused, depressed, helpless, powerless, frustrated, hopeless, hurt, overwhelmed, pressured, sad,

selfish, trapped, uncomfortable, unhappy and upset. James (C01) exemplified some of these effects of secondary trauma when he noted "occasionally I will get pictures of the assault in my head, but these happen only when I am alone. I don't think about it much, probably because it hurts to do so."

The stress of the assault also manifested itself in physical symptoms for several of the participants. Joyce has experienced chronic fatigue symptoms, among other physical problems. Doug has gained weight and has developed high blood pressure. And Cindy and her husband, Chris, both described her struggles with negative body image and weight gain.

Helpful and unhelpful strategies.

At least one member of each couple identified some unhelpful coping techniques or challenges to effective coping. These primarily included various forms of avoidance and denial, as exemplified by Chris's (C05) description of their coping

> Yeah, I wouldn't say we coped at all. Just say we, we just did. You know, a lot of times we would carry that baggage on for another time. The advantage is that I travel a lot. I'm gone or I'm working on shifts or she was...A lot of times it would happen and then we would go weeks or months before we would, really had a chance to be together again. . . . Avoidance. That's what we did. (Chris, C05)

However, they did have the insight that these are not effective strategies.

> Yeah, it is probably the easiest. (Chris: And the least productive.) Well, you know, but you get through it. (Chris: But you don't. But then you get to relive it again.) (Cindy, C05)

Other coping strategies perceived as problematic included pretending the assault never happened, withdrawal, arguing, shutting off and not recognizing that issues were connected to the sexual assault.

All couples also identified some helpful approaches to coping that they utilized in dealing with these diverse effects of the sexual assault. These ranged from formal interventions such as therapy and seeking information, to more informal strategies such as the use of humor, time apart, exercise, faith, fantasizing, patience and tenacity. For several couples, taking action, through volunteering, reporting the assault, or speaking up about violence in their worlds, was extremely helpful. This was often facilitated by an increased awareness of violence. For example, although she does not yet feel comfortable speaking up about those issues, Janet (C04) described being offended by social messages and expressed having no tolerance for violence,

> I have no tolerance for, um, I mean we'll just be watchin' a light hearted movie or something even and a just a guy saying just something, just, being a jerk about a girlfriend or something, you know? And it's like, you have no right to do that. And I have anger built up big time. Or if I see it, if I see somebody in, you know, my niece has a relationship with this guy and he hurts her. I just don't have any tolerance for it. It's like you don't have a right to treat somebody like that. I don't have any tolerance for that. (Janet, C04)

In describing the impact the assault has had on him, Doug (C04) noted "I used to be...I think a lot, very trusting toward society. Um, and I don't think I am as much so now. I think I'm, I'm a little bit more cynical because of this experience." Joyce and Ethan (C03) noted a similar shift in awareness, and stated that

> since she started the training here now she asks me about the articles. Did you read this article about the gang rape that happened and things like that that ya know maybe in the past both of us kind of see the headlines and skim through it. But now like I've noticed like Joyce is reading the articles and, and so, then I'm sort of looking at them a little bit more than probably I would have. (Ethan, C03)

The influence of increased awareness has also extended to other areas of life, such as parenting. For instance, Janet and Doug (C04) are trying to create an open environment

with their children where it is safe to talk about anything, in contrast to Janet's upbringing. They want to teach their daughters to have high self esteem and to not let anyone hurt them. They anticipate being very actively involved in their daughters' dating process later in life, and if they ever have a son, they would teach him to be respectful of women.

Support

Supportive and unsupportive actions.

All participants discussed the importance of both personal and professional support in facilitating the healing process. The focus of discussion about support during the interviews most often turned to the males' support of their wives. Several men acknowledged limitations, admitting insensitivity, lack of understanding, little training to help, being unaware of the impact of their anger and feeling ineffective. Ethan (C03) described the particular challenges of coping with a historical assault when trying to be supportive, noting

> the fact that we didn't know each other, and that the assault happened so long ago has limited my own full understanding...this assault happened well before I knew my partner, so my coping has been more one of trying to comprehend the events and understand what it means emotionally to Joyce. (Ethan, C03)

Several ways in which males failed to be supportive included being annoyed by the effects of the sexual assault, blaming the woman, being impatient, resenting and not treating the woman well, and not being concerned about safety or the threat of pregnancy. Several males felt like their coping had a negative impact on their relationship at times and one male noted that he and his wife are not as close as they once were. Several of the women also acknowledged not feeling supportive of their

husbands, particularly when they were struggling with their own reactions to the assaults. Furthermore, at times the broader network of family and friends was not supportive, thus adding strain to the marital relationship.

Despite periods of not feeling supported, nearly all participants identified some helpful facets of support, and in general reported feeling supported. Support took the form of a broader support network, talking with other survivors, support from partners, and therapy. Joyce (C03) illustrated how much this type of connection helped when she noted "being able to share my experience with others and not carry the weight alone has been significant in my healing." In general, both women and men tried to support each other. The women reported having offered love, reassurance, and engaged in "give and take," allowing the male space to cope.

At the time of the interview, all of the males expressed a desire to be supportive of their wives and involved in the coping process, and all couples identified ways in which the males offered positive support. These included trying to understand the woman's perspective, wanting the woman to go at her own pace, not blaming the woman, expressing concern, offering love and reassurance, believing the woman, going along with the woman's idiosyncrasies, being nonjudgmental and patient and trying to avoid triggering the woman. For example, James (C01) represented a common sentiment when he commented, "I have worried about her and her coping. As I see her stress through this, it hurts because I don't like to see her hurting that way." And when he further noted, "I wanted to be involved but also didn't want to force or push anything. 'Cause I wanted her to go at her own speed, 'cause who knows what that could do to someone's psyche." The males also demonstrated support through physical affection,

listening, being sensitive to past trauma, and encouraging the woman to seek therapy. Several women expressed appreciation for their husband's support and understanding, as reflected by Candace's (C01) statement that James "is my balance" and Denise's comment that

> My husband loves me the way I want to be loved. Even though we have our problems, he is very supportive, doesn't seem to mind my control issues too much, and loves me no matter what I do or don't do. This is worth more to me than just about anything in the world. (Denise, C02)

Challenges and limitations to support.

Achieving this place of involved support was a challenge for most couples. None of these couples anticipated sexual assault, whether current or historical, as one of the issues they would have to deal with in their relationship. Ethan (C03) expressed his surprise about Joyce's assault history, noting

> when we first talked about it . . . I brought it up, I remember specifically just in passing when we were talking in bed one evening early in our relationship and I mentioned that I dated someone who had been raped before, and Joyce goes, "no, you've been with two of them." And, I was like, you know, I was sort of taken aback. (Male, C03)

Candace (C01) highlighted the uncertainty of coping with an assault when she noted that despite believing James would be supportive, she did not know what to expect of him in this situation. Support seemed to best facilitate healing when a couple achieved a shared understanding or a common goal that they could act on, which in discussing their experience with reporting, Candace (C01) described as

> empowering. And, that was a big thing, that we were working as a team on it. And it did help me a great deal. I don't think I could have done it by myself. Ya know, I wouldn't have done any of this part by myself if I didn't have the support. (Candace, C01)

Supportive resources.

All couples commented on available support resources. One noted a limited number of resources for male partners, and two couples noted that most resources are for partners of women who have been recently assaulted. In the case of their historical assault, Chris (C05) noted that he would not have thought to access support services. Doug (C04) suggested the potential benefit of one-to-one peer support for male partners.

Interaction Among Communication, Coping and Support: Sexual Assault as a Wrench in the Marital Relationship System

All couples reported specific challenges to their relationship functioning as a result of the sexual assault. Even the impact of the sexual assault on individual participants was often described in terms of the effect on the marital relationship. Thus, the marital relationship might be viewed as the stage upon which the healing process unfolded. The diverse ways sexual assault disrupted the marital relationship system was reflected in the complex interactions among communication, coping and support related to intimacy, marital dynamics, personal support resources and the way couples coped with anger.

Emotional and physical intimacy.

While each couple faced different challenges, including a traumatic reporting experience, a history of childhood abuse, the woman questioning her sexual identity and physical attraction to her mate and secrecy about the assault, similar effects on relationship functioning were reported. Even though the assault fostered a variety of interpersonal effects, including defensiveness, taking behavior personally and fear of being hurt again, first and foremost, all couples discussed difficulty with emotional and

physical intimacy. For example, in describing the strain in her relationship, Janet (C04) noted that

> The emotional safety was not there at the beginning at all. I didn't, (Doug: Oh, no.) I felt like the more I told him the more he'd hate me or that he'd want to leave me because, um, I mean there were things that I just didn't know if I could share with him. (Janet, C04)

Her husband, Doug, reflected on some of the challenges and disappointments of facing intimacy problems, stating that

> the sexual thing, I mean, you know, as a guy obviously that is very in the forefront of my mind. When you get married that's what you want to do. And I had to be very patient and it was, it was, you know, I'm understanding of that, but at the same time I was very frustrated with that. (Janet: Felt kind of hopeless. I think we both felt hopeless.) Felt very hopeless and very powerless, because I wanted to do something. (Doug, C04)

Several couples also reported decreased intimacy because of the fear of triggering the woman, or because of the confusion and frustration caused by mixed messages. Joyce (C03) described the pressure this put on Ethan,

> it was almost like he couldn't win because I would be like "oh I want you to hold me or something" and so then he'd come and hold me, and I'd be like "No, (Ethan: yeah) I don't want you to touch me. You're not touching me right" (Ethan: yeah) or something like, almost (Ethan: mixed signal)...It was like kind of stacked against him. (Joyce, C03)

Candace (C01) also described difficulties in communicating about sexual intimacy, noting that she would feel like James was

> walking on egg shells at certain times sexually and I'd think I mean it was just understood. I mean it was like oh gosh it's been at least a few, couple months after you know we didn't have any type of intimate relations just more like "goodnight". That sort of thing. I was scared to death. I was scared that I would get triggered in the midst of it and just freak out. Turning away, there's a lot of times that I would want to show

> him that, ok don't treat me like a glass doll. I'm okay. But at the same time I was scared to death that I was going to freak out and would have no control or get another memory or something like that, at an inopportune time and we didn't like talk about it at that point, you know. It was just kind of an understood thing and then he was kind of waiting for me to put a move and...it was really hard because...just when is an opportune time to bring it up? (Candace, C01)

Several of the males in this sample were notably open and emotionally expressive. While this may be viewed as a potential strength, it actually initially presented a source of discomfort for their female partners, as Joyce (C03) describes

> Ethan was very initially open and emotionally open in a way that I wasn't used to and I think that that definitely kind of scared me. And it almost scared me more because of the assault because I was a little bit like, defensive and had walls up, and you know wanted to kind of stay independent and um it was, it was definitely a shock to be around this guy who seemed so, you know, just loving and that was hard to get used to. And I think because of how I had defensively kind of gone through relationships after the assault, kind of maintaining a lot of independence. (Joyce, C03)

This reflects the struggle many couples had with trust issues. While many couples ultimately achieved a deeper level of intimacy, the path to achieving this was often a challenge. Doug (C04) illustrated the difficulties presented in determining how to best create emotional safety to facilitate communication, when he noted that

> The struggle has been since I'm pretty open, um, Janet is a little bit more guarded, so the struggle has been am I, um, pushing too much, am I, you know, trying to pull things out...Is she...you know, is she comfortable . . . I think her comfort level took a lot longer to get to the point where she...you could trust that. It was going to be okay for you to tell me certain things. (Doug, C04)

These efforts at building trust were even more complicated for Couple 02, where their abuse histories were described as both an asset and a liability by Rich who stated "we

are both survivors so to some degree we understand where we each are coming from...(yet)...with both of us as survivors it is hard for one to be the strong one."

