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The Impact of Sexual Assault on the Romantic Relationships of Female Survivors: Reflections from Mental Health Professionals

by

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Dedication

To all the women affected by sexual assault.

Your unwavering resilience is both admirable and inspirational.

Abstract

The purpose of the present study was to examine the perceptions of mental health professionals regarding the impact of female sexual assault on heterosexual romantic relationships. Specifically, the implications of non-partner sexual assault were investigated. A qualitative approach was selected in order to examine this topic. Data was generated through semi-structured interviews with five mental health professionals and subsequently analyzed using a thematic analysis approach offered by Braun and Clarke (2006). Four broad themes materialized from this analysis to effectively capture the data, including: a) implications of individual processing, b) significant relationship changes, c) response to external variables, and d) pre-assault functioning affects post-assault response. The resultant implications of these findings are discussed in light of relevant research. Practice implications and future research directions are also highlighted.

Acknowledgements

This project could not have been completed without each of the participants who generously offered their time and expertise. To these five women, thank you for sharing your remarkable insights with me. The depth of your experiences and the sheer virtuosity you each possess is inspirational. I feel privileged that your stories provide the substance of this project.

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Table of Contents

CHAPTER FIVE: DISCUSSION

List of Figures

CHAPTER ONE

INTRODUCTION

"Interpersonal functioning is difficult to assess in all its complexities but certainly is affected by rape and needs further investigation."
(Resick, 1993, p. 235)

Background

Thirty-nine percent of Canadian women report experiencing sexual assault at least once after the age of 16 (Statistics Canada, 2006). This alarming statistic has several implications for the field of counselling psychology, as research findings indicate that survivors commonly experience a disturbance in psychological functioning following sexual assault (Darves-Bornoz, 1997; Faravelli, Giugni, Salvatori, & Ricca, 2004; Resick, 1993). More specifically, Posttraumatic Stress Disorder (PTSD), depression, anxiety, self-blame, a reduction in self-esteem, impaired sexual functioning, and persistent fear are considered common psychological responses experienced by survivors post-assault (Darves-Bornoz; Faravelli et al.; Filipas & Ullman, 2001; Najdowski & Ullman, 2009; Resick; van Berlo & Ensink, 2000).

Interestingly, the psychological well-being of female survivors is notably impacted by the level of social support received from both formal and informal sources upon disclosure of the assault (Filipas & Ullman, 2001; Ullman & Filipas, 2001). While positive social reactions from these support sources (e.g., being listened to) enhance the psychological functioning and recovery of the survivor, negative social reactions (e.g., blame) are correlated with increased Posttraumatic Stress Disorder (PTSD) symptom severity, harmful coping styles (e.g., withdrawal), and prolonged recovery (Filipas & Ullman). Similarly, when male

partners respond in a highly protective manner to the disclosure (e.g., wanting to hurt the perpetrator), the recovery process of the survivor is further disrupted (Emm & McKenry, 1988).

Upon taking a closer look at the experiences of the partner, it becomes apparent that the secondary impacts of sexual assault are also significant (Smith, 2005). For example, in a qualitative examination, it was noted that the partner experiences many of the same psychological reactions in response to the assault as the survivor herself, including depression, guilt, social withdrawal, and self-blame (Smith). The psychological strain experienced by the partner post-assault is further aggravated by his confusion over how to respond to the survivor or provide her emotional support (Emm & McKenry, 1988). This, in turn, leads him to feel somewhat obstructive within the survivor's healing process (Emm & McKenry).

It is clear, therefore, that the experience of sexual assault has several implications for the well-being of the survivor and her partner. Stemming from this finding, preliminary research has also established that sexual assault impacts the romantic relationship shared by the survivor and her partner (Connop & Petrak, 2004; Miller, Williams, & Bernstein, 1982). In particular, couples experience disrupted communication and intimacy, oftentimes leading to anger and mutual resentment (Connop & Petrak; Miller et al.). In addition, the personal challenges experienced by the survivor and her partner post-assault inhibit their ability to effectively support one another (Connop & Petrak; Davis & Brickman, 1996; Moss, Frank, & Anderson, 1990). While these findings provide a starting

place in grasping the relational implications of sexual assault, the body of literature pertaining to this area remains underdeveloped.

Statement of Purpose

It is clear from the research that sexual assault has significant and lasting implications. A strong body of literature denotes the effects of sexual assault on female survivors, while a developing body is available pertaining to implications felt by male partners. Meanwhile, we know very little about the impact of sexual assault on romantic relationships, suggesting that an expansion of this area is needed. Thus, the purpose of this study was to examine the perceptions of mental health professionals regarding the impact of female sexual assault on heterosexual romantic relationships. Collecting data from mental health professionals was compelling, as this population often has a broad range of experience to draw from, allowing for thorough data generation within a particularly under-researched area.

In this study, "romantic relationship" is considered synonymous with "intimate relationship" or "couple relationship." This connection between a male and a female is considered to be "a unique relationship … [where] one can find the deepest experience of intimacy in life, of friendship, and of comfort" (Long & Young, 2007, p. 4). A romantic relationship "is one in which everything has to be negotiated," has "a balance of stability and growth," and maintains "a past, a present, and a future" (Long & Young, p. 4-5).

Qualitative inquiry was utilized to investigate the topic at hand. In particular, a rigourous generic approach (Merriam, 1998) founded on constructivist philosophy (Ponterotto, 2005) was selected. Purposeful snowball

sampling allowed for the development of an "information-rich" sample (Patton, 2002, p. 230). The completion of interviews using a semi-structured format ensured the participants were able to openly share their perceptions (Patton). The data generated from the interviews was ultimately analyzed using a thematic approach offered by Braun and Clark (2006). From these analyses, four broad themes emerged, effectively summarizing the data. These findings further enhance current research, while also providing novel ideas that can be effectively built upon in future studies.

Researcher Interest

My desire to complete the present project stems from an intrinsic passion for studying interpersonal dynamics. In my opinion, we are continually influenced, inspired, affected, and changed by our relationships with others, regardless of the depth, duration, or context. Moreover, our relationships with our romantic partners appear to impact our emotional well-being and development as individuals, thus placing these connections as central to our everyday lives.

As a counsellor, I feel it is important to encourage all couples to develop and gain awareness of their collective resilience, particularly when faced with extraordinary challenges. As such, it is imperative that counsellors and mental health professionals alike understand the implications of particular challenges on romantic relationship functioning in order to better serve their clients. Simply put, if we understand how a relationship is impacted by a particular event, we are better equipped to help the partnership overcome it.

During my undergraduate years, I chose to examine the implications of female depression on romantic relationship functioning. This led to an initial understanding of the impacts mental health challenges have on romantic relationships. Taking this one step further, I chose to approach my Master's research with questions regarding the implications of trauma on romantic relationships. I was particularly interested in learning about the relational consequences of female trauma. The research ultimately led me to sexual assault – a trauma that significantly impacts the lives of many Canadian women. Since moving in this direction, I have found that I now have more questions than answers. I look forward to continuously moving down the pathways the present research has paved in order to make inroads in our understanding of this area and, more importantly, in how we can help individuals and relationships to overcome it.

Overview of Thesis

The second chapter provides an extensive overview of the literature relevant to my research. Information pertaining to the definition and prevalence of sexual assault will be provided. After gaining this preliminary understanding, further information regarding the psychological and interpersonal implications of sexual assault will be presented. This is followed with a discussion surrounding the impact of social support on the well-being of survivors and the associated relationship implications. Finally, our current understanding of post-assault intervention is discussed with a specific focus on intervention models and the

therapeutic alliance. This discussion highlights the value of conducting research through the lens of a therapist.

The third chapter discusses the method used to complete the present study. A general discussion of qualitative inquiry followed by a specific overview of basic / generic studies is provided. In-depth information regarding participant selection and recruitment, data collection, and data analysis is also made available. This chapter concludes with a brief summary of ethical considerations and methodological rigour.

The fourth chapter provides a review of the narratives offered by the participants. This helps to effectively capture the information uniquely shared in each interview. Following this, the findings of the present investigation are presented. Rich descriptions encapsulating each of the four broad themes are provided.

The final chapter integrates my research findings with relevant literature. Practice implications specific to therapeutic intervention are discussed. Study limitations and pathways for future research are also briefly highlighted. Finally, the chapter closes with summative statements, effectively portraying the conclusions drawn from this investigation.

CHAPTER TWO

LITERATURE REVIEW

This section provides an in depth review of the literature relevant to a) adult sexual assault, b) the psychological consequences of adult sexual assault, c) the interpersonal impact of sexual assault, d) the implications of social support on the survivor's post-assault well-being, e) the impact of sexual assault on romantic relationship functioning, f) intervention following sexual assault, and g) the advantages of conducting research through the lens of the therapist. The implications of the literature are also highlighted in order to effectively relay the rationale for the present study. Given that a strong body of literature is available in both the American and Canadian contexts, both sources are utilized to effectively capture our current understanding of adult sexual assault.

Adult Sexual Assault

"Sexual assault has been in existence since the dawn of civilization" (Sarkar & Sarkar, 2005, p. 407). Despite its undeviating nature, there is confusion among the literature with respect to the definition of this crime and the correct vernacular to use when discussing it. For example, some authors are grounded in utilizing the very specific term "rape" (e.g., Burgess & Holmstrom, 1979; Elklit, Due, & Christiansen, 2009; Resick, 1993), while others utilize the more broad term of "sexual violence" (e.g., Sadler, Booth, Nielson, & Doebbeling, 2000). Meanwhile, there is agreement that the term "rape" denotes unwanted sexual penetration, while several authors that report about "sexual assault" or "sexual violence" do not provide an overview of what acts are included / excluded within

these boundaries (e.g., Davis & Brickman, 1996). As a result, an understanding of the prevalence of sexual assault is also difficult to precisely measure.

Despite these challenges, a strong body of literature reporting on non-consensual sexual crimes towards adult women is readily available. Thus, in order to gain a worthwhile understanding of this material, literature pertaining to "rape" and "sexual assault" towards adult women is reviewed. Distinction among the terminology used by each study is provided throughout.

Defining Sexual Assault

For the purposes of the present study, the definition of the sexual assault will remain consistent with that provided by the Canadian government. Within Canada's Criminal Code, the term "sexual assault" is used to describe a hierarchy of sexual crimes, "ranging from unwanted sexual touching to sexual violence resulting in serious physical injury to the victim" (Statistics Canada, 2006, p. 26). In other words, "sexual assault" is categorized into three distinct levels, depending on the severity (Statistics Canada). Level I includes "sexual assault [involving] minor physical injuries or no injuries to the victim," level II includes "the use of a weapon or threats, or results in bodily harm," and level III is specific to "aggravated sexual assault," which "results in wounding, maiming, disfiguring or endangering the life of the victim" (Statistics Canada, p. 26). In all cases, this crime is inclusive of "non-consensual or forced sexual activity or touching" (Statistics Canada, p. 9).

The Canadian Criminal Code (1985) provides a clear overview of consent, which is defined as "a voluntary agreement of the complainant to engage in the

sexual activity in question." Consent is not considered to be obtained when "the agreement is expressed by the words or conduct of a person other than the complainant," "the complainant is incapable of consenting to the activity," "the accused induces the complainant to engage in the activity by abusing a position of trust, power or authority," "the complainant expresses, by words or conduct, a lack of agreement to engage in the activity," or "the complainant, having consented to engage in sexual activity, expresses, by words or conduct, a lack of agreement to continue to engage in the activity" (Criminal Code). The Criminal Code also highlights that "it is not a defense to a charge . . . that the accused believed that the complainant consented to the activity that forms the subject-matter of the charge, where the accused's belief arose from the accused's self-induced intoxication, or recklessness or willful blindness; or the accused did not take reasonable steps, in the circumstances known to the accused at the time, to ascertain that the complainant was consenting."

While the genders of the survivor and perpetrator are not specifically defined in the above definition, it is important to highlight that my study focuses specifically on female adult survivors and male adult perpetrators. Further, while the Criminal Code discusses alternate non-consensual sexual offences, including child sexual abuse, these crimes are not discussed in the present investigation. A thorough review can be found in Polusny and Follette (1995).

Prevalence of Sexual Assault Against Women

Recurrent statistical findings throughout the literature suggest that sexual assault against women is a significant concern within North America (Elliott,

Mok, & Briere, 2004; Resick, 1993; Sarkar & Sarkar, 2005). While the inconsistent definitions of sexual assault do not allow for precise accuracy in determining the prevalence, multiple studies (e.g., Elliot et al.) use rigourous techniques allowing for sound estimates. For example, in the United States, Elliott and colleagues polled a randomly sampled population of 472 women, inquiring (among other areas) whether or not they had ever had "sexual contact (e.g., touching genitals, buttocks, breasts, or having intercourse)" because they were "threatened or physically forced," after the age of 18. Of the surveyed women, 22% indicated they were victims of this forced contact (Elliot et al.). Similarly, a report from the United States Department of Justice cited that 18% of women, or roughly "1 of 6 U.S. women" have experienced "a completed or attempted rape at some time in their life," with "rape" defined as "forced vaginal, oral, and anal intercourse" (Tjaden & Thoennes, 1998, p. 2-3).

In Canada, the numbers are equally as alarming. In a 2006 report created by Statistics Canada reporting on violence against women across the country, it was noted that the most "detailed information" (p. 24) pertaining to the prevalence of sexual assault within our country dates back to the 1993 national Violence Against Women Survey (VAWS). From the VAWS, it was determined that "39% of Canadian adult women reported having had at least one experience of sexual assault since the age of 16" (Statistics Canada, p. 24). The VAWS defined sexual assault in a manner that "included violent sexual attacks and unwanted sexual touching, both of which are consistent with Criminal Code definitions of sexual assault" (Statistics Canada, p. 24). Specifically, the VAWS measured sexual

assault through asking, “has a (male stranger, other known man) ever touched you against your will in any sexual way, such as unwanted touching, grabbing, kissing or fondling,” and “has a (male stranger, date or boyfriend, other known man) ever forced you or attempted to force you into any sexual activity by threatening you, holding you down or hurting you in some way?” (Johnson, 2005, p. 8).

While the 1993 survey remains the most detailed measure of sexual assault, the 2006 Statistics Canada report provided additional figures regarding the number of level I, level II, level III, and total number of sexual assaults reported to police up to the year 2004. According to these figures, the overall number of sexual assaults reported to police in Canada and the number of level I sexual assaults, which “account for over 90% of all incidents reported to the police,” has significantly decreased since 1992 (Statistics Canada, p. 26). However, the number of total sexual assaults and level I sexual assaults reported to police in 2004 was higher than that observed in 1983 (70 versus 40 per 100,000 population, respectively; Statistics Canada). Conversely, level II and level III sexual assaults have shown a relatively stable decrease since 1983, the year in which the “legal reform . . . that abolished the crime of rape” was passed (Statistics Canada, p. 26). In 2004, 0.5 level II and 1.5 level III assaults per 100,000 population were reported to police, compared to 2.3 level II and 3.4 level III sexual assaults per 100,000 population in 1983 (Statistics Canada). While these data show that level I sexual assaults remain a significant problem in Canada, it is important to further highlight that the 2004 General Social Survey (GSS), as cited in Statistics Canada, found that “just 8% of sexual assault victims

reported the crime to the police" (p. 26). This suggests that the more recent findings published in the 2006 Statistics Canada report may be a great underestimate of the prevalence of this crime.

Beyond these broader studies, additional work has been conducted within the Canadian context to examine the prevalence of sexual assault against women on Canadian university campuses (e.g., DeKeseredy, Schwartz, & Tait, 1993; Newton-Taylor, Dewit, & Gliksman, 1996). Among this research, it was estimated that roughly 15% of women have experienced sexual assault (Newton-Taylor et al.). Meanwhile, 25% of women admitted to engaging in "sexual intercourse when they did not want to during the past year" (DeKeseredy et al., p. 263).

Demographic Characteristics of Assault Survivors

Age. In general, sexual trauma is considered to be more common among younger women (Tjaden & Thoennes, 1998). In a random sample of 941 men and women, Elliott and colleagues (2004) determined that 15.6% of respondents aged 18 through 34 and 14% of respondents aged 35 through 54 were survivors of adult sexual assault. Meanwhile, 9.7% of individuals between the ages of 55 and 74 and 5.7% of individuals over the age of 75 indicated adult sexual victimization (Elliott et al.).

Ethnicity. Data collected from American populations show disagreement with respect to ethnic differences among survivors. Some research (e.g., Sorenson & Siegel, 1992, as cited in Koss, 1993) suggested that Hispanic women experience sexual assault to a lesser extent than Caucasian and African-American

women (who experience assault at a comparable level), while other research (e.g., Elliot et al., 2004) reported that there are no significant differences among the ethnicity of survivors. Alternatively, in Canada, there is a substantially higher amount of reported sexual offences in Nunavut when compared to all other provinces and territories (Statistics Canada, 2006), suggesting that perhaps sexual assault occurs more frequently among our Aboriginal population.

Rape Myths

The statistical findings regarding the staggering presence of sexual assault within our society may come as a surprise, given the misperceptions held within society around rape and sexual assault (Lonsway & Fitzgerald, 1994). In particular, the presence of rape myths, or "'prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists'" (Burt, 1980, as cited in Peterson & Muehlenhard, 2004, p. 130) are rampant within our society. Misperceptions of this nature lead individuals to misunderstand the definition of rape, inappropriately allocate blame to the survivor, and undervalue the impact of assault on the survivor (Connop & Petrak, 2004; Lonsway & Fitzgerald; Peterson & Muehlenhard). The depth of the impact of sexual assault on survivors is highlighted below.

Psychological Consequences of Sexual Assault

Sexual trauma is associated with an array of immediate and long-term psychological, physical, and social consequences (Koss, 1993; Resick, 1993; Sarkar & Sarkar, 2005; Tjaden & Thoennes, 1998). While a discussion of the physical consequences of sexual assault is beyond the scope of the present study,

it is important to recognize that the impacts of this crime extend far beyond the associated mental health sequelae. An overview of the observed psychopathology associated with sexual assault is provided, along with a brief summary of the disturbances in general psychological functioning.

Psychopathology

Psychopathological responses to rape and sexual assault have been observed in survivors immediately after the assault and at several months post-crime (Darves-Bornoz, 1996; Faravelli et al. 2004; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992). Posttraumatic Stress Disorder (PTSD), depression, anxiety disorders, dissociative disorders, somatoform disorders, and substance abuse disorders, are among the most frequently cited psychopathological responses to sexual trauma (Clum, Calhoun, & Kimerling, 2000; Elklit et al., 2009; Fergusson, Swain-Campbell, & Horwood, 2002; Rothbaum et al., 1992; Sarkar & Sarkar, 2005). These are discussed in detail.

Posttraumatic Stress Disorder (PTSD). Given the violating, sudden, unexpected, and often violent nature of sexual assault, it comes as no surprise that the rates of PTSD observed in survivors are staggering (Darves-Bornoz, 1997; Rothbaum et al., 1992). In a study of female rape and attempted rape survivors, Rothbaum et al. found that at an average of 12.64 days post-assault, 94% of survivors met the *Diagnostic and Statistical Manual of Mental Disorders – Third Edition – Revised* (*DSM-III-R*; American Psychiatric Association, 1987) criteria for PTSD. While this number reduced to 47% at an average of 94.33 days post-assault, Rothbaum and colleagues determined that those women with a persistent

presence of PTSD throughout the three month study experienced no improvement in their symptomology from an average of 35 days post-assault onwards. This suggests that the severity of PTSD remains consistent for many of the affected survivors (Rothbaum et al.). In an alternate study of female victims of crime, it was determined that PTSD is more common among women who have survived rape one or more times than women who have survived other forms of crime (Kilpatrick, Saunders, Veronen, Best, & Von, 1987, as cited in Resick, 1993). This suggests that rape survivors are particularly prone to PTSD.

Within the Canadian context, sexual assault is seen as one of the central forms of trauma associated with PTSD (Van Ameringen, Mancini, Patterson, & Boyle, 2008). In a study completed by Van Ameringen and colleagues, it was determined that sexual assault, defined as, "anyone forcing you or attempting to force you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way" (p.174) is the second leading cause of PTSD in women next only to a sudden unexpected death. According to this study, sexual assault is more strongly associated with PTSD among Canadian women than any other form of assaultive violence, injury, shock, or learning about others (Van Ameringen et al.).

While the personal experience of PTSD varies on a case by case basis, particular PTSD symptoms are more common for survivors of sexual assault (Rothbaum et al., 1992; Sarkar & Sarkar, 2005). For example, according the Rothbaum et al., the symptoms experienced most frequently include avoidance, detachment, concentration/memory difficulties, hyperalertness, and fear. The

interplay of these symptoms in the survivors' interpersonal interactions is an important consideration that is discussed in subsequent sections.

Also among the PTSD literature is the more controversial diagnosis of rape trauma syndrome (RTS; Burgess, 1983). Originally posited by Burgess and Holmstrom (1974), RTS is considered "by some psychologists as a particular example of a Posttraumatic Stress Disorder" (Frazier & Borgida, 1985, p. 984). As such, RTS has a particular set of diagnostic criteria that aligns with the *Diagnostic and Statistical Manual of Mental Disorders – Third Edition (DSM-III;* American Psychiatric Association, 1980) criteria for PTSD, yet is more specific to the experiences of rape survivors (Burgess; Frazier & Borgida). While RTS is not currently listed in the *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – Text Revision (DSM-IV-TR*; American Psychiatric Association, 2000), the *DSM-IV-TR* makes a more direct association between sexual assault and PTSD than that offered in previous editions (Cling, 2004). Meanwhile, RTS remains a common framework utilized by clinicians in making sense of the survivor's post-assault adjustment (Cling; University of Alberta Sexual Assault Centre, n.d.).

The criteria for rape trauma syndrome includes the presence of a significant stressor (i.e., rape), intrusive imagery, persistent dreams or nightmares related back to the assault or experience of being a victim, numbing or reduced responsiveness to the outside world, and two of: "exaggerated startle response, sleep disturbance, guilt about surviving or about behaviours required for survival, memory impairment or difficulty concentrating, avoidance of activities that

arouse recollection of the traumatic event, and intensification of symptoms by exposure to events that symbolize or resemble the traumatic event" (Frazier & Borgida, 1985, p. 984). The experience of rape trauma syndrome is often broken down into three unique phases (University of Alberta Sexual Assault Centre, n.d.). During the "acute phase," the survivor experiences many of the symptoms mentioned above (i.e., intrusive imagery, sleep disturbance; University of Alberta Sexual Assault Centre). This is followed by the phase of "outward adjustment," where the survivor attempts to block the assault out of her immediate memory and return to normal life as if the assault never occurred (University of Alberta Sexual Assault Centre). Finally, the survivor ultimately enters "long-term reorganization," where she is forced to cognitively integrate the assault into her history, as she is unable to continually repress it (University of Alberta Sexual Assault Centre).

Internalizing disorders. While the experience of internalizing disorders are more common, in general, for women than men (Fergusson et al., 2002), research suggests up to 75% of sexual assault survivors exhibit symptoms of depression, and up to 38% develop an anxiety disorder (generalized anxiety, social phobia, simple phobia, or panic disorder) at some point following sexual assault (Faravelli et al., 2004; Resick, 1993). These alarming statistics are further highlighted by the fact that major depression and anxiety disorders have a higher prevalence in populations of women who have experienced non-consensual / forced sexual penetration than woman who have not (Faravelli et al.).

