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Partners in Healing: Systemic Therapy With Surivors of Sexual Abuse and Their Partners

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Partners in Healing: Systemic Therapy With Surivors of Sexual Abuse and Their Partners

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This article addresses the importance of the couple relationship for survivors of sexual abuse, by arguing that this relationship may be a site in which the negative effects of sexual abuse are enacted and intensified, but also be a site of potential healing and recovery for the survivor. Therapists are encouraged to consider the involvement of the partner and significant family members in the therapeutic process. In doing so, the impact of childhood sexual abuse on the survivor and the partner, and on their couple relationship, can be acknowledged, difficulties can be addressed, and the supportive and healing possibilities of this relationship can be potentiated and strengthened.

Key Words: Sexual Abuse; Trauma; Couples; Therapy

In the course of clinical work, teaching, and supervision as part of the Sexual Abuse Team at The Bouverie Centre and in the course of private practice, it has become clear to the authors that the intrinsic importance of the couple relationship is often overlooked in therapeutic work with survivors of sexual assault. This paper intends to redress this omission in the literature, to highlight the significance of the couple relationship, and to suggest a framework for clinical practice which acknowledges the centrality of the couple relationship in the lives of many survivors. The focus on the couple relationship rests upon the primary assumption that it is important to consider the couple relationship as a site in which both the distress and difficulties resulting from the sexual abuse can be expressed and intensified, and also a site which can be a safe base from which growth, healing, and recovery can take place. This paper attempts to extend the current focus on individual therapy for survivors to a broader systemic approach in which the resources and strengths in couple and family relationships can be engaged and utilised in the process of recovery.

Theoretical Backgound

This paper is informed by theories from a broad range of literature, specifically ideas from feminism, systemic family and couple therapy, sexual abuse, trauma and the Holocaust literature. Systemic theory provides us with a conceptual map in which to privilege contextual factors and the importance of connection, relationship, and interactional cycles. The sexual abuse literature locates sexual abuse within a cultural context and examines the prevalence, impact, dynamics, and gendered nature of sexual abuse. From the feminist literature, an analysis is utilised in which primacy is given to power, gender, and responsibility in male/ female relationships, and where, in the process of therapy, the empowerment of the victim is the central goal. The trauma literature provides an understanding of the physiological, psychological, emotional, and social nature of trauma and provides a framework for recovery which is grounded in safety and an acknowledgment of the intrusive and long-lasting impact of traumatic memories. The Holocaust literature draws attention to the importance of bearing witness to human suffering and the importance of loved ones deeply acknowledging the experience of the other (Levi, 1988;Valent, 1990). Situating these ideas within a constructionist metanarrative permits the deconstruction of past events, a contextual analysis, and the emergence of a new mastery over the past.

Rationale

The prevalence of child sexual abuse. The extremely high prevalence of sexual abuse is now widely documented in numerous studies (Finkelhor, 1979, 1984; Herman, Russell, & Trocki, 1986; Kingsey, Pomerey, Martin, & Gebhard, 1953; Meiselman, 1978; Russell, 1983), with the most recent and rigorous studies indicating a rate of 32% of women are sexually assaulted before the age of 18 (Mullen, Martin, Anderson, Romans, & Herbison, 1993). Although there are considerably fewer studies examining the prevalence of sexual abuse of men in childhood, rates ranging from 9-24% have been documented (Badgley & Ramsey, 1986; Finkelhor, 1979; Finkelhor, 1986; Fromuth & Burkhart, 1991). The frequency with which this abuse occurs within families is alarming, with studies showing that the preponderance of sexual abuse is intrafamilial, but that in most cases this form of child sexual abuse goes largely unreported (Geffner, Rausenbaum, & Hughes, 1988; Russell, 1983).

For the purpose of this paper, a focus on female childhood sexual abuse by male perpetrators is undertaken due to the prevalence of this phenomenon. This particular emphasis does not intend to imply a denial, minimisation, or discounting of the sexual abuse of boys, or of the relationship difficulties they may experience in later life. In fact, many of the ideas presented in this paper may be applicable to male survivors. Similarly, although reference is made to heterosexual relationships throughout this paper, this does not preclude the relevance of the material to same-sex couples.