The outcomes of these relationship challenges were varied, including decreased intimacy, high levels of tension, and previous divorces. Couples seemed well aware of the potential costs of facing a sexual assault, with three couples sharing that they had seen couples split up because of an assault. One couple expressed that it felt like they had lost a few years of their marriage and another said the experience felt like "sink or swim" for their relationship. Furthermore, three of the couples had thought about separation at some point. Doug (C04) noted that this actually represented a turning point in their relationship because

> two or three years ago...we were still having troubles and she said, "I think we should get a divorce." And I was like, you know what, that was the best thing that ever happened to our marriage. Because I needed her, I needed to know that she respected herself enough to leave me if I wasn't going to... provide emotionally. When I say treat her good, I mean, provide emotionally. So that was very good. (Doug, C04)

Ultimately, couples found various ways of coping with these intimacy challenges. Most described the value of patience and open communication. Several also noted that liking one another and a tenacious desire to not give up on each other facilitated coping. Doug (C04) attributed their increased intimacy as having occurred because

> we just took it slow and we experimented and as, as time went on, that, that's probably the area that we handled the best. Um, because we, I tried to focus on her, on getting her to enjoy the experience. Whatever it was I could do to be intuitive, to be in tune with making her enjoy it. Being patient, but, (Janet: Took a lot of patience.) I think the fact that...a combination...that we went at it slowly and patiently, not expecting to have fourth of July fireworks right away. And the fact that it was focused on her...figuring out how she could have enjoyment with this, that that

> helped. Because we learned, I mean we learned how to do that. And I, I think that became probably the best part of our marriage. (Doug, C04)

Janet (C04) highlighted some of the ways support and communication facilitated emotional and physical closeness and healing, remarking to Doug (C04)

> And I think it was easier for you when you started getting through, when you knew I was getting help and started getting through some of your anger (Doug: Oh, that...tremendous.) And then you were able to listen and then if I was crying (Laughs) in the middle you'd be okay with it. I mean you always acted okay with it, but I guess I felt like he was more okay with it so that helped. Helped me to be able to cry if I needed to and say, hey we need to stop. And I can't do this today and...(Janet, C04)

Nearly every couple also described some positive impact of the sexual assault and/or some strengths which emerged from the experience. Several couples described efforts to build intimacy, including Saturday morning chats and planned dates, while several more expressed that the assault perhaps strengthened their relationship in the end. In reflecting on their traumatic reporting experience and James's (C01) involvement in the healing process, Candace (C01) noted that "in a way, they did a service when they did what they did to me, the police department and him being there. If he wasn't there, I don't think it would have impacted him," thus "everything was done with a 'we' and together because he was, he was impacted just as much as I was." James (C01) concurred, stating "Yeah, I probably would've been more removed if that, if it never happened." This unity was further reflected when Candace commented "we found out our perpetrator, my perpetrator, my perpetrator. I said our perpetrator. Pretty much was, wasn't he?" and echoed by James when he asserted

> It was something done to me too. I mean, that's what I felt. I mean, I felt if we were going to get this guy that it was because he did something to

> both of us you know. I felt like I was victim and, you know, even in the beginning. (James C01)

Joyce (C03) also noted that coping with the assault brought she and Ethan closer and increased their level of intimacy and facilitated healing

> because we did go through that together, that, ultimately I feel like it really brought us closer together and kind of deepened the relationship. And, in a way I feel almost like our being together helped me to go through and do a lot of the processing about the assault that I haven't really done on my own or in other relationships. There was something between us, like a, that demanded a greater level of intimacy that made me kind of have to resolve some of those issues that were there. (Joyce, C03)

Marital dynamics.

A variety of marital dynamics identified by all couples impacted the interplay of communication, coping and support. Examples included distrust, insecurity about partner's affection, defensiveness, control issues, high tension, attempts to rescue, negating feelings and personalizing behavior. Several men described taking a "fix-it" approach to the sexual assault, which often led to a great deal of frustration for both partners. For example, James (C01) observed

> this is the kind of stuff that doesn't come easy to me, and if it, if two and two equals four and there's an x in there somewhere that I need to figure out that's great ok. But you add a sexual assault and the police interrogation and all this other stuff in there feelings, you throw feelings (Candace: laugh) and all of a sudden the equation becomes unsolvable and (Candace: He, he likes to fix things.) I'm a fixer. (Candace: He's a fixer.) That's what I do. (Candace: And when he can't he feels, I can feel him going "arghh.") And, and, well and I think that there, I mean or I've learned that there's just not a solution, there's not necessarily an X here. There's no answer. There's none. (James, C01)

Similarly, Doug (C04) thought he was going to fix things for his wife, Janet, who agreed, stating, "he wanted a quick fix, when I would talk to him, that was very hard, he

wanted to fix things. And he couldn't fix it. And I knew he couldn't fix it." And when Doug couldn't fix things, he described feeling,

> Helpless. Powerless. Trapped. Pretty much. Um, because being inside of it. Like if it, if she was just a friend of mine, it would be very easy for me to listen to her, her pain and then walk away and, and it would've been fine. I would've just gone and done my thing, but, when it's your wife and she's feeling so bad about who she is and so guilty and everything that you do, that you try to do to make it better doesn't work....and that's a guy thing too, I mean you, if you keep being ineffective in what (Janet: Laughs.) you're trying to do, your self esteem goes down. So my self esteem probably went way down. (Janet: And the need to fix things...laughs...right away, quick fix.) And I got depressed too, and I didn't realize it. I thought ah...I'm not depressed, I'm okay. I took a depression inventory I don't know what- how long ago was that, about six months ago? And the doctor says, "yeah". She put me on some antidepressants. I didn't realize, I was like "whoa, I was really feeling bad". I didn't realize how bad I was feeling. And this is seven years out. You know. And...and I guess we can't say that all of our problems are because of what happened, because the way it was dealt with also created more problems. The way we got married in a hurry, had kids right away, also didn't help things. (Doug, C04)

Unrealistic expectations of partners also created particular challenges to communication and support. In describing her expectation of Ethan, Joyce admitted that

> I expected him to be able to talk to me about it with say, ya know, in a way like my therapist was able to talk to me about it and he just didn't really have that kind of, ya know, education or approach to it. (Joyce, C03)

Ethan expressed his frustration with this by commenting that

> I'm not a professional. I don't have any training in, with any of this. So, it sort of like, ya know, you want to be open and listen to Joyce, be there and give her the support and comfort whatever she needs...And it was tough. (Ethan, C03)

Joyce (C03) demonstrated an awareness of the unfairness of her expectations when she stated "that was part of the problem. I wanted him to just know what I needed or how I

was feeling without having to say it. So that's not really fair." Candace (C01) showed a similar level of awareness of this mindreading dynamic when she observed,

> The fact that I have a need to know what he is thinking/feeling and he doesn't want to share too easily...Then when he asks what I am feeling, thinking, I don't like to share easily. We expect one another to "magically" know. (Candace, C01)

Several males expressed struggling with this dynamic, as illustrated by Rich's (C02) description of his experience of interpreting Denise's mixed messages,

> You're a hard person to read. So when I think you want to be held, you don't want to be held and when you do want to be held you don't tell anybody ya know. You expect me to know. I can't read minds. I have enough trouble dealing with my own and don't need yours. (Rich, C02)

Assumptions made by the males also limited communication and understanding, as illustrated when Chris (C05) remarked that

> I assume her reactions are one thing instead of saying, "hey, what's going on here?" Which she may or may not be able to pin that down either, but at least I could understand better. But I'm not good at asking those questions. And that's what I'm working on. (Chris, C05)

In response to these dynamics, couples reported a number of efforts at more effective and direct communication. For example, Cindy (C05) described her and Chris's efforts at intentional communication this way

> now we are trying to say, "Here is what I am thinking. Is this true?" And I'll go, "No!" (Chris: "No, that is not what is going on at all.") That's not it at all. So, communication has been difficult. We actually have to sit down and go, "We are going to communicate now, okay?" (Laughs) Essentially. (Chris: Exactly.) Here is a substantial issue, not what the kids did. So, but you have to actually think about it and sit down to work on it. (Cindy, C05)

Just as communication and support were often intertwined, support, in general and by one's partner, influenced coping. For example, in describing coping with Joyce's

insomnia, Ethan noted how this took a toll on both he and Joyce and made support challenging,

> It's tough, I mean, it's like part of me wants to be open and accepting and, and reach out, and help Joyce deal and be asleep. And the other part of me wants to be asleep. And, and, so the two in the morning wake-ups are tough. (Ethan, C03)

Many of the communication challenges and marital dynamics already described impacted the practice and perception of support and coping. Several males noted that they felt like they "can't win" or didn't know how to say the right thing. Others noted that the woman's control issues or the woman pushing the male away made it difficult to be supportive. Furthermore, the woman's changing needs made it hard to know what the woman wanted. The fact that several males did not feel supportive was reinforced by feedback from several women who expressed that they did not feel supported at times, and felt their husbands were not as sympathetic or as understanding as they would like. However, perceptions of support were often complex, as Candace (C01) noted

> Sometimes I feel that there is no way he could ever understand how "crazy" the assault has left me feeling. Thus I feel isolated in my thoughts and feelings about the assault. However, recent events have allowed us to address the assault together and has evoked more discussion about both of our feelings about what happened and that has allowed me to better understand that he understands more than I give him credit for. (Candace, C01)

Several couples, particularly the males noted that they did not always connect their individual or marital problems to the sexual assault. Thus, they had difficulty separating out what was due to the assault and what was related to normal individual and marital development. In thinking about Candace's behavior, James (C01) observed, "she sometimes gets anxious and demanding, looking to vent steam in other ways, when

in reality she may be thinking of the assault. It creates a barrier and fools me into thinking there is another problem." Similarly, Doug (C04) reported "And I didn't realize that when we were going through this. I just thought there was something wrong with me, or whatever. Or something wrong with us. Or, (Janet: Or me.) or we weren't supposed to be together." The interpretation of their problems impacted choice of coping strategy and support resources. For example, after asserting that "I haven't looked at it as the assault that what's triggering the problems that we have or the communication issues or things," Ethan (C03) noted that he thus sought out general information about relationships, noting as an example the book, Men are from Mars, Women are from Venus (Gray, 1992).

Personal support resources.