The internalizing symptomology associated with rape includes, for example, depressed mood, feelings of guilt, hypersomnia, difficulty falling asleep, panic attacks, anhedonia, fatigue, social phobia, simple phobia, affective flattening, generalized anxiety, irritable mood, suicidal ideation, and distractibility (Faravelli et al., 2004). These symptoms appear to be pervasive and chronic (Faravelli et al.; Resick, 1993; Sarkar & Sarkar, 2005). For example, specific studies (e.g., Kilpatrick & Veronen, 1984, as cited in Resick, 1993) have established that survivors continue to report symptoms of anxiety up to three years post-assault. Moreover, in their study examining survivors' mental health at an average of 21.9 years post-rape, Kilpatrick et al. (1987) determined that survivors of sexual assault are "more likely to be depressed" (p. 229) than women who were not sexually assaulted.

Other psychopathology. Although PTSD and other internalizing disorders encompass some of the most frequently cited responses to sexual assault, other co-morbid disorders are often observed (Darves-Bornoz, 1997; Elkit et al., 2009). In particular, dissociative disorders, somatoform disorders, eating disorders, and substance abuse disorders are considered to be of significant concern for survivors who are also experiencing PTSD (Darves-Bornoz; Elklit et al.; Faravelli et al., 2004). For example, in a national study on rape survivors conducted in the United States, it was established that PTSD-affected survivors are "5.3 times more likely to have two or more major alcohol-related problems" and "3.7 times more likely to have two or more serious drug-related problems" than those survivors not experiencing post-assault PTSD (Kilpatrick, Edmunds, & Seymour, 1992, p. 8).

Moreover, in comparison to women who have never experienced the crime, those women with rape-related PTSD are "13.4 times more likely to have two or more major alcohol problems," and "26 times more likely to have two or more … serious drug abuse problems" (Kilpatrick et al., p. 8).

General Psychological Functioning

The experience of general psychological distress is virtually universal among survivors (Resick, 1993). Upset psychological functioning can be experienced and exhibited in various, interrelated ways (Resick). Disruptions to specific areas of functioning are highlighted.

Self-blame. It is common for survivors to engage in self-blame following the assault (Koss, 1993; Littleton & Breitkopf, 2006; Najdowski & Ullman, 2009; Resick, 1993). In particular, research suggests that roughly 50% of women blame themselves for the assault, as a result of both their pre-assault behaviour (e.g., poor judgment) and their global character (e.g., denoting themselves as "deserving" of the assault; Meyer & Taylor, 1986). In addition, survivors take on the onus of blame as a result of the circumstances associated with the assault and previous experiences of assault; specifically, if women are under the influence of drugs or alcohol at the time of the assault and/or if they are previous survivors of adult sexual assault there is a greater tendency for self-blame (Koss, Figueredo, & Prince, 2002; Ullman, 1996). Self-blame is also assumed when women have a previous romantic history with the perpetrator (Mynatt & Allgeier, 1990, as cited in Littleton & Breitkopf).

The residual impacts of self-blame are significant (Littleton & Breitkopf, 2006; Najdowski & Ullman, 2009; Resick, 1993). First, self-blame is associated with negative coping styles, including suppression of feelings and avoidance coping (Littleton & Breitkopf). Avoidance coping can prove to be disruptive in the healing process and serve to enhance psychological dysfunction (Littleton & Breitkopf). Moreover, in a study examining PTSD symptomology, it was established that feelings of self-blame are strongly associated with a greater presence of PTSD symptoms, a relationship that is statically mediated by maladaptive coping (Najdowski & Ullman).

Self-esteem. According to Vianna, Bomfim, and Chicone (2006), the relationship between self-esteem and sexual assault relates back to the satisfaction of Maslow's hierarchy of needs (Maslow, 1970). In particular, these authors posit that the experience of sexual assault violates the safety needs, which reside near the bottom of Maslow's proverbial pyramid (Vianna et al.). Because of the interrelationship between all of the needs among the pyramid, the dissatisfaction of safety needs inhibits the further accomplishment of esteem needs (Vianna et al.). Said differently, "the safer we feel in the environment we are part of, the more our self-esteem will be raised by confidence and respect" (Vianna et al., p. 696). One may also argue that other levels of Maslow's hierarchy are additionally violated by the experience of sexual assault, further inhibiting the development and maintenance of esteem. In particular, physiological needs and love/belonging needs (specifically for sexual intimacy), appear to be significantly violated by the assault.

Beyond these theoretical hypotheses, the relationship between sexual assault and self-esteem has also been established through empirical and exploratory research, some of which is slightly dated (Filipas & Ullman, 2001; Foliano, 1995; Murphy et al., 1988; Resick, Jordan, Girelli, Hutter, & Marhhoefer-Dvorak, 1988; Schnicke & Resick, 1990). For example, Murphy and colleagues, as cited in Resick (1993), determined that survivors experience significantly lower self-esteem than women who were not assaulted across "various arenas" (p. 230), including work, parents, self, others, etc. These effects were continually noticed, albeit to a lesser extent, at two years post-crime (Murphy et al., as cited in Resick). Similarly, using a standardized measure of self-esteem, researchers have established that individuals entering therapy following the experience of rape are, on average, one-half to one standard deviation below the mean self-esteem score (Resick et al., as cited in Resick). Finally, in a study examining social reactions from support providers (i.e., friends, family members, romantic partners), it was established that survivors who receive a blaming response upon disclosure experience significantly lower levels of self-esteem than those women who did not experience blame (Filipas & Ullman). A more thorough overview of social reactions to sexual assault is provided below.

Sadly, diminished self-esteem is associated with increased self-blame for the occurrence of the assault (Schnicke & Resick, 1990, as cited in Resick, 1993). As such, the implications associated with self-blame mentioned previously may also be problematic for those survivors who experience reduced self-esteem post-

assault. The most helpful resource in re-instilling pre-assault levels of esteem is support from partners or family members (Vianna et al., 2006).

Sexual functioning. Given the intimately violating nature of the crime, it comes as no surprise that changes in sexual functioning following the experience of sexual assault are prevalent (Sarkar & Sarkar, 2005; van Berlo & Ensink, 2000). In the study by Faravelli and colleagues (2004) mentioned previously, it was established that 92.5% of survivors experience "absent sexual desire" (p. 1484) at the four to nine month period following forced, non-consensual penetration. In this same study, it was reported that sexual aversion and genital pain were experienced by 85% and 82.5% of participants, respectively (Faravelli et al.). Finally, these authors stated that "sexual disorder" (p. 1484) is significantly higher among survivors (90%) in comparison to women who were not sexually assaulted (19%). However, the exact nature of the said "sexual disorder" was not provided among the study (and "sexual disorder" is also not present in the *DSM-IV-TR*; Faravelli et al.).

van Berlo and Ensink (2000) provided a comprehensive review of the literature pertaining to post-assault sexuality. In line with the above research, these authors observed that the desire to engage in sexual contact and the level of pleasure associated with sex tends to diminish immediately following the assault (van Berlo & Ensink). In some cases, this reduced contact and enjoyment was maintained for several years (van Berlo & Ensink). When speaking about factors that predict sexual problems, van Berlo and Ensink noted that the act of penetration, assault from a known perpetrator, and assault at a younger age are all

predictive of future sexual issues. It has also been established that the emotional reactions towards the assault – particularly feelings of self-blame, guilt, and shame – have a negative and long-lasting impact on sexual functioning (van Berlo & Ensink). Finally, when looking at the relationship between sexual dysfunction and co-existing psychological problems, it was established that sexual dysfunction is positively correlated with other psychopathology, including depression and anxiety (van Berlo & Ensink). Moreover, it has been empirically validated that PTSD is a moderating variable in the relationship between sexual assault and sexual dysfunction (van Berlo & Ensink).

Fear. A general sense of fear is frequently reported by survivors following sexual assault (Resick, 1993). This does not come as a surprise, given the nature of sexual assault and the inclusion of fear in PTSD diagnostic criteria (American Psychiatric Association, 2000). Similarly, fear is also present in the diagnostic criteria for anxiety disorders (e.g., phobic disorder), which is another common pathological response to sexual assault (Faravelli et al., 2004; Resick).

At the time of the assault, the presence of fear is at its peak (Amstadter & Veronen, 2008). During this time, survivors most frequently report a fear of death (Dupre, Hampton, Morrison, & Meeks, 1993). After the crime, fear remains persistent; in a review by Resick (1993) it was highlighted that fear remains constant for up to three years, as measured by the Modified Fear Survey (MFS; Veronen & Kilpatrick, 1980). To quantify the level of fear experienced by survivors post-assault, Resick reported that sexual assault-related fear is considered to be at an equivalent level to that of robbery victims. Moreover, in

comparison to robbery victims, sexual assault survivors experience greater sexual fears, stronger avoidance reactions, and greater thought intrusion related to the event (Resick, 1988, as cited in Resick).

Comment on the Personal Implication of Sexual Assault

Based on the summary of literature described above, it is clear that the implications of sexual assault for the survivor are extensive. When looking solely at the mental health of the survivor post-assault, research shows that women can suffer extensive psychopathological trauma in response to the assault, while disrupted functioning related to self-esteem, self-blame, sexual functioning, and fear is also common. These repercussions appear to be pervasive and long-lasting. Sadly, these are only a subset of the associated repercussions. As mentioned previously, there are various associated physiological and medical implications of sexual assault, including, for example, the fear of pregnancy and sexually transmitted infections (STIs), genital trauma, physical injury, and so on (Sexual Assault Centre of Northwest Georgia, n.d.). Again, while a discussion of these implications is beyond the scope of this study, it is important to provide additional consideration to such issues, as they may further aggravate the psychological challenges mentioned above.

While the individual implications of sexual trauma are extensive, significant secondary implications have also been observed (e.g., Emm & McKenry, 1988; Smith, 2005). In particular, the interpersonal nature of the assault creates space for subsequent interpersonal difficulties. A review of these implications is provided below.

Interpersonal Impact of Sexual Assault

Secondary victimization in response to a traumatic event has been studied in various capacities including, for example, motor vehicle accidents (Beck, Grant, Clapp, & Palyo, 2009), the Holocaust (Lev-Wiesel & Amir, 2001), miscarriage (Serrano & Lima, 2006), and so on. In many cases, this research shows that traumatic experiences not only impact the survivor, but also have significant secondary impacts on the psychological, physiological, and emotional well-being of loved ones (e.g., family members, friends, spouses; Lev-Wiesel & Amir). With respect to sexual assault, similar findings are available, despite limited research (e.g., Emm & McKenry, 1988; Holmstrom & Burgess, 1979; Smith, 2005). In particular, the experience of adult sexual assault has been observed to have residual effects on family (e.g., Emm & McKenry) and male significant others (Holmstrom & Burgess; Smith). An overview of the impact on both parties is provided, with greater emphasis on the impact of sexual assault on partners, given the nature of this study.

Impact of Sexual Assault on Family Members

Research pertaining to the impact of sexual assault on external family members shows that these individuals – particularly parents – view rape as a "shared crisis" (Emm & McKenry, 1988, p. 276). Stemming from this standpoint of mutuality, family members have been observed to take on a number of different emotional and behavioural responses to the trauma (Heinrich, 1987; Sexual Assault Centre of Northwest Georgia, n.d.). For example, some family members experience similar emotional and psychological reactions to those

reported by the survivor, including "shock, disbelief and helplessness, as well as physical symptoms such as headaches, insomnia, and gastrointestinal disturbances" (Heinrich, p. 16). Similarly, Emm and McKenry also noticed feelings of anger and frustration among family members. Behaviourally, families are also observed to become somewhat overprotective of the survivor, make outward attempts to distract her (e.g., with vacations), or overtly avoid discussing the assault (Heinrich). Such behaviour is often fuelled by a sense of guilt for failing to protect the survivor (Ledray, 1994, as cited in Sexual Assault Centre of Northwest Georgia) or confusion over how to effectively respond to her (Emm & McKenry).

Family members have also been observed to engage in unhealthy behaviours, including victim-blaming, offering disbelief to the survivor, and thinking about or engaging in retaliatory behaviour against the perpetrator (Emm & McKenry, 1988; Heinrich, 1987; Ledray, 1994 as cited in Sexual Assault Centre of Northwest Georgia, n.d.). According to Ledray, as cited in Sexual Assault Centre of Northwest Georgia, this behaviour may again result from an overwhelming sense of guilt, or may stem from an unconscious attempt to protect the psyche. The latter is a particularly common cause for engaging in survivor-blame. More specifically, Ledray, as cited in Sexual Assault Centre of Northwest Georgia, argues that secondary victims, such as family members, may be able to maintain a personal sense of safety through evaluating the survivor's behaviour leading up to (and presumably causing) the assault and making the assertion that they would not engage in congruent behaviour. Through making this connection,

the individual can then define themselves as "risk-free" for becoming eventual victims of sexual assault (Ledray, as cited in Sexual Assault Centre of Northwest Georgia). For example, if the survivor was drinking prior to the assault, the family member may protect themselves by acknowledging, "I would never drink that much, therefore I would never be assaulted."

Impact of Sexual Assault on Partners

Great focus has been placed upon understanding the reciprocal impact of the partner's post-assault behaviour on the survivor's well-being (e.g., Filipas & Ullman, 2001; Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Ullman, 1999; Ullman & Filipas, 2001). However, little is known about the personal post-assault experiences of the partner. A review of the available research is provided.

In a study by Emm and McKenry (1988), partners reported experiencing many of the same challenges as the survivors' family members, including, for example, a sense of helplessness, anger, and aggravation over not knowing how to handle the survivor. These emotions – particularly anger – have also been observed by other investigators (e.g., Cohen, 1988; Holmstrom & Burgess, 1979; Smith, 2005). In some cases, this anger is directed towards the female survivor when the partner believes her behaviour perpetuated the assault in some way (e.g., her selection of friends; Smith). Behaviourally, partners exhibit their anger through becoming protective of the survivor or, in many cases, maintaining a desire to retaliate against the perpetrator (Cohen; Emm & McKenry; Smith). In some cases, this desire for retaliation is also fuelled by the partners' overwhelming sense of guilt for failing to protect the survivor, rather than anger

(Holmstrom & Burgess, 1979; Ledray, 1994 as cited in Sexual Assault Centre of Northwest Georgia, n.d.; Smith).

Feelings of confusion and betrayal are also common inter-related emotions felt by the partners post-assault (Emm & McKenry, 1988; Holmstrom & Burgess, 1979; Smith, 2005). Betrayal comes as a knee-jerk reaction upon learning that the survivor has been sexually involved with another male and is additionally felt when the survivor fails to disclose the assault immediately following the experience (Holmstrom & Burgess; Smith). These feelings of betrayal, in combination with their overwhelming sense of guilt, often leaves the partner feeling confused over who to blame for the assault - the perpetrator, the survivor, or himself (Smith). Holmstrom and Burgess noted this interplay of emotions is also present for partners when they attempt to identify the true victim of the assault - themselves or the survivor - as both are violated by the assault.

Confusion is also felt by the male partners over how to appropriately respond to the survivor (Emm & McKenry, 1988). As such, the male partners often feel inadequate in the level of support they intrinsically know how to provide (Emm & McKenry). In many cases, confusion of this nature is simply related to a general lack of education regarding sexual assault (Cohen, 1988). In particular, men have reported difficulty understanding the grieving process experienced by the survivor, knowing the true definition of sexual assault or rape, and/or recognizing how to respond to the survivors' needs (Brookings, McEvoy, & Reed, 1994; Cohen).

At a more internalizing level, research shows that partners often experience post-assault depression, much like the survivor herself (Emm & McKenry, 1988; Smith, 2005). Specifically, while some men cite falling into a state of depression upon learning about the assault (Smith), it is also hypothesized by authors such as Remer and Elliott (n.d.) that the experience of depression is part of the loss/grief cycle originally posited by Kubler-Ross (1969). In other words, depression is part of the "normal" process in healing from the assault (Remer & Elliott). In this loss/grief model, the experience of depression (and anger) follows the preliminary experiences of shock and denial and precedes experiences of bargaining and acceptance (Kubler-Ross, as cited in Remer & Elliott). These initial emotional reactions and ultimate sense of acceptance have been observed among partners in alternate studies (e.g., Cohen, 1988; Smith).

Beyond this theory of loss and grief, alternate research has suggested that the partners respond to the assault through a different six-stage process (Remer & Ferguson, 1995). Similar to the post-assault experiences of the survivor, this process includes phases of 1) pre-trauma 2) trauma awareness, 3) crisis and disorientation, 4) outward adjustment, 5) reorganization, and 6) integration and resolution (Remer & Ferguson). Briefly, this model highlights the tendency for the partner to experience denial and shock immediately upon learning of the assault, which is followed by attempts to maintain the pre-assault status quo (Remer & Ferguson). Ultimately, however, the partner is forced to cognitively and emotionally integrate the experience into his individual and relational being, which brings a sense of resolution (Remer & Ferguson).

Along with these personal experiences, the partner is additionally coping with the challenges faced by the survivor (Emm & McKenry, 1988; Holmstrom & Burgess, 1979). As a result, he is forced to navigate between his role as a supporter while also attempting to individually cope with and heal from his own challenges (Emm & McKenry; Holmstrom & Burgess). Moreover, many of the survivor's post-assault issues have residual impacts on her partner (e.g., sexual intimacy; van Berlo & Ensink, 2000). As such, it appears that an interaction between the individual healing processes is common post-assault, particularly within the context of a romantic relationship. This is further explored below.

Despite the multitude of challenges experienced by the partner post-assault, little research is available pertaining to appropriate and effective intervention strategies for these victims. Moreover, despite the accessibility of sexual assault centres, extensive and recurrent services are rarely made available for partners; moreover, when these services are offered, they are infrequently utilized (Brookings et al., 1994). Based on information collected from the directors of rape crisis centres, it was determined that some of the hypothesized reasons why men do not seek the services of sexual assault centres include "difficulty dealing with their emotions," the notion that they "view rape as a 'woman's problem,'" or that they "feel they don't need the services" (Brookings et al., p. 297).

The value of treatment programs for male partners was identified by Cohen (1988) and Smith (2005). In particular, after conducting a support group for partners, Cohen established that the participating men improved their

understanding of assault, overcame their internalizing problems, developed new behavioural and coping strategies, and generally worked towards relationship improvement. These findings, along with the related research discussing the impacts of sexual assault on partners (e.g., Smith) suggests that intervention services for significant others is of great importance. Moreover, when speaking about the partner, Smith suggested that "if we do not consider his emotional state and help him heal it is unlikely that he will be able to give the support that most victims want and need from their significant others" (p. 164).

Comment on the Interpersonal Impact of Sexual Assault

It is clear from the previously summarized research that sexual assault has a significant impact on those individuals close to the survivor, including her family and partner. While these individuals work to navigate through the emotional and physical trauma experienced by the survivor, they are often left with similar challenges themselves (Emm & McKenry, 1988; Smith, 2005). It can be said then, that sexual assault is very much an interpersonal trauma, with interpersonal implications. Sadly, however, it appears that the mental health community has not been effective in treating these interpersonal implications (Brookings et al., 1994; Smith). While this is problematic for the well-being of supporters, it appears that this "gap" may also inhibit the further recovery of the survivor herself and/or create additional emotional struggles (Filipas & Ullman, 2001; Ullman & Filipas, 2001). A review of social support and sexual assault recovery is subsequently provided.

Social Support and Post-Assault Well-Being of Survivors

Within the literature, it is agreed that the psychological well-being of sexual assault survivors is significantly impacted by the level of social support they receive from formal (e.g., doctors, police, psychologist) and informal support sources (e.g., friends, family) following the disclosure of the assault (Campbell & Raja, 1999; Filipas & Ullman, 2001; Golding et al., 1989; Heinrich, 1987; Holmstrom & Burgess, 1979; Ullman & Filipas, 2001; Resick, 1993; Ullman, 1999). As mentioned in the Introduction, the receipt of positive social reactions (e.g., being listened to) enhances the psychological functioning and recovery of the survivor, while negative social reactions (e.g., being told to "move on") impede the functioning and recovery of the survivor (Emm & McKenry, 1988; Filipas & Ullman; Ullman & Filipas). An overview of the implications of social support on the well-being of the survivor is provided, with added emphasis again provided to the implications of the partners' reactions.

Negative Social Reactions

Common negative social responses received by survivors include being stigmatized or treated differently, being presented with rape myths, experiencing blame for the incident, facing disbelief, being presented with distractions to avoid thinking about or discussing the assault, or being forced to deal with egocentric reactions (Ullman, 1999; Ullman & Filipas, 2001). Sadly, negative social reactions such as those mentioned are most commonly received from formal, rather than informal, support sources - particularly physicians and police officers - and are generally provided to survivors of more violent assaults (Ullman). Police

officers and physicians are also described as the least helpful support sources, overall (Golding et al., 1989).

Regardless of the source and severity of the response, however, social reactions such as those mentioned have been observed to have detrimental impacts on the survivor and her recovery process (Filipas & Ullman, 2001). For example, according to Filipas and Ullman, the experience of blame is associated with a reduced level of self-esteem while egocentric responses often lead to "worse adjustment" (p. 688). Similarly, the receipt of negative social reactions is also related to an increase in PTSD symptom severity, a relationship that is maintained upon controlling for "race, perceived life threat, education, and extent of disclosure" (Ullman & Filipas, 2001, p. 386). When these negative social reactions are received from authority figures or parents, survivors are also often left questioning their feelings of protection (Filipas & Ullman). Interestingly, however, some women also viewed particular negative responses, including distracting, controlling, and egocentric responses as "caring" (Filipas & Ullman), yet acknowledge that in some cases these responses – such as being over-protective – can inhibit attempts to revive independence (Emm & McKenry, 1988).

Negative reactions from partners. Social reactions from partners have been uniquely studied (e.g., Filipas & Ullman, 2001) as these individuals are "the most likely candidate for providing support" (Holmstrom & Burgess, 1979). Among these studies, it was observed that partners provide less supportive behaviour to female survivors of sexual assault than they do to female survivors

of other crimes (Davis & Brickman, 1996). Stemming from this finding, some studies have even found that immediately following the assault, partners are considered "less supportive than female support providers" (Frazier & Burnett, in press, as cited in Brookings et al., 1994, p. 295). This may be, in part, a result of the interpersonal violations associated with the assault and the associated difficulties the partner faces, as mentioned above (e.g., guilt, anger; Holmstrom & Burgess; Smith, 2005). As such, the post-assault adjustment of in-relationship survivors is worse, in some cases, than out-of-relationship survivors, as women who are not in a relationship at the time of the assault do not have to work through these relational complexities (Moss et al., 1990).

Common negative responses exhibited by the partner include egocentric responses, withdrawal, and victim-blame (Davis, Brickman, & Baker, 1991). Sadly, such behaviours are related to "more psychological symptoms" for the survivor (Davis et al., as cited in Ullman, 1999, p. 351). Similarly, partners have also been observed to limit the social contact of the survivor as a method of protection; however, this behaviour only leads to greater difficulties, including heightened anxiety and diminished trust (Brookings et al., 1994). Finally, as a personal means of coping, partners also engage in avoidance behaviour; unfortunately, this closed-off behaviour forces survivors to feel "undesirable or 'tainted'" (Brookings et al., p. 296) in the eyes of their partner.

Interestingly, if women are not in a romantic relationship at the time of the assault they may seek out a partner as a means of coping (Emm & McKenry, 1988). Through seeking out this connection survivors attempt to regain feelings

of trust, safety, and desirability (Emm & McKenry). However, when partners are successful in providing survivors with social support of this nature, the survivors often report "phobias, reduced social activity, and other symptoms, which were somewhat more severe than those of women who were not involved in committed heterosexual relationships" (Emm & McKenry, p. 276). This is largely because the survivor failed to regain her personal sense of independence and instead turned to a male for protection (Emm & McKenry). This suggests that even when the partner attempts to provide the survivor with exactly what she is seeking, he may still play a negative role in her overall recovery process.