The effects of sexual abuse. Research has also indicated that the impact of childhood sexual abuse frequently manifests in serious and disturbing ways and in symptoms which can intrude and persist throughout a survivor's lifetime

(Briere & Runtz, 1985; Conte & Schuerman, 1987; Courtois, 1988; Gelinas, 1983; Herman, 1993; Salter, 1992; Sgroi, 1982; Summit, 1983; Terr, 1991; van der Kolk, 1996). Mullen et al. (1993), in a large population survey of 2,250 women conducted in New Zealand, found that survivors of childhood sexual abuse were 3 times more likely to suffer from eating disorders, and 7 times more likely if the abuse involved penetration. Suicidal behaviour was found to be 20 times more prevalent in childhood survivors of sexual abuse and 74 times more likely if the abuse involved penetration. Anxiety and depressive disorders were found to be 5 times more likely and substance abuse 3 times more likely. In addition, the study found that admission to psychiatric hospital was 5 times greater if childhood sexual abuse had occurred, and 16 times more likely if the abuse involved penetration. The writers heartily agree with Salter (1992) who stated that "clinicians in the fields of drug addiction, prostitution, psychiatric inpatients, psychiatric outpatients, and the chronically mentally ill would be well advised to have some acquaintance with the field of sexual abuse, since it may effect half or more of their clients"(p.23).

Not only does sexual abuse profoundly effect the individual functioning of the survivor, but it can also lead, in adult life, "to the potential for impairment of the women's functioning in their sexual, intimate and social lives" (Mullen et al., 1993, p.1). This study also found that for a significant proportion of women reporting a history of child sexual assault, sexuality and sexual behaviour become areas of uncertainty and difficulty rather than of satisfaction. Furthermore, there was a clear overlap between sexual difficulties and wider relationship problems. An association was found between a history of child sexual abuse and both early pregnancy and a younger age for entering one's first cohabitation. Sadly these attempts to establish families were also more prone to flounder.

Pattern of disclosure. Many survivors disclose for the first time to their intimate partners. As Salter (1992) has documented after an exhaustive survey of the research, and contrary to popular belief, not disclosing is normative for child sexual abuse. She concluded that "there are no studies which have found a majority of children disclose child sexual abuse in childhood, much less immediately after the abuse", (Salter, 1992, p.174). Individual, couple, and family therapists need to attend to the relevance of this information in their work with survivors of sexual abuse.

A systemic perspective. It is naive and limiting to view the process of recovery as solely an individual journey. A systemic perspective recognises the importance of patterns of connection and relationship between individuals and the society and culture in which they live. Therapists need to attend to the survivor as well as to the needs of the survivor's partner and family members. Often difficulties experienced by survivors are augmented when they are in a stable relationship. Partners need to be supported to understand the impact of the abuse on the survivor and on their relationship.

The partner is both affected by and influential in the complex process of recovery. There is clearly a recursive interactional process in place where partners are influenced by the survivor's experience and symptoms and where survivors are

in turn influenced by the reactions of their partners. It is not uncommon for partners, children, and family members of survivors of abuse to suffer secondary posttraumatic stress as a result of exposure to the survivor's traumatic material and distressing symptomology. This is evidenced in partners and other family members' reports of intrusive thoughts, changes in sleeping and eating patterns, increased fearfulness, loss of energy, and chronic feelings of sadness. In addition, it is possible for partners to inflict secondary wounding on the survivor by denial, disbelief, minimising the impact of the abuse, blaming, ignorance, and cruelty (Matsakis, 1996). It appears critical, therefore, that therapists utilise a systemic perspective which makes possible an understanding and appreciation of the importance of interconnectedness and relationship. As Remer and Elliott (1988) stated:

> The interconnectedness and reciprocal influences of those persons impacted—primary and secondary victims—must be kept in mind. If attention is not paid to supporting secondary victims, they will draw energy from the system to the detriment of all, rather than being able to add energy (be synergistic). They will not be able to support the primary victim, and will perhaps even draw off the resources the survivor needs for healing". (p.396)

Working With the Couple Relationship

The Healing Potential of Intimate Relationship. While emphasis on the healing potential of the couple relationship is explored in the following section of the paper, it must be acknowledged that gender and power differentials are present in couple relationships in ways which reflect the structures and traditions of patriarchy. Feminist writers have argued for the necessity of understanding the whole of human experience, including society, the family and individual identity as being gendered, as well as for understanding the symbolic dimensions by which patriarchy is embedded in language, culture, and experience, and thus communicated and internalised from birth. Consequently, feminist therapists have argued for locating gender analysis at the centre of therapeutic endeavour. (Goldner, 1985; Hare-Mustin, 1978; James, 1984; Taggart, 1985). Goldner stated therefore that "gender is an irreducible category of clinical observation and theorising" (p.22).

For survivors of childhood sexual abuse, the centrality of gender is particularly significant, not only to the sexual abuse experience itself, but to the nature of intimate relationships. Therapists need to attend to the unequal power differentials in the couple relationship and the ensuing consequences, as the literature reports that survivors of sexual abuse are more likely to be disempowered in intimate relationships and subject to further violation (Briere & Runtz, 1989; Herman, 1981; Jehu, Gazan, & Klassen, 1985; Russell, 1986). Russell found in her community sample that between 38% and 48% of abused women were married to physically violent husbands compared to 17% of non-abused women. These findings concur with Briere and Runtz's study and Herman's research.

The likelihood of revictimisation in relationships requires that safety issues be actively explored early in the therapy process. The initial stages of therapy may

involve supporting the survivor in separating from a partner who is violent or abusive. For others, once the safety of the survivor has been assured, the supportive engagement of the partner can speed up the recovery process for the survivor. This requires a systemic focus from the therapist and a willingness to acknowledge that the therapeutic relationship is not the sole source of the survivor's recovery. The inclusion of the partner and significant others in the therapy room expands the opportunities for healing and also limits the possibilities for further harm. As Crawley (1996) stated, "if the relationship can be healed, then the partners will experience it as a couple relationship in which each will develop and grow. Which is why couples therapy, when it works well, often leads to the individual partners making significant changes in a shorter time than would be possible with individual therapy" (p.4).

According to the literature, it is critical for survivors of sexual abuse to attend to the centrality and significance of the couple relationship and its potential for healing. Many women, while acknowledging the trauma of child sexual assault, believe they had escaped long-term distress by receiving helpful interventions from other people, such as family members and teachers (Durrant & White, 1992). Furthermore, Adams-Tucker (1982) and Berliner (1987) found that the most healing experience for victims of child sexual assault is the belief and ongoing support of nonoffending family and friends.

The couple relationship can provide additional and different kinds of care, support, and containment from that provided by the therapy relationship and increase the possibilities for healing. Cole, Woolger, Power, & Smith (1992) found that those who manage to maintain stable marital relationships may be protected against some of the potentially adverse outcomes of child sexual assault. Wallerstein and Blakeslee (1995) claim that a good marriage is transformative, and that "people who have been severely traumatised during childhood are able, with the help of a loving relationship, to restore their self-esteem" (p.50). Therapy with survivors and partners can assist the therapist in gaining information and understanding of the survivor, the context in which the survivor is situated, and the problems faced by both survivor and partner individually and interpersonally. This knowledge can support the therapeutic process in moving the survivor towards recovery, while providing the therapist with a clearer picture of critical issues for therapy.

Skynner (1976) describes marriage as "always an attempt at growth, at healing oneself and finding oneself again, however disastrously any attempt may fail" (p.127). Attending to the couple relationship is therefore recommended as it can be, as stated earlier, a context in which the negative impact of the sexual abuse is experienced and located, as well as a site in which care, nurturance, support, and restoration of the damage done to trust, intimacy, self-esteem, sexuality, and interpersonal relating occur. The remainder of this paper will be directed towards exploring this theme in more detail, and reflecting upon and making recommendations for the clinical implications for therapists.

Constraints to Partner Involvement in Therapy

A major constraint to involving partners in the survivor's therapy is the particular theoretical orientation, the lack of training and experience of therapist, or both. The therapist has the power to encourage the participation of the partner in the early stages of therapy, rather than ignoring the significance of this relationship to the recovery process. Moreover the philosophy and context of the helping agency can determine whether or not partners are welcome. These constraints are frequently viewed as significant limitations by clients in particular, but also by those therapists who attest to the importance of partners and significant others in the healing process for survivors and who also attest to the efficacy of this approach.

Attending to the Impact of the Sexual Abuse

In many instances a couple may seek therapy for relationship difficulties where one or both partners have abuse histories, which may or may not have been attended to or disclosed. Of particular importance in the practice of couple therapy is the need to attend to the impact of the sexual abuse and its likely connection with relationship difficulties that couples may present. It is not uncommon for survivors both individually and in their intimate relationship(s) to fail to make the connection between current problems and past abuse, which can remain unnamed or minimised. Where a couple present with relationship difficulties, the therapist needs to be alert to past sexual abuse and the likely impact of this on the current relationship.

While not assuming that every survivor experiences lasting emotional distress as a result of abuse, or that all relationship difficulties stem from unresolved trauma, it is however, important that therapists allow for a privileging of the sexual abuse in the context of couple work. As van der Kolk (1996) reports, if clinicians fail to pay attention to the contribution of past trauma to the current problems in clients then "they may fail to see that they (clients) seem to organise much of their lives around repetitive patterns of reliving and warding off traumatic memories, reminders, and affects" (p.183). For example, a woman and her partner in therapy had never made the connection between her repulsion to being kissed by her partner, until she began to attend to the details of the physical nature of the abuse by her father. Another couple experiencing difficulties with physical and sexual intimacy discovered the powerful negative trigger that certain smells associated with the original abuse experience had on their relationship. A further example, where the connections to past sexual abuse were established during couple work, is a situation in which the lack of talking during sex by her partner, made the woman reexperience the silent and coercive nature of her abuse. Many survivors also report that having the door closed during sex, or their partner initiating sex without explicit agreement, triggers a negative and rejecting response towards their partner and feelings of panic.

In couple therapy it is possible for both partners to make the connection between their current lived experience and interactions and the past sexual abuse. Prior to making these important connections, it is both suprising and saddening

for them to realise that they have unknowingly accommodated the sexual assaults perpetrated often decades earlier, and the spontaneity and intimacy of their relationship has been so compromised. The therapist needs to acknowledge both the grief that this realisation brings and also the liberating potential of this information in opening up new possibilities for relating. These examples show that the feelings that belong to past trauma are being continually reexperienced on an individual level in each of the sensory modalities by the survivor, and also on an interpersonal level in interactions around intimacy and sexuality with her partner. Sexual abuse is an embodied experience, as is the experience of an adult sexual relationship (Sutherland, 1997). It is therefore important that this is made overt by the therapist, and that a contextual understanding of the couple's difficulties is established, converting a pathological and negative view of the relationship to one which is normalised and hopeful.

Strengthening Connection

Absolutely essential to any work with survivors in a couple relationship is the therapist respectfully engaging the couple in the process of building trust and supportive emotional connection to one another. Greenberg and Johnson (1988) have documented the importance of maintaining connection between the couple if their relationship is to survive, equating marital distress with powerful negative affect and automatic, highly-structured negative emotional responses, creating cycles of distance, anger, and alienation. The therapist can provide both the survivor and the partner with support and information to assist them as individuals and to assist and foster their relationship. The inclusion of the partner early in the therapy process can be helpful for both the partner and the survivor and can act to prevent escalation of individual and interpersonal difficulties.

Establishing Safety

The primary task of the therapist is to establish a context of safety for the survivor and the partner (Bass & Davis, 1988; Herman, 1993; Salter, 1992). The therapist therefore needs to enquire about violence and suicide risk, and appropriate strategies need to be implemented to create a basis for external and internal safety. The therapist also needs to establish the current nature of the relationship and identify negative interactional cycles and patterns of relating that can be harmful and damaging to either the survivor or her partner and children. Just as the original abuse is traumatic, the responses of partners and significant others can be experienced as retraumatising or as experiences of "secondary wounding" (Matsakis, 1996). These secondary cycles of harm, prolong, intensify, and complicate the primary abuse experience(s) and inhibit recovery.

A common example of this is when the partner pursues the survivor for sex and labels her inability to respond as frigidity or lack of love. The survivor correspondingly feels wounded, misunderstood, and further disempowered.

Conversely, there are situations in which the survivor's behaviour is more like that of the offender and can place children or partners at risk, through cycles of violence and outbursts of aggression. The therapist needs to attend to this offending behaviour and to help the survivors take responsibility for their actions.

Reactions to Disclosure

Partners may react in a number of ways to the disclosure of sexual abuse. Some block the information about the trauma and exhort the survivor to do the same, wanting the effects of the sexual abuse to be relegated to the distant past. A commonly unhelpful response reported by survivors is "just put it behind you and get on with life, it was so long ago". This response has the effect of denying and minimising the impact of the sexual abuse on the victim. Some partners respond sympathetically but feel overwhelmed, helpless, and unable to assist. If the partner responds in a disbelieving way, shock and disbelief needs to be normalised and constraints to belief need to be explored. Therapist positioning at this time needs to support, acknowledge, and validate the survivor while at the same time exploring the partner's reactions.

The partner's belief in the survivor's account of the abuse and acceptance of perpetrator responsibility is critical to the survivor's healing and to the ongoing life of the relationship, at times even strengthening connection and appreciation of the other. The survivor needs to feel that the feelings about the abuse, about the perpetrator, about the nonoffending parent(s), and about her family are validated by her partner. The partner, rather than trying to be objective or to put an alternative perspective needs to strongly join with his partner's experience by listening, validating, and encouraging expression of feelings. The expression of anger and outrage by the partner about the abuse can be helpful in highlighting the seriousness and criminality of the abuse but may need to be tempered, as many victims hold positive feelings of connection toward the perpetrator. At this time, it is particularly important that the therapist ensure that the victim has control over her recovery process and that her timing is privileged, while ensuring both parties' feelings are attended to and respected.

The time of disclosure is an extremely vulnerable time for victims as the exposure of long held secrets can produce feelings of fear, shame, and responsibility. Partners will need to provide much reassurance and comfort during this time. The unspoken fear of many survivors is that the partner will reject or blame them, enacting the self-loathing many survivors have carried for years. The comfort provided at this time by the partner can richly contribute to growth and healing both of the survivor and of the relationship. Many survivors have reported the importance of being held in a containing and comforting way by their partner, contributing to basic feelings of safety and trust. Clearly, the therapist engaging the partner in this intimate exchange supports the therapeutic endeavour.

Understanding Dynamics and Effects of Sexual Abuse

Both the survivor and partner will need to understand the dynamics and the effects of child sexual abuse in order to understand the complex, profound, and often

enduring consequences. The therapist's role is to normalise the symptoms associated with the abuse and reframe these as a normal response to abnormal events. While it is important not to pathologise the survivor or to foster a view of "damaged goods", it can be very useful to frame the experience of sexual abuse as trauma and the symptoms as consistent with post traumatic stress disorder (Matsakis, 1996; van der Kolk, 1997). Giving clients the option of taking home written information at this time is useful. Reading material may be helpful for the partner, assisting in the development of empathy and encouraging a deeper understanding of the partner's experience.

An exploration of the symptoms being experienced by the survivor needs to be undertaken, ideally in the presence of the partner. In this way symptoms such as auditory, visual, kinesthetic and somatic disturbances, nightmares, flashbacks, intrusive memories, sleep disturbance, dissociation, hypervigilance, physical or emotional numbing, disordered eating, fearfulness, self-harming behaviour, sexual difficulties, drug and alcohol usage, and suicidal behaviour can be understood to be expected symptoms of trauma survivors. This exploration can also make possible an understanding for both the survivor and the partner of the strategies developed for survival. Adaptive responses to trauma can then be normalised and made sense of, creating possibilities for change. Thus, survivor and partner can develop an understanding of the origins and meaning of any unhelpful or destructive behaviour which may be damaging to the survivor or to the relationship with the partner. This behaviour, which can be threatening to the survivor and to the relationship, can be expressed physically, emotionally, or sexually. As Herman (1992) has noted, victims of trauma are particularly vulnerable to harm both at their own hands and at the hands of others.

The partner needs to understand that destructive behaviour is often a form of acting out which is a consequence of trying to deal with the impact and feelings associated with the sexual abuse. It may also be a way of testing the value and strength of the relationship. The experience of survivors as children where basic trust and safety has been violated can result in them experiencing difficulties as adults in intimate relationships. Often the dynamics of the abuse result in adult survivors having difficulty in expressing dissatisfaction, discomfort, or distress. As children, fear, secrecy, shame, and distorted messages from the perpetrator mean that they are used to accommodating and privileging another's needs, wants, and feelings, making it difficult for them as adults to acknowledge and act upon their own needs and wants.

Conversely, some survivors internalise the perpetrator's belief system and act out offending behaviours in adult life. The therapist needs to attend to these dynamics and to the duality of victim/perpetrator experience. This can involve engaging compassion for the self who was victimised as a child, while concurrently engaging the adult survivor in taking responsibility for any offending behaviour. The inclusion of the partner in this process also makes possible an awareness of any offending behaviour. As these abuse dynamics are frequently replicated and intensified in adult intimate relationships, conjoint therapy is crucial.

Understanding and Engaging Support for the Healing Process

The healing process for adult survivors of sexual abuse is complete when the person no longer feels dominated by abuse experiences and the trauma ceases to influence thoughts and behaviour patterns. Instead of the abuse exerting control over the survivor's life in eliciting unconscious, destructive behaviour patterns, the survivor is able to take control of her life and make her feelings and thoughts conscious, enabling her to make choices rather than being internally driven or directed. She has learnt to trust herself and her perceptions and not be fearful of taking risks in expressing and exploring her new self. Interpersonal relationships and intimacy should be less fraught, characterised by positive relating and permitting of growth.

For partners, the healing process should result in a relationship no longer dominated by the abuse dynamics and the symptomology of the survivor or by unhelpful interactions and responses. A more positive connection based on increased understanding, empathy, and direct communication should occur. The relationship can be enriched by possibilities for greater intimacy, uncontaminated sexual relating, individual growth and energy, and an increased capacity to engage in living fully in the present.

Time and Patience

The healing process for survivors and their partners can be long-term, difficult, and require enormous reserves of courage and patience. The long-term nature of the healing process can be a source of irritation, frustration, and hopelessness. Partners can often feel their own needs are not being attended to, resulting in anger and unhappiness. Recovery can fluctuate and be marked by periods of painful regression as well as lively progress. Far from being a neat linear process, the healing process is circular, multilayered and, at times, messy. The therapist needs to inform the couple about the healing process and about the process of therapy, ensuring that a context of safety, collaboration, and respectful exchange is established from the outset. Importantly also, the therapist must provide a sense of hopefulness and optimism about the possibility of healing, while having the capacity to explore and sit with immense pain, distress, and uncertainty.

The Impact on Partners: Compassion Fatigue and Limit Setting

There will be times when the partner is unable to respond to the survivor in an ideal or sensitive way, or finds it difficult to deal with the emerging material or the behaviour and demands of the survivor. When this occurs, it is important for the partner to express any feelings of discomfort and to establish limits in a clear way. The therapist needs to encourage the partner to attend to self-care, recognising personal limits, and need for support (Davis, 1991). Partners can often suffer from "secondary posttraumatic stress disorder", or as Figley (1995) termed it "compassion fatigue", evidenced in symptoms such as depression, hypervigilance, and emotional numbing. The therapist can assist the partner to recognise and address these issues, while also attending to the survivor who may be angry and upset by the partner's

behaviour at these times. When the behaviour of the survivor may be dangerous or overwhelming, it is important for the partner to be explicit about the unacceptability of the behaviour and to support the survivor to take responsibility for seeking more positive coping strategies. This is particularly important where children are placed in risk situations or when the survivor is self-harming or suicidal. The therapist has a significant role in framing the partner's limit-setting as caring and responsible behaviour, rather than as disloyalty.

The Sexual Relationship

> The sexual problems found so frequently in those subjected to child sexual assault particularly of the more chronic and intrusive types, are perhaps best conceptualised in terms of the disruption of the developing child's construction of their own sexuality and the nature of sexual relationships. Child sexual assault has the potential to establish a model of sexual activity contaminated by exploitation and coercion. There is a lack of mutuality and benevolence implicit in a child being made the object of an adults unbidden and largely incomprehensible sexual acts. Child sexual assault is no introduction to loving sexual relationships (Mullen et al., 1993, p.20)

The therapist needs to explore and make overt the ways in which the perpetrator has distorted the meaning of the sexual abuse acts, which have often been manipulatively constructed as an equal, loving, and mutually consenting sexual relationship, rather than an a gross abuse of power and betrayal of a trusting relationship. The impact on the survivor's construction of self and sexuality can result in deeply held feelings of shame, self-loathing, worthlessness, and blame, which need to be deconstructed by purposeful therapeutic enquiry. The partner's support in challenging these distorted views of self can be crucial to the survivor's healing.

Throughout the process of therapy, it may become increasingly apparent that memories of the sexual abuse adversely effect the survivor and the sexual relationship with the partner. Some survivors in reclaiming their sexuality may reevaluate their sexual relationship and chose to become celibate or not to indulge in certain sexual activities. Many survivors feel able to masturbate their partners but others feel uncomfortable with any form of sexual contact. For others they may only be able to be sexually aroused by fantasies or recreations of their previous sexual abuse. It is essential that survivors reclaim their sexuality and expressions of it. The more supportive and understanding the partner is, the less pressure exerted, the more effective resolution will be. The partner will also need an opportunity to express the feelings associated with the sexual relationship with the survivor and any possible anger or frustration, so that these feeling do not become expressed destructively to the survivor.

For sexual abuse survivors, there are a number of steps which may be important in healing from the sexual abuse experiences and the impact on their sexuality. Acknowledging the abuse, identifying the sexual impact, and deciding to reclaim one's own sexuality are important first steps in the process. Moving forward then

requires making changes in the meaning of sex, discovering the real sexual self, gaining control over automatic reactions, moving towards healthy sexual behaviour and healing with an intimate partner. Maltz (1991) advocates creating positive experiences of sex and sexuality through the use of exercises directed towards relearning touch, addressing specific sexual problems and enjoying sexual experience are healing activities that are enabled through a caring and respectful relationship with the partner.

The Emerging Self of the Survivor: Renegotiating the Relationship

One major challenge that faces partners is that survivors may change as a result of the healing and therapy process. This may involve becoming more assertive in expressing needs and less likely to suppress or displace needs on to the partner by attending to the other's needs while denying her own. The partner may consequently feel ignored, rejected, or unloved because the survivor is less attentive, compliant, and dependent upon the partner. The survivor may change so much that the dynamics, which first caused her to enter into a relationship with her partner, may no longer operate. Such changes can upset the balance of a relationship and may call for a reevaluation of the nature of the relationship for both individuals. Sometimes, a separation becomes necessary.

These changes can often be interpreted as threatening and dangerous, because partners may feel unable to understand what is happening and how to deal with the changes taking place. This may be increasingly difficult if the partner feels unable to change or to accommodate to the changes taking place for the survivor. The partner may seek to reestablish the preexisting power differential by acting in a controlling way, disempowering the survivor, and undermining the changes made. Providing there no risk of violence and further abusive behaviours, these difficulties can be minimised if the partner is able to seek counselling individually or if together they seek couple counselling. This can provide the opportunity to express their feelings about each other and the changes taking place. It may enable the relationship to continue, albeit in a modified way, which permits the survivor's growth.

Bearing Witness

Throughout the recovery process the potential of the couple relationship as a site for healing must be acknowledged. Where the partner can express his/her sorrow for the suffering and pain endured by the survivor and listen compassionately, survivors report the profound helpfulness of this deep acknowledgment. This process of bearing witness to past events and the ongoing struggle to survive is a powerful affirmation of love and belief in the worthiness of the survivor (Dwyer & Miller, 1996). This is in direct contrast to the messages the survivor internalised as a result of the sexual abuse. The willingness and ability of the partner to bear witness can help the survivor to become more empowered and to name her experience and the grief associated with it. The acknowledgment and expression of this previously disenfranchised grief is a critical step in the resolution of trauma (Dwyer & Miller).

Conclusion

Throughout this paper, we have argued for recognition of the centrality of the couple relationship for survivors of sexual abuse. The importance of this relationship as both an arena where conflict, difficulty, and distress can be abundant and as an arena for support, comfort, and healing has been emphasised. An analysis of a broad range of literature on sexual abuse and its consequences, and a reflection on clinical experience with individual survivors of sexual abuse, their partners, and family members has assisted us in describing both the theoretical rationale for this work and a range of clinical issues that may arise in practice .

We have attempted to highlight the value of a systemic perspective in this work as a resource for the survivor, partner, family members, and for the therapist. In doing so, we have drawn attention to the role of the therapist in providing a viable context in which therapeutic interventions with survivors and their partners can take place, and in deciding, with their clients the "when" and "how", and the timing of such interventions. This approach depends on the therapist's belief in the importance and potential of these interventions for promoting growth and healing for the survivor, the partner, and for the couple relationship.

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