Examining personal support resources of these couples further highlights the interactions among support, coping and communication, and the broader influence of the cultural context on the marital system of these couples. As a result of cultural stereotypes and stigma, many of the women did not tell anyone about their sexual assault. As Janet (C04) expressed,

> I think I would have been able to tell my parents and, and go through a whole court thing if it had been one of those things that you see on TV, where the violent things...somebody comes out of an alley and physically harms me, rapes me, beats me up. I would have felt not guilty about telling my parents that. But this was a situation that I probably should have controlled, probably should have gotten out of. Feel like he didn't ever punch me or beat me up, even though he was forcing himself on me and it felt horrible. I felt like it wasn't an extreme enough thing to tell somebody about. (Janet, C04)

And for several couples, the male partner was the only one who knew about the assault. Doug (C04) captured the exhaustion of such efforts when he said "because it's a secret

so you try to hide it from everybody, and that just takes so much energy...it wears you out." Coping through the use of secrecy placed tremendous strain on communication and support resources for these couples. Doug (C04) expressed his frustration with Janet's desire not to talk with her family noting,

> that was the first time in my life that I was ever put in a position when I had to keep a secret that was that important. And, I could not deal with it, with anybody...And that was probably, it was probably the most painful thing I ever had to do emotionally...And that brought a lot of stress too because, I mean, I knew right off the bat what she needed to do was tell people. You know, she needed, I mean, to tell a counselor or her family or friends...something, and get some support. So that caused friction between us, because I saw us not fixing the problem, and I knew that was one way, a step in the right way to fix the problem, and, um, it was very frustrating because I couldn't get her to that point. And sooner or later she got the point on her own, but I, I was angry at her for that. "Start working on it," you know that kind of thing. And that was where some of the anger I think was probably coming from too, I...but I didn't appreciate the depth of the pain that was there. Which is so weird because I could do that with friends. I could appreciate the depth of pain that a friend was having more than I could when it was my wife. (Janet: And that was hard for me.) And that was very hard, very hard. (Doug, C04)

And so, he and Janet

> functioned, (Janet: Laughs.) and I had never functioned like this in my life, but because we couldn't tell anybody and we couldn't talk about it. I went, I was known for, for a couple years just with internal anger, took all my energy to do my job and keep it in. And that's it. And that's where I think the depression and the high blood pressure came from. (Doug, C04)

It was also challenging for these couples because they were making decisions that others didn't understand because they did not know the context. Thus, as Janet (C04) noted, "we totally looked crazy to a lot of people." When these couples began talking to other people and their support networks broadened, healing could begin. As Ethan (C03) reflected, "the fact that Joyce finally told her parents...it made me feel like I wasn't the

only one trying to help Joyce besides a professional. I felt like in a way the team was enlarged." Similarly, Doug (C04) remarked on Janet seeking therapy, stating "I remember the day that she said she was gonna do it, I felt like a weight was lifted off of my shoulders, like I was going to get some help."

Dealing with anger.

The way couples dealt with anger provides another particularly vivid example of the interaction of communication, coping and support. Anger presented a challenge to some degree for all five couples and nearly all individuals, although the targets of this anger were varied. For Couple 01, anger was directed at the police, even more than at the perpetrator, as Candace described

> And what happened dynamically was that my perpetrator turned from my focus of who I was angry at was not who did this to me but the agency that was helping me. They were who I was angry at now. And it was, it was weird because I kept having to say wait a minute they didn't do this to me but in a way they did do this to me. They were really victimizing me. And so I was just as angry at them if not more so than the person that did this to me. And it was just, I'm angry still for having to do that, having to focus, put that energy on that rather than the other stuff...this happened two years ago, it will be two years in September. And we're still dealing with that, we're working with the attorney general's office filing a complaint on them. (Candace, C01)

Anger was also directed at ex-spouses, one's partner, the woman's family of origin, the perpetrator, and oneself. For example, Ethan (C03) noted that "there are times when I express anger that Joyce equates that with being assaulted. Not a physical assault to her, but on a verbal level." Ethan was not aware of this and it took intensive repetitive communication to help him understand Joyce's experience of this. For Janet and Doug (C04), anger built up as a result of their secrecy and the lack of support from Janet's family, and they did not cope with it directly for many years, which impacted their

communication and limited the support they could offer one another. Both expressed having difficulties in knowing where to target their anger. And as Doug reflected

> after a while the anger was built up and it was so confused that you know it was just, like she said, I mean I just hated her. For a lot of reasons and she hated me for a lot of reasons just because there was nothing pleasant that was going on in our relationship at that time. (Doug, C04)

Finding outlets for anger, via therapy, emotional expression or taking action was key to healing. If anger was not dealt with, or was misdirected, the marital relationship and individual coping and healing suffered. Attending a few sessions with the woman's therapist, and having someone else explain this to the male, often helped with this process, as noted by Ethan (C03) who said

> in those couple sessions, it was, in a way, for me, more realizing where Joyce is coming from and hearing it in that context. Where I was able to, in a way, take a step back and not be as personally involved. And hearing my own voice in there was, was helpful. (Ethan, C03)

As Janet and Doug (C04) each sought counseling, they were able to understand how their anger connected to the sexual assault and

> were able to say you know, he was able to say stuff like "this is not directed at you. You know, I'm just, this is...I'm angry at your family." Whereas before all of this it was, (Doug: All her.) he didn't even know. I mean he...You know, we would both just fly off the handle at each other. Just total anger and attacking each other. (Janet, C04)

The Path to Healing

These couples described a variety of outcomes to their process of coping with sexual assault, identifying some helpful aspects related to the healing process. Cognitively it was helpful to name the experience, to recognize the connection between the sexual assault and other problems, to recognize anger as connected to assault issues, to realize that submission does not equal consent, and to learn about sexual assault.

Emotionally several factors facilitated healing including lots of individual processing, a safe zone to express emotion, pushing oneself to deal with the pain, and seeking support. Several couples noted things were getting better or mentioned being in a good place or feeling a sense of resolution. These positive outcomes included a sense of acceptance, deeper healing, deeper communication and intimacy, increased enjoyment of life, increased self-respect for the woman, and decreased self-blame.

Helpful strategies for healing.

Several participants identified the importance of having a safe place for the male to express his feelings, especially anger. Ethan reflected on his need to honestly face his own emotions, noting that "what she's telling me makes me angry, sad, whatever and I need to be able to express that too." Males felt that this type of safe outlet could take a variety of forms including a male peer who has been through this experience, a male therapist, friends, or a support group for partners. Doug (C04) described some of the benefits and challenges of these options, noting

> a perspective for guys that are in this situation, is...I needed safety to express my anger...I needed somebody that I could explain that to and just get it out so that it didn't have to be coming out at her. So if there's, you know, if this happens to somebody, if there's any way that that could be offered I think that's probably the biggest thing that could help the guy. In a professional or semi-professional, whether it be a group - I mean it's hard to get guys into support groups, I mean, that's just a hard thing to do. (Doug, C04)

Some form of therapy was viewed as instrumental to effective coping for most couples. All couples noted that therapy for the woman was helpful to both individual and relational healing. Several women reported that therapy is tough and that it helped them see the connection between their problems and the sexual assault and helped

normalize their experience. As Cindy (C05) stated, being able to identify her experience was a "relief",

> Like, "damn it, there is a basis for this. I'm not just being weird for the sake of being weird or doing this particular activity for the fun of it." There is an underlying reason. And I can get into that and learn about it, and go from there, and not just, feel stupid. (Cindy, C05)

Male partners also recognized the value in naming the assault experience, as evidenced by Chris's (C05) comment that

> it makes it easier for me to understand her behavior. I mean it has been truly baffling. To see some things that don't, there is no logic behind what I'm seeing. You know, I can't break the code. It has been really good for me. (Chris, C05)

Several couples also indicated that individual therapy for the male facilitated functioning as a couple by helping the male understand the woman's experience and not personalize the woman's behavior, as Chris (C05) observed in reflecting on his experience

> I think a male counselor, saying well, "time out here." These are the kind of issues and stuff that's going on. And "it's not you." I mean, you know, that's a problem. Because I do relate a lot of it back to me. I'm not doing something right, therefore she has the problem. (Chris, C05)

Four couples also identified education about sexual assault for the males, via readings, talks and therapy, as a particularly helpful strategy in normalizing the sexual assault response. James (C01) described the influence of education in his life as an ongoing process, stating,

> I mean I'm still learning. I'm still growing. I still, I could probably react a little better to some of the things that have happened and that continue to happen on rare occasion, I don't know. I honestly, I mean it's just I've been driven to learn about what's going on 'cause I don't like to not know (Candace: I think it's his nature.) and I (Candace: He has always had to find out things that he doesn't know about.) And so, I kind of pursue that myself to a large degree and um listen a lot and try to understand and be

> patient. I have been very patient (Candace: Very much.) but, you know, and she actually teaches me a lot because she knows a lot about this stuff. (James, C01)

While none of these couples sought formal couples' therapy, several saw one of their individual therapists for an occasional couples' session. And the idea of couple's therapy was appealing to several couples as a guided way to facilitate coping and communication. As Chris described,

> It's going to give me a trained professional to sit there and help us through and force us to talk about some issues we may not, you know. We maybe open this door, but, you know, let's not look that way, let's go this way, this way's easier. And it may force us in a direction we need to go. And, I need that a lot too. I need a kick in the butt sometimes. (Chris, C05)

Furthermore, all couples indicated that individual coping by at least one member of the couple facilitated the coping of them as a unit, as exemplified by Joyce's (C03) analysis that

> As I have worked individually on the impact of the sexual assault, it has been easier to cope as a couple. We have communicated about it; however, I have found that processing it on my own has provided the greatest amount of resolution and has transferred to benefiting us as a couple. (Joyce, C03)

All couples also identified ways they may proceed with their healing process in the future. Most in some way described the process as ongoing, and noted that sexual assault is something you never forget, that it is difficult to recover from and that healing occurs in cycles and is a learning process. Additional information, participating in the current study, ongoing support, improved communication and volunteering were identified as ways to move forward.

Words of wisdom.

Based on their experiences, these couples offered advice to other couples who might be dealing with a sexual assault. First, couples stressed the importance of recognizing that the healing process is ongoing, and often difficult. As stated by Rich (C02), "you have to put a lot of effort in." Similarly, James (C01) framed it by saying, "I'd like to say it's behind us but I understand it's never over. It's never. I mean, there's acceptance and there's you know the whole whatever you called it, cycles and all that, but you never forget." His wife Candace (C01) recommended the benefit of

> understanding that there's no easy fixes. I mean you sometimes have to go with the flow, and find whatever that flow is, because the flow's gonna be different for that particular couple or the individuals in that couple or that situation and that's what I want to say. (Candace, C01)

James (C01) further explained,

> I don't know, it's not easy, it's not...I wish there was something you could say to make it better, but it's a long hard road ahead. And the acceptance of the fact that it's gonna keep going and going and it may fade off to some degree but (Candace: It becomes your history.) But you don't forget it. I mean it's there (Laughing) and yeah, it's like we were watching a show the other day and it was like a guy...Vietnam, Post Traumatic Stress - he said "every day I live with this, every single day"...it's in your head you can't get a forget pill. But for somebody to understand that, that's not actually going through that, them or their partner...I think it helps a lot to have an understanding of, I know you still remember and I know it's never gonna be over. (James, C01)

Couples also described the value of communicating and listening to each other, noting the importance of the male allowing the survivor to express her feelings and needs without imposing his own reactions on her, yet also finding ways to experience and express his own feelings. Related to coping, couples advocated the benefit of patience, persistence, humor and taking things slowly. Couples also emphasized

education about sexual assault as a helpful avenue to healing. In reflecting on his experience, James (C01) asserted

> Try to learn what's going on with your spouse. I mean, there's difficulty there and the not knowing and the wondering what's going on and...it's not gonna be easy. So you've gotta, you know, if you're in for it or if you're in for the long haul then you've got to be patient. I mean you've gotta learn about what's going on and and if you don't you're gonna keep tripping over the same wire, you're gonna keep stirring up the same mess and you may not contribute to an overall growth or recovery. I mean I can really see how uh a nonunderstanding and a nonpatient spouse can really inflame the whole situation. (Laughing) And, make it worse, and not for just the relationship but for the woman involved. (James, C01)

More than anything else, couples viewed seeking support, either formal or informal, as instrumental to the healing process. They recommended that anyone going through this experience seek help, together and/or individually, and advised that it is not helpful to ignore the problems or think you can handle things on your own. Furthermore, they emphasized how crucial it is to find a therapist that is a good fit for you and to seek peer support if possible. In reflecting on her own experience, Joyce (C03) reported that, as a victim, one shouldn't try to handle it on your own, noting that,

> For me, I think a lot of the issues were magnified because I didn't share the experience initially. I tried to carry it alone. I've kind of thought I'd be able to pretend like it never happened in a way. And I think, you know, ultimately it really perpetuated a lot of the suffering. They're just the kind of things that you can't really stuff away. They find a way to come out. And, so, you know, that would be my only advice, to somehow seek, um, help whether it's through, ya know, family. Like if I had known about something like (a rape crisis center), it would've been great at the time. Cause I really, I definitely went through it alone. I think that would've made a huge difference. (Joyce, C03)

Couples acknowledged that while the healing process is difficult, it can lead to growth. Denise (C02) encouraged couples to not "give up on each other. Because the

end results are definitely going to make it all worthwhile" and advised couples to be prepared for change, and to

> realize that through the healing process, they're each gonna change and the person that...well like in this instance, you're dealing with women who have been assaulted, their partners need to understand that as the person heals from the abuse, they are going to change. They are not going to be the person that they fell in love with. But they're gonna be better. You know, and they just, just need to realize that. And they also need to come to a point eventually where they're going to have to make a decision as a couple whether the changes are gonna benefit, you know be of a benefit, to both of them. And I know, well the statistics are up in the thousands, as one partner heals, because it changes the dynamics of the couple, they separate because the other partner doesn't heal ya know. (Denise, C02)

In summarizing the impact of assault, Candace (C01) highlighted the way surviving an assault prepares couples for other challenges, concluding

> I think, it's probably like I can honestly say it was the hardest thing...we went through at that point and I can't imagine going through anything worse than that from here on out. I can't imagine, minus the death of someone; you know, going through 'cause it was a huge loss, that, minus the death of a child or something like that, should that ever happen God forbid, I can't see anything worse. Anything else happening that could be worse. And I guess if you can get through that, I can't see...and it's, people say, God this is so hard, they're right, it is hard. (James: Yeah) It's really difficult. (Candace, C01)

Discussion

Current Findings in the Context of the Sexual Assault and Marital Dynamics Literature

The couples in this study present a diverse array of experiences with sexual violence that reflects many of the current findings regarding the incidence of sexual assault. Approximating common trends, eighty percent of the current sample knew their attacker (Warshaw, 1988), 20% were assaulted while married (Moss, et al., 1990) only one out of five reported her assault (Koss, 1992; Smith, 1994), and 40% reported a history of childhood sexual victimization (Cloitre, et al., 1997; Follette, et al., 1996). Additionally, four of the women indicated multiple assaults during adulthood, four reported a history of emotional abuse in childhood, and three reported previous interpersonal victimization.

All of these women first experienced sexual violence at a fairly young age, either in childhood or late adolescence. As noted in the literature, attitudes and behaviors regarding dating relationships, and sexual intimacy are still in formation at these developmental stages. (Bergman, 1992; Burcky, et al., 1988; Carlson, 1987; O'Keefe, et al., 1986; Reuterman & Burkey, 1989; Roscoe & Kelsey, 1986). As evidenced by these participants who were interviewed as many as twenty seven years after their assaults, women across the lifespan are clearly vulnerable to the ongoing effects of sexual violence. The women in the study reported a variety of effects consistent with the

literature on Rape Trauma Syndrome (Holmes & St. Lawrence, 1983), including fear, anxiety, depression, intimacy problems, suicidal behavior, negative self concept, withdrawal, and health problems (Erickson & Rapkin, 1991; Gidycz & Koss, 1989; Goodman, et al., 1993; Gruber, et al., 1982; Hutchings & Dutton, 1997; Kimerling & Calhoun, 1994; Kramer & Green, 1991; Leidig, 1992; Moscarello, 1991, 1992; Parrot, 1989; Schwartz, 1991).

Results from this study reflect previous findings (Cohen & Willis, 1985; Davis & Brickman, 1996; Golding, et al., 1989; Notman &Nadelson, 1976; Popiel & Susskind, 1985) that support serves as a key mediating variable in facilitating or hindering coping and healing. Positive support provided these couples with the stable foundation needed to cope with the impact of the sexual assault, resulting in less negative affect (Harvey, et al., 1991), fewer somatic symptoms (Kimerling & Calhoun, 1994) and greater relational functioning. While the couples in this study also described a history of unhelpful support at times consistent with previous research findings (Davis & Brickman, 1996; Davis, et al., 1991), lack of support did not emerge to be as dominant a theme as in other studies. In contrast, this study offers a rich portrait of the benefit of positive support and the process of acquiring coping skills together as a couple on the road to healing.

Consistent with previous findings (Davis & Brickman, 1996), men in this study commented on how romantic involvement with their partner made the support process more complex and more challenging. Current findings support Davis and Brickman's hypothesis that unsupportive behavior may emerge out of a partner's own emotional reactions and distress related to the assault, particularly when there are no adequate outlets for these feelings. This was particularly demonstrated in the ways these couples

coped with secrecy and anger, thus illustrating one of the reasons why support for both survivors and their male partners is so central to effective healing for couples.

The effects of secondary traumatization (Remer & Elliott, 1988a, 1988b, Silverman, 1977) were evidenced by the males' experiences, and included increased distress, physical symptoms, depression, thinking about the sexual assault, and intense anger. Partners, in general, were provided with few opportunities to process their experiences, especially in the cases where secrecy was predominant. This made it difficult for the males to understand their own reactions, or their wives' experiences, feelings or needs, which in turn made it challenging to be supportive, thus negatively impacting the healing process for all involved. The men's reactions in many ways reflected the stages of Cairn's (1994) sensitization process, as evidenced by their progression from anger and helplessness to increased awareness, and finally to positive support of their partners. Current findings help offer insight into how this evolution process happens, highlighting the importance of effective communication and support in moving through these stages. Similarly, results from this study reflect some of the major themes found by Cohen (1988), including frustration, anger, helplessness, concern, empathy and insight. Men in this study exhibited all of these reactions at different points in the coping and support process.

Since only one couple was in their current relationship at the time of the assault, it is difficult to offer feedback on the functioning of couples before and after a sexual assault. Rather, results from this study offer insight about marital functioning before and after coping, revealing the legacy of sexual assault, as women carry the effects into subsequent relationships. As elucidated in the literature on couples and depression, the

marital dynamics of depressed individuals and their partners can often be quite problematic (Basco, et al., 1992; Gotlib & Whiffen, 1989; Hooley & Teasdale, 1989; Jamesson & Jacob, 1997; Kahn, et al., 1985; Ruscher & Gotlib, 1988; Sher & Baucom, 1993) and a supportive spousal relationship can provide a buffer against depression (Gotlib & Whiffen; Jacobson, et al., 1991; Jacobson, et al., 1993). Depression was identified as one resulting effect of the sexual assault for at least four of the women and two of the men in this study. Furthermore, most couples reported at least some of these previously identified dynamics including increased fighting and relationship strain, limited social support, increased negative emotion, anger, emotional and physical intimacy problems, and poor communication. These findings also fit with those of Miller, et al. (1982) which identified difficulties in commitment, communication, understanding and sexual intimacy among couples impacted by a sexual assault. These factors all contributed to increased marital dissatisfaction for several of the couples prior to active coping.

The cultural climate regarding beliefs and attitudes about sexual assault also clearly impacted the healing process of these couples. Two women did not name their experiences for many years, in part because of the belief that acquaintance assault was not "bad enough" to tell someone, and all of the women dealt with at least some of their sexual assaults on their own for some period of time. This reflects the general stereotype that "rape only occurs in dark alleys" (Burt, 1980). Consistent with previous findings (Burt; Feltey, et al., 1991; Hall & Gloyer, 1985), those women who believed in these myths tended to believe the assault was their fault and were more likely to try to endure the impact of the assault on their own, struggling in particular with feelings of self-

blame, shame and guilt. Cultural stigma and religious beliefs regarding teen sexuality and pregnancy also influenced the coping strategies selected by these women. During the interview, these women were able to clearly identify cultural messages as a contributing factor in this process, noting images of sexual violence portrayed in the media and the general feeling that it is not appropriate to discuss the topic of assault.

Some of the men also appeared to be influenced by these rape myths, particularly early on in the healing process, resulting in lack of understanding and blaming statements to the women (Silverman, 1977; White & Rollins, 1981). This may also have contributed to secondary traumatization and a tendency toward secrecy and lack of open communication and coping with the assault. For instance, males may also be drawing on cultural messages about sexual assault to interpret their own reactions, which may not provide them with accurate information or a model for effective expression of emotion or coping. Male gender socialization may also contribute to this dynamic, leading men to take on a more protective or problem solving (fix-it) kind of role which is often not the type of support women are seeking, and frequently leads to increased frustration and relationship strain. In contrast to some of the literature that shows that attitudes endure even after exposure to educational programming (Lenihan, et al., 1992), these couples all highlighted the value of accurate information and education in facilitating their healing process.

A Model Explanatory Framework: The Impact of Sexual Assault on Marital Functioning

A model grounded in systems theory (Nichols & Schwartz, 1998) is proposed to explain this study's results, in which the marital relationship can be viewed as a system that contains a synthesis of communication, coping and support dynamics that facilitate

relational functioning (Figure 1). The marital relationship is the container for the interaction of these components, reflecting the perspective of this study, which examines the experience of sexual assault through the eyes of couples. Cultural context is the milieu in which the marital relationship exists and this influences the entire system represented here, impacting each component via rape myths, religious beliefs, family of origin training and other cultural messages. When a sexual assault occurs, or becomes a recognized factor in a relationship, the "communication, coping and support" structure is disrupted and must interact with this intrusion to try to establish balance (Figure 2). A cycle representing the impact of a sexual assault and the process of healing from its effects is at the center of the diagram, reflecting this investigation's focus on the recovery process for couples. This positioning allows for representation of the reciprocal influence that "impact" and "healing" have on each other and on "communication," "coping," and "support," thus demonstrating the cyclical/ongoing nature of the recovery process. Thus the whole system evolves over time towards healing through reciprocal interaction, although impact can be restimulated at any point.

"Communication," "coping," and "support" also interact with one another and there is a flow among these three factors. One factor cannot change, for good or bad, without shifting the system. Strengths or challenges in any one of these areas can impact the functioning of the whole system. For example, if support is limited, communication can be inhibited as an individual may be less likely to express feelings or needs and in turn, may be less likely to elicit support needed for healing. Negative support can also prevent effective coping because energy is spent on increased fighting, managing anger and other negative emotions, leading to decreased trust, greater insecurity and relational

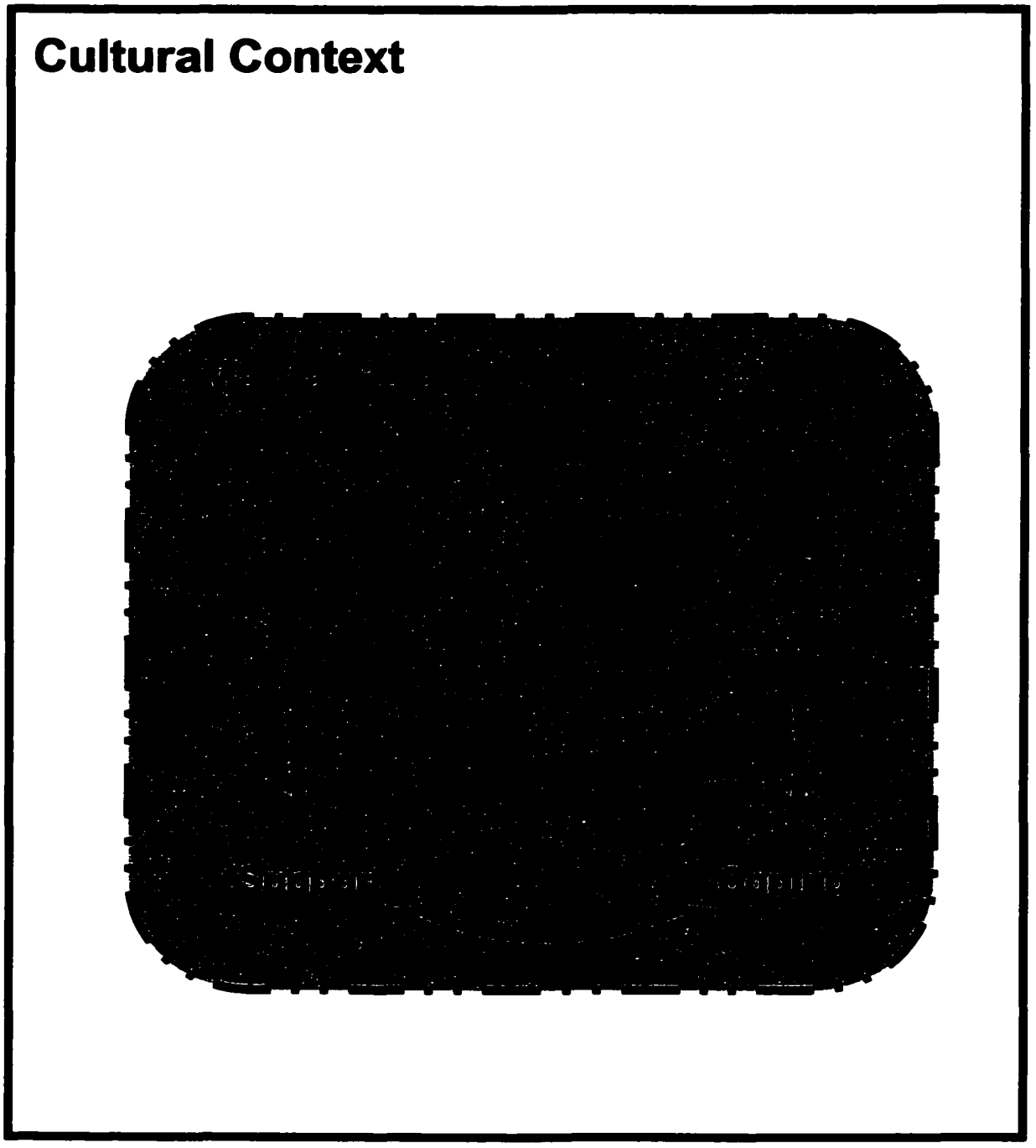

Figure 1: Marital relationship in the absence of a sexual assault. Communication, coping and support dynamics facilitate relational functioning, within the context of cultural messages.

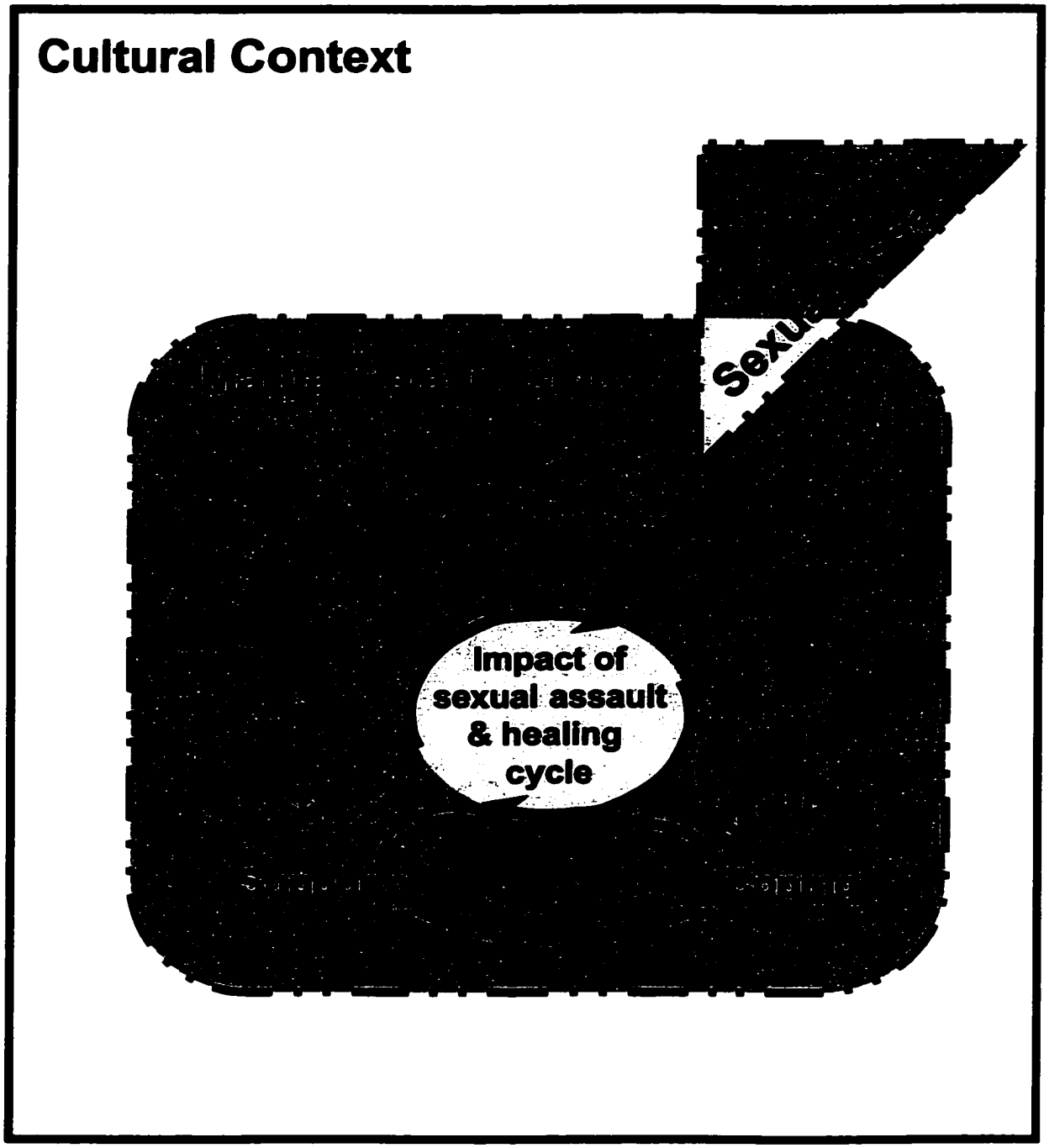

Figure 2: Marital relationship which has been impacted by a sexual assault. The normal flow among communication, coping and support is disrupted and these factors interact in response to the impact of the sexual assault in order to reestablish balance and facilitate healing.

strain, and ultimately less healing. However, if positive support is present, emotional intimacy can be increased, with a strengthened relationship enhancing communication and leading to additional healing. Likewise positive coping may be facilitated because the couple has a secure base of trust that may enable individuals to channel their emotional resources into the healing process.

In considering the potential impact of coping, we can make the following observations. If an individual or couple is not engaging in effective coping, they may not be in touch with their emotions or needs and may not accurately or openly communicate these, leading to potential miscommunication, misunderstanding or negative communication dynamics (e.g. mindreading expectations, assumptions) which may increase tension in the relationship, leading to decreased support and impaired healing. Support may also be influenced by ineffective coping, as individuals may respond from more of an emotional stance thus increasing the likelihood of soliciting inappropriate support (Davis & Brickman, 1996), potentially leading to increased fighting and decreased intimacy. If positive coping exists and couples are trying to face the sexual assault and trying to manage the impact, they are likely to be more attuned to their needs and feelings and thus to have more information to communicate to their partner, leading to increased trust and connection and positive healing. Similarly, if positive coping is being practiced, couples are more likely to be able to elicit positive support. Additionally, effective coping may mean that an individual will have the emotional resources to, in turn, help support their partner, further building their relationship, which can only contribute to healing.

Lastly, we can examine the impact of communication on both support and coping. Open, direct, ongoing communication will likely minimize confusion and disappointment and dialogue with one's partner may allow for further insight about the assault's impact and effective coping strategies, in the end benefiting the marital relationship and healing. In a related fashion, with clear and direct communication, one is more likely to elicit the support one needs to facilitate healing. On the other hand, with indirect communication and mixed messages, misunderstanding is possible, and one is likely to miss out on valuable input from one's partner, thus potentially limiting coping. Furthermore, if communication remains indirect, infrequent, and/or incomplete both partners will be more likely to garner ongoing unsupportive responses, which can increase marital tension and limit healing.

Healing can also be facilitated in the system by appropriate intervention in one of the three areas, with either the individual or the couple (Figure 3). Any change in the system will have a ripple effect because of the interconnectedness of all the factors. This was reflected in the paths to healing experienced by the study's participants; often it was one small change or intervention in one area that led to subsequent changes and improved functioning in all areas. Efforts to improve coping could include treatment of daily effects through medication and/or therapy, skills training (e.g. stress management and cognitive coping skills) and providing information about the impact of sexual assault and the healing process. Approaches for enhancing communication could include skills training and creating structured opportunities for dialogue. Interventions in the realm of support may include individual or couples' therapy, peer support, support groups, education about sexual assault issues (literature, presentations), or personal support.

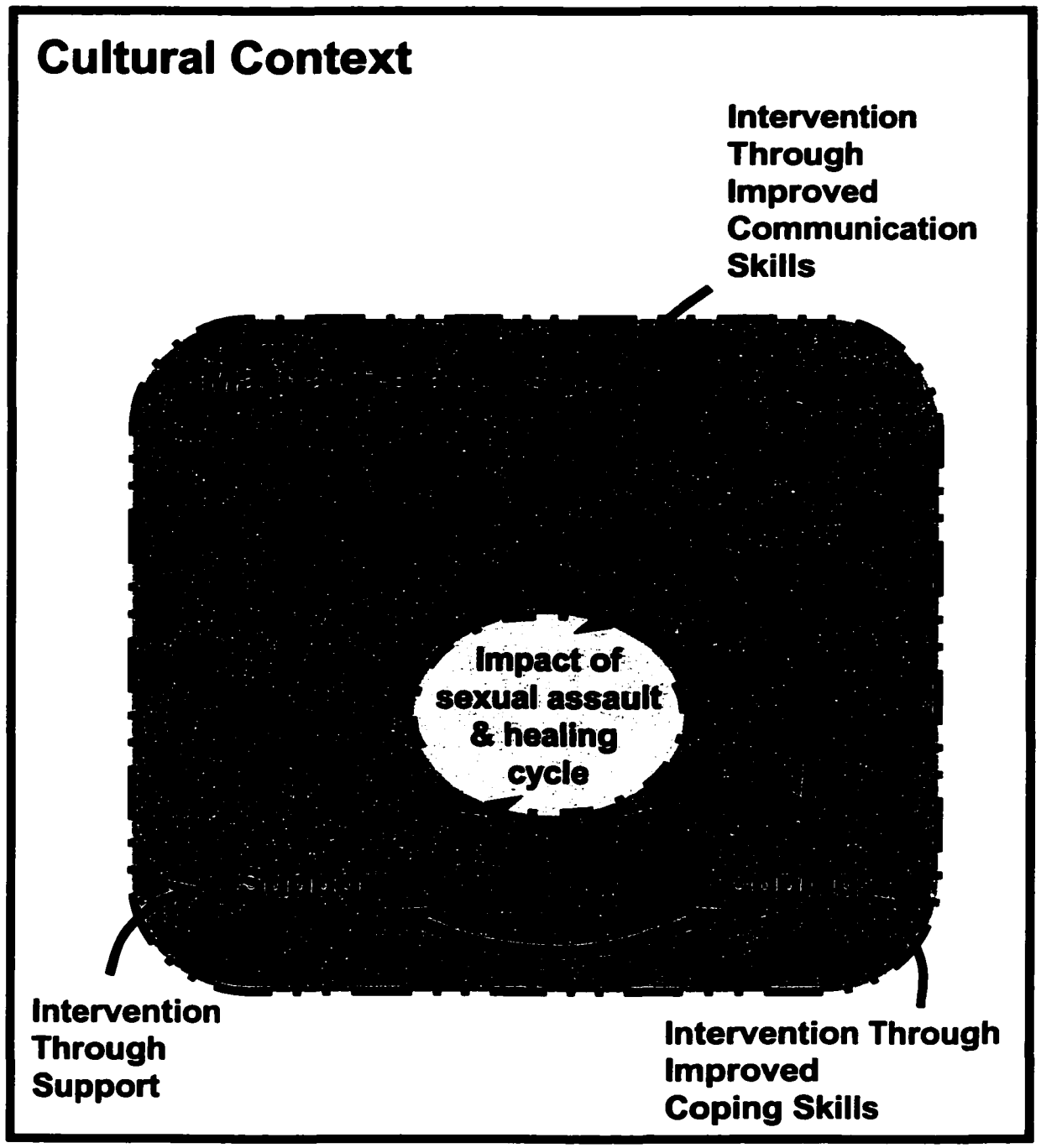

Figure 3: Potential points of intervention to reestablish functioning in the marital relationship subsequent to a sexual assault.

Problems may arise when the marital system is functioning but does not recognize the presence of the "impact-healing" cycle, because the sexual assault remains unnamed, because one partner does not know about the assault, or the couple (or one individual) has chosen to avoid dealing with the sexual assault (Figure 4). In this scenario, connection of the sexual assault to the marital relationship is not acknowledged and thus disruption occurs in marital dynamics without explanation or clear understanding, which leads to increased relational strain and may increase the likelihood of separation. The system cannot function well without full knowledge of its components. Therapeutic intervention could come from diagramming this system, and explaining these dynamics and the complexity and interconnectedness of the factors as a way of making the process explicit and concrete, offering couples a potential roadmap for relational healing.

This model also addresses the idea of long-term healing because it is cyclical and presents healing as an ongoing process without an endpoint. Thus, the model can map onto the healing processes of couples with diverse histories, reactions, marital relationships, communication styles, coping strategies and support systems. The flexibility of the model allows it to describe a variety of experiences related to relational functioning after an assault. For example, it could help explain why the sexual assault can have an impact after many years of apparent stability, as in the case where a pregnancy restimulates the effects of the sexual assault, requiring another cycle of healing.

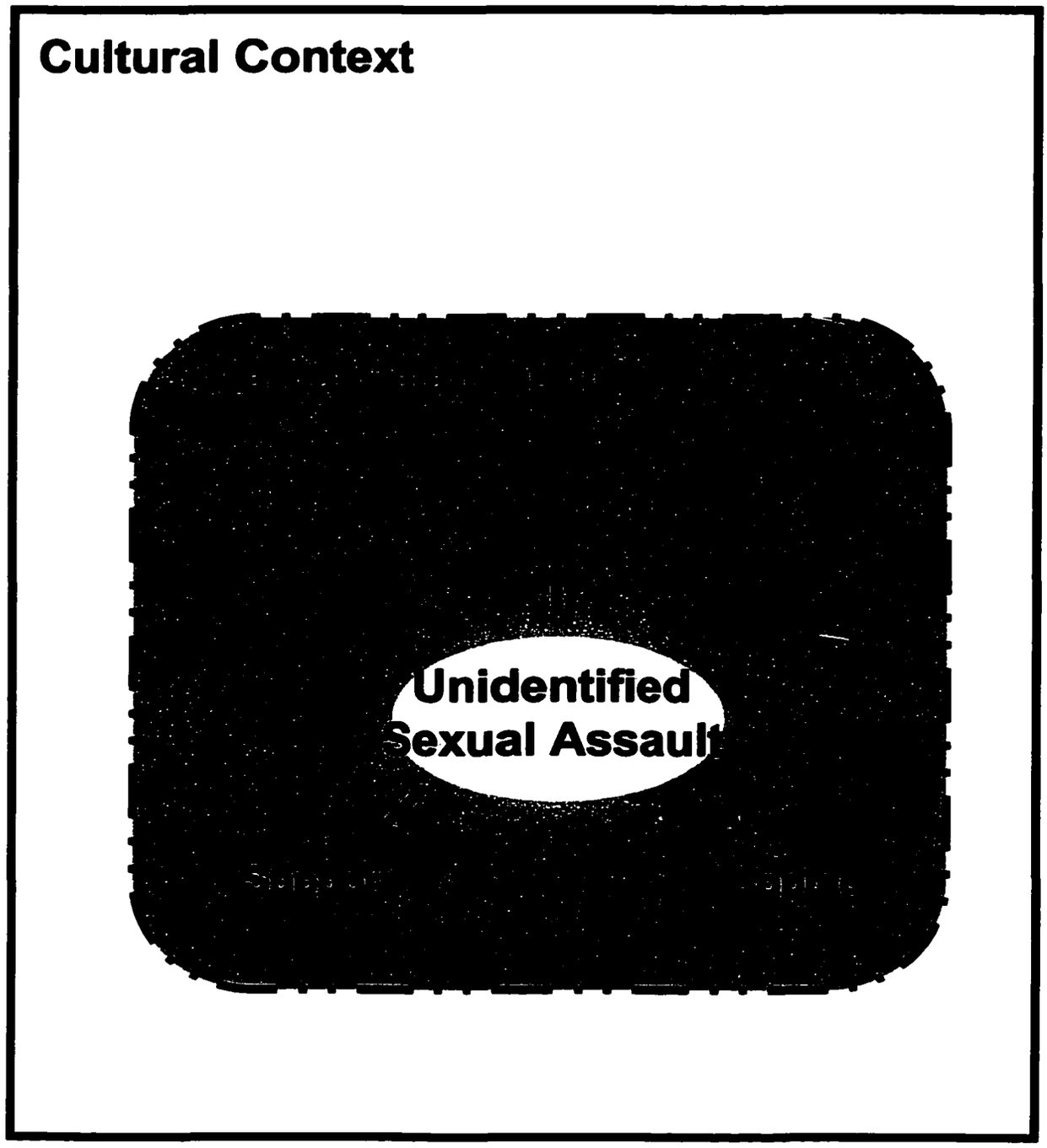

Figure 4: Marital relationship system when the sexual assault has not been identified. Flow within the system is disrupted without a clearly identified cause.

Implications for Treatment of Sexual Assault Survivors and Their Male Partners

The present study further reinforces the need for comprehensive intervention for survivors and their partners. Moss, et al. (1990) recommend that the quality of a survivor's intimate relationship should be assessed and addressed during treatment. The current study provides evidence that couples may be unlikely to seek couples' treatment for an assault. Thus, this type of assessment may be more likely to occur in individual therapy with either a survivor or her partner. As revealed in the findings from this study, healing in any part of the system ultimately facilitated healing for the couple. As a component of this analysis, an assessment of communication may be particularly beneficial. By routinely asking about sexual assault as part of intake procedures and ongoing therapy, we may begin to break the cultural silence fostered about sexual violence. By destigmatizing the experience, we may, in turn, help facilitate communication within the relationship. Additionally, as mental health providers, we can strive to create "opportune" moments for dialogue and assist our clients with structuring conversations about this challenging topic.

Findings from this study also reinforce the recommendation to involve male partners in the healing process (Emm & McKenry, 1988; McEvoy & Reed, 1994; Miller, et al., 1982; Moss, et al., 1990; Remer & Elliott, 1988b; Silverman, 1977) as a way to facilitate the woman's recovery. As expressed by all the men in this study, the idea of providing men with support that focuses on their own emotions, reactions and coping is invaluable, and enhanced healing for the men, the women and the couple. However, while McEvoy and Reed's suggestion that rape crisis centers increase services for men is admirable, this strategy may fall short of meeting the needs of male partners and couples

for several reasons. First, males often fail to seek mental health services (Mintz & O'Neil, 1990) and may not view rape crisis centers as an appropriate resource for themselves. If services are increased, one essential component needed to support these services is a marketing plan that will invite males to access these services. We know that many women also do not seek individual therapy, thus many couples may have no access to professional information or support. Therefore, another potentially beneficial approach to intervention would be to develop resources that reach out into the community to provide information, guidance and support for survivors and their partners in environments that they may be more likely to access (e.g. workplace, premarital counseling, gyms, bars, churches/pastors, women's clinics, grocery stores and restaurants). As evidenced from this study, information and education was viewed as helpful, but males expressed some hesitation about seeking out therapy, both due to gender socialization and their style of processing and problem solving (e.g. fix it.) Even the males who had benefited from, and who believed in the utility of, therapy noted that getting men into therapy, especially into groups, would be challenging. One suggestion was to provide one-to-one peer support by men who have already coped with a partner's assault as a possible prelude to support groups for partners. Another potential challenge in providing services is that rape crisis services are often perceived, especially by men, as being designed to deal with recent victimization and the resulting crisis. As demonstrated by this study, many couples are coping with historical assaults and either may not recognize their problems as potentially connected to the sexual assault or may not think to access rape crisis services. Further investigation of, and development of

services to meet, the unique needs of this population of survivors and their partners would be beneficial.

Cairns (1994) recommends therapeutic and educational opportunities for women and men to dialogue about their experiences with sexual violence. While communication has been encouraged by Cairns and others, few specifics on how to facilitate this with couples have been offered. The current study offers additional insight into how couples communicate about and cope with the issue of sexual assault. Based on these results, several recommendations can be made. First, it is important to remember that each couple is different and will benefit from discovering which components will be most helpful in facilitating their own unique healing process. Second, it appears valuable to offer male partners a concrete outlet for their emotion. Current participants identified education for males, both about sexual assault and victims' responses, as well as about secondary trauma and their own feelings, as helpful. Third, make support accessible, perhaps with one-on-one peer support evolving into support groups and/or transforming into couples' treatment. Fourth, offer therapy and education to the women about rape trauma syndrome and the cultural climate to help them understand their own internalized reactions and to normalize their experience, as a way to decrease self-blame, shame and guilt.

Results from this study also indicate the value of working with couples to help them develop communication skills to effectively dialogue about sexual assault issues. In particular, offering them a structured format for discussion, and teaching them basic skills related to active listening, direct communication, emotion expression, empathy and ways to avoid assumptions would be valuable in facilitating effective coping, support

and healing. Providing couples with skills to cope with personal involvement and to depersonalize behavior of the victim would also be useful. Assisting couples with developing language to discuss and name their experiences provides an additional way to empower clients, providing hope of healing, because they are no longer dealing with an unnamed challenge. Once named, working with clients to sort out their experiences to determine what is related to the sexual assault can lead to further healing by helping identify coping strategies appropriate for couples' issues or sexual assault issues.

Current findings also help identify key areas related to support and coping that would benefit from assessment and intervention. For example, trust and intimacy could be evaluated and then facilitated through the use of concrete approaches to build both emotional and physical closeness. Likewise, combined therapeutic and pharmacological interventions may be needed to help manage the complex array of mental health difficulties and daily effects of the assault, including depression, anxiety, sleep difficulties, changes in appetite, nightmares, flashbacks, and triggers.

Strengths and Limitations of the Present Study and Avenues for Future Research

A unique contribution of this study is that it looked at the impact of sexual assault from the perspective of the couple through in-depth semi-structured interviews that provide a detailed illustration of communication and coping strategies and support dynamics that influence the healing process. This study offers an overview of helpful approaches to coping as well as barriers and challenges to healing. The collection of data from both the individual perspective and the couples' perspective helped demonstrate that a common vision could be particularly unifying or a discordant vision could lead to high relationship stress. Furthermore, this study examines the long-term

effects (2-27 years after the sexual assault), whereas many previous studies have focused on the impact during the weeks or months following the assault (Davis, et al., 1991; Moss, et al., 1990; Popiel & Susskind, 1985). Current results illuminate the complexity of positive and negative coping, communication, and support strategies that evolve as part of the healing process over time. In particular, this study offers a detailed look at positive coping using a sample of couples who have stayed together. This may allow us to begin to understand what works for couples as they heal from the influences of a sexual assault.

Another strength of this study is that it proposes a model explanatory framework to describe the impact of sexual assault on marital relationships and the healing process. It also offers some specific suggestions for treatment interventions that will hopefully guide both mental health professionals and couples struggling with this experience. Lastly, this study attempts to view the healing process of these couples within the broader cultural context, examining the impact of social messages about sexual assault on relational healing.

Due to the exploratory nature of this study, several potential limitations can be identified. The design of the study provides correlational data but does not allow for a causal link between sexual assault and relationship effects. Furthermore, the sample was self-selected rather than random which may limit the generalizability of the findings. In qualitative studies, dense description of both the participants and the procedures allows readers to decide how generalizable research results may be to their own lives and work. Future studies that include larger samples and other ethnic populations are needed to determine the generalizability of the findings of this study to broader populations. Given

the high incidence of victimization among women, future investigation of these topics with same sex couples would be extremely valuable as well. A comparative study between the healing process for heterosexual couples versus lesbian couples may yield interesting observations regarding the ways gender socialization impacts communication, coping, support and marital dynamics in the recovery process. Research with diverse groups may reveal whether the proposed model provides a useful explanatory framework beyond the current sample population.

Even though they all describe periods of relationship strain, this is also obviously a sample where the couples have stayed together. Future studies which examine communication, coping, and support among couples who break-up, or who do not function well or seek any treatment may further deepen our understanding of the barriers faced by couples coping with sexual assault issues. Furthermore, it is unclear how the coping of dating and cohabiting couples may compare to the experience of this married sample, or how well the proposed model may explain their healing processes. Future research examining either a variety of different types of couples (dating, cohabiting, married), or a longitudinal study may allow for a more thorough understanding of how the impact of sexual assault changes over the developmental lifespan of a relationship.

An additional limitation involves difficulty in untangling potential confounds. By focusing on the long-term effect of sexual assault, numerous other factors become introduced. The longer a relationship continues, the more potential variables could be impacting coping, communication, support and healing. Although the exact causes of these couples' distress and healing cannot be verified, it remains clear from the data that sexual assault was a key factor influencing the dynamics of their relationships. The fact

that a high percentage of women in this study experienced childhood sexual trauma or other forms of abuse across the lifespan (emotional abuse, abusive relationships) presents one notable potential confound. The experiences of retraumatized women are only beginning to be explored in depth, and it is being found that they often experience more difficulties with self and interpersonal functioning than women who have only been assaulted during adulthood (Cloitre, et al., 1997; Follette, et al., 1996). Such complex histories of sexual victimization and abuse make it difficult to sort out the impact of these various forms of violence. Due to the small sample size of the current study comparisons between these two groups does not seem viable. Future research may allow us to better understand the unique experiences and needs of retraumatized women and adult survivors. Another permutation of this would be to examine the experiences of women who have experienced single versus multiple assaults in adulthood. It would also be interesting to examine the challenges faced by couples where both members are survivors.

Other avenues for future research might investigate the experiences and needs of survivors and their male partners who are coping with a recent sexual assault versus those dealing with a historical assault. This study provides some evidence that couples dealing with historical assaults may be seeking information from general sources about relationships. Thus, a content analysis of general relationship books to evaluate their appropriateness and usefulness for couples coping with a sexual assault would be advantageous. Other possible studies could explore the similarities and differences that arise when the assault occurs when the couple is together versus those who were assaulted prior to their current relationship. Finally, a comparison between those who

have had some form of individual or couples' therapy versus those who have received no treatment, may help elucidate the ways in which therapy can help facilitate healing.

Conclusions

Results detailing the impact of sexual assault on the lives of these couples clearly demonstrate that this is a challenging issue to negotiate, yet one that can deepen intimacy and strengthen relationships if navigated well. Current findings extend previous research by elucidating the interplay of communication, coping and support in mediating the impact of sexual assault and facilitating healing.

Giving voice to this experience as a couple is important to healing. Telling one's partner is not an end, but a beginning to the healing process. Even if the male partner knows about the sexual assault, if there is not ongoing, open, honest, effective communication about feelings and needs by both partners, both individuals continue to suffer in silence. Dialogue and healing represent ongoing processes. Furthermore, personal and professional support for both partners is essential to coping with a sexual assault. When nestled within a broader support network, the marital relationship can more successfully withstand the added strain of a sexual assault.

To assist couples with the process of dealing with the impact of a sexual assault, recommendations for healing must extend beyond encouraging dialogue. Rather, they should guide couples along the path of healing with concrete information about the impact of sexual assault, coping strategies, support resources, and marital relationship dynamics. As mental health professionals we must recognize the marital relationship as both a victim and a survivor of sexual assault and take steps to ensure that couples not only survive, but learn to thrive as well. Hopefully we will rise to the challenge of

finding creative new ways to meet the needs of this population, both in the therapy room and in our communities.

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APPENDIX A

Background Information Form

(Female Participant)

Background Information
(Female Participant)

I. Demographic Information

1. Birth date: _____ 2. Age: _____ 3. Sex: _____

4. Ethnic identity: _____

5. Marital Status: (check all that apply)

☐ Married: (# of years married: _____; # or marriages: _____)

☐ Divorced

☐ Single

☐ Cohabiting: (# or years living together: _____)

☐ Engaged

☐ Widowed

☐ Other: _____(Please specify)

6. Number of Children: _____ (Ages of children: _____)

7. Education: What is the last grade completed (degree)?: _____

8. Current Occupation: _____

9. Religion: As a child: _____ As an adult: _____

II. Psychological History

1. Have you been in individual therapy? ☐ Yes ☐ No

   a. ☐ Previous ☐ Current

   b. Have you addressed the impact of the sexual assault? ☐ Yes ☐ No

2. Have you been in couples therapy? ☐ Yes ☐ No

   a. ☐ Previous ☐ Current

   b. Have you addressed the impact of the sexual assault? ☐ Yes ☐ No

3. Have you ever been hospitalized for psychological problems? ☐ Yes ☐ No

   a. If yes, when and for what reason? _____

4. Have you ever attempted suicide? ☐ Yes ☐ No

5. Has any relative attempted or committed suicide? ☐ Yes ☐ No

   a. (If yes, who?)

_____

6. Does any member of your family suffer from alcoholism, epilepsy, or anything which can be considered a "mental disorder?" Please provide details _____

7. What is your current substance use? Please describe. _____

III. Sexual Assault History:

A. Adulthood Abuse History:

1. When have you been sexually assaulted as an adult? _____

   a. Number of assaults? _____

2. Age(s) at the time of sexual assault(s)? _____

3. Who were you sexually assaulted by (check all that apply)?

   ☐ Stranger

   ☐ Acquaintance

   ☐ Family member

   ☐ Other: _____ (please specify)

4. What amount of force was used in your assault? Please describe (e.g. coercion, psychological threats, physical violence, a weapon, other?) _____

5. Did you ever have any court involvement related to the sexual assault? ☐ Yes ☐ No
   a. If yes, please explain. _____

6. Were you in a relationship at the time of the assault(s)? ☐ Yes ☐ No

7. Were you with your current partner at the time of the assault(s)? ☐ Yes ☐ No

8. If not with your current partner, was the sexual assault related to the dissolution/ending of the relationship you were in at the time? ☐ Yes ☐ No
   a. If so, how? _____

9. Were you able to confide in someone about the sexual assault(s) at the time it happened?

   ☐ Yes ☐ No
   a. If so, who? _____
   b. What was their reaction? _____
   c. How soon after the assault were you able to confide in someone? _____

10. Who do you feel you can talk with now about the assault(s)? _____

11. Have you ever received counseling related to adulthood abuse? If so, when and for how long? _____

12. Have you ever been the victim of any other type of violence (e.g. physical assault, robbery, burglary, auto theft, purse snatching?) ☐ Yes ☐ No
   a. If yes, please specify: _____

13. Is there anything else you would like me to know about your assault? _____

_____

_____

_____

_____

_____

_____

B. Childhood Abuse History:

1. Do you have a history or childhood abuse? (please check all that apply)

☐ physical

☐ emotional

☐ sexual

2. By whom were you abused? (please check all that apply)

☐ Stranger

☐ Acquaintance

☐ Family member

☐ Other: _____ (please specify)

3. What was the duration of the abuse? _____

4. Were you able to confide in anyone about the abuse? ☐ Yes ☐ No
   a. If so, who? _____
   b. What was their reaction? _____
   _____
   c. How soon after the assault were you able to confide in someone? _____

5. Did you ever have any court involvement related to the sexual assault? ☐ Yes ☐No
   a. If yes, please explain. _____
   _____
   _____
   _____
   _____

6. Have you ever received counseling related to childhood abuse? ☐ Yes ☐ No
   a. If yes, when and for how long? _____

APPENDIX B

Background Information Form

(Male Participant)

Background Information Form
(Male Participant)

I. Demographic Information

1. Birth date: _____ 2. Age: _____ 3. Sex: _____

4. Ethnic identity: _____

5. Marital Status: (check all that apply)

   ☐ Married: (# of years married: _____; # or marriages: _____)

   ☐ Divorced

   ☐ Single

   ☐ Cohabiting: (# or years living together: _____)

   ☐ Engaged

   ☐ Widowed

   ☐ Other: _____(Please specify)

6. Number of Children: _____ (Ages of children: _____)

7. Education: What is the last grade completed (degree)?: _____

8. Current Occupation: _____

9. Religion: As a child: _____ As an adult: _____

II. Psychological History

1. Have you been in individual therapy? ☐ Yes ☐ No

   a. ☐ Previous ☐ Current

2. Have you been in couples therapy? ☐ Yes ☐ No

   a. ☐ Previous ☐ Current

   b. Have you addressed the impact of the sexual assault? ☐ Yes ☐ No

3. Have you ever been hospitalized for psychological problems? ☐ Yes ☐ No

   a. If yes, when and for what reason? _____

4. Have you ever attempted suicide? ☐ Yes ☐ No

5. Has any relative attempted or committed suicide? ☐ Yes ☐ No
   a. (If yes, who?) _____

6. Does any member of your family suffer from alcoholism, epilepsy, or anything which can be considered a "mental disorder?" Please provide details _____

7. What is your current substance use? Please describe. _____

III. Sexual Assault History:

A. Partner's Adulthood Abuse History:

1. When has your partner been sexually assaulted as an adult? _____
   a. Number of assaults? _____

2. How old was your partner when she was assaulted? List age(s) _____

3. Who was your partner sexually assaulted by (check all that apply)?

   ☐ Stranger

   ☐ Acquaintance

   ☐ Family member

   ☐ Other: _____ (please specify)

4. How much do you know about your partner's assault? Please describe _____

5. Do you know what amount of force was used in your partner's assault? Please describe (e.g. coercion, psychological threats, physical violence, a weapon, other?)

_____

_____

_____

6. Did your partner ever have any court involvement related to the sexual assault?

☐ Yes ☐ No

a. If yes, please explain. _____

_____

_____

_____

_____

_____

_____

7. Were you with your current partner at the time of her assault(s)? ☐ Yes ☐ No

9. If not, how long after her assault did you begin dating? _____

10. When did your partner first confide in you about her assault? _____

_____

B. Your Adulthood Abuse History:

1. Have you ever been sexually assaulted as an adult? ☐ Yes ☐ No

a. Number of assaults? _____

If no, please skip to question #12.

2. Age(s) at the time of sexual assault(s)?

_____

3. Who were you sexually assaulted by (check all that apply)?

☐ Stranger

☐ Acquaintance

☐ Family member

☐ Other: _____ (please specify)

4. What amount of force was used in your assault? Please describe (e.g. coercion, psychological threats, physical violence, a weapon, other?) _____

_____

_____

5. Did you ever have any court involvement related to the sexual assault? ☐ Yes ☐ No
   a. If yes, please explain. _____

_____

_____

_____

_____

_____

_____

6. Were you in a relationship at the time of the assault(s)? ☐ Yes ☐ No

7. Were you with your current partner at the time of the assault(s)? ☐ Yes ☐ No

8. If not with your current partner, was the sexual assault related to the dissolution/ending of the relationship you were in at the time? ☐ Yes ☐ No
   a. If so, how? _____

_____

_____

_____

_____

9. Were you able to confide in someone about the sexual assault(s) at the time it happened?

   ☐ Yes ☐ No

   a. If so, who?

_____

_____

_____

   b. What was their reaction? _____

_____

   c. How soon after the assault were you able to confide in someone? _____

_____

10. Who do you feel you can talk with now about the assault(s)? _____

_____

11. Have you ever received counseling related to adulthood abuse? If so, when and for how long? _____

12. Have you ever been the victim of any other type of violence (e.g. physical assault, robbery, burglary, auto theft, purse snatching?) ☐ Yes ☐ No
    a. If yes, please specify: _____
    _____

C. Childhood Abuse History:

1. Do you have a history or childhood abuse? (please check all that apply)
    ☐ physical
    ☐ emotional
    ☐ sexual

2. By whom were you abused? (please check all that apply)
    ☐ Stranger
    ☐ Acquaintance
    ☐ Family member
    ☐ Other: _____ (please specify)

3. What was the duration of the abuse? _____

4. Were you able to confide in anyone about the abuse? ☐ Yes ☐ No
    a. If so, who? _____
    b. What was their reaction? _____
    _____
    c. How soon after the assault were you able to confide in someone? _____

5. Did you ever have any court involvement related to the sexual assault? ☐ Yes ☐ No
    a. If yes, please explain. _____
    _____
    _____
    _____
    _____
    _____
    _____

6. Have you ever received counseling related to childhood abuse? ☐ Yes ☐ No
    a. If yes, when and for how long? _____

APPENDIX C

Impact of Sexual Assault on Current Relationship Questionnaire

Impact of Sexual Assault on Current Relationship Questionnaire (Female Participant)

Directions: Please take time to answer the questions below. I encourage you to not discuss your answers with your partner, as I am interested in your individual perspective. You will have an opportunity to discuss the impact of the sexual assault on your relationship with your partner during the interview. The answers you give here will remain confidential. You do not have to share them with your partner and your partner will not see your answers. Thus, please feel free to be honest in your responses. Also, please feel free to use the back of the paper if you need extra space to answer any of the questions. Thank you.

1. Please describe, in your own words, how you feel your sexual assault has impacted your relationship.

Please answer question #1 before turning to the next page.

2. What specific areas of your relationship have been impacted by your sexual assault?

3. How have you and your partner coped, as a couple, with the sexual assault over time?

4. How would you describe your and your partner's communication about issues related to the sexual assault?

5. How does your communication around the sexual assault differ/not differ from your communication about other issues?

6. Have any issues related to the sexual assault been resolved? If so, what do you think has helped make this possible?

7. What issues related to the sexual assault remain challenging to deal with?

8. **What about your relationship has been helpful in dealing with issues related to the sexual assault?**

9. **What about your relationship has <u>not</u> been helpful in dealing with issues related to the sexual assault?**

10. **How have you coped, as an individual, with your sexual assault over time?**

    a. **What has been helpful?**

    b. **What has not been helpful?**

    c. **What else do you think might help you cope?**

11. **How has the way you have coped impacted your relationship?**

12. What has your partner done to help you cope with the sexual assault?

    a. What has been helpful?

    b. What has not been helpful?

13. What are your perceptions of how your partner has coped with the sexual assault?

    a. What has helped your partner cope with your assault?

    b. What else do you think might help your partner cope better?

    c. How do you think this might impact your own coping?

14. How has the way your partner has coped impacted your relationship?

15. How comfortable are you about talking (with an outside party) about how you have coped with the sexual assault, as an individual and as a couple?

16. How do you feel right now about your sexual assault?

17. **Are there any cultural factors (e.g. ethnicity, race, religion, geographical region, disability) that you feel have played a role in how the sexual assault has affected you or your relationship?**

18. **Is there anything else you would like me to know about your assault or its impact on your relationship?**

APPENDIX D

Impact of Sexual Assault on Current Relationship

Interview Protocol

(Sample Questions)

Impact of Sexual Assault on Current Relationship
Interview Protocol

Question 1 was asked in all cases. Follow-up questions were based on participants' responses to Question 1 and included questions such as Question 2 - Question 9.

1. I know you each answered this question individually on your questionnaire, but I'm also interested in how the two of you together view the impact of the sexual assault. Thus, in your own words, can you describe how the sexual assault has impacted your relationship?

2. How do you perceive the sexual assault as having impacted the following areas of your relationship?
   a. These areas will be inquired about individually, as appropriate for each couple based on the response they give to the above question:
   - communication
   - emotional safety
   - trust
   - empathy
   - sexual intimacy
   - individual growth within the relationship
   - self esteem
   - growth together as a couple
   - fighting/conflict/anger expression/anger management
   - asking for help ("mind reading")
   - boundary issues
   - blame/shame - of self or by partner
   - activism/feminist/women's issues
   - fun/play
   - daily effects of trauma (eating, sleeping, flashbacks, nightmares...)
   - abuse
   - other...

   b. Issues that are resolved?
   c. Issues you still struggle with?

3. How is the issue of assault talked about in your relationship?
   a. how often?
   b. content of discussions?
   c. who initiates?
   d. communication style, of self, of partner?
   e. do you argue about this issue?
      1) if so, how often?
      2) what does that look like?
      3) what impact does that have?...)

4. How do you each feel about talking about the sexual assault and assault related issues? Is this different from how you feel talking about other issues in your relationship?

5. How have you coped with problems in each of these areas?
   a. What are each of your styles of coping, as individuals? As a couple?
   b. What has helped/not helped each of you cope?
   c. What are your perceptions of each other's coping?
   d. What impact do you think your coping styles have had on your relationship?

6. Perception of support:
   a. How supportive do you (the survivor) perceive your partner to be?
   b. How much support do you (the partner) perceive you are giving?

7. Effects of secondary victimization:
   a. Do you (male partner) feel that you have had space/support to process your responses to your partner's assault?
   b. Where do you (male partner) find support on/for this issue?

8. What would you share with other couple's dealing with this situation?

9. Is there anything else you would like to share with me?