Canadian Journal of Counselling and Psychotherapy / Revue canadienne de counseling et de psychothérapie
ISSN 0826-3893 Vol. 47 No. 1 © 2013 Pages 109–129

"They're Dealing with Very Different Issues": Examining the Relational Implications of Sexual Assault from the Perspective of Mental Health Professionals
« Ils ont affaire à des problématiques fort différentes » : Examen des implications relationnelles de l'agression sexuelle du point de vue des professionnels de la santé mentale

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ABSTRACT

Sexual assault is a pervasive problem in Canada. This crime has significant implications for the survivor, including interpersonal consequences that are problematic and oftentimes overlooked. The present study examined the perceptions of mental health professionals regarding the impact of female sexual assault on heterosexual romantic relationships. The data were generated through semistructured interviews with 5 mental health professionals and analyzed utilizing Braun and Clarke's (2006) framework. Four themes emerged from the data: (a) significant relationship changes, (b) implications of individual processing, (c) response to external variables, and (d) pre-assault relationship functioning as it affects post-assault response. The implications of these findings are discussed.

RÉSUMÉ

L'agression sexuelle est un problème étendu au Canada. Ce crime a de sérieuses implications pour la personne qui y survit, notamment des conséquences interpersonnelles qui sont problématiques et souvent négligées. Cette étude examine les perceptions des professionnels de la santé mentale de l'impact de l'agression sexuelle féminine sur les relations romantiques hétérosexuelles. Les données ont été obtenues au moyen d'entrevues semi-structurées auprès de 5 professionnels de la santé mentale, et elles furent analysées à l'aide du cadre de Braun et Clarke (2006). Quatre thématiques sont ressorties de l'analyse des données : (a) d'importantes modifications des relations, (b) les implications du processus individuel, (c) la réponse aux variables externes, et (d) l'incidence du fonctionnement relationnel antérieur à l'agression sur la réponse post-agression. L'article présente une discussion des implications de ces résultats.

The pervasiveness of sexual assault in Canada is astounding. Statistics reveal that 39% of Canadian women are sexually assaulted at least once after the age of 16 (Statistics Canada, 2006). Sexual assault includes "any form of non-consensual or forced sexual activity or touching, including rape" (Statistics Canada, 2006, p. 9). The trauma caused by such assaults is known to significantly interfere with

the psychological, physiological, and social well-being of female survivors (Koss, 1993; Resick, 1993). Meanwhile, billions of dollars in costs associated with sexual assault and other violent crimes against women are absorbed each year by the health, criminal justice, and social service sectors (Statistics Canada, 2006). These findings prioritize sexual assault as a principal concern for Canadians.

While an in-depth discussion of the post-assault psychological and emotional implications for the survivor is beyond the scope of the present article, it is imperative to understand that these consequences are significant, chronic, and pervasive (Koss, 1993; Resick, 1993). Briefly, a review of the literature (e.g., Koss, 1993; Resick, 1993) suggests that psychopathological disorders are common among survivors, while a disruption in general psychological functioning is virtually universal. For example, the rates of posttraumatic stress disorder (PTSD) and internalizing disorders (e.g., depression, anxiety) are high, affecting between 30% and 75% of survivors, while comorbid psychopathology, including dissociative disorders, somatoform disorders, eating disorders, and substance abuse disorders are considered to be of significant concern (Darves-Bornoz, 1997; Elklit, Due, & Christiansen, 2009; Faravelli, Giugni, Salvatori, & Ricca, 2004; Resick, 1993). Additionally, survivors report chronic self-blame, a reduction in self-esteem, diminished sexual functioning, and an overwhelming and persistent sense of fear following the experience of sexual assault (Koss, 1993; Littleton & Breitkopf, 2006; Najdowski & Ullman, 2009; Resick, 1993; van Berlo & Ensink, 2000; Vianna, Bomfim, & Chicone, 2006). These challenges debilitate the survivor's functioning, and research studies have found evidence of psychopathological symptomology up to 22 years post-assault (e.g., Kilpatrick, Saunders, Veronen, Best, & Von, 1987).