While this literature paints a somewhat negative picture of the role men - specifically partners - play in the recovery of the survivor, it is important to also recognize that alternate literature reports that particular actions of partners are deemed helpful (e.g., Filipas & Ullman, 2001). Moreover, given the limited number of supports offered to these individuals as discussed previously (Brookings et al., 1994), it can be suggested that perhaps the negative social reactions exhibited by males partners are a mere reflection of their own unresolved emotional reactions to the assault and /or their lacking education regarding assault and the subsequent sequelae, rather than an outward attempt to create more damage in the survivor's already disruptive experience.

Positive Social Support

Generally speaking, positive social reactions towards the survivor can include, for example, being listened to, receiving emotional support, feeling validated, and not experiencing blame (Filipas & Ullman, 2001). Support of this

nature appears to go a long way for survivors, including enhancing the overall recovery process, improving self-esteem, and reducing the level of depression and reclusiveness (Filipas & Ullman; Resick, 1993; Ullman, 1999; Ullman & Filipas, 2001). Interestingly, it has been hypothesized that a greater level of support is received by survivors of more violent assaults (Resick). For example, Ruch and Hennessy (1982), as cited in Resick, noted that there is a positive correlation between "the violence of an assault and post-assault family closeness" (p. 243)

Among the formal and informal support sources available for survivors to disclose to, friends and relatives are among the most commonly chosen (Golding et al., 1989). This does not come as a surprise, given that 87% of survivors report having "supportive friends" (Ruch & Hennessy, 1982, as cited in Resick, 1993, p. 244), while "two-thirds" of survivors indicate that the support offered by their friends and relatives was "helpful" if they chose to disclose to such sources (Golding et al., p. 103). At the more formal level, another source of positive support for survivors is rape and sexual assault crisis centres (Golding et al.). After visiting these centres, survivors report experiencing non-blaming responses from staff and a deep understanding of the psychological implications associated with the event (Ullman, 1999). Receiving reactions of this kind leads roughly 94% of survivors who visit these centres to report their experience as helpful (Golding et al.) Sadly, however, these are one of the least sought after support providers with only 1.9% of survivors seeking their services (Golding et al.).

Positive support from partners. The impact of positive social responses from partners has been independently studied to a very minimal extent. Survivors

have indicated that the most helpful responses provided by partners include emotional support, listening, and maintaining behaviour that does not attempt to distract the survivor (Filipas & Ullman, 2001). Although experienced to a lesser extent, it was also observed that validation, minimal blame, and tangible support are perceived as helpful (Filipas & Ullman). Interestingly, Filipas and Ullman have established that the experience of these forms of support can enhance the survivor's positive affect and is associated with a reduction in the number of PTSD symptoms present for the survivor; yet, alternate research (Davis et al., 1991), found that the experience of supportive behaviour from male partners and alternate significant others has no significant relationship to adjustment following the experience of rape. This further highlights the need for improved and expanded research in this area.

Comment on Social Support and Post-Assault Well-Being of Survivors

From the previously summarized research, it becomes clear the responses of formal and informal support sources upon disclosure of the assault significantly impact the well-being of the survivor. While the literature is in general agreement that the support of friends, family, and sexual assault centres is particularly helpful, these resources are not always sought out (Golding et al., 1989). A more available and likely source of support for survivors are their partners (Holmstrom & Burgess, 1979). Interestingly, however, the available literature is predominately focused on understanding the negative impact of the partner towards the survivor's healing (e.g., Davis et al., 1991; Moss et al., 1990). Meanwhile, minimal literature (e.g., Filipas & Ullman, 2001) suggests that the

behaviour of the partner following the female's experience of assault positively impacts her recovery. Moreover, among this small body of literature, there remains empirically-based criticism and critique of the partners' behaviour (Filipas & Ullman). While this may be reflective of a particular gap within the literature, it also highlights a broader issue of the implications sexual assault has on romantic relationships, in general. Particularly, the research evidence suggests that sexual assault has significant emotional implications for the female survivor and her partner and that the response of the partner towards the survivor is also damaging (Davis et al.; Resick, 1993; Smith, 2005). Specific relational implications are further explored below.

Sexual Assault and Romantic Relationship Functioning

The experience of any trauma can be challenging for romantic relationships (Broman, Riba, & Trahan, 1996; Goff et al., 2006). In many cases, post-traumatic psychopathology has been observed to negatively impact the functioning of a couple (Beck et al., 2009). For example, according to Beck and colleagues, hyperarousal symptoms associated with PTSD have a "negative effect on interpersonal functioning" (p. 448), while depression is also associated with "negative interpersonal functioning" (p. 448). Similarly, in a qualitative study of couples who have faced traumatic experiences, Goff and colleagues reported that couples experience altered communication, cohesion, and understanding post-trauma; specifically, couples experience either an increase or decrease in these areas (Goff et al.). Beyond this, it was highlighted that couples also experience

intimacy challenges and an increased level of relationship distress post-trauma (Goff et al.).

Like most traumas, sexual assault also impacts the romantic relationship of the survivor and her partner (Moss et al., 1990; Smith, 2005). Moreover, researchers have established that the experience of sexual assault for women who are in romantic relationships is particularly challenging, given the psychological damage to both partners and the violation of the assault on the relationship directly (Moss et al.; Resick, 1993; Smith). In a review of the literature offered by Connop and Petrak (2004), it was particularly acknowledged that survivors and their partners experience significant challenges in "communication and emotional support," (p. 30) following assault, along with interrupted sexual functioning. Similarly, in one of the few (yet more dated) investigations that closely align with this study, Miller and colleagues (1982) found that challenges among the communication, trust, and sexual intimacy domains are present after the female partner's experience of rape. Challenges such as these may partially account for the fact that "between 50 and 80%" of romantic relationships dissolve following the female partner's experience of rape (Crenshaw, 1978, as cited in Connop & Petrak, p. 30).

In a summary of related literature offered by Moss and colleagues (1990), it was determined that "married and cohabitating rape victims may experience greater psychological trauma subsequent to rape than do single victims" (p. 382). This comes as a result of several variables. First, the initial disclosure is a primary stressor for the couple, as the survivor does not immediately report the

assault to her partner, fearing his response (Katz & Mazur, 1979, as cited in Moss et al.). This stress is compounded by the wide array of rape myths the couples faces (e.g., the survivor's behaviour is to blame, women use the assault to cover up cheating), making it difficult for both the survivor and her partner to "make sense" of the assault (Connop & Petrak, 2004, p. 30). Once the disclosure is made, both partners experience a range of psychological reactions, as discussed previously (Resick, 1993; Smith, 2005). At the same time, however, the survivor looks to her partner for emotional support to help with her processing and expects that he is capable of providing this (Davis & Brickman, 1996; Moss et al.). Conversely, however, the partner is experiencing his own emotional and psychological responses to the trauma and thus, the female survivor is more often presented with reactions such as those discussed previously, including withdrawal, blame, and egocentricity (Davis et al., 1991). While these and other reactions are associated with the partner's individual response to the crisis (Orzek, 1983), survivors are often left to feel let down by their partners, further burdening their recovery (Davis et al.; Moss et al.). Moreover, because the secondary victimization of men is often disregarded (Connop & Petrak; Orzek; Smith), both partners are left to navigate through their individual psychological challenges with little effective support, particularly from one another. Meanwhile, the relationship is essentially left to flounder as neither party can effectively concentrate on its maintenance (Miller et al., 1982).

The implications of this research are particularly significant when incorporating the literature that examines the impact of traumatic events on

intimate relationships briefly highlighted above (e.g., Broman et al., 1996). In particular, research shows that the relationship between marital well-being and traumatic events is moderated by spousal support (Broman et al.). Because spousal support from the partner towards the survivor and vice versa is especially low in the case of sexual assault (Davis & Brickman, 1996), it can be suggested that relational well-being is particularly damaged by the survivor's experience of sexual assault.

Comment on Sexual Assault and Romantic Relationship Functioning

Despite the fact that we have made great strides in understanding the personal implications of sexual assault on female survivors and have started to better conceptualize the implications of this trauma on partners, we know very little about the impact of sexual assault on romantic relationship functioning specifically. This is further highlight by Resick (1993) who noted that "interpersonal functioning is difficult to assess in all its complexities but certainly is affected by rape and needs further investigation" (p. 235). This underscores the need for additional research.

Another concern, beyond the minimal amount of literature available, is the fact that much of the research regarding this topic is quite dated (e.g., Crenshaw, 1978; Miller et al., 1982). As a result, conducting an updated exploration into this area is of particular importance as the status of women within relationships and society has significantly changed over the past 30 years, while the rate of sexual assaults has increased (Statistics Canada, 2006). In addition, establishing a more current and thorough understanding of romantic relationship functioning

following sexual assault is of particular importance when it comes to advancing and enhancing the pre-existing methods of intervention offered to survivors and their partners. An overview of these interventions is provided below.

Intervention Following Sexual Assault

Both survivors and their partners seek intervention services following the assault (Cohen, 1988; Vickerman & Margolin, 2009). Intervention can include an array of medical, legal, and therapeutic service providers (Resick & Schnicke, 1990). Together, these individuals aid survivors and their partners in dealing with the physiological, legal, practical, and psychological ramifications associated with the assault (Resick & Schnicke). This study focuses on the provision of therapeutic intervention post-assault.

Therapeutic Intervention Models and Presenting Concerns

Sixteen percent of survivors seek the help of mental health professionals following the experience of sexual assault (Golding et al., 1989). Survivors commonly enter therapy with psychological distress similar to that outlined previously, including fear, self-blame, sexual dysfunction, anxiety, depression, and PTSD-related symptoms (Resick & Schnicke, 1990). Multiple treatment modalities are available for survivors, all of which show positive outcomes (for an overview, see Russell & Davis, 2007 or Vickerman & Margolin, 2009). Common models of intervention include cognitive-based therapies (e.g., Cognitive Processing Therapy, Cognitive Behavioural Therapy), Stress Inoculation Training (SIT), Prolonged Exposure Therapy (PE), Eye Movement Desensitization Reprocessing (EMDR), group therapy, and education-based therapy (Russell &

Davis; Vickerman & Margolin). In many cases, these models of therapy are focused on helping the survivor to gain a better understanding of the crime, re-exposing the survivor to the assault retroactively, aiding the survivor in developing or redeveloping healthier responses to the assault, and/or allowing the survivor to effectively integrate the assault into their memory or psychological history (Vickerman & Margolin). In many cases, positive outcomes from these approaches are observed (Russell & Davis; Vickerman & Margolin).

Little is known about presenting challenges of partners within the therapeutic environment. Bateman (1986), as cited in Connop and Petrak (2004), indicated that men present with "anger, a desire to protect the partner, anxiety, depression, guilt and sexual difficulties" (p. 31) in individual counselling. This suggests that the previously discussed implications of sexual assault on partners appear within the counselling space. While there is also limited research about effective individual counselling techniques with partners, group therapy has been observed to be quite helpful (Cohen, 1988; Rodkin, Hunt, & Dunstan, 1982, as cited in Connop & Petrak, 2004). Specifically, Cohen cited that members of a group specifically designed for partners reported improved "insight and understanding into their situations" (p. 98), greater empathy, and an overall reduction in symptoms associated with depression and anxiety at completion.

Minimal empirical research is available pertaining to intervention services within a couples context post-assault. More recently, however, Billette, Guay, and Marchand (2008) found that incorporating partners within CBT treatment of assault-related PTSD allows for a large reduction in symptomology at three

months post-treatment. In addition, the subjects within this particular study noticed an increase in supportive interactions and a decrease in unsupportive interactions at the follow-up period (Billette et al.). This particular study highlights the potential for positive therapeutic outcomes when both the survivor and her partner are incorporated into treatment and acknowledges the potential advantages that can be established when utilizing the literature to advance therapeutic practice.

The Therapeutic Alliance in Sexual Assault Treatment

Regardless of the particular approach used in counselling, the therapeutic alliance, or the collaborative patient-therapist relationship, is a particularly important element for the establishment of positive therapeutic outcomes (Krupnick et al., 1996; Martin, Garske, & Davis, 2000). The connection between the alliance and positive therapeutic outcomes is founded on the well-known Rogerian principles of positive regard, genuineness, and empathy (Cormier & Hackney, 2008) and the reciprocal engagement or investment into the therapeutic process from the client (Bachelor & Horvath, 1999). Through both the therapist and the client contributing to this unique human connection, change is facilitated as the client "can explore past and present feelings and interactions" (Bachelor & Horvath, p. 162).

Given the sensitive and personal nature of sexual assault, one can arguably expect the alliance to be of particular importance. Olio and Cornell (1993), as cited in Rindt-Wagner (1996) highlighted this, noting that the survivor-therapist relationship is of particular importance for treatment progress. In particular, when

working with survivors, it was suggested that an effective therapeutic bond provides the safety for "accessing, reworking, and integrating the traumatic material" (Olio & Cornell, as cited in Rindt-Wagner, p. 44). This is consistent with the notion presented by Bachelor and Horvath (1999) and emphasizes the importance of the therapist in the overall healing process.

Conducting Research through the Lens of the Therapist

The development of a positive client-therapist relationship becomes a starting place for survivors (and partners) to explore the experience and residual aftermath of sexual assault (Olio & Cornell, 1993, as cited in Rindt-Wagner, 1996). Given the expected neutrality of the therapist and the depth of the therapeutic relationship, it can be suggested that a therapist who works with survivors has extensive knowledge regarding sexual assault and its after-effects. More importantly, the therapist is likely to hold great clarity of his or her clients' ongoing processes post-assault, given the centrality of the event to the therapist-client relationship and the emotional distance between the therapist and the actual assault. Arguably, this, along with the valuable interpretations offered by therapeutic practitioners, allows the therapist to be seen as an effective source in gathering information specific to the sexual assault.

Utilizing service providers as the primary source of data gathering is a practice that has been used in multiple disciplines, including education (e.g., Dyson, 1995), medicine (e.g., Coombs, Deane, Lambert, & Griffiths, 2003), and psychology (e.g., Hendel, 2007; Klorer, 2009). In psychology, the professional is often used as a research subject in order to access information about a population

that is difficult to speak to directly (e.g., children; Hendel; Klorer) or to compare the client and therapist perspectives on a particular issue or method of treatment (e.g., Price & Paley, 2008). In other cases, however, the professional is utilized to provide his or her perspective and subsequent sense-making regarding particular issues present in treatment (e.g., Vangelisti, 1994). Utilizing these perspectives is arguably advantageous when the topic of inquiry is relatively under-researched, given that the therapists have expanded experience to draw from.

Among the present study, the area in question includes the impact of sexual assault on romantic relationships. Gaining an understanding of therapists' personal constructions of this impact and their own sense-making of these constructions is advantageous for several reasons. First, as mentioned previously, therapists often have a broad range of experience from which they can collectively formulate their unique constructions. Second, given that this is a particularly under-researched and sensitive area, gaining insight from service providers creates a unique opportunity to develop effective and appropriate research strategies which can be utilized when working with survivors and their partners directly. Third, therapists are capable of translating how they incorporate their sense-making around the relational implications of sexual assault into their treatment practices; this will enhance our understanding of current methods of intervention and open space for enhancing these methods. Finally, when therapists are involved in working with the survivor and her partner in a couples context, they are able to provide insight into the processes of recovery for the survivor, the partner, and the couple as one unit.

Implications of the Research

From this literature review, we can see that sexual assault has significant psychological implications for female survivors and male partners, which often lead to significant interpersonal challenges. Stemming from this, we are beginning to also understand that sexual assault has a negative impact on the romantic relationship shared by survivor and her partner. In particular, as the partner and the survivor cope with their individual challenges, the couple experiences difficultly communicating, supporting each other, engaging in intimate behaviour, and developing their relationship.

The research has only slowly expanded beyond the realm of the survivor. As such, we have a plethora of knowledge about the psychological challenges experienced by the survivor post-assault; meanwhile, our understanding of the difficulties felt by the partner remains limited. Early studies started to question the post-assault feelings and reactions of partners (e.g., Holmstrom & Burgess, 1979), yet only a handful of researchers have delved into this area since that time (e.g., Smith, 2005). Similarly, information about the relational implications following the female partner's experience of assault is incredibly limited and for the most part, quite dated. These limitations may be reflective of the fact that sexual assault research is often grounded in feminist theory, where the experiences of men are not of predominant concern. Stemming from these limitations, the focus of this study is to investigate the impact of female sexual assault on heterosexual romantic relationships. Expanding our analysis of this area is of particular importance for the development of appropriate and effective

treatment strategies for survivors and their partners. In order to gain a broad understanding of this topic, the primary source for data collection will be mental health professionals who work directly with this population in a therapeutic capacity. Examining the perspectives of these professionals will be advantageous for those reasons discussed previously.

CHAPTER THREE

METHOD

The purpose of this chapter is to capture how my study was validly and reliably completed through the use of qualitative inquiry. An overview of qualitative inquiry will be provided, along with a thorough description of participant selection and recruitment, data collection procedures, data analysis, ethical considerations, and methodological rigour.

Qualitative Inquiry

"The primary aim of qualitative research is to develop an understanding of how the world is constructed" (McLeod, 2001, p. 2). McLeod suggests the term "construction" can be understood within the context of various theoretical perspectives (e.g., constructivism, critical theory). These theories or paradigms provide the foundation for each of the various methods of qualitative inquiry (McLeod). For example, interpretive inquiry is founded on the idea that reality can hold "multiple constructions" (Merriam, 2002, p. 4), and thus, researchers seek to understand how individuals uniquely absorb, interpret, and make sense of their world around them. Interpretive inquiry is at the heart of several well-known methods of qualitative inquiry utilized in counselling psychology, such as phenomenology, grounded theory, and case study (Merriam), and was the focus of the present study. Qualitative inquiry is also inclusive of other methodologies founded on critical theory (e.g., critical qualitative research), postmodernism, and poststructuralism (Merriam), however a discussion of these theories is beyond the scope of the present paper (for a brief overview see Merriam).

Unlike quantitative designs, qualitative inquiry focuses on exploration rather than prediction (Leedy & Omrod, 2005). In particular, interpretive qualitative research uses an inductive approach, whereby data analysis leads to the development of hypotheses and theories (Braun & Clarke, 2006; Merriam, 2002). This focus differentiates the approach from quantitative research, which is focused on confirmation and hypothesis testing (Merriam, 1998). Data in qualitative research is primarily collected and analyzed by the researcher through accessing the participants in the field (Merriam, 1998). Ultimately, through approaching the project in this way, researchers are able to create a final product that is "richly descriptive," where "words and pictures rather than numbers are used to convey what the researcher has learned about a phenomenon" (Merriam, 2002, p. 5). This holistic approach is highly suitable for the exploration of relatively novel concepts, as it provides a strong framework to gain a preliminary understanding of an experience (Leedy & Omrod). These initial ideas can then guide future work within the same or related areas (Leedy & Omrod). Given the novelty of the present research, qualitative analysis was selected to allow for this foundation to be established.

Basic / Generic Qualitative Studies

Basic or generic studies are among the most common forms of qualitative research (Merriam, 1998). In generic studies, researchers "simply seek to discover and understand a phenomenon, a process, or perspective and worldviews of the people involved" (Merriam, p. 11). This approach was highly fitting for the present study, as the purpose was to explore perspectives of mental health

professionals gained through their experiences and subsequent interpretations made in the field.

Within generic studies, the overall procedure follows that outlined previously. Specifically, the researcher gathers and analyzes data in order to provide a rich description of individuals' interpretations of a given experience (Merriam, 1998). Data can be collected through various means, including "interviews, observation, or document analysis" (Merriam, p. 11). For the purposes of the present project, interviews were selected, as this method of data generation "yield[s] in-depth responses about people's experiences, perceptions, opinion, feelings, and knowledge" (Patton, 2002, p. 4). Following data collection, analysis that "results in the identification of recurring patterns . . . that cut through the data" is performed by the researcher (Merriam, p. 11). This allows for the production of a detailed transcript, which portrays a new or expanded understanding of the phenomenon under question (McLeod, 2001). In the present study, the thematic analysis approach provided by Braun and Clarke (2006) was utilized to effectively interpret the perspectives of the participants. This method of analysis ultimately allowed for the development of several themes in response to the research question, which are thoroughly outlined in the Findings chapter.

A common critique of generic or basic qualitative research lies within the lack of researchers' identification of the theoretical and philosophical framework associated with their projects (Caelli, Ray, & Mill, 2003). Theoretical framework is related back to the orientation of the researcher's associated discipline (Merriam, 1998). As such, the present project is addressed through the lens of

counselling psychology. Counselling psychology is a discipline founded on "personal and interpersonal functioning across the life span with a focus on emotional, social, vocational, educational, health-related, developmental, and organizational concerns . . . This specialty encompasses a broad range of practices that help people improve their well-being, alleviate distress and maladjustment, resolve crises, and increase their ability to live more highly functioning lives" (American Psychological Association, Counseling Psychology Division 17, n.d.). Through this disciplinary lens, my study is focused on increasing our understanding of an interpersonal process in order to aid the development of treatment and ultimately improve the well-being and functioning of sexual assault survivors and their partners.

For many years, research in counselling psychology has been founded upon positivist-based quantitative research (Ponterotto, 2005). In more recent years, qualitative research, founded on constructivism-interpretivism has begun to find its home in counselling psychology (Ponterotto). Constructivism, or the idea that multiple individual realities exist (described previously), acts as the philosophical framework for the present study.

Participant Selection and Recruitment

Sampling

Qualitative research is known for having a small group of purposefully-sampled participants (Patton, 2002). Through maintaining a small sample, researchers are able to focus on "information-rich cases for study in depth" (Patton, p. 230). This approach allows researchers to rear a detailed and thorough

understanding of the topic at hand (Patton). Purposeful sampling can be achieved through various means (for an overview, see Patton). For the purposes of the present study, mental health professionals were accessed through the use of snowball sampling.

Snowball sampling, also known as network or chain sampling, is one of the most common methods of sampling in qualitative research (Merriam, 1998). This approach is often chosen because it provides a means of "locating information-rich key informants" (Patton, 2002, p. 237). Essentially, snowball sampling begins through inquiring about which specific individuals have extensive knowledge about the topic of interest (Patton). After inviting the recommended individuals to participate in the study, the researcher then requests that these individuals also recommend future participants to the study (Merriam; Patton). The snowball continues to grow in this manner until an adequate amount of data is accumulated or until saturation is established through continuous referral back to the same individuals (Patton).

In the present study, suggestions for potential participants (and offers to participate in the study) were first brought to senior employees of two sexual assault centres ("KJ" and "Suzanne"). Suzanne did not participate, given her limited experience with adult female survivors. She repeatedly attempted to expand the participant pool with alternate counsellors at her organization, however little interest was returned. Alternatively, KJ agreed to participate and proceeded to refer future participants. From her recommendations and those of

future participants, the sample grew to five mental health professionals (see Figure 1).

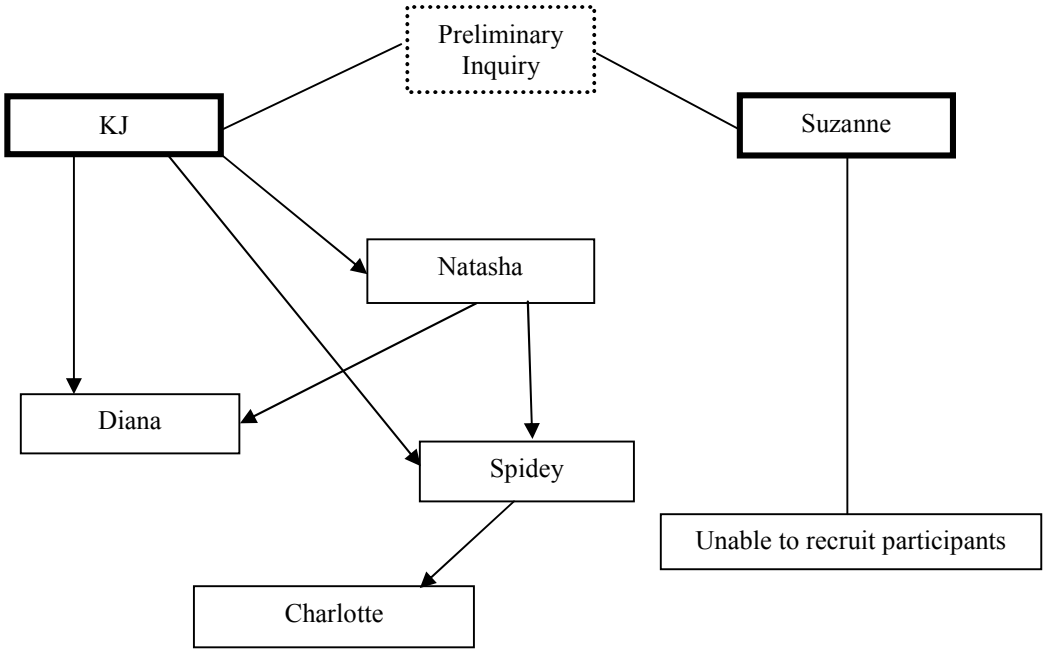

Figure 1. Map of snowball sampling occurring in the present study, where arrows indicate recommendations for future participants.

Upon receiving a participant referral, I contacted the potential participant through email (see Appendix A) or phone, depending on the contact information provided. Contact was attempted a maximum of twice. All participants in the present study indicated interest within this time period. Beyond those participants listed in Figure 1, it can be noted that additional participants were recommended. However, these participants (four in total) either chose not to participate or did not respond to phone calls or emails during or following data collection.

Sample Size

Unlike quantitative research, qualitative researchers often focus on attaining data with greater depth rather than breadth (Patton, 2002). As such, a

smaller sample size is both acceptable and often encouraged (Patton). The specific size of the sample, however, is often dependant on the scope of the project, including the "purpose, resources available, time available, and the interests of those involved" (Patton, p. 228). When taking these considerations into account, I chose to discontinue data collection after five participants were interviewed. At this point, I felt the information collected had sufficient depth for analysis purposes. Due to time and financial constraints, this was also considered an appropriate and effective amount of data. Finally, all participant referrals were contacted and those interested in participating were provided the chance to do so.

Description and Demographics of Sample

In order to participate in this study, participants were required to meet specific inclusion criteria. Namely, the participants were to identify working with female survivors of adult sexual assault in their practice as a mental health professional. As such, all participants answered yes to the question, "In your practice, have you worked with female survivors of adult sexual assault?" All participants were also asked whether they felt the romantic relationships of one or more of these clients were impacted by sexual assault; again, all participants indicated "yes."

Demographics of sample. All participants in the present study were female, ranging in age from 31 years to 46 years at the time of data collection. Each reported working with survivors and their partners in a therapeutic capacity. In total, these women collectively accumulated 57 years of experience counselling

sexual assault survivors (range: 10 years to 14 years) through private practice and community-based organizations.

Data Collection Procedures

Interviews

As mentioned previously, interviews are one of the most common forms of data collection in qualitative research (Patton, 2002). Conducting interviews is a worthwhile way to examine that which cannot be "directly observe[d]," or as Patton (1990), as cited in Merriam (1998), indicates:

> We interview people to find out from them those things we cannot directly observe . . . We cannot observe feelings, thoughts, and intentions. We cannot observe behaviours that took place at some previous point in time. We cannot observe situations that preclude the presence of an observer. We cannot observe how people have organized the world and the meanings they attach to what goes on in the world. We have to ask people questions about those things. The purpose of interviewing, then, is to allow us to enter into the other person's perspective" (p. 72).

There are various ways to approach interviewing as a researcher (for an overview see Patton, 2002). For the purposes of the present study, a semi-structured interview format was selected. An interview guide with specific questions was designed to structure the interview, while follow-up questions and probing were additionally incorporated to attain more depth about the information shared (Merriam, 1998). The interview guide was considered an important element as it allows for "a more systematic and comprehensive [interview] by

delimiting in advance the issues to be explored" (Patton, p. 343). The guide used in this study (see Appendix D), was modeled after the suggestions presented in Moustakas (1994). In order to make effective use of time, the interview guide was also emailed to participants prior to meeting with them. This was found helpful, as two participants brought in notes to the meeting.

Procedure

Interviews were scheduled with each of the five participants at a mutually agreeable time. Four of the five interviews took place in the participants' private offices during regular working hours. One interview took place in a private counselling room at an on-campus counselling clinic, as the participant did not have a private office. Prior to the beginning of the interview, each participant was asked to review and sign a consent form (see Appendix B) and to complete a demographics form (see Appendix C). Among other information, the demographics form also asked participants to select a pseudonym that would be used for the remainder of the project. Following the completion of these forms, the interview commenced. Each interview was audio-recorded and lasted between 50 minutes and one hour and 15 minutes. At the completion of the interview, each participant was provided a debriefing form (see Appendix E), that outlined information related to the study plus a $20 gift card to a local coffee shop as remuneration for their participation.

Additional Data

Research journal. Generally speaking, recording thoughts in a research journal allows for the researcher to understand the impact of his or her internal

processes on the research itself (Malacrida, 2007). In particular, such behaviour allows the researcher to gain a conscious awareness of his or her emotional reactions, intentions, and responses elicited by the research that would otherwise be unknown to reader and potentially even the researcher him/herself (Mauthner & Doucet, 2003). Thus, in order to enhance rigour in this way, I maintained a research journal throughout the course of the project.

The purpose of my journal became three-fold. First, it provided an effective means of tracking progress through the course of the project, including, for example, recruitment and data analysis progress. Second, maintaining a journal provided an organized space to record all thoughts, hypotheses, and observations regarding the data and potential themes that transpired during the period of data collection and data analysis. These recordings helped to ultimately inform the final development of themes from within the data. Finally, the research journal holds a thorough description of the data analysis process and outlines when and why specific decisions regarding the data were made. This further enhanced the audit trail associated with this project (as more thoroughly described below).

Data Analysis

Thematic Analysis

All components of data analysis were informed by the thematic analysis protocol outlined by Braun and Clarke (2006). Using a thematic strategy to analyze qualitative data is considered to be a common approach (Braun & Clarke; Creswell, 2009; McLeod, 2001). In fact, Holloway and Tordres (2003), as cited

in Braun and Clarke, indicate that "thematizing meanings [is] one of a few shared generic skills across qualitative analysis" (p. 78).

In order to ensure effective use of my time, all data were computer-transcribed by an external transcriptionist. Upon receipt of the transcriptions, "phase 1" of Braun and Clarke's (2006) thematic analysis was completed. This required that I become familiar with the data and ensure the accuracy of the transcriptions. Thus, I reviewed each of the transcripts verbatim and ensured accuracy through simultaneously replaying the audio recordings. As per Braun and Clarke, I also made initial notes regarding sections of data that I felt were important and recorded initial ideas about potential themes within the data. Once this was complete, I went back and made all corrections to the electronic transcripts.

"Phase 2" of Braun and Clarke (2006), requires that the researcher return to the data and begin to provide initial codes to each data item. According to Braun and Clarke, "codes identify a feature of the data . . . that appears interesting to the analyst . . . that may form the basis of repeated patterns across the data set" (p. 88-89). Given that the present study was entirely data-driven, the codes applied to each extract were not pre-determined (Braun & Clarke). I completed coding on the computer, electronically highlighting particular data extracts and indicating the appropriate code(s) beside the given selection. As Braun and Clarke suggest, I provided an equal amount of attention to all data items, coding for "as many potential themes/patterns as possible" (p. 89). All data relevant to the research question was coded, allowing for approximately 700 extracts to be

accounted for across the entire data set, many of which shared matching codes. The correspondence between codes across the data set provided the foundation for the initial development of themes.

During "phase 3," Braun and Clarke (2006) recommend that all of the codes be reviewed and sorted so that groups of related codes ultimately combine to form overarching themes that are broader than the codes themselves. Through sorting the codes into these themes, the researcher is ultimately able to create a "thematic map," effectively outlining the interrelationship between each of the themes and sub-themes generated among the codes (Braun & Clarke). In order to complete this phase, I sorted each of the codes into respective themes, utilizing my pre-existing notes and observations as a starting place. I organized all data into a large spreadsheet, where it could easily be determined which codes were associated with which themes. At the finalization of phase three, my initial thematic map housed five broad themes, 16 primary subthemes, each associated with one of the broad themes, and 15 secondary subthemes, each associated with one of the primary subthemes.

A thorough refinement of these initial themes was required in "phase 4" (Braun & Clarke, 2006). Here, it is suggested that the researcher review the data at the levels of the codes and of the themes (Braun & Clarke). The researcher initially reviews all of the codes that make up each of the themes and determines a) if there is "enough data to support them," and b) if any similar themes should "collapse into each other" (Braun & Clarke, p. 91). At this point, the researcher also readjusts the location of any codes that do not appear to fit within a given

theme to ensure that each theme forms "a coherent pattern" (Braun & Clarke, p. 91). To complete this process, I reviewed the data from each theme and made refinements where needed, while collapsing or removing themes that were unsupported or lacked differentiation. I also removed themes that were not relevant to the research question (e.g., themes related to treatment). This code-level refinement allowed for a developed thematic map housing four broad themes, nine primary subthemes, and nine secondary subthemes.

At the level of the themes, the researcher is required to "ascertain whether the themes 'work' in relation to the data set," and re-code any data corresponding to the given themes that were previously missed (Braun & Clarke, p. 91). At this point, I reviewed all the themes and questioned their overall relevance. When doing so, I was also able to further refine the themes through amalgamation of like-themes and delete those that did not fit within the data set or those that were beyond the scope of the present project, such as those that did not directly relate to romantic relationship functioning. At the completion of this phase, I was able to formulate a final thematic map that housed four broad themes and seven primary subthemes. I considered this thematic map to accurately capture the data and effectively answer the research question.

During the final two phases of data analysis, Braun and Clarke (2006) suggest that the researcher thoroughly reviews the codes within each theme and identifies the primary "story" encapsulated by each in the context of the large "story" told by the entire data set (p. 92). While an overview of each theme was recorded in my research journal, a thorough summary is provided in the Findings

section of the present paper. The production of the final write-up is the final phase of Braun and Clarke's thematic analysis method.

Ethical Considerations

The present study was reviewed by and received ethical clearance from the Education, Extension, Augustana, Campus Saint-Jean Research Ethics Board (EEASJ REB), at the University of Alberta and was completed in accordance with the policies outlined by this board. Specifically, all participants were made aware of the nature of the study at the initial contact through the use of a template email (see Appendix A), or through a phone conversation. Upon meeting to complete the interview, I initially provided each participant an information form (see Appendix B) that also thoroughly outlined the nature of the study. This letter indicated that participants had the right to withdraw from the study at any point without penalty and noted that all information collected would be kept private, confidential, and anonymous. Participants were also encouraged to ask any questions regarding the study at any point during their participation. After reviewing this form and prior to the collection of any data, written consent was acquired from each participant. The incentive to participate (a $20 gift certificate) was not considered to bias informed consent, as the value of the incentive did not surpass the average hourly wage attained by these professionals.

Confidentiality and anonymity were maintained through the removal of all identifying information from the data and researcher notes. Anonymity was also ensured through the use of self-selected pseudonyms in all documents related to the study. In addition, the hired transcriptionist signed a confidentiality

agreement (see Appendix F) requiring that all data be kept in confidence and destroyed upon completion of transcription. I also ensured that all hard data (i.e., USB sticks used for transferring data to the transcriptionist) were promptly returned after transcription was complete.

The present study was not considered to be harmful to the participants involved. While discussion of challenging professional situations was required, it was hypothesized that this would cause mild fatigue rather than enduring psychological harm. Thus, it was determined that providing participants with the autonomy to withdraw at any time without penalty was an effective means of offsetting risk and / or discomfort.

Methodological Rigour

The present study was evaluated using the criteria originally offered by Lincoln and Guba (1985) and further explained by Trochim (2006). These criteria include credibility, transferability, dependability, and confirmability.

Credibility

Credibility ensures that congruence is established between the results of the study and the meanings provided by the participants themselves (Trochim, 2006). Given that the participants are the only individuals who can accurately determine this relationship, an important aspect of enhancing credibility is member checks (Lincoln & Guba, 1985). Upon completion of analysis, each participant was provided a copy of the final themes that emerged from the data and a description of the particular meaning encapsulated by each theme. Each participant was also provided a brief summary of the information they

individually contributed to the project, eventually utilized at the outset of the Findings chapter. Each participant was encouraged to review and provide feedback regarding the consistency between the presented themes and their own ideas regarding the topic. All five participants provided feedback regarding the findings. Minor changes were recommended by one participant, while the other four participants felt the findings adequately portrayed their perceptions.

Credibility can also be maintained through the use of rigourous methods and ensuring researcher dependability (Patton, 2002). Credibility was enhanced in this fashion through the use of a clearly-outlined and highly systematic data analysis procedure that did not allow for great deviation from the initial transcripts (as outlined above). Additionally, the data analysis was reviewed by my thesis supervisor to ensure the coding effectively summarized the original data. After analysis, triangulation of the findings with pre-existing research was completed, as seen in the Discussion section. Finally, my previous experience in interviewing, gained through the completion of Master's-level counselling and assessment coursework and practicum placements, allowed for appropriate and sound data generation.

Transferability

Transferability refers to the extent the data is generalizable or transferable to alternate settings (Trochim, 2006). Transferability was achieved in the present study through the use of purposeful snowball sampling, whereby information-rich cases were selected in order to provide data with sufficient depth. Through utilizing mental health professionals, transferability was also enhanced as the

participants provided information relevant to multiple cases. Finally, the formal write-up maintains thick descriptions of the research process (including data collection and analysis; see above) and participant perceptions (as outlined in the Findings section). Through utilizing such detail, future researchers and practitioners are able to decide the applicability of the present study to differential situations.

Dependability

Dependability refers to the extent that the results of the study are replicable or repeatable (Trochim, 2006). In order to achieve dependability, a comprehensive audit trail was maintained throughout the course of the study. These materials indicate how each aspect of the present study was completed. An overview of recruitment, data collection, and data analysis can be found within this audit trail, along with personal thoughts, ideas, and hypotheses related to the data.

Confirmability

Confirmability is the extent to which the findings are elicited from the data, rather than the viewpoints of the researcher (Lincoln & Guba, 1985). For the purposes of my study, confirmability was established through maintaining a research journal. This document contains my emotional reactions, intentions, and responses elicited throughout the research process, allowing any bias to be exposed. In addition, an audit trail, which provides an overview of the data collection, interpretation, and analysis, can be reviewed by an external party to confirm the results at any time.

Conclusion

Interpretive qualitative inquiry was selected to adequately respond to the research question. Specifically, a generic qualitative framework was applied and data was collected through the use of semi-structured interviews. This approach was effective as it provided a thorough base from which a novel topic was systematically and rigourously explored.

CHAPTER FOUR

FINDINGS

In the present study, in-depth interviews were completed with five mental health professionals. During these interviews, the participants discussed experiences based on their work with sexual assault survivors and their partners. While the scope of these experiences was distinctive for each participant, aspects of their work overlapped. This chapter is focused on providing an overview of each participant and a description of the themes mutually captured across their narratives.

Overview of the Participants

The following narratives relay the participants' experiences, opinions, and perceptions regarding the implications of sexual assault on romantic relationships. In all cases, the overviews provided are based on the participants' clinical work with survivors and their partners.

KJ

At the time of data collection, KJ was employed at a sexual assault centre. She is currently in her mid-thirties and has maintained involvement counselling sexual assault survivors for approximately 14 years. KJ spoke largely about her work with the university-aged population (aged 18-26), often in a crisis-response capacity. She encountered women who not only fear the immediate physiological responses of sexual assault, including pregnancy and sexually-transmitted infections (STIs), but who are also attempting to process the broad scale

emotional and psychological repercussions felt personally and in their relationships.

KJ immediately identified issues with trust, intimacy, and communication as predominant challenges experienced by the couple following the female partner's experience of sexual assault. First, the level of trust felt within the relationship is primarily challenged when the assault is framed as "cheating" by the survivor or her partner. Given that this tends to occur more frequently with acquaintance assaults, KJ related this perception back to lacking education regarding the legal definition of sexual assault, which is prevalent across society. Moreover, she reported that a failure to recognize the violation as "sexual assault," forces the couple to respond to the assault as a violation of trust rather than a personal or intimate violation for the survivor. This perception can result in survivor-blame, which further discourages the survivor from processing the traumatic aspects of the event. In order to help couples appropriately label the assault and subsequently process it as a violation, KJ suggested that psychoeducation is an important aspect of treatment.

According to KJ, post-assault intimacy challenges are distinctive for every couple. For example, in some partnerships, she observed that survivors immediately force themselves into sexual activity post-assault. In these cases, the survivor may feel she "owe[s] it" to her partner to inhibit the assault from impacting their intimate relationship or feel she needs to maintain the sexual aspects of the relationship in order to "keep [her] partner." Unfortunately, KJ suggested that this tendency for the survivor to force sexual contact only recreates

a traumatic experience with her partner, generating further detriment to the relationship and complicating the recovery process. Alternatively, she reported that other couples abstain from all intimate contact following the assault. This response may result when the survivor has a need for strictly non-sexual intimacy post-assault. However, because she feels she cannot ask for this boundary, the couple often halts intimate behaviour all together, including kissing, hand-holding, and so on. According to KJ, this often creates emotional distance between the couple and thus, further exacerbates other challenges. In between these extremes, she observed that some couples place new boundaries around their intimate contact. In particular, they mutually define intimate acts that are acceptable and unacceptable. These boundaries are often based on the nature of the assault, as the couple avoids engaging in acts that resemble the assault directly. Finally, KJ reported that intimacy is further challenged by the new presence of triggers. Triggers are often confusing for the survivor and her partner because previously acceptable behaviour may create a trigger response following the assault. This change often leaves the partners to be incredibly hypervigalent during intimate times in an attempt to avoid triggering the survivor. Unfortunately, this hypervigalence often depletes the enjoyment of sexual contact all together.

KJ reported that the survivor and her partner often experience a "breakdown" in communication following the assault. First, she stated that the partner tends to hold back his feelings related to the assault and avoids discussing his general life stressors for fear of burdening the survivor. Unfortunately, such

behaviour only enhances the survivor's perception that she is "broken," as she feels her partner doubts her ability to handle his emotions. Beyond this, couples often have difficulty discussing the assault directly. KJ stated that the survivor is often reluctant to provide details of the assault, as this can be incredibly traumatizing for her. However, the partner often wants to know these details and feels that the survivor's unwillingness to discuss the assault is actually an outright attempt to withhold information from him. This further diminishes the trust within the relationship, as previously discussed. In her experience, discussion surrounding the post-assault intimacy challenges can be challenging for the couple. This may be difficult for some couples because they have limited experience discussing the intimate aspects of their relationships anyway. Stemming from this observation, KJ reported that a couple's communication ability prior to the assault significantly impacts how well they are able to communicate following the assault.

As the relationship faces disruption, KJ also noted that the survivor and her partner simultaneously experience unique individual processes. In particular, the survivor often blames herself for the assault and the associated challenges created in the relationship. Owning the responsibility for the relationship challenges is particularly difficult for the survivor because there are large societal pressures on women to "make the relationship work." Thus, because the relationship is struggling as a result of something that happened to the survivor, she feels added pressure to heal the relationship (even before she works through her own challenges). Concurrently, the survivor also tends to feel less confident

in her relationship post-assault, as her emotional health is less than it was pre-assault. This in turn leaves her feeling "broken" or burdensome to the relationship and therefore undeserving of her partner. She also tends to feel guilty that the partner has to deal with her post-assault emotional processing. Meanwhile, the partner has his own internal struggle and experiences confusion over how to appropriately and effectively help the survivor. He primarily has a desire to "fix" the survivor, yet also wonders how long it is going to take for her to heal. Beyond this, some partners have guilt for not being able to effectively help the survivor when the assault occurred, failing as her "protector."

In her work with survivors and their partners, KJ encourages the survivor to trust herself and be confident in asking for what she needs. An important aspect of this is helping the survivor to understand her psychological and physiological reactions to the trauma and recognizing that these reactions are common among survivors in general. KJ also helps the survivor maintain hope that she will not have traumatic reactions forever. For the partner, she teaches ways of supporting the survivor, rather than fixing her, and encourages him to focus on the relationship issues as a whole. She additionally encourages couples to seek couples counselling, as this can be especially helpful for the relationship challenges.

In general, KJ has observed that 75 to 80 percent of couples she has worked with end their relationship following the experience of sexual assault. While she noted that this may be a result of the age demographic she works with, she also reported that the main contributing factor to the breakup of the

relationship is an unsupportive partner. For couples that overcome the assault, she noted that a supportive partner is often present, helping the survivor learn to regain trust for her surrounding environment.

Natasha

Natasha is in her early-thirties and has accumulated approximately 10 years of experience counselling sexual assault survivors. She has worked largely in a crisis-response role with a university-aged population. During her graduate studies, she has also worked in a longer-term therapeutic capacity with both survivors and partners.

Immediately following the disclosure of the assault, Natasha noticed that various changes occur within romantic relationships. First, some survivors report a new sense of inequality within their relationships, as they feel they have been emotionally "damaged" by the assault. Natasha reported this thought leads the survivor to feel "lesser than" her partner, which is enhanced, in some cases, by the partner's tendency to joke about the assault or comment that the survivor is no longer trustworthy. Stemming from such comments, Natasha also reported that some survivors experience diminished trust within their relationships post-assault. In particular, she observed that survivors begin to feel they can no longer tell their partners everything, often consciously withholding information about the assault or failing to disclose that it occurred. For some, Natasha reported this reluctance is due to the survivor's fear of blame, shame, and/or retribution from her partner towards the perpetrator. She also worries about creating new or additional damage to the relationship. This tendency to hold back information often leaves

the partner to question the survivor. Additionally, a delayed disclosure is often perceived as a betrayal. In particular, Natasha noted that the partner questions what else the survivor is keeping from him if she can withhold an event of such magnitude.

Compounded with these power struggles and trust issues, Natasha also reported that couples face sexual intimacy challenges post-assault, which she noted look different for every couple. For some couples, there is "no sexual relationship" for a period of time after the assault as the survivor works to process the intimate violation. For others, the sexual relationship continues with "some sexual acts . . . taken off the table." In part, boundaries may be placed around acts that resemble the assault or trigger the survivor. Meanwhile, other couples experience an increase in the frequency of their sexual contact, which Natasha also defined as a "normal" response to the trauma. Beyond these changes in the frequency and nature of sexual interactions, she reported that sexual intimacy is also impacted by the presence of triggers. Many couples have difficulty understanding triggers as they may not have been faced with post-traumatic reactions previously. This confusion makes it difficult for the couple to connect the trigger response to the assault directly. In some cases, the survivor can get very angry over simply hearing a song on the radio, yet it is difficult for the couple to make the connection between the trigger (i.e., the song) and the trauma (i.e., the assault).

Natasha identified that the implications of sexual assault on romantic relationships are often moderated by the length of time the couple has been

together and the level of commitment they share. More specifically, she reported that dating relationships are more strongly threatened by the experience of assault, often because the couple views the assault as cheating. Moreover, when the couple maintains this perception and considers leaving the relationship, the focus becomes saving the relationship, rather than processing the assault. In dating partnerships, the survivor often experiences "disillusionment and disappointment" over the partner's lacking support, while the partner blames the survivor for the assault and defines her as untrustworthy. Alternatively, in marriages, Natasha reported that the tendency to immediately walk away from the relationship is not as common. Instead, she noticed that married couples approach the assault as something that happened to "them" rather than to "her" and thus, work through it together. In these supportive partnerships, couples become closer, as the survivor often feels honoured to have such deep support, while the partner is left to admire the strength of the survivor in the midst of her vulnerability.

In her work, Natasha finds the greatest success when counselling incorporates both the survivor and her partner. In this context, she works to educate both individuals about the inaccuracies of rape myths (e.g., blame, coercion, manipulation, alcohol effects). This is particularly important, as rape myths often support the survivor's feelings of self-blame and the couple's perception that the assault was cheating. In addition, she reported that education about triggers is important in order for the partner to feel less burdensome and more capable of helping the survivor. From there, a focus on communication

development in order to enhance trust and safety allows the couple's sexual intimacy to get "back on track."

Despite having the greatest outcomes in couples therapy, Natasha noticed that survivors often come to counselling to work on their own issues and the issues in relationship. To her, this fits with social norms regarding the roles of women and also relates back to the survivor's feelings of blame for the occurrence of the assault. In spite of this, however, she holds a strong belief that relationships can weather the assault. In her experiences, supportive relationships are often healthily renegotiated, allowing more committed, long-term relationships to survive.

Spidey

Spidey, a registered psychologist in her early-thirties, maintains a private counselling practice. Through her work in this setting, along with previous work in a sexual assault centre, she has accumulated approximately 10 years of experience counselling sexual assault survivors.

Her observation is that couples experience disrupted intimacy and communication following sexual assault. With respect to communication, Spidey noticed that couples often have difficulty discussing the assault and the associated challenges felt afterwards. For example, partners often want to know the details of the assault in order to help make sense of it; however, survivors have a difficult time discussing the experience due to feelings of guilt, shame, and / or embarrassment. Unfortunately, the partners often perceive this tendency to "hold back" as rejection and are left wondering what actually occurred during the

assault. Further, the partner's ability to communicate with the survivor is also inhibited by confusion over how to effectively offer support. Spidey suggested this is a result of lacking education pertaining to sexual assault generally, which makes it difficult to have even a loose understanding of what the survivor needs post-assault. Meanwhile, couples have incongruent processes related to intimacy following the assault. In particular, she acknowledged that survivors often have no desire to be intimate, which is immediately understood by their partners. However, over time, an increased level of frustration is experienced by some partners, as they wonder if their intimate life will ever "get back on track." In some cases, this creates frustration for the survivors, who feel they cannot help their reactions as the intimacy changes are simply part of their process. Communication regarding intimacy needs is also observed to be challenging for survivors. Specifically, Spidey noted that survivors often have a difficult time asking for what they need because they feel they are to blame for the assault. This self-blame leaves them feeling undeserving of the support they require.

As these challenges in the relationship occur, Spidey reported that partners experience incredible frustration as they feel they are being punished for something they did not do. More specifically, some partners do not feel the assault was their fault, yet they experience ongoing and significant disruption in their life because it occurred. This distress is further compounded for some couples when the assault becomes a central feature of the relationship, as it is considered to be the point where the relationship went from "good" to "bad." In particular, Spidey noticed that some couples begin to define the pre-assault

relationship quality as quite positive and the post-assault quality as relatively poor, thus forcing the assault to be an unpleasant focal point. However, she also highlighted that the experience of sexual assault has the tendency to bring to light relationship challenges that existed prior to the assault, and in some cases these challenges become intensified. Those couples with pre-existing difficulty communicating on an emotional level had greater difficulty post-assault, as such communication is demanded when processing the trauma.

Spidey reported that the couple's ability to cope with the assault and residual stress is further impacted by a mutual tendency for the survivor and her partner to withdraw from each other. For survivors, Spidey suggested that this is a method of protection used when partners are unsupportive or may also act as a coping mechanism used in response to the trauma. More specifically, withdrawing from the external world generally allows the survivor to focus solely on her own process. Unfortunately, she noticed that some partners view this as a tendency for the survivors to focus on themselves and thus often feel shut out. Meanwhile, partners withdraw to avoid dealing with the fact that their wife or girlfriend was sexually assaulted. In particular, some men cannot deal with the associated challenges brought on by the assault and so avoid it altogether.

In spite of the challenges, Spidey indicated that couples can overcome the experience of sexual assault. She suggested, however, that the ability for partnerships to navigate through the challenges is often mediated by specific factors. First, the overall length of the relationship allows the partner to have greater awareness regarding the survivor's needs and a stronger sense of

commitment towards helping her overcome her challenges. Having the partner "on board" to support the survivor's process and healing while also independently processing his own emotions is particularly beneficial for the relationship.

In her treatment with survivors and partners, Spidey emphasizes education regarding both sexual assault and the specific effects experienced by survivors. She observed that education helps to "bring the stress levels down," and thus creates space for the partnership to effectively rebuild communication. Her clients are encouraged to identify their needs and expectations in order to create a "level playing field" or a sense of safety within the relationship before more specific "feelings" are processed. Through engaging in treatment of this nature, couples are able to both accept that their relationship is different post-assault and effectively renegotiate new boundaries within which the relationship will persevere.

Diana Prince

Diana Prince (herein, "Diana"), is a registered psychologist in her late-thirties. She works with individuals of various age groups and has accumulated over 13 years of experience counselling sexual assault survivors. Diana spoke largely of her experiences working with female survivors and partners, often in an individual capacity.

Diana reported that the experience of sexual assault often changes the romantic relationships of survivors and their partners. She specifically identified that the level of trust within the relationship is impacted by the couple's difficulty in defining the assault (i.e., as "sexual assault" rather than "cheating") and the

survivor's newfound feelings of discomfort within her surrounding environment. In addition, the couple experiences an alteration in sexual activity. Some couples abstain from sexual activity, others continue their sexual relationship with new boundaries around specific acts (often inhibiting those acts related back to the assault), and others increase the frequency of their sexual activity.

Diana reported that the exact course of these changes is often dependent upon additional factors including the nature of the assault and the quality of the relationship prior to the assault. In particular, when the assault is congruent with the often stereotypical perception of sexual assault (i.e., stranger-based and violent), it is easier for the couple to deal with and the opportunity for survivor-blame is not as great. Further, the experience of this trauma, like many other traumas, brings to light the "cracks" or challenges and the strengths in the relationship, which impacts the depth of the difficulties experienced by the couple post-assault. In addition, the particular personalities of the survivor and her partner also impact the aftermath of the assault, as those who have a tendency to avoid change have greater difficulty than those who confront change "head-on."

Diana noted that two individual processes for the survivor and her partner also occur in combination with the relationship challenges and stressors. For example, as women cope with the assault, they often have significant behavioural changes as their anxiety for their surrounding environment becomes particularly high. As a result of this reduced sense of comfort, some survivors ultimately require a renegotiation of their day-to-day activities and relationships (and oftentimes, a general reduction of activity). In her opinion, aspects of these

challenges may be tied into PTSD symptomology. Meanwhile, Diana noted that men often experience guilt over failing to protect their partner; this sense of guilt is amplified by the fact that a member of "their community" (i.e., males) perpetrated the assault. Further, she observed that men also experience a general sense of confusion regarding the survivor's emotional processes, how to be supportive towards the survivor, and the overall nature and definition of sexual assault specifically. Coincidentally, however, a particularly important factor for the relationship being negotiated back to a healthy reality is a fundamental respect for the survivor's process.

Diana spoke about her strong belief that both the survivor and the couple are able to effectively overcome the experience of sexual assault. In order to do so, couples have to work together in order to renegotiate a new sense of "normal" for their relationship. This occurs through defining and meeting individual needs, effectively communicating, and becoming educated about the realities of sexual assault. When couples navigate through the post-assault challenges in this manner, they often experience a heightened sense of closeness and appreciation for one another and enhanced intimacy. In addition, Diana noted that the receipt of support from the partner can serve as a corrective emotional experience for the survivor. On a theoretical level, she hypothesized that the support of a partner essentially prevents damage to the survivor's mental representation (i.e., schema) of "men" that may have otherwise occurred following the assault.

In her therapeutic work with survivors and their partners, Diana focuses largely on education regarding the interpersonal processes that often occur for

couples post-assault. She also helps rectify inaccurate perceptions regarding sexual assault in general, given the tendency for survivors and partners to adhere to rape myths. When survivors come to counselling independently, they are provided with resources they can use to educate their partners regarding sexual assault. Diana is also very focused on encouraging survivors to understand that the sexual assault did not "destroy" them and that they can overcome the experience.

Charlotte

Charlotte is a therapist in her mid-forties who has accumulated approximately 10 years of experience counselling sexual assault survivors. Not only did she discuss her experiences with survivors and their partners, but she also commented on the greater implications of society and social influences when it comes to interpreting and resolving sexual assault.

When speaking about the specific implications the assault has on the relationship, Charlotte immediately highlighted that her clients experience a great sense of physical and emotional distance. On the physical level, she noticed that couples have a difficult time navigating their intimate contact as survivors experience triggers which delimit their desire to be touched. Unfortunately, however, Charlotte reported that partners attempt to engage in sexual contact too soon after the assault, which often leads some survivors to breakdown in the midst of being intimate. This in turn leads to a gradual pulling away and eventual avoidance of intimate behaviour. The avoidant behaviour leaves men wondering if slight physical contact is acceptable (kissing, hugging), while survivors

experience frustration with their partners' inability to understand the trauma more directly. On an emotional level, these challenges and the general impact of the assault have also led Charlotte to observe a general sense of shutting down and an absence of trust from the survivor toward her partner. This sense of mistrust is often a broad challenge faced by survivors, as they feel anxious and hypervigalent within their general surroundings. Charlotte suggested that emotional distance further hinders the ability to re-engage sexually with the partner. In her perspective, these challenges are particularly difficult for the couple to successfully discuss and their ability to communicate about this distance is largely dependent on their pre-existing (i.e., pre-assault) communication patterns.

Having an established history is also an area that Charlotte highlighted as significant in the post-assault functioning of the couple. Encouraging a married couple to utilize their commitment to one another as a starting place to respond to the trauma is particularly important, as a couple who has a strong commitment to each other "put everything they have" into overcoming the difficulties of the trauma. This strong level of commitment provides both a foundation from which the couple can renegotiate the boundaries within the relationship (e.g., sexual boundaries) and the necessary communication skills to effectively navigate through the post-assault challenges. In a related manner, the experience of assault disintegrates less-committed relationships (e.g., a dating relationship), suggesting that the "emotional wherewithal" in such partnerships is not as readily available.

As survivors and their partners renegotiate the boundaries within their relationships, Charlotte noticed that both parties are individually affected. For

example, she observed that the survivor either has awareness of her individual challenges and "hates" the implications they place on the relationship while accepting that it was the best she can do, or she is focused solely on her own process, inhibiting any desire of aiding her partner through his personal experience. Meanwhile, partners experience confusion, frustration, empathy, caring, and anger. Men also experience hurt and disappointment when women delay disclosing the assault. Charlotte noted that these individual processes need to be discussed and communicated or the couple ultimately experiences additional challenges including an increased level of frustration within the relationship, a rise in the number of arguments, a magnification of issues, and a sense of withdrawal and avoidance.

In the midst of these challenges, survivors and their partners are significantly affected by societal perceptions regarding both sexual assault and gender. In particular, Charlotte disclosed that survivors tend to believe that sexual assault is a common (and therefore acceptable) act in society. As a result, they have difficulty making the connection between the assault and their psychological and relational challenges, as the perceived normality of the act undermines the potential for harm. Moreover, the survivor also engages in an "internal downplaying" of the event, diminishing the significance of the traumatic effects. Charlotte stated that this normalization is further enhanced by the societal misperceptions regarding assault and the inability for society to accurately understand how to respond to the assault. Because sexual assault is not considered to be a regular occurrence for men, Charlotte suggested that partners

are left with a minimal understanding of how to specifically respond to an assault. In other words, because men do not experience sexual assault, they do not know how to handle it. Finally, male socialization towards a sense of dominance over women leads some men to feel as though their "territory" has been violated after their partner was sexually assaulted.

In her work with couples, Charlotte indicated that a significant challenge is working through the violation of the intimate connection brought on by the assault. This is particularly challenging for married couples because the pair often expects that their relationships will be monogamous, yet the assault directly violates this expectation. In addition, it is important for the survivor to adequately separate her partner from her anger towards men in general. Through education, normalization of reactions, and communication, Charlotte feels that it is possible for more committed relationships to overcome this experience.

Summary of Themes

Each participant identified her own perceptions regarding the impact of sexual assault on romantic relationships, based on observations and experiences from her practice. While the anecdotes offered were idiosyncratic, certain aspects of the participants' collective experiences overlapped, allowing for similarities to be noted. These similarities are encompassed among a series of themes.

The themes highlight that sexual assault has significant implications for the survivor, her partner, and the relationship they share. Both individuals in a relationship go through their own processing post-assault; these individual processes are observed to have both positive and negative interpersonal

implications. Simultaneously, the participants also observed that the trauma and interpersonal nature of sexual assault has significant effects on the relationship generally. Changes were observed in the level of trust felt within the relationship, the interpersonal patterns of communication, and the nature of intimate interactions. The participants also reported that external factors, including rape myths and gender expectations, impact the relationship following the assault. Overall, however, these women agreed that the response to the perceived interpersonal challenges and complications associated with sexual assault is pre-determined by the quality and status of the relationship pre-assault. Taken together, these general patterns generated four broad themes, including *Implications of Individual Processing, Significant Relationship Changes, Response to External Variables,* and *Pre-Assault Functioning Affects Post-Assault Response,* as presented in Figure 2. The former three themes utilize a series of subthemes to effectively summarize their depth.

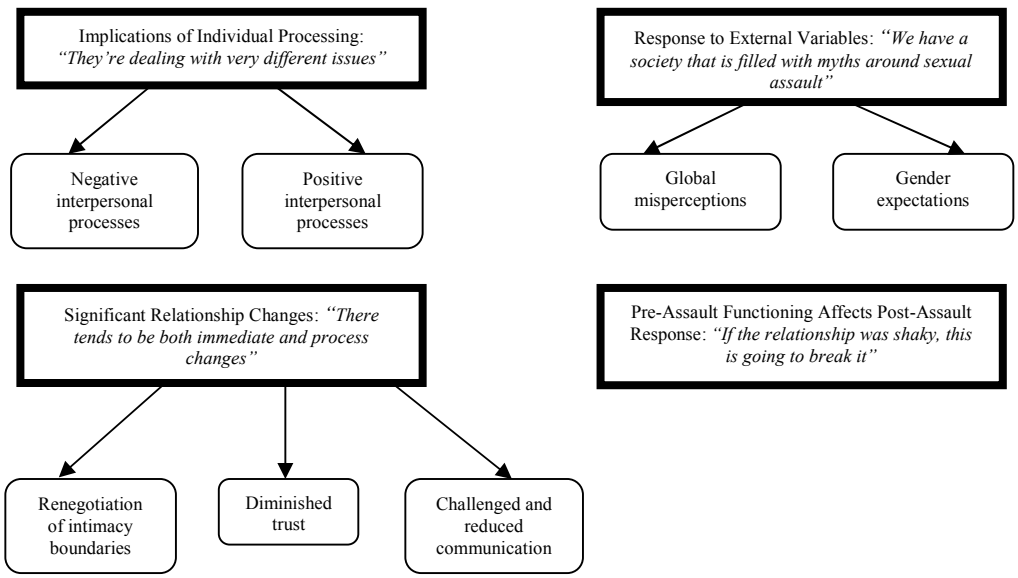

Figure 2. Thematic map summarizing themes and subthemes.

Implications of Individual Processing:

"They're dealing with very different issues"

Interpersonal implications result from the unique individual processing that occurs for the survivor and her partner post-assault. First, the participants observed that partners respond both behaviourally and emotionally to the assault. The partner's process involves compensating for his inability to protect the survivor from the assault and responding to the violation he and the survivor experienced. For example, the participants reported that partners often have a desire to "fix" the survivor using specified instructions, or as KJ noted, "a lot of male partners want to fix things, and they want to know what are the five things I need to do and it'll be perfect, [but] there's not a recipe." It was noted that partners experience devastation, guilt, helplessness, and confusion mixed with anger and feelings of retaliation towards the perpetrator. Natasha, for example observed that partners experience:

> . . .devastation or despair that they weren't able to protect their partner. And that continues because they still can't stop those trauma symptoms so it's like 'I still can't help you, I didn't stop this from happening to you and now I still don't know what to do to help you.' So feeling really helpless I guess. And a lot of anger I think.

The participants noticed that survivors tend to focus on processing the assault more directly, as they often work to make sense of personal changes that occurred. Through this process, the survivors commonly experience a shift in self-esteem, anger, a general loss of trust for their environment, physiological triggers, heightened anxiety, negative perceptions of men, and altered sexuality. Charlotte summarized her work with survivors, acknowledging these general

feelings and experiences; she also highlighted the survivor's tendency to engage in self-blame, noting how this underscores some of her anger:

> I think a lot of women come out of that just hating men or hating themselves which is a whole other thing, it's where they internalize it, like 'what did I do, there must be something about me and I'm such a slut and this happened to me and I didn't stop it, I didn't prevent it, I didn't do enough. I didn't say no loud enough,' you know, whatever. So yeah, I mean I think that anger and that incredible – oh, just everything that comes with having your person violated in such an intimate way, I think everything that comes with that for many women gets directed towards men in general.

Through working with survivors and their partners, each participant reported that the incongruence between these individual processes can lead to positive and negative interpersonal implications.

Negative interpersonal processes. The participants observed that the personal process experienced by the survivor can have a negative effect on her partner. First, as alluded to, the assault often generates challenging and novel emotions for the survivor (e.g., intense anger). As the survivor outwardly expresses these emotions, the partner's confusion often deepens because, as KJ noted, he "has never seen that side of [her]." Moreover, these emotions may also be displaced onto the partner, making it difficult for him to know how to respond. Charlotte noted that the survivor often has intense anger towards men in general, given that the assault was perpetrated by a male. The survivor does not want to believe that her partner is "just another man," but often has no other outlet for her powerful response. As a result, the partner is left to bear much of the anger she experiences. However, as Charlotte reports, "men don't know what to do with

that," and are thus left feeling both punished for something they did not do and puzzled over how to help the survivor.

Charlotte, KJ, and Spidey reported that the partner also experiences confusion and frustration upon witnessing the survivor being triggered in an intimate context. Spidey explained that triggers can force the partner to feel that he is being aligned with the perpetrator. This is aggravating because they do not want to be perceived as a "bad guy" particularly when they did nothing wrong:

> I think for the most part, initially, it's not really identified. So typically it'll be kind of that freeze or some survivors will get very angry. I've seen that where they just get very angry and upset with their partner . . . I think the partner perceives it as you know 'you did this on purpose' when that's probably not the case, it's just kind of their reaction to the trigger. Some partners I find get very, well most partners I think are very frustrated and angry by it. [Be]cause obviously a lot of partners, they'll say like, 'I'm not the bad guy. You know I wouldn't hurt you,' and they, I think, take that response as 'you're somehow aligning me to this person who did this to you.'

Each of the participants highlighted that the experience of sexual assault leads to a lengthy process of healing for many survivors. However, as KJ noted, the length of time it takes the survivor to process the assault can be hard for her partner to understand. This ultimately deepens the frustration felt by the partner, which can be outwardly expressed and potentially damage the relationship:

> The partner, you know, they get frustrated, they get tired, they get - you know, people also have this idea that sexual assault goes away in six weeks. So when it's two years and the relationship is still being impacted and the partner's getting tired and frustrated they may be saying something out of frustration.

Over time, the partner may lose patience with the challenges experienced both by the survivor and within the relationship. In essence, there comes a point where the partner feels lost in trying to understand the post-assault sequelae

experienced by the survivor and how to effectively "fix" the challenges. As a result, the partner may ultimately withdraw. Spidey noted, "sometimes the partner withdraws . . . [be]cause they don't really know how to support or what to say or what to do." Similarly, Charlotte reported that "sometimes male partners will withdraw as a way of *not* having to bear the brunt of that emotionally," when speaking about the need for boundaries to constantly shift in the relationship to accommodate the emotional aftermath of the assault.

The participants observed that the feelings and behavioural responses seen in partners can also have a negative effect on the survivors. For example, KJ observed that the anger experienced by the partner can bring significant stress to the survivor. The partner's anger towards the perpetrator is initially worrisome because the survivor fears her partner will violently retaliate creating further challenges (e.g., legal issues). In addition, the outward expression of anger towards the survivor can be damaging, given the nature of sexual assault. In particular, KJ noted that anger can trigger the survivor, which the partner may not always be aware of or understand:

> I think partners who do get that very explosive frustration or angry frustration is very threatening. After a sexual assault where, you know, even the most non-physically violent assault has a lot of coercive aspects to it where the person feels totally like they're trying to stay in control but they don't really feel that. So any loud voices, anger, things like that can really be a trigger and so partners sometimes forget that.

The survivor is also negatively impacted by her partner when he fails to support her through her post-assault challenges. Natasha suggested that some survivors may experience "some disillusionment and disappointment" when the support they expect is not there. Similarly, Charlotte observed disappointment

from survivors in response to the actions of their partners and highlighted that survivors feel their partners do not understand the experiences they are going through. As a result, survivors believe they are left to face the post-assault challenges alone, despite being in an intimate relationship:

> I see with the females is the sense of 'well he just really can't understand what I'm feeling and he doesn't know what it's like when I'm going through this and so I have to do what I have to do in order to survive this thing.'

This creates a further divide between the survivor and her partner. Spidey highlighted the potential for this separation as she noted that lacking support from the partner may lead the survivor to withdraw from the relationship. She suggested that this is a means for the survivor to protect herself from any further damage beyond that already created by the assault. Spidey specifically stated, "if the partner [is] not supportive, I also think kind of as a bit of a survival mechanism, the survivor sometimes will withdraw. Kind of as a means of protection."

It was reported, however, that the partner's attempts at supporting the survivor are also potentially damaging. KJ, for example, observed that the partner is incredibly hypervigalent following the assault, which enhances the survivor's feelings of being "broken" and feeling that the relationship is permanently damaged by the assault. This hypervigalence is particularly apparent when the partner attempts to prevent triggering the survivor:

> . . . the partner becomes focused on 'I have to observe so much' to the point that they become very unnatural in an intimate setting which again brings us back to that 'I'm broken, things are never going to be the same.'

KJ observed that the partner's decision to withhold his personal feelings and life stressors also enhances the survivor's feelings of being "broken." In essence, the partner feels that he is protecting the survivor by keeping his emotions to himself, while the survivor perceives this as criticism regarding her ability to handle his emotions:

> A lot of partners feel like . . . 'I can't tell her what's going on in my own life because she's dealing with so much already' and that's a huge breakdown because the survivor feels like it's treating them they are broken, right . . . it's like see 'I'm so broken he can't even tell me this has been going on in his life.' Whereas for the partner it's like 'I don't want to overburden her, she's dealing with so much already.'

Behaviour such as this also enhances the survivor's perception that she is unequal to, or as Natasha describes, that she is "lesser than" her partner. This, in turn, creates a new sense of relationship inequality. These challenges, taken together with those experienced when the partner fails to provide support, suggest that some men will inevitably dissatisfy the survivor regardless of how they respond.

Positive interpersonal processes. The participants did not discuss any observed or perceived positive implications of the survivor's process on her partner. However, each participant witnessed supportive reactions and behaviours from partners and suggested that these responses have a positive influence on the survivors and / or their recovery. For example, Diana suggested that supportive partners inhibit damage to the survivor's schema (i.e., their mental representation of "men"). This, in turn, prevents long-term psychological damage for the survivor, as a supportive partner provides the necessary verification that not *all* men are harmful:

> I've had some women who have had what I imagine – [be]cause I never met them - the most delightfully supportive human beings, that have done things that I'm like hmm, that is a good man . . . And I really think that that buffers all the potential damage to the schema . . . [be]cause you know when that kind of stuff happens, an option is 'all men are terrible' . . . And I think if they're in a really solid, safe relationship and that and they have experiences with a man who is safe and trusting and supportive and all these things, that is an incredible buffer or protective factor against I think a lot of schema damage quite honestly.

In Spidey's experience, the positive support from a partner can significantly affect how a survivor localizes and perceives the assault. In particular, a supportive partner can help the survivor to eliminate self-blame and understand how the post-assault challenges are related to the psychological trauma brought on by the assault:

> If you have a partner who's kind of saying right away 'this isn't your fault, I can't believe this happened to you, I'm so sorry this happened to you, how can I kind of support you,' then that is going to kind of change how they see that experience because they're not going to – I think they're less likely to kind of go into the self-blame as much. And less likely to kind of feel like they have to explain themselves to the partner. And I think that also you kind of see that they're more likely I think to kind of isolate the intimacy issues to the triggers as opposed to kind of it becoming a bit more global.

Unlike many of the other participants, KJ reported that most partnerships fail following the experience of assault. This may be reflective of the fact that she works primarily with a younger demographic where the level of relationship commitment may not be as strong. Despite this tendency for the relationship to dissolve, KJ noted that positive support from a partner can still have a significant impact on a survivor. Specifically, when a survivor is provided a positive relationship experience post-assault, she is able to refrain from assuming that *all* men are going to hurt women:

> . . . if the relationship tried and struggled and they maybe didn't make it, the feeling they can remember the positives of that relationship and feel like it isn't men . . . there are bad men out there or there are men who commit sexual assault and that they are able to separate and maybe don't go to that sort of extreme.

Significant Relationship Changes:

"There tends to be both immediate and process changes"

Each of the participants observed significant relationship changes post-assault. They specifically identified alterations, disruptions, and / or renegotiations of intimacy, trust, and communication. While changes in these areas appear to affect most partnerships post-assault, the way in which these changes unfold is unique for every couple. This was made apparent through the range of experiences discussed by the participants. For example, after being asked when the changes in the relationship generally occur, Diana indicated, "I would sort of say from my observations, right away. Whether it's subtle things or not . . . [and] how that sort of unfolds I think is very specific to the individual." KJ shared an alternate perspective in response to the same question, as she suggested that "things like trust and really noticing how the relationship has changed is a process issue, one that takes some time before they realize 'wow, this is really starting to affect my relationship.'"

Renegotiation of intimacy boundaries. Each participant acknowledged that most couples renegotiate their intimacy boundaries following the assault. When it comes to engaging in intimate behaviour post-assault, KJ, Natasha, Spidey, and Diana have all observed a range in the level of comfort experienced by survivors. They collectively reported that some survivors prefer to abstain from all intimate

behaviour, while others experience an increase in the frequency of intimate contact. Meanwhile, some couples place boundaries around specific acts often including acts that resemble the assault. Natasha provided her observations related to range of intimacy:

> I've really seen it different for everybody, I think some people continue their sexual relationships and some sexual acts are taken off the table. I think [for] some people there's no sexual relationship for a period of time that can be extended . . . Some people seem to react the opposite and have more of a sexual relationship with their partner.

KJ made sense of this observed range of intimate behaviour through consideration of the nature of the assault. In particular, she reported the acts carried out during the assault may be immediately uncomfortable afterward. However, this is not the case for all couples, as some survivors utilize the intimacy within their relationships to override the intimate violation associated with the assault:

> Depending on what kind of acts were done to the person - if it was forced intercourse and they were already having intercourse with a partner - that can have an immediate effect in sense of where their comfort level with sexual intimacy is. I mean I have seen the opposite too where a survivor immediately went after the assault to their partner and had sex immediately afterwards to sort of erase the sexual assault.

Similar to KJ's report, Spidey suggested the nature of the assault can shape the survivor's level of comfort post-assault. She also observed a range of intimacy:

> I guess what I've kind of observed is depending upon what happened during the assault, that can kind of dictate a little bit in terms of the comfort so it might be, 'I'm okay with cuddling and touching and kissing and that kind of stuff but I can't engage in sex.' On the other hand, I've also seen some survivors where even kind of sitting together on the couch kissing and touching is a no-go.

While Diana shared similar experiences, she added her observation that physical injury associated with the assault can also alter the intimacy within the

relationship. Specifically, she indicated that "sometimes the nature of the assault does dictate that as well because some women have been badly injured and literally the … comforting touch, although they may want it, is painful for them." From this observation, it is clear that both the physical and psychological trauma associated with the assault can impact the post-assault intimacy shared by the couple.

The participants acknowledged that many of their clients are also faced with the new challenge of triggers within their intimate relationships. Because triggers are a post-traumatic response to the assault, the couple's experience with, and understanding of, triggered reactions may be minimal. In KJ's perception, triggers create an immediate need for new sexual boundaries. When the survivor is triggered during sex, for example, she suggested that the couple should stop the intimate contact in order for the survivor to recover from the trigger. This may prevent the trauma from being recreated with the partner:

> The hard part about a trigger is once someone's triggered, sort of the focus we take is if you're triggered and you're having a flashback, you really can't continue with sexual intimacy. You need to stop, take care of yourself, recover.

Diana also noted that triggers create a need for the renegotiation of intimacy boundaries. Specifically, she suggested that couples may need to redefine which intimate acts are acceptable and which are not. In many cases, intimate acts related to the assault may be intolerable, even if they were considered enjoyable prior to the assault:

> Most of the time I hear about it sort of being triggered by something that is in some way really quite connected to an assault. So it might be – well, sad little things, like 'I was washing dishes and my partner has always . . .

> come up behind me and kissed the back of my neck.' That is now an extremely uncomfortable because of the nature of the assault, attacked from behind, that is off the menu.

The survivor may begin to feel guilty for the changes she and her partner experience in their intimate life following the assault. KJ noticed the survivor may force herself into sexual acts with her partner feeling that she "owes it" to him or that it may help with the intimacy challenges. Sadly, however, she suggested that this additional experience of forced sexual contact may be equally as traumatic for the survivor as the original assault. Moreover, this new trauma is now directly associated with the partner:

> I think for a lot of people [it] is how do I make this relationship work? . . . That's where I see the forcing themselves into sexual situations they're not comfortable with. Which people again . . . think 'it's not that big of a deal,' but it's basically sexually assaulting yourself [and] . . . creating trauma again with the partner that you don't want to be creating trauma with.

Diminished trust. Each participant reported significant trust implications for couples following the assault that were related to how the survivor and her partner framed or made sense of the assault. For example, in the experiences of KJ, Natasha, Spidey, and Diana, various survivors and partners were observed to frame the assault as "cheating" rather than "sexual assault." This perception ultimately diminishes the sense of trust within the relationship. KJ stated that survivors have difficulty differentiating between sexual assault and cheating due to misperceptions surrounding the definition of sexual assault. When survivors frame the experience as cheating when disclosing to their partners, the partners respond to the assault as an indiscretion rather than a violation. This may force the partners to view the survivors as less trustworthy:

> I think the only other one that stands out is just that whole cheating issue, it's so heartbreaking when that comes in as you know, 'I had too much to drink and I woke up with this guy having sex with me and now how do I tell my partner [be]cause I cheated on him' and it's like oh dear, that's not cheating! You know, you didn't consent to that activity and really just starting from that square one almost of okay, we need to work on what happened and what is sexual assault and creating that definition for people [be]cause . . . when they've told the partner first before they come in . . . then they have to deal with that reaction. [Be]cause again, if I'm a partner and I don't understand what the definition of sexual assault, which most people don't, all I hear is my partner admitting to cheating on me and I have my reaction accordingly.

Natasha also noted a similar observation. She spoke about the experiences of a specific client to highlight the impact of this misperception. Appropriately defining the assault was particularly difficult in this case as the pre-existing relationship between the survivor and the perpetrator enhanced the partner's belief that the survivor cheated. This emphasizes the idea that acquaintance-assaults may be more readily defined as cheating than stranger assaults:

> She was assaulted by a friend and it was a really shocking sort of experience and actually on the range of things it was quite a violent experience . . . Something that is terrible to say but generally helps people define . . . sexual assault more easily [is] when there's a higher level of physical violence. [But], her partner would not view it as sexual assault and could only view it as cheating because it involved sexual acts . . . and someone that she knew and someone that I think she had had some kind of chemistry with in the past and he was aware of. Even though this person had . . . physical injuries, she had intervention at the hospital.

Spidey noticed that trust is additionally threatened by the perceived unwillingness of the partner to discuss the details of the assault. She described how survivors often have a "hard time processing the assault themselves" and may not want to "open up to the[ir] partner[s]." KJ similarly suggested that survivors are reluctant to discuss the details of the assault because it can be traumatizing to verbally relive the event. Unfortunately, Spidey observed that this

tendency to hold back leads partners to question "what really happened" and ultimately leaves the survivors in a difficult position, as they are forced to choose between hurting themselves and damaging the trust within their relationship.

For Natasha and Charlotte, trust is also noticeably questioned when the survivor does not immediately disclose the assault to her partner. These women suggested that the survivor has difficulty disclosing because of shame or fear for her partner's reaction (e.g., retaliation towards the perpetrator). For some partners, however, the delayed disclosure leads to feelings of betrayal. In essence, the partner starts to question "what else" the survivor is withholding if she can hold back something so substantial. This was evident in Natasha's work:

> When the disclosure does happen, in my experience, there is an additional betrayal in not having told immediately. So in the couple of examples that I have where someone took several months or a year . . . that's a real added level of 'we've been living together and having this relationship and I didn't know that this happened and what else can you keep from me? And how else are you being deceitful?' and that kind of thing.

Charlotte expressed a sense of empathy for partners who were not immediately told about the assault. She stated, "I'd be hurt, I'd be disappointed, I'd be confused . . . I mean that feels like a betrayal." She also provided the suggestion that a delayed or withheld disclosure forces partners to feel like they cannot be trusted. This may be particularly challenging because they feel like they are being punished for an event that they did not perpetrate.

Challenged and reduced communication. All of the participants observed communication challenges for couples following the experience of sexual assault. Primarily, the participants highlighted a tendency for couples to reduce or avoid communication about the assault or the post-assault relationships challenges.

Spidey noticed that the challenges faced in the relationship following the assault "typically [go] largely unspoken." She reported that this tendency to avoid discussing the problems often exacerbates them. Specifically, general avoidance ultimately leads to a "breaking point" and eventual reconsideration from both parties regarding their individual capability to maintain the relationship:

> They don't really talk about what's going on and then all of a sudden it kind of reaches a breaking point . . . Once it reaches a breaking point, which is similar to most couples' situations, then it's like, you know, 'now it's way up here, now we need to address this because I'm kind of at the point where if things don't start changing, then I'm going to start re-evaluating whether I can be in this relationship.'

Natasha also noted that couples experience reduced or avoidant communication. She highlighted that survivors have a tendency to sensor their communication following the assault out of fear for how their partners will respond or because they feel shame:

> I think there have been some communication implications. What it feels is okay to talk about. What can be open and what's too likely to get blamed for or too shameful to share or might impact the relationship in a negative way or might lead to feelings of retribution.

Diana suggested that these feelings of shame also prevent the survivor from feeling she can ask for what she needs following the assault. In her opinion, the shame is related to conformity with rape myths. When the survivor ascribes to these myths she is left feeling like she may be to blame for the assault:

> The survivor has a hard time communicating what they need. In part because they're . . . processing their experience but also most survivors will also kind of believe the myths that are out there about sexual assaults so there's typically a lot of shame, a lot of guilt, a lot of self-blame. So it's hard to kind of ask the partner for the non-judgmental, the hundred percent support 'cause they don't necessarily feel . . . they have a right to ask for that.

KJ and Diana continued the discussion around communication avoidance with the suggestion that this behaviour may be the result of PTSD symptomology. Diana believes that avoidant behaviour is a coping mechanism used in response to the trauma rather than a feature of the survivor's personality. This suggestion helps to externalize post-assault implications:

> . . . depending on some of the symptomology, right, somebody has PTSD, there's probably going to be a lot of avoidance. And that's probably not going to be personality . . . So certainly if you had PTSD, acute stress disorder, I would expect that there would also then be a lot of avoidance of a lot of things that probably would need to be addressed at some point but are just too triggering right then.

Challenged and reduced communication unfortunately comes at a time when an increased need for communication is present. This is not surprising given the implications of the assault on the survivor and her partner and the simultaneous changes they experience in their relationship. More specifically, as Charlotte observed, the survivor and her partner require open and ongoing communication in order to effectively understand the individual process of the other person. She exemplified the need for open communication through acknowledging that the partner experiences great confusion regarding the specific behaviours that trigger the survivor when this is not directly communicated:

> Your partner can do things that historically have been fine and that are now just completely out of bounds. And I think what happens is if you don't sort of communicate what that's about, you wind up in a place where he doesn't know whether to shit or shine his shoes.

Similarly, Diana highlighted an increased need for communication pertaining to the needs of the survivor. She noted that the partner often expresses a desire to understand and meet the needs of the survivor yet has a difficult time picking up

on the "subtle cues" provided. In other words, encouraging the survivor to define her needs is an important goal for the couple post-assault, as the partner is otherwise left to continuously inquire, "what do you need, how should I respond, what's helpful about how I'm responding?" Finally, Spidey also highlighted this increased need for communication, as she has observed strong communication to be pivotal for couples in overcoming the assault.

Response to External Variables:

"We have a society that is filled with myths around sexual assault"

The third theme addresses external influences that impact the ability of the survivor and her partner to understand and respond to the assault. These include global misperceptions regarding sexual assault and gender-based expectations.

Global misperceptions regarding assault. Each participant identified broad misperceptions regarding sexual assault (i.e., "rape myths") that are prevalent within society. Through their clinical work, they noted that these are held by survivors and their partners. However, according to the participants, adherence to rape myths can either create new challenges for the couple or further exaggerate pre-existing challenges. For example, all of the participants reported that couples often have difficulty understanding the legal definition of sexual assault. As is generally observed within society, the survivor and her partner often believe that "sexual assault" has to involve violent penetration from a stranger, or as Diana aptly reported, "the stranger, woods, dragged in, bad stuff happens." When an assault occurs outside of these boundaries, couples may alternatively define the assault as "cheating." In many cases, the nature of the assault fits more closely

with their perceptions of cheating rather than their erroneous perception of sexual assault. As previously discussed, upon labeling the assault as "cheating," the couple subsequently processes the assault in a manner consistent with this label. In particular, survivor-blame ensues from both the survivor and her partner, who are left to process feelings of guilt and betrayal respectively. Spidey noted that non-penetration assaults are particularly difficult for the couple to define. In addition, blame for these assaults is often placed upon the survivor:

> I've worked with clients where, they're not even coming for that issue, they're coming for something else altogether but you'll hear things that will come up in terms of like non-consensual touching or non-consensual kissing and that's not even defined. And usually that is more kind of 'you did something to kind of lead that person on.' When they identify it as sexual assault, it usually involves from my experience penetration. Or kind of forced oral sex.

KJ, Natasha, Spidey, and Diana acknowledged that stranger-assaults are easier to define as "sexual assault" than acquaintance-assaults. In particular, stranger-assaults have greater congruence with the general societal view of assault mentioned above. In Natasha's experience, this increased ease in defining the assault reduces the number of post-assault challenges for the couple:

> . . . in my experience the stranger-assaults are very clear to partners that it wasn't their partner's their fault, that it was sexual assault, they might have more heightened anger of you know, 'I wish I could have protected you' or something like that but it's really a lot clearer and so I would say in the cases that I've seen with strangers it has been easier on the relationship.

Beyond having difficulty defining sexual assault, Charlotte has also observed that couples tend to normalize sexual assault. More specifically, because of society's general perceptions of sexual assault, Charlotte reported that survivors and partners maintain the perception that sexual assault is a regular, and

therefore "normal," occurrence. As a result, the psychological and relational implications of the assault are often undermined. Moreover, the survivors tend to internally downplay the traumatizing nature of the assault, holding onto the memory as something relatively insignificant. She noted the normalization of the assault ultimately creates challenges for the survivor and her partner in understanding the anger provoked by the assault:

> Like it's so contextualized that, well, you know, 'women get sexually assaulted every day and you're just one of the unlucky ones' and – and so . . . as a society we don't really know what to do with it and so for women, and in their marriages . . . I think this is probably why men struggle with this, is I think for a lot of women they don't believe they have the right to be outraged . . . And they're not getting the support contextually to say you should be really outraged about this and I'm outraged for you.

All participants reported that the general misperceptions regarding sexual assault occasionally lead the survivor and her partner to engage in survivor-blame rather than allocating the blame solely to the perpetrator. KJ noted that survivor-blame is often enhanced when the survivor perceives she could have prevented the assault:

> Again we have a society that is filled with myths around sexual assault that *blame* survivors. So if they were drinking, if they went out and they didn't go out with their partner, they went out with some friends and they decide to get a ride home or like just the hundreds of things that can happen. There's the blame on that level of 'the assault is my fault itself 'cause it happened and I should have - like,' whatever . . . fill in the blank, 'I should have done this differently and it wouldn't have happened.'

There was general agreement from the participants that survivor-blame is problematic for the recovery of both the survivor and the relationship. Natasha noted that self-blame often leads survivors to take on added responsibility for negatively impacting the relationship:

> For the women I've worked with I've really heard a lot about a sense of responsibility for affecting the relationship. Blame for affecting the relationship . . . I think self-blame with sexual assault is already so common and then to realize that this hasn't just affected you but it's affected something really important to you, your relationship, and someone really important to you, your partner, then for sure, they might take more blame.

Charlotte held a unique perception regarding observed blame from the partner toward the survivor. She stated, "I often perceive that as you know what, that is probably a defense against feeling so powerless." This eliminates the perception that the partner has an innate character flaw; instead, this perception suggests that he may cope with his emotional responses through utilizing common defense mechanisms.

Gender expectations. In their experiences, KJ, Natasha, and Charlotte have each observed women responding to sexual assault in a manner that is congruent with socialized gender expectations. KJ noted that women are often socialized to be passive, making it improper to express anger or frustration in an explosive way. As a result, she has observed that some survivors avoid dealing with their anger and eventually internalize it. This, in turn, may lead to depression and further relational challenges as she stated, "if it isn't expressed it gets pushed down and can lead to really severe depression and can be really harmful that way." KJ also reported that women are socialized to manage and maintain relationships. As a result, she has observed that the survivor's recovery process is often overshadowed by the challenges within the relationship. This leads the recovery process to become externally focused for the survivor, rather than internally focused:

> Women's job, in general, is to make the relationship work. I think there's a huge pressure on that and so when your relationship isn't working because of something that happened to you, I think the expectation is it's your job to make the relationship work . . . So that's where that focus externally tends to happen instead of focusing on themselves and 'how can I heal myself so that the relationship does work?'

The tendency for women to take ownership over healing or fixing the relationship was also observed by Natasha, who reported that many of her clients maintain a broad desire to "reclaim the relationship." More specifically, survivors come to counselling individually with intentions of healing the partnership. Like her colleagues, Natasha reported that this behaviour is driven by socialization:

> I've seen more individuals than I've seen couples, but often it's the survivor coming in to work on themselves and the relationship . . . as an individual, which fits with our society's roles of women - focus on relationships and certainly take responsibility for relationships . . . I hadn't really put together how many women I've seen who are both trying to work on their trauma and trying to erase the effects on their relationship.

Alignment to socialized gender roles was also observed by Charlotte and Diana when working with partners. In particular, both women identified that some males feel as though their "territory" or "property" has been violated when their partner is sexually assaulted. Charlotte noted that this sense of violation appears to be even greater when penetration occurs. Moreover, she highlighted that the partner's sense of possession over the survivor stems from a place of protection:

> I think for men in particular the idea of penetration of *any* sort on a woman who is – for lack of a better word – 'theirs,' then it's territorial . . . I mean obviously they protect this person, they love this person, but it's also a sense of 'you don't get to do that to someone that I love!'

Pre-Assault Functioning Affects Post-Assault Response:

"If the relationship was shaky, this is going to break it"

Despite the relational implications associated with sexual assault, each participant suggested that the post-assault response of the couple is highly influenced by the nature and status of their relationship before the assault. In line with this perception, Natasha contextualized many of her observations through suggesting that the implications of sexual assault differ depending on the level of commitment within the relationship. In particular she observed that those in marriages and more committed relationships tend to make greater efforts to process the assault as a cohesive unit. This was not always seen in dating couples, where the assault was often framed as "cheating" and the couple was more apt to breakup:

> With the dating relationships, I think there was . . . a lot more threat to the actual relationship. So . . . the partners in the dating relationships, especially when it was framed as cheating, were a lot sort of faster to leave or more ready to leave. [In marriages], there was the threat to the relationship, that there wasn't the same sort of 'okay, I might instantly break up with you.' Right, but it was - in one case I'm thinking of in particular it was a longer process of 'what does this mean for us?' . . . 'what exactly happened?'. . . and working that through together I guess.

Spidey held a similar observation to Natasha's. However, she framed her perceptions around the length of time the couple has been together rather than the particular status of the relationship. She suggested that partners in long-term relationships have greater insight into the support required by the survivors and stronger investment in their healing process. However, Spidey noticed that a partner may also experience more anger when he is in a highly committed

relationship (versus a less committed relationship) because he is closer to the survivor, thus creating increased pain when she is violated:

> I haven't seen any difference in terms of like engagement versus kind of common-law versus marriage. But I think just kind of the length in general. And part of that I think is probably because they know their partner a little bit more. So I think in terms of being able to support, I think you're more aware, even if you haven't discussed it directly or maybe what your partner needs. On the flip side I think it can also be a lot more frustrating. And a lot harder on the partner as well. So . . . there's a lot more anger [and] in some ways . . . I guess that length of that relationship can also kind of get in the way sometimes of being able to be a good support. But I find those partners are typically also more invested in kind of seeking out help. And being willing to kind of read something, learn something, sit down and talk with the survivor, be respectful of boundaries and that kind of stuff.

Stemming from these observations, many of the participants agreed that more committed relationships (i.e., marriages) have a greater chance of "surviving" the experience of sexual assault, whereas shorter or less committed relationships (i.e., dating relationships) are at a greater risk for breaking-up. KJ, who works with a university-aged population, suggested that "75 to 80 percent break up . . . yeah, it's the great majority where the relationship doesn't quite make it," whereas Spidey, who works primarily with an adult population, suggested ". . . if they're married they make it. If they're common-law for more than a couple years usually they make it."

The participants additionally highlighted that the general quality of the relationship prior to the assault affects the post-assault response and functioning of the relationship. More specifically, couples who are more "stable," "trusting," or "solid," have an easier time navigating through the post-assault challenges than couples who do not have such strengths. Diana effectively summarized this idea,

as she reported "the strengths are sort of – if they're there they're going to assert themselves but the sort of deficits in the relationship are going to become very obvious." This lead to her conclusion that "if the relationship was shaky, this is going to break it. But for those who had a good foundation, lots and lots and lots of my clients . . . for the time that I was . . . involved with them, remain together."

KJ, Charlotte, and Spidey confirmed Diana's observation, as they stated the couple's pre-assault communication skills are also impactful following the assault. In KJ's perception, the survivor can discuss her post-assault challenges more easily in relationships with pre-existing strengths in communication. When this foundation is not present for the couple, these more sensitive discussions can be challenging:

> I think it really depends on what the relationship was like beforehand. You know, if they had a fairly good communicating relationship beforehand it's difficult but I think the survivor will get to the point where they can share that kind of stuff. But if they've already been struggling with communication issues and that just becomes overwhelming to try and tell these most intimate things.

Charlotte observed that the assault forces couples to develop interpersonal communication skills if they were not previously present. This can add an additional layer in the already complex healing process:

> I think if you have an established history [of strong communication], that's something that you can draw on through the trauma . . . If you don't have an established history, then in the midst of trauma trying to develop that is just one more task as a means of getting through the trauma.

Summation of Findings

In this study, participants were asked to reflect upon their experiences of counselling sexual assault survivors and partners and subsequently relay how they

perceive romantic relationships are impacted by the female partner's experience of sexual assault. While the participants each held unique experiences with varying clientele, a series of themes was collectively drawn from the information they shared.

In summary, the themes utilized to capture the participants' perceptions regarding the implications of sexual assault on romantic relationship functioning include, *Implications of Individual Processing, Significant Relationship Changes, Response to External Variables,* and *Pre-Assault Functioning Affects Post-Assault Response.* The former three themes incorporate various subthemes to capture their depth. Collectively, these themes outline that sexual assault has significant implications for the survivor, her partner, and their relationship. Ultimately, however, the couple's response to the assault is largely determined by the nature and quality of their relationship prior to the assault.

CHAPTER FIVE

DISCUSSION

The purpose of the present study was to examine the perceptions of mental health professionals regarding the impact of female sexual assault on heterosexual romantic relationships. Through carrying out in-depth interviews and conducting thematic analysis, four broad themes were identified. Collectively, these themes highlight that romantic relationships are affected by the individual, relational, and social implications that follow sexual assault. This chapter allows for the findings from the present study to be contrasted with relevant literature. Implications are addressed, with emphasis on therapeutic practice. Finally, limitations and future directions are discussed.

Individual Implications of Sexual Assault

The participants reported that the survivor and her partner go through unique individual processes following the assault. The survivor experiences a shift in her self-perceptions and her view of the surrounding world. She has internal struggles with anxiety and anger and suffers a reduction in self-esteem. According to the participants, these challenges surface in a world where the survivor no longer feels safe, as she faces unexpected triggers from her surroundings and battles with a reduced faith in the men that surround her. Comprehensive literature reviews examining the post-assault functioning of survivors (e.g., Koss, 1993; Resick, 1993; Sarkar & Sarkar, 2005) report similar post-traumatic experiences. Similar to the suggestions made by two participants, these emotional and behavioural reactions can often be accounted for by PTSD

symptomology (Rothbaum et al., 1992). Darves-Bornoz (1997) and Rothbaum et al. report that fear / clinical phobias, flashbacks, an inability to trust others, and impaired leisure are behaviours frequently observed among those suffering from post-rape PTSD. In addition, the presence of impairing hypervigalence and "psychological distress" or "physiological reactivity" towards "internal or external cues that symbolize or resemble an aspect of the traumatic event" (i.e., triggers) are among the diagnostic criteria for PTSD (American Psychiatric Association, 2000, p. 468).

As the survivor attempts to handle her emotional and psychopathological challenges, the partner reportedly focuses on trying to "fix" her and attempts to seek out specific instruction on how to help. On an emotional level, the participants observed that he also feels devastation, anger, helplessness, confusion, and desire for retaliation. These findings are consistent with those of Emm and McKenry (1988) and Smith (2005), who also report that partners feel angry, helpless, and frustrated post-assault. Taking into consideration the work of Riggs and Kilpatrick (1990), Smith suggests that these reactions may be due to secondary victimization, or a tendency for those individuals "close to violent crime victims" to experience "psychological problems" (p. 163). Remer and Ferguson (1995) suggest that secondary victimization is a very real phenomenon. They propose that secondary victims, including significant others, go through a multi-stage healing process in order to overcome the trauma. Once the secondary survivor learns of the trauma, for example, he moves through phases of disorientation and outward adjustment, just as the survivor does (Remer &

Ferguson). However, as the survivor struggles with reliving the trauma, the significant other moves towards a phase of "reorganization" that is centered on alternating cognitive schema and renegotiating boundaries in order to integrate the experience both cognitively and within the relationship (Remer & Ferguson). As the partner works through these stages of healing, he is additionally disadvantaged by lacking support from his surroundings (Smith).

The participants reported that the separate and somewhat self-focused processes experienced by the survivor and her partner post-assault have both positive and negative interpersonal implications. In other words, the emotional aftermath individually felt has significant reciprocal effects. For example, the participants suggested the survivor's processing causes confusion and frustration for the partner, primarily resulting from the novelty of the survivor's emotional and physiological reactions. In an attempt to offer support in response to these challenges, the partner tries to "fix" the survivor or help her redevelop her pre-assault emotional and adaptive functioning. Eventually, his failure to do so forces him to withdraw from the relationship as a coping mechanism for coping with his own distress. Support for these findings is found in alternate research (e.g., Emm & McKenry, 1988; Smith, 2005). For example, Emm and McKenry report that partners do not know "what [is] helpful to the survivor" (p. 277) post-assault, while one of the men in Smith's study reported, "I was trying to push myself away . . . I just wanted to stop caring completely" (p. 161).

The confusion and frustration felt by the partner may be a logical response to the inconsistency between his post-assault experiences and those of the

survivor. Simply put, the survivor appears to be a different person post-assault, and the partner is not sure how to respond. However, just as one participant discussed, men are not socialized to effectively comprehend the magnitude of sexual assault. Research shows that male sexual assault goes unreported more often than female sexual assault (Hodge & Canter, 1998). As a result, male sexual assault is perceived to occur less frequently than female sexual assault, with current reports suggesting that nine percept of rape victims in the United States are male (Hodge & Canter; Weiss, 2010). These findings underscore the commonly held and erroneous notion that sexual assault "does not affect men" (Brookings et al., 1994, p. 298). From this, it can be suggested that men are not emotionally prepared to deal with sexual assault as it is not considered to be a crime that directly impacts them. Moreover, previous research additionally identifies that loved ones (e.g., families members), generally speaking, are unsure of how to appropriately respond to the survivor post-assault (Coffey, 2010; Emm & McKenry, 1988). As such, men are arguably at a double disadvantage as there is general confusion amongst supporters over how to respond to this horrific crime, which appears to be compounded for the partner by socialized ignorance. Further research to verify this suggestion is recommended.

Just as the survivor's process impacts the partner, his emotional and behavioural reactions post-assault have both positive and negative implications for the survivor. Specifically, the participants reported the partner's outward reactions (e.g., anger, desire to retaliate) create stress and disappointment for the survivor and further perpetuate her feelings of being "broken." The partner's

coercive, angry, or violent reactions can also re-traumatize the survivor. These suggestions provide additional evidence for the plethora of research that indicates partners hinder the recovery process of survivors (as outlined in the literature review; e.g., Brookings et al., 1994; Davis, Taylor, & Bench, 1995). Moreover, the observations made by the participants in the present study mirror those offered by Miller and colleagues (1982). Miller et al. summarized the interplay of the couple's individual challenges, which inhibit the partner from acting as a supporter therefore damaging the survivor:

> The victim begins to feel increasingly dependent on her partner. At first, the male attempts to provide the support that is desired. But, his efforts are undermined by his own emotional trauma and by the external pressures of other commitments. Furthermore, the duration and intensity of her emotional reactions may wear down his resolve to be supportive for the indefinite future. As the male's rage response emerges, the husband or boyfriend is even less able to fulfill his partner's dependency needs. Furthermore, the rage may heighten the victim's anxiety. She fears that her partner will get himself into trouble, and the rage in some way may remind her of the violence of the rape itself. Eventually, the failure to communicate openly and the victim's increased dependency on her partner lead to mutual resentment (p. 56).

Also damaging to the survivor is the tendency for the partner to hold back his personal feelings to avoid burdening her. Connop and Petrak (2004) note that partners often feel they should prioritize the needs of the survivor over their own, while Miller et al. (1982) similarly point out that the partner "is in pain and believes that he should not burden her with his feelings" (p. 56). The participants in the present study reported that such behaviour only further enhances the survivor's belief that she is broken or damaged. In particular, the survivor's negative self-perceptions are enhanced when the partner acknowledges and accommodates her emotional weaknesses by withholding his own feelings. Thus,

although the actions of the partner do not appear to be intentionally harmful, his silent recourse for coping enhances the interpersonal challenges. As such, the male partner essentially faces a no-win situation, as seemingly helpful behaviour appears to have negative consequences.

Beyond these more troubling observations, the participants also reported that a supportive partner can have a positive influence on the survivor and her recovery. Given the existing literature on the implications of social support for sexual assault survivors (see Ullman, 1999 for a review), this finding appears to be adequately supported. For example, fitting with the observations made by the participants, Filipas and Ullman (2001) reported that social support received from a partner leads to increased positive affect and reduced PTSD symptomology.

In order to make sense of such correlations, one participant hypothesized that support from the partner is especially beneficial for the survivor because it inhibits the potential for her to experience schema damage (i.e., damage to her mental representation of "men"). This suggestion is consistent with reports made by Koss (1993) and Roth and Lebowitz (1988), who indicate that the experience of assault is contradictory to previously held schema regarding men, safety, and personal vulnerability. As such, these authors suggest that the cognitive integration of the assault often requires a dramatic shift in the schema. However, as one participant aptly labeled, the support of a partner can re-enhance the pre-existing (and healthier) schema of "men" held by the survivor, preventing an unnecessary and disruptive shift.

Relational Implications of Sexual Assault

The participants agreed that sexual assault significantly impacts the romantic relationship shared by the survivor and her partner. In particular, changes in intimacy, trust, and communication following the assault were observed. These findings are in line with the notion that trauma, generally speaking, has implications for communication, connection, understanding, intimacy, and support (Goff et al., 2006). The participants also highlighted that the post-assault response of the couple is highly dependent on their pre-assault relationship functioning. This observation is also supported by the current literature (e.g., Remer & Ferguson, 1995).

Intimacy

Sexual intimacy challenges are commonly observed among couples exposed to various types of trauma (Goff et al., 2006; McFarlane & Bookless, 2001). Generally speaking, a trend towards hypervigalence and diminished feelings of safety often inhibit sexual activity following traumatic events (McFarlane & Bookless). Meanwhile, when considering sexual trauma specifically, Orzek (1983) suggests the resemblance between sexually intimate and sexually traumatic acts (e.g., intercourse) can create additional strain on a couple's relationship. For survivors of sexual assault, the potential to be physically or psychologically triggered because of these similarities, along with initial fears of disease transmission and general distress, creates an immediate reduction in sexual activity following the assault (Connop & Petrak, 2004; Miller et al., 1982; Orzek; van Berlo & Ensink, 2000). Interestingly, however, alternate

research also acknowledges that intimate acts unrelated to the assault remain enjoyable following the traumatic experience (Feldman-Summers, Gordon, and Meagher, 1979, as cited in Orzek). From this, Orzek concludes that "woman's sexual response after the rape is dependent on the similarity of sexual activity to the actual assault" (p. 144).

Taken together, this research provides support for the observations made in the present study. In particular, the participants noted a range in survivors' sexual comfort post-assault. While physical injury was considered to be a plausible cause for this observation, two participants also related these intimacy changes back to the nature of the assault, consistent with the conclusion made by Orzek (1983). Also in line with Orzek, the participants acknowledged that couples have difficulty coping with triggers post-assault. As mentioned, triggers are a common symptom associated with PTSD (McFarlane & Bookless, 2001). In many cases, however, the couple has difficulty connecting the triggered response(s) to the assault directly. This is often because they have not been faced with post-traumatic symptomology in the past and are unaware of the physiological and psychological implications of trauma. The confusion regarding triggers observed in the present study and in alternate research (e.g., Orzek) endorses the need for education related to post-traumatic functioning. Developing awareness of triggers will ensure that the trauma is not recreated with the romantic partner in an intimate context.

One participant highlighted this potential for trauma recreation, reporting that some women force themselves to be sexually intimate immediately following

the assault. She reported that such behaviour comes as a result of the survivor believing she "owe[s] it" to her partner. Along similar lines, Holmstrom and Burgess (1979) reported that such behaviour serves as adherence to societal expectations. In other words, women are expected to have sex with their partners and sexual assault survivors are not considered exempt. Alternatively, more recent research suggests that returning to pre-rape routines (e.g., pre-rape intimacy routines) is a function of outward adjustment seen in many survivors (Remer & Ferguson, 1995). This suggestion deviates from the idea that the survivor engages in intimacy due to a hypothetical "sexual debt," and instead suggests that it may be part of her own attempt at healing. Arguably, the tendency to seek healing through physical contact is also human nature, as intimacy is often a form of comfort. Moreover, based on the findings in this study, physical intimacy unrelated to the assault may remain tolerable. As such, further research into the survivor's motivation for post-assault sexual intimacy is recommended.

Trust

In the present study, trust implications were also highlighted as a significant challenge for couples post-assault. The participants suggested that trust is negatively impacted when the couple frames the assault as "cheating" or when the survivor withholds details of the assault from her partner. Additionally, several participants noted that partners experience a sense of betrayal when the disclosure of the assault is delayed.

Defining the assault as "cheating" implies that the survivor consented to the sexual interaction and chose not to utilize her autonomy to prevent it. Thus, it

comes as no surprise that survivor-blame is considered a prevalent phenomenon across the available literature (e.g., Lonsway & Fitzgerald, 1994; Viki & Abrams, 2002). Viki and Abrams report that survivor-blame is particularly common among individuals who hold benevolent sexist beliefs, defined as "a set of attitude that are sexist but subjectively positive and affectionate toward women" (p. 289). Individuals who hold these beliefs often ascribe to traditional gender roles (e.g., a woman should only have sex with her husband). When these ideals are violated, survivor blame ensues (Viki & Abrams). This is especially common in acquaintance rape situations, as previously reported (Viki & Abrams).

For partners, this tendency to engage in survivor-blame may also relate back to the events leading up to the assault (Connop & Petrak, 2004; Holmstrom & Burgess, 1979). Specifically, partners report that the survivor's control over her location of employment, alcohol consumption prior to the assault, and appearance support the survivor-blame phenomenon, as such variables encouraged the assault (Connop & Petrak). Unfortunately, because the survivor often looks to her partner for immediate support, the receipt of blame can be incredibly detrimental (Davis & Brickman, 1996; Moss et al., 1990). Specifically, when support is not received from the partner, the survivor may experience a reduction in self-esteem or begin to engage in self-blame, as noted by the participants in the present study (Filipas & Ullman, 2001; Ullman, 1999).

Research also suggests that trust is compromised when the survivor delays disclosing the assault (Moss et al., 1990; Smith, 2005). Consistent with the observations made in the present study, Smith reported that men feel a sense of

betrayal upon not being told about the assault until months after it occurred. Katz and Mazur (1979), as cited in Moss et al., suggest that this tendency to withhold the disclosure is out of fear for the partner's reaction. This concern was cited by the participants and is supported in the literature, as many men report a desire to retaliate against the perpetrator (Cohen, 1988; Emm & McKenry, 1988; Smith).

Similarly, just as observed in the present study, research also verifies that survivors avoid discussing the assault directly (Connop & Petrak, 2004; Miller et al., 1982). This leaves the partner confused about the context of the assault, further inhibiting his ability to trust the survivor. This confusion may underscore the partner's tendency to engage in survivor-blame, as he is not provided with a clear understanding of how or why the assault occurred. However, according to Burgess and Holmstrom (1979), the survivor's avoidance is a defense mechanism used to protect herself. This suggestion is in line with one participant's idea that retraumatization can occur upon discussing the details of the assault. However, because partners often have a desire to hear these details (Emm & McKenry, 1988), establishing neutrality over this concern will likely be an important consideration in therapy.

Communication

Altered communication within an intimate partnership often occurs following traumatic events (Goff et al., 2006). Goff and colleagues suggest that a tendency towards communication avoidance is particularly common, noting that such behaviour reflects post-traumatic stress symptomology. When speaking specifically about sexual assault survivors, Orzek (1983) and Remer and Ferguson

(1995) make similar observations, noting that communication avoidance is common during the outward adjustment period of the survivor's healing process. Alternatively, for the partner, communication avoidance results from hypervigalence surrounding the survivor feelings (Emm & McKenry, 1988). Both parties may also avoid communicating in order to evade arguing (Connop & Petrak, 2004).

The participants in the present study observed that couples avoid communicating about the assault and the associated post-assault challenges. They also reported that couples experience difficulty discussing the survivor's post-assault needs and their intimacy challenges. In line with the above research (e.g., Goff et al., 2006), two participants suggested that communication avoidance is reflective of PTSD symptomology. Shame was also suggested as a potential communication inhibitor. Perhaps for those survivors who do not see themselves as responsible for the assault, feelings of humiliation, rather than shame, may also inhibit assault-related communication. Again, further research is recommended.

The participants perceived that communication challenges are particularly problematic because strong communication is important for recovery. Moreover, when couples avoid communicating about their problems, they may be led to a "breaking point" where reconsideration of the entire relationship results. Miller and colleagues (1982) made a similar observation, noting that "the disruption in the communication process is perhaps the most damaging consequence of rape for the couple" (p. 56). Miller et al. go on to suggest that the survivor's outward desire to avoid communicating about the assault (or anything directly related)

leaves the partner guessing about her needs (Miller et al.). This sets the survivor up for further disappointment as she often looks to her partner for support that he is inevitably incapable of providing (Moss et al., 1990).

Exposure of Pre-Assault Functioning

The participants observed that the couple's pre-assault functioning impacts how they respond to the assault. In particular, the level of commitment within the relationship (defined by status or length of relationship) will significantly influence the couple's ability to overcome the assault. It was also argued that the strengths and weaknesses the couple possessed prior to the assault will be exposed following the assault. When significant challenges are present pre-assault, the couple has greater difficulty post-assault as they have not developed the tools or skills required to navigate through the post-assault obstacles.

The suggestion that commitment acts as an important variable in overcoming sexual assault was not specifically verified in the existing literature. However, when examining the concept of commitment more generally this conclusion is provided preliminary support. Commitment is considered to be reflective of relationship permanency, in that a strong commitment provides a solid foundation for a partnership that is characterized by reduced threat of relationship dissolution (Kirk, Eckstein, Serres, & Helms, 2007). Coping with the post-assault relational sequelae may be easier for couples who have this foundation to fall back upon when challenges prevail. Moreover, the general experience of adversity is considered to be a reasonable "test" of commitment (Lydon & Zanna, 1990). Thus, it is fitting that participants observed couples with

stronger commitment overcome the adversity associated with sexual assault. Additional research to examine this correlation is recommended.

Beyond commitment, it has also been suggested that relationship quality is particularly influential in overcoming "stressful life events" (Moss et al., 1990, p. 381). Research shows that pre-existing relationship difficulties enhance the "chronicity" of the post-assault challenges faced by the couple (Miller et al., 1982, p. 57). Orzek (1983) provides the example of sexual activity, reporting that "if there were problems present [prior to the rape], the couple is likely to experience new stress afterward" (p. 144). Similarly, Moss and colleagues empirically noted that "less than 11% of married women experiencing previous relationship difficulties were likely to experience good support subsequent to the assault" (p. 387). This adequately ties into the participants' perceptions that sexual assault brings to light the relational strengths and weaknesses. Further, this also provides additional rationale for the fact that some couples overcome assault and others succumb to the challenges presented.

Social Implications of Sexual Assault

Following the assault, the participants reported that couples are faced with social misperceptions regarding sexual assault and behavioural expectations based on gender stereotypes. These findings are reviewed in the context of rape myths and gender expectations.

Rape Myths

Rape myths are defined as "'prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists'" (Burt, 1980, as cited in Peterson & Muehlenhard,

2004, p. 130). The participants endorsed that rape myths pertaining to the definition and normalization of sexual assault are prevalent within society. Such misperceptions add to the challenges experienced by the couple post-assault. More specifically, acceptance of rape myths may lead one or both partner(s) to doubt that a "true" assault occurred, leaving them to subsequently process the experience as a violation of trust rather than a trauma. In addition, rape myths promote minimalistic views regarding the impact of sexual assault. The participants noted that rape myths encourage couples to view the assault as a regular - and therefore "normal" - occurrence, undermining the psychological and physiological aftermath associated with the experience.

In a review of research on rape myth acceptance, Lonsway and Fitzgerald (1994) reported that broad misunderstandings regarding the definition of sexual assault are present among student and non-student populations and are particularly common for males. Consistent with the participants in the present study, Lonsway and Fitzgerald suggested that such misperceptions are the result of lacking or erroneous education. In addition, Franiuk, Seefelt, and Vandello (2008) reported that buy-in to such rape myths - from survivors and the general public - is influenced by the media, which is saturated with such myths.

Sadly, an inability to differentiate between a consensual sexual act and sexual assault is what leads to an undervaluation of the impact of assault and confusion over the survivor's responsibility for the event (Connop & Petrak, 2004; Lonsway & Fitzgerald, 1994). As a result of this confusion, the survivor is not provided adequate space to process the traumatic aspects of the assault, while

survivor-blame also ensues (Connop & Petrak; Smith, 2005). As observed by the participants in the present study, survivor-blame from partners and self-blame from the survivor are known to be especially problematic for survivor's recovery (Filipas & Ullman, 2001; Lonsway & Fitzgerald).

The suggestion that survivor-blame is related back to men's feeling of powerlessness was not directly supported within the available literature. However, given that feelings of powerlessness are reported by men on a general level following the survivor's experience of assault (e.g., Emm & McKenry, 1988; Smith, 2005), future research is recommended to further explore this suggestion. A better understanding of the validity of this suggestion may help to adequately direct psychoeducation and relationship intervention post-assault.

Gender Expectations

The participants observed that survivors and their partners ascribe to traditional gender roles when responding to the assault. Consistent with these gender roles, the participants reported that female survivors not only withhold negative emotions (anger), but additionally take ownership over healing or "fixing" the relationship. Meanwhile, the participants reported that men feel their "territory" or "property" has been violated upon learning of the survivor's assault.

Post-assault anger is agreed to be a common emotion felt by female survivors (Riggs, Dancu, Gershuny, Greenbery, & Foa, 1992). After examining male and female anger expression, Kopper and Epperson (1996) established that "femininity [is] negatively correlated with aggressive acting-out [and] acknowledged, uncontrolled acting-out" (p. 163). This suggests that a stronger

affiliation with a feminine gender role is associated with reduced outward expressions of anger. This finding supports the observations made in the present study.

Interestingly, Kopper and Epperson (1996) also found that femininity was "negatively correlated with . . . anger suppression" (p. 163). Thus, although feminine women are not outwardly expressing anger – as observed by the participants in the present study – they are not suppressing this anger either. Instead, the anger is left inside to fester (Riggs et al., 1992). Unfortunately, survivors who "hold in their anger have more severe PTSD symptoms during the month following the assault" (Riggs et al., p. 621). Thus, when women cope with their post-assault anger in a gender-expected fashion, they further exacerbate their psychological challenges following the assault. Unfortunately, increased PTSD symptomology can aggravate the relational challenges, as post-traumatic triggers and hypervigalence have significant relational implications (e.g., intimacy; McFarlane & Bookless, 2001; van Berlo & Ensink, 2000).

From a broader conceptualization, it is well-known that traditional gender roles define women as high in "gentleness, dependency, kindness, helpfulness, patience, and submissiveness," while men are high in "toughness, gentlemanliness, and protectiveness" (Rathus, Nevid, Fichner-Rathus, McKenzie, & Bissell, 2005, p. 105-106). Stemming from this, it comes as no surprise that gender plays a pivotal role in personality development, as women are considered to be more nurturing, talkative, and likely to seek health care in comparison to men (Rathus et al.). These may account for the finding that women come to

counselling to heal both themselves and their relationship following the experience of assault. Moreover, when considering this suggestion in conjunction with the fact that men are socialized to be more assertive and aggressive (Lisak, 1991; Rathus et al.), it can be hypothesized that approaching external help, such as a counsellor or therapist, is not consistent with the gender role of a man. Instead, however, retribution or retaliation may be more reflective of male gender roles, as observed in the present and previous research (e.g., Cohen, 1988; Smith, 2005). This differentiation of coping may lead some women to be the sole healers of their relationship.

The above research also accounts for the partner's perceptions of having their "property" violated, as reported in the present study. In particular, Clark and Lewis (1977), as cited in Holmstrom and Burgess (1979), suggest that males traditionally view sexual assault as an "offense against [their] property" and that the violation demeans the "worth" (p. 323) of the their wife. This is consistent with the stereotypical male-dominant gender role (Rathus et al., 2005), yet remains a more dated or traditional perspective. As such, it can be argued that the territorial violation communicated by the partner may perhaps be reflective of protective instincts over a loved one, similar to a parent over his or her child. One participant highlighted this, noting that the partner's response is often founded on the notion of "you don't get to do that to someone that I love!" This stance negates that the partner diminishes the worth of the survivor and instead suggests that he acts to defend her.

Stemming from the above suggestion, it is important to also note that the findings in the present study suggest that some men deviate from the traditional view mentioned above. Each participant reported that some partners place their focus on helping the survivor to overcome her post-assault physiological and psychological challenges. In such cases, the desire to retaliate is not as apparent, while the willingness to seek external help prevails. Diana humorously spoke of a partner being especially supportive, which left her with the following response: "I'm like hmm, that is a good man!" Similar observations are available in alternative research. For example, in a study by Connop and Petrak (2004), a male participant indicated, "I would always comfort her . . . telling her it's alright honey, it'll get better [. . .] it's gonna take time, but we'll do it together" (p. 32).

Summary and Comment on Findings

In this study, a comprehensive summary of themes capturing the participants' collective perceptions regarding the impact of sexual assault on romantic relationships was provided. It is evident that the individual, relational, and social implications of sexual assault dramatically shake the romantic relationship of the survivor and her partner. Responding to the challenges associated with the assault is particularly difficult for the couple, as they have previously never faced such obstacles. Moreover, the depth of the psychological impact on both partners makes it challenging for the couple to navigate through these new barriers as a cohesive unit. Partners have a difficult time understanding the impacts of the assault, often for reasons beyond their control. In particular, the vast underreporting of male sexual violence leaves men unprepared to

understand the depth of the impact of sexual assault, while the survivor has difficulty discussing her post-assault process and needs with her partner. This makes it hard for the partner to provide support, which in turn leaves the survivor disappointed. In the midst of these challenges, the communication within the partnership further breaks down, as the couple finds it challenging to discuss the post-assault obstacles facing the relationship. These obstacles can include changes in intimacy, communication, and trust and the external presence of gender expectations and rape myths. Ultimately, if the couple does not have a deep sense of commitment to serve as a source of ongoing strength, the chances of them overcoming the assault is minimal. However, hope is left for couples who are committed to working through the difficulties and have innate knowledge of how to effectively support each other. In these partnerships, the available support from the partner has profound positive effects.

In many cases the impact of the individual, relational, and societal implications of sexual assault established in this study can be better understood within the context of pre-existing theories and research related to trauma, sexual assault, and socialization. Oftentimes, sexual assault literature is grounded in feminist theory. While this research provides valuable information and is consistent with the findings in this study, additional thought and consideration must also be provided to allow for an evenhanded perspective of the post-assault implications felt by the survivor and her partner. Through such consideration, we see that survivor and her partner are both victimized by sexual assault and that their relationship is subsequently challenged by this trauma. Finally, in all cases,

the research arguably brings to light the need for post-assault intervention services. This is discussed below.

Practice Implications

Currently there is a strong body of literature pertaining to post-assault therapeutic intervention methods and empirical outcomes of treatment modalities utilized with survivors (see Russell & Davis, 2007 or Vickerman & Margolin, 2009 for a review). Meanwhile, a small body of literature is also developing for partners (although work is still needed), with a particular emphasis on group treatment (e.g., Cohen, 1988). Missing, however, is a thorough understanding of how to offer effective post-assault therapy to couples. Engaging both partners in treatment is considered to be important as the participants and empirical research suggest that more promising outcomes occur when the partner is involved in treatment (Billette et al., 2008). The findings in my study offer suggestions for such intervention.

In previous work, psychoeducational interventions for survivors have proven to effectively reduce anxiety, discomfort, and drug and alcohol use post-assault (Russell & Davis, 2007). This study highlights a strong need for education in order to rectify rape myths and better understand post-assault implications. In part, learning how to appropriately define sexual assault may allow the couple to accurately process the experience as a trauma rather than a violation of trust. In turn, blame may then be alleviated from the survivor and appropriately placed upon the perpetrator. Moreover, learning about the common psychological and physiological implications associated with sexual assault may provide the couple

greater understanding of triggers and help to normalize the challenges experienced.

The findings from the present study can also be utilized to enhance the therapeutic process when working with couples. While several theoretical models exist (e.g., Berg-Cross, 2001; Butler & Joyce, 1998), there is general agreement that the focus of couples therapy is encouraging the couple to "work together rather than separately" in order to overcome their challenges (Long & Young, 2007, p. 25). This notion is particularly important when considering the post-assault interpersonal challenges. For example, both the survivor and her partner experience unique individual processes following the assault, which ultimately have positive and negative reciprocal implications. Facilitating communication regarding these individual emotional experiences will be an important starting place for the couple. Not only will communication help to create a place of understanding, respect, and mutual support for these individual processes, but it will also allow the partnership to remain united at a time when "going it alone" seems like the solitary option.

Couples therapy for survivors and their partners may also be enhanced through acknowledgement of the specific relational challenges felt post-assault, including altered intimacy, trust, and communication. Such challenges are not unique to sexual assault survivors and their partners (Harway, 2005; Long & Young, 2007). As a result, the amalgamation of pre-existing interventions utilized for such challenges may be helpful when working with couples impacted by sexual assault. For example, Long and Young report that communication can

be enhanced through utilizing both group and individual couples therapy. Many of Long and Young's suggestions are focused on the research of John Gottman (1999), who encourages couples to gain awareness of their troubling communication behaviour and subsequently learn positive communication skills. Couples may be taught, for example, to acknowledge negative behaviour such as criticizing their partner and, in turn, encouraged to practice common communication skills including taking on the other partner's perspective (Long & Young). Similar suggestions are also provided by Berg-Cross (1997).

Trust issues within the relationship may result when the assault is defined by the couple as "cheating" or when the survivor either withholds information about the assault or delays the disclosure. Clearly, psychoeducation is an important aspect of renegotiating trust boundaries. More specifically, reframing one's conceptualization of the trauma as "sexual assault" rather than "cheating" may appropriately re-direct the couple's post-assault processing towards trauma recovery. Similarly, acknowledging and normalizing the post-assault fear and shame felt by the survivor may help the partner to understand why the survivor desires to withhold information related to the assault. Beyond this, various intervention techniques may also be helpful to overcome residual feelings of betrayal. For example, emotion-focused couples therapists suggest that engaging in a process of identifying and acknowledging the underlying emotions associated with the betrayal and exploring the associated implications of such emotions can prove to be helpful when overcoming feelings of betrayal within a relationship (see Greenberg, Warwar, & Malcolm, 2010 for further information).

The changes in sexual intimacy may be largely related to the intimate violation associated with sexual trauma. For example, the new presence of triggers alters the couple's intimate life, as previously enjoyable behaviour takes on a traumatic presence following the assault. Again, psychoeducation may provide a healthy starting place for a couple to externalize the post-assault intimacy challenges and to understand the physiological and psychological implications of post-traumatic stress. Alternate interventions commonly used to improve intimacy and sexuality may be helpful. This can include enhancing intimacy-related communication and encouraging the couple to safely and gradually reintroduce intimate acts (Harway & Faulk, 2005; Long & Young, 2007). A review of literature pertaining to sexuality following alternate sexual violations (e.g., sexual abuse) may also prove to be beneficial in treatment planning (e.g., Harway & Faulk).

Finally, this study highlights that the couple's pre-assault strengths may prove to be beneficial for navigation through their post-assault challenges. When working with couples in a therapeutic context, identification of and reflection upon such strengths may be important for the facilitation of healthy post-assault interactions. This suggestion is consistent with the integrative model of Long and Young (2007) who recommend that identification of each partner's strengths in order to make connections between such strengths and the overarching goals of therapy can prove to be a pivotal intervention technique. Through making these connections, a solid foundation for the couple to explore their presenting challenges may be established.

Beyond engaging in couples therapy, this study also highlights the benefit of simultaneous individual counselling not only for the survivor, but for her partner as well. In particular, in order to effectively overcome the individual difficulties associated with the assault, both parties should be encouraged to process their issues with a therapist utilizing the array of methods that have proven effectiveness (see Russell & Davis, 2007 for a review). By working through these challenges, both partners will be better able to support one another and work on the relationship challenges.

Study Limitations

While my study offers an effective starting place to better understand the perceptions of mental health professionals regarding the topic at hand, there are also specific limitations within this research that are important to consider. First, the sample was inclusive of strictly female participants. While the study was not closed to male participation, the female sample merely evolved through chain or snowball sampling (Patton, 2002). Thus, although the sample was highly informative, it may not accurately represent the collective perceptions of the population. In addition, the information may be biased towards a female perspective. This may allow for the exclusion of potentially valuable and needed information, which is particularly important given the pre-existing female bias in the sexual assault literature. Future study and verification of the themes established in the present research with alternate samples inclusive of male participants is recommended.

It can also be noted that the primary client demographic for each participant varied. More specifically, some participants' perceptions were based on their experiences with university-aged clients while others were based on their work with adult-aged clients. Even further, some participants spoke of experiences with both populations. Ultimately, the experiences of all age groups were amalgamated, despite potential differences across these demographics. Future research focused on delineating the specific experiences of these age groups may prove to be important.

Future Research

The present study opens up new pathways for future research. In particular, the findings provide a solid foundation from which we can further explore the implications of sexual assault on romantic relationships. Both qualitative and quantitative research is recommended to clarify, expand, and enhance the findings in the present study. In addition, verification of the results utilizing a sample composed of survivors and their partners is important to gain a more direct perspective regarding the topic at hand and to expand the ideas generated in the current study. Gaining further insight regarding the implications of sexual assault on partners will also continue to be important in order to fully understand the interpersonal effects of this trauma.

Empirical verification of the links made between theory and findings in this study is encouraged. For example, it would be beneficial to examine Charlotte's suggestion regarding the connection between survivor-blame and the partner's experience of powerlessness. This would allow us to effectively

understand the conscious or unconscious rationale behind behaviour from the partner that is currently viewed to be somewhat negative. Similarly, this study suggests that long-term couples have greater potential for overcoming the challenges brought on by the experience of sexual assault. While this specific idea was tied into the commitment literature, further exploration of this suggestion using correlational data, for example, may be advantageous.

The development and evaluation of treatment models and programs is important for future work. In particular, the creation of individual and group programs for couples is strongly recommended in order to expand post-assault intervention services. Ongoing evaluation and adaptation of such models is encouraged.

Conclusion

This study sought to examine mental health professionals' perceptions regarding the implications of sexual assault on hetersexual romantic relationships. Examining this topic was thought to be particularly important given the lack of research currently available and the glaring interpersonal violation associated with sexual assault. Through their professional experiences, the participants in the present study highlighted that the romantic relationships of survivors and their partners are affected by the individual, relational, and societal implications associated with sexual assault. In particular, the present study found that (a) there are positive and negative reciprocal effects associated with the survivor's and her partner's individual processing following the assault, (b) the couple's patterns of intimacy, trust, and communication are altered post-assault as a result of the

interpersonal and intimate nature of the violation, lacking education regarding sexual assault, and post-traumatic stress symptomology (c) the strengths and weaknesses of the relationship are exposed as a result of the significant stress felt within the relationship post-assault, allowing those couples with a strong foundation and high level of commitment to more readily navigate through the post-assault challenges, and (d) the relationship is faced with social misperceptions regarding sexual assault, which impact the beliefs of the survivor and her partner, while the pair also respond to the assault utilizing behaviour that is consistent with socialized gender behaviour.

The results from the present study are encouraging for the development of effective therapeutic intervention. In particular, the findings generated from this study can be utilized to develop comprehensive psychoeducational and couples therapy interventions. In addition, this study can be utilized for continual exploration into the implications of sexual assault on romantic relationships. In particular, verification and expansion of the present findings are recommended, with an emphasis on gaining first-hand information from survivors and their partners in both a qualitative and quantitative capacity. Maintaining a steady flow of research within this area is important when considering the dramatic rate at which sexual assault occurs in North America and the stated psychological implications associated with this particular trauma.

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Appendix A

Recruitment Email Message

Recruitment Email Message

Dear _____,

My name is Erica Lauridsen and I am a Master's student at the U of A in the Counselling Psychology program. Given that I am studying in the thesis-based stream of the program, I am required to complete a substantive research project throughout the course of this year.

The topic of my Master's thesis is trauma and romantic relationships. More specifically, through the guidance and supervision of Dr. Robin Everall, I will be studying how heterosexual romantic relationships change when the female partner experiences sexual assault (from someone other than her partner). Given the pre-existing literature on the psychological harm associated with sexual assault and the importance of social support for one's recovery, I feel my research will be an important addition to the field of trauma and counselling.

Given the novelty of this research and the importance it will hold within our field, I will be exploring this topic through the lens of mental health professionals such as yourself. You were identified as a possible participant for this research by _____. Thus, I am writing you to inquire if you would be interested in sharing your perceptions regarding the impact of sexual assault on romantic relationship functioning. Specially, I am interested in learning about how you perceive romantic relationships change following the female partner's experience of adult sexual assault from a non-partner offender.

In addition, I am curious if you have any further recommendations regarding potential participants for this project?

Participation in this study is completely voluntary and you are welcome to withdraw your participation at any time. In addition, this project has been reviewed by, and received ethics clearance, through the Faculties of Education, Extension, Augustana and Campus Saint Jean Research Ethics Board (EEASJ REB) at the University of Alberta.

Please let me know your preference regarding participation and/or your recommendations regarding additional participants at your earliest convenience. If you have any further questions, please do not hesitate to contact me at 780-850-0561 or lauridse@ualberta.ca

Sincerely,

Erica Lauridsen
M.Ed. Counselling Student
Department of Educational Psychology
University of Alberta
Edmonton, Alberta, Canada

Appendix B

Information / Consent Letter

Information/Consent Letter

Study Title: The Impact of Sexual Assault on the Romantic Relationships of Female Survivors: Reflections from Mental Health Professionals

Principal Investigator:

Erica Lauridsen
M.Ed. Student, Counselling Psychology
Department of Educational Psychology
University of Alberta
lauridse@ualberta.ca

Supervisor:

Dr. Robin D. Everall
Professor & Chair
Department of Educational Psychology
University of Alberta
robin.everall@ualberta.ca

You are invited to participate in a research study being conducted by Erica Lauridsen in order to fulfil the thesis requirement for the Master's of Education degree in Counselling Psychology. The study is being supervised by Dr. Robin Everall. The purpose of the investigation is to explore how romantic relationships are impacted following the female partner's experience of adult sexual assault. This topic is being explored through the lens of mental health professionals, such as yourself, whom work directly with sexual assault survivors and are thus able to provide a comprehensive overview of their observations relating to this area of study.

Data will be collected through the completion of confidential interviews that will be approximately one to two hours in length. Interviews will be based upon a guided list of questions, although additional conversation and exploration of responses will occur in order to fully understand your perceptions. Interviews will be completed in private and will be audio-recorded for future transcription. Research participants are selected based on their identification of experience working with sexual assault survivors and through recommendation from other professionals / students within the field. You will be provided a $20 gift certificate for your participation.

Once data analysis for the present study is complete, you will be contacted again by the principal investigator (via email or phone) to assess the accuracy of the data analysis. Any input given at this time is completely voluntary and not a requirement of participation.

Participation in this study is entirely voluntary. Should you have any questions or concerns about your participation at any time throughout the course of this study, please contact Erica Lauridsen or Dr. Robin Everall using the contact information above. Please be aware that you have the right to not participate

and/or you may withdraw from the study at any point without penalty. If you choose to withdraw from the study, your data will not be included in the present study in any way. All data collected will be deleted from any electronic databases and all hard data will be shredded.

Your information, and any information you share, will be private, anonymous, and confidential. You will be given a pseudonym that will be attached to all of your data and thus your legal name will *not* appear in any notes, transcriptions, reports, publications, or presentations resulting from this study. Further, research personnel will sign a confidentiality agreement to ensure that your information is held in strict confidence. In addition, all electronic data will be encrypted. All data will be kept for a period of 10 years and will be securely stored in a locked office, to which only authorized researchers have access. After this period, the data will be destroyed; all electronic data will be deleted and all hard data will be shredded.

Should you be interested in the findings of the present study, please contact Erica Lauridsen using the email address listed previously. The results from the present study will also be made available through publication in scholarly journals and presentations at conferences. In all cases, the data obtained from the present study will be handled in compliance with the University of Alberta Standards for the Protection of Human Research Participants http://www.uofaweb.ualberta.ca/gfcpolicymanual/policymanualsection66.cfm.

Should you have any concerns, complaints, or consequences associated with the present study, please contact the primary investigator, Erica Lauridsen, at lauridse@ualberta.ca, or her supervisor, Dr. Robin Everall at robin.everall@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension, Augustana, and Campus Saint Jean Research Ethics Board (EEASJ REB) at the University of Alberta. For questions regarding participants rights and ethical conduct of research, contact the Chair of the EEASJ REB c/o (780) 492-2614.

Consent Form

I agree to participate in the study "The Impact of Sexual Assault on the Romantic Relationships of Female Survivors: Reflections from Mental Health Professionals" conducted by Erica Lauridsen and Dr. Robin Everall of the Department of Educational Psychology at the University of Alberta. I have come to this decision based on the information provided above and I have been given the opportunity to ask any questions that I may have regarding the study. I understand that I am able to withdraw this consent at any time, and through doing so I will not receive

any penalty. I also understand that all information will be audio-recorded in the present study in order to ensure the integrity of the data.

I understand that this project has been reviewed by, and received ethics clearance, through the Faculties of Education, Extension, Augustana and Campus Saint Jean Research Ethics Board (EEASJ REB) at the University of Alberta. I also understand that I may contact this office if I have any comments or concerns resulting from my participation in this study.

Name: _____

Signature: _____

Date: _____

Witness Signature: _____

N.B.: One copy for you to keep for your own record; one copy to the researcher.

Appendix C

Demographic Information

Demographic Information

Study Title: The Impact of Sexual Assault on the Romantic Relationships of Female Survivors: Reflections from Mental Health Professionals

Pseudonym: _____

Current Age: _____

Occupation: _____

Organization: _____

Years involved in counselling sexual assault survivors: _____

In your practice, have you worked with female survivors of adult sexual assault?

Yes No

Do you feel like one or more of these clients' romantic relationships was impacted by the assault?

Yes No

Appendix D

General Interview Guide

General Interview Guide

Study Title: The Impact of Sexual Assault on the Romantic Relationships of Female Survivors: Reflections from Mental Health Professionals

The purpose of this interview is for you to tell me about your perceptions regarding the impact of sexual assault on romantic relationships. Specially, I am interested in learning about how you perceive romantic relationships change following the female partner's experience of adult sexual assault from a non-partner offender. Please feel free to share as much information that you feel comfortable with. If you need to take a break at any time, please let me know.

1. Tell me about how survivors, in general, described their relationship prior to the experience of sexual assault.

2. Tell me about how survivors, in general, described their relationship following the assault.

3. In your perception, how did the changes occur? When did the survivors first notice the change(s) occurring? In your perception, were the changes immediate or ongoing? Did things ever "change back?"

4. In your perception, how do the survivors / their partners respond to the change(s) that occurred?

5. In your perception, how did the experience of the relationship changing affect the survivors / their partners personally?

6. Looking back to all of your work with this group of women and/or their partners, what experiences, thoughts, or incidents specifically stand out for you?

7. In your perception, did the experience of the relationship changing affect anyone else in the survivors' lives?

8. In your perception, did the change(s) affect the survivors' outlook on men or romantic relationships in general?

9. In your perception, did the change(s) affect the survivors' overall experience or view of their assaults?

10. Do you feel like there is any additional information you would like to share?

Appendix E

Debriefing Form

Debriefing Form

Study Title: The Impact of Sexual Assault on the Romantic Relationships of Female Survivors: Reflections from Mental Health Professionals

Principal Investigator:

Erica Lauridsen
M.Ed. Student, Counselling Psychology
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University of Alberta
lauridse@ualberta.ca

Supervisor:

Dr. Robin D. Everall
Professor & Chair
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University of Alberta
robin.everall@ualberta.ca

We would like to thank you for your participation in our study.

As you are aware, the study you participated in today was meant to explore your perceptions regarding the impact of sexual assault on romantic relationships. Research suggests that 39% of Canadian women experience sexual assault after the age of 16. As you are aware, there can be many psychological after-effects of sexual assault, and thus researchers are beginning to define how external relationships influence the psychological functioning and recovery of the survivor, and are further beginning to explore the secondary impacts of the assault on external support providers including family, friends, and significant others. Given that there is very little information within this area, the present study is used as a means of further extending the research through exploring how the romantic relationship of the survivor changes post-assault, when she is attacked by a non-partner offender. We have chosen to explore this issue through the lens of mental health professionals such as yourself in hopes of gaining a broad and thorough overview through the discussion of direct clinical observations. Through gaining a greater understanding of the impact sexual assault has on the romantic relationship, we are able to more thoroughly aid survivors in their psychological recovery and can engage in proactive behaviour to facilitate healthy relationship functioning post-assault.

Please feel free to contact Erica Lauridsen or Dr. Robin Everall if you have any questions, comments, or concerns regarding the study you participated in today.

If you are interested in reading more about this project, please refer to the following sources:

Filipas, H. H., & Ullman, S. E. (2001). Social reactions to sexual assault victims from various support sources. *Violence and Victims, 16*, 673-692.

Sarkar, N. N., & Sarkar, R. (2005). Sexual assault on woman: Its impact on her life and living in society. *Sexual and Relationship Therapy, 20*, 407-419.

Smith, M. E. (2005). Female sexual assault: The impact on the male significant other. *Issues in Mental Health Nursing, 26*, 149-167.

Appendix F

Confidentiality Agreement

Confidentiality Agreement

Study Title: The Impact of Sexual Assault on the Romantic Relationships of Female Survivors: Reflections from Mental Health Professionals

I, _____, the transcriber, have been hired to transcribe the data provided within the interviews.

I agree to -

1. Keep all the research information confidential by not discussing or sharing it in any form or format (e.g., audio files, transcripts) with anyone other than Erica Lauridsen and Dr. Robin Everall.

2. Keep all research information in any form or format (e.g., audio files, transcripts) secure while it is in my possession. I will save data only on the provided USB and encrypt all transcripts so it is only accessible by me and the research team.

3. Return all research information in any form or format (e.g., audio files, transcripts) to Erica Lauridsen or Dr. Robin Everall when I have completed the research tasks.

4. After consulting with Erica Lauridsen and/or Dr. Robin Everall, erase or destroy all research information in any form or format regarding this research project that is not returnable to Erica Lauridsen and Dr. Robin Everall.

_____	_____	_____
(Print Name)	(Signature)	(Date)

Primary Investigator:

_____	_____	_____
(Print Name)	(Signature)	(Date)