Sadly, the psychological and emotional impact of sexual assault reaches far beyond the survivor, as male romantic partners are also negatively affected (Smith, 2005). Specifically, male partners report similar psychological reactions as the survivors, including guilt, depression, social withdrawal, and self-blame (Connop & Petrak, 2004; Smith, 2005). The partner's psychological strain is also aggravated by his confusion about how to respond to the survivor or provide her with emotional support (Emm & McKenry, 1988). This, in turn, can lead men to feel obstructive in the survivors' healing process (Emm & McKenry, 1988). Clearly, sexual assault leaves some romantic relationships impaired.

To date, much of the literature focused on sexual violence is geared toward understanding the individual consequences, psychological processing, and healing of survivors. In return, the counselling and psychotherapy community has formulated empirically based protocols for effective individual intervention (e.g., see Russell & Davis, 2007). However, sexual assault has more than just individual ramifications: the relational consequences are also vast and yet are often overlooked both in treatment and in research (Connop & Petrack, 2004; Miller, Williams, & Bernstein, 1982; Orzek, 1983; Smith, 2005; van Berlo & Ensink, 2000). Arguably, the overshadowing of these relational challenges by the survivor's sequelae is a natural consequence of the violation she has faced. However, until consideration

is given to the additional relationship challenges experienced by the survivor, her treatment and recovery may be inadequate.

Trauma, generally speaking, has serious repercussions that bleed into the relational functioning of romantic couples (Beck, Grant, Clapp, & Palyo, 2009; Broman, Riba, & Trahan, 1996; Goff et al., 2006). Although traumatic experiences do not always lead to the demise of a relationship, the onset of PTSD and depression symptomology following a traumatic event impacts the quality of the relationship (Beck et al., 2009). Often reported among couples are changes in communication, cohesion, and intimacy, for example, as the experience of trauma can lead couples to talk less, feel detached from one another, and avoid intimacy (Goff et al., 2006).

Posttraumatic sequelae are also relevant to couples facing the aftermath of sexual assault (Connop & Petrack, 2004; Miller et al., 1982; Orzek, 1983; Smith, 2005; van Berlo & Ensink, 2000). Communication seems to be a particular problem as women often become emotionally withdrawn following the assault and do not discuss their experience or the associated emotional consequences (Connop & Petrack, 2004; Miller et al., 1982). Meanwhile, male partners also withdraw and avoid discussing their own pain out of fear of burdening the survivor (Connop & Petrack, 2004; Miller et al., 1982). These communication barriers, combined with individual psychological distress, can limit the availability of support the pair is able to provide for one another, leaving the survivor to feel let down by her partner (Davis, Brickman, & Baker, 1991; Moss, Frank, & Anderson, 1990).

Intimacy is understandably impacted as women tend to show a range of interest in sexual activity following the assault (Miller et al., 1982; van Berlo & Ensink, 2000). Generally speaking, a trend toward hypervigilance and diminished feelings of safety often inhibit sexual activity following traumatic events (McFarlane & Bookless, 2001). Regarding sexual assault 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 and/or psychologically triggered because of these similarities, along with general psychological distress, creates an immediate reduction in the desire for or quality of sexual activity following the assault (Connop & Petrak, 2004; Miller et al., 1982; Orzek, 1983; van Berlo & Ensink, 2000).

In the face of these challenges, the resultant relational consequences can be devastating. Compared to single females, survivors who are in a relationship at the time of the assault are often not only left with their own physical, psychological, and emotional challenges, but are also faced with the disappointment of feeling unsupported by their partner, guilt for their partner's psychological challenges, and significant relationship difficulties (Moss et al., 1990). As such, women who are in relationships tend to have worse post-assault adjustment than those who are single (Moss et al., 1990).

While a greater understanding of post-assault relationship functioning could help to offset the difficulties that manifest in romantic relationships following

sexual assault, researchers have hardly scratched the surface of this topic. In fact, the literature in this area is sparse and to a large extent outdated. This arguably limits the scope of psychological treatment, as mentioned previously. As such, the present study asked mental health professionals to answer the question, "How are heterosexual romantic relationships impacted after the female partner is sexually assaulted?"

METHOD

Sampling

Mental health professionals who worked with sexual assault survivors and their partners were sought for this study. Using this criterion, participants were accessed through snowball sampling. Initially, offers to participate in the study were made to senior employees of two sexual assault centres, who then recommended others for the researcher to contact directly. One senior employee chose not to participate. The second agreed to participate and proceeded to refer participants. Sampling continued based on these recommendations and those of future participants. Sampling occurred in this manner until the information collected showed great redundancy, while also portraying sufficient depth for analysis purposes.

Participants

Five female mental health professionals who ranged in age from 31 to 46 years participated in the study. All had worked with female survivors of adult sexual assault and their partners over a range of 10 to 14 years through private practice and community-based organizations. Participants included 2 registered psychologists, 1 mental health therapist, 1 director of a sexual assault centre, and 1 previous employee of a sexual assault centre. To protect confidentiality and anonymity, participants selected their own pseudonyms which were subsequently used in the present report.

Utilizing service providers as the primary source of data is a practice that has been used in multiple disciples (e.g., education, nursing, psychology; Coombs, Deane, Lambert, & Griffiths, 2003; Dyson, 1995; Hendel, 2006). A sample of this nature is arguably advantageous when the topic of inquiry is relatively underresearched, given that service providers have expanded experience from which to draw. Moreover, in the present study, the service providers worked with survivors and their partners in a couples therapy context and were therefore able to provide insight into the processes of the recovery for the survivor, the partner, and the couple.

Data Collection Procedures

Data were collected through the use of semistructured interviews. An interview guide was designed to structure the interview, while follow-up questions and probing were incorporated to obtain more depth about the information shared (Merriam, 1998). Sample questions included "Tell me about how survivors, in

general, described their relationship following the assault" and "In your perception, how do the survivors/their partners respond to the change(s) that occurred?" Each interview was audio-recorded and lasted between 50 and 75 minutes. Finally, in order to enhance rigour, member-checks were completed with all participants. Each participant was e-mailed a copy of the findings and asked to reflect on whether the thematic descriptions accurately reflected their intended messages. Minor changes were recommended by one participant, while the others felt the findings adequately portrayed their perceptions.

Data Analysis Procedures

Following data collection, all interviews were transcribed verbatim. All components of data analysis were informed by the thematic analysis protocol outlined in Braun and Clarke (2006). Braun and Clarke provide guidance to researchers who are following a generic approach to qualitative research. Their suggestions include checking the accuracy of the transcripts and making initial notes about the interviews, coding the data inductively (i.e., without predetermined codes), sorting the codes into groups of related codes that are ultimately combined to form overarching themes, refining the themes, and developing a final thematic map. In the present study, the final thematic map housed 4 broad themes and 7 subthemes, as described below. This systematic approach to analysis, in combination with the maintenance of a comprehensive audit trail, ensured the overall rigour of the findings.

FINDINGS

Four broad themes were generated through analysis (see Figure 1), highlighting that sexual assault had significant implications for the survivor, her partner, and their relationship. Verbatim quotations are used as exemplars of these themes in the following section.

Significant Relationship Changes: "There Tend to Be Both Immediate and Process Changes"

Each of the participants acknowledged that within relationships there were alterations, disruptions, and/or renegotiations of intimacy, trust, and communication following the assault.

RENEGOTIATION OF INTIMACY BOUNDARIES

Every participant acknowledged that most couples renegotiated their intimacy boundaries following the assault. Moreover, when it came to engaging in sexually intimate behaviour post-assault, the participants observed a range in the survivors' level of comfort. They reported that some survivors preferred to abstain from intimacy, while others experienced an increase in intimate contact. Meanwhile, some couples placed boundaries around specific acts that resembled the assault:

> 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. (Natasha, age 32)

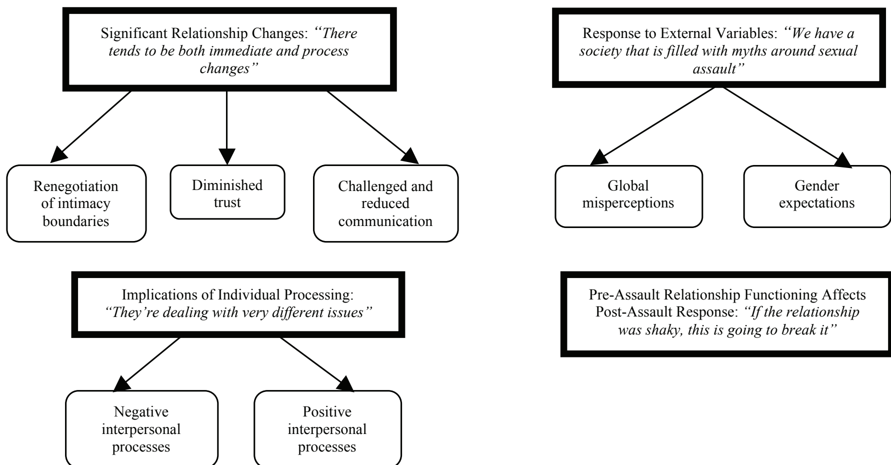
In order to make sense of these observations, KJ (age 37) and Spidey (age 31) both agreed that the nature of the assault uniquely shaped the survivor's level of comfort:

> I guess what I've observed depend[s] upon what happened during the assault, that can 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 sitting together on the couch kissing and touching is a no-go. (Spidey)

While Diana (age 38) shared similar experiences, she added that physical injury associated with the assault also altered the intimacy within relationships, indicating that "sometimes the nature of the assault dictates 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 was clear that both the psychological and physical trauma associated with the assault impacted the post-assault intimacy shared by the couple.

The participants also acknowledged that many of their clients were faced with the challenge of being triggered in an intimate context. Triggers were often a new

Figure 1
Thematic Map Summarizing Themes and Subthemes



Four broad themes emerged from data analysis. Seven subthemes are used to better encapsulate the variation within the first three themes.

phenomenon for survivors and their partners, and the experience of triggers initiated a renegotiation of intimacy boundaries:

> Most of the time I hear about it … 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 extremely uncomfortable because of the nature of the assault, attacked from behind, that is off the menu. (Diana)

When the intimate aspects of the relationship changed, the participants agreed that the survivors often felt guilty. To counteract this guilt, the survivors sometimes forced themselves into sexual acts with their partners, feeling that they "owed it" to their partners or that intimate contact would solve the intimacy challenges. Sadly, however, this additional experience of forced sexual contact was also sometimes traumatic:

> 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 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. (Charlotte, age 46)

Diminished Trust

Every participant identified that trust was significantly altered within relationships after the assault of the female partner. For example, Spidey noticed that trust was threatened by the perceived unwillingness of the survivor to discuss the details of the assault. She described how survivors often had a "hard time processing the assault themselves" and did not want to "open up to the[ir] partner[s]." KJ similarly suggested that survivors were reluctant to discuss the details of the assault because it was traumatizing to verbally relive the event. Unfortunately, this tendency to be noncommunicative led partners to question "what really happened," leaving the survivors to choose between hurting themselves and damaging the trust within their relationship.

Trust was also reportedly impacted when survivors delayed disclosing the assault to their partners. Although motivated by their shame and fear for their partners' reaction (e.g., retaliation toward the perpetrator), the delayed disclosure left the partners feeling betrayed. As such, the partners started to question if the survivors were withholding other information:

> When the disclosure does happen, there is an additional betrayal in not having been told immediately. So in the 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?" (Natasha)

CHALLENGED AND REDUCED COMMUNICATION

All of the participants agreed that the couples faced communication challenges after the assault. Primarily, the participants highlighted a tendency for couples to reduce or avoid communication about both the assault and the post-assault challenges. This tendency toward avoidance often exacerbated the issues and led both parties to question the relationship:

> They don't really talk about what's going on and then all of a sudden it reaches a breaking point.... Then it's like, "Now it's way up here, now we need to address this because I'm 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." (Spidey)

The participants also highlighted that survivors had a tendency to censor their communication about the assault and/or their post-assault needs out of fear for how their partners would respond or because they felt shame, guilt, and self-blame:

> The survivor has a hard time communicating what they need. In part because they're processing their experience but also most survivors 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 ask the partner for the nonjudgemental, the hundred percent support 'cause they don't necessarily feel they have a right to ask for that. (Diana)

Communication avoidance was also hypothesized to be the result of PTSD symptomology:

> 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. (Diana)

According to the participants, the reduced communication in the relationships came at a time when the couples could have benefitted from talking openly about their experiences in order to effectively understand each other's process. Charlotte offered an example of the need for open communication:

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

Similarly, the participants acknowledged the necessity for communication around the survivor's needs. They noted that partners often expressed a desire to understand and meet the needs of the survivors yet had a difficult time picking up on the "subtle cues." As such, encouraging the survivor to define her needs was an important goal for the couples, as the partners were otherwise left to inquire, "What do you need, how should I respond, what's helpful about how I'm responding?"

Implications of Individual Processing: "They're Dealing with Very Different Issues"

Interpersonal implications resulted from the unique individual processing that occurred for survivors and their partners post-assault. More specifically, the participants observed that partners responded both behaviourally and emotionally to the assault (e.g., tried to "fix" the survivor), while survivors tended to focus on processing the assault more directly (e.g., tried to make sense of what happened and the resulting sequelae). Through working with survivors and their partners, each participant reported that the lack of congruence between these processes had both negative and positive interpersonal implications.

NEGATIVE INTERPERSONAL PROCESSES

The participants observed that the survivors' personal processes sometimes had a negative effect on their partners. For example, the assault often generated challenging and novel emotions, such as intense anger, in survivors. As they began to outwardly express these emotions, their partners' confusion often deepened because, as KJ noted, the partners "ha[d] never seen that side of [her]." The partners also experienced confusion and frustration when the survivors were triggered during intimacy. Spidey explained that triggers sometimes forced the partners to feel that they were being aligned with the perpetrator, which was disturbing because they did not want to be perceived as a "bad guy" particularly when they did nothing wrong:

> Some partners get very frustrated and angry by it. [Be]cause obviously a lot of partners, they'll say, "I'm not the bad guy. You know I wouldn't hurt you," and they take that response as "you're somehow aligning me to this person who did this to you." (Spidey)

Each of the participants highlighted that the experience of sexual assault led to a lengthy process of healing for many survivors. However, as KJ noted, this was often hard for partners to understand, which ultimately deepened their frustration:

> The partner get[s] frustrated, they get tired…. 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. (KJ)

Over time, partners began to feel lost in their attempts to understand the survivors' post-assault sequelae. Failed attempts at "fixing" the survivors also began to feel draining. As a result, the partners often started to 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."

The participants observed that the feelings and behavioural responses seen in partners often had a negative effect on the survivors. KJ observed that the anger experienced by the partner brought significant stress to the survivor or triggered her:

> I think [when] partners … get that very explosive frustration or angry frustration, [it] is very threatening [to the survivor]…. 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 partners sometimes forget that. (KJ)

According to the participants, the survivors also experienced "disillusionment and disappointment" (Natasha) when their partners failed to support them through their post-assault challenges. As a result, survivors often felt they were left to face the challenges alone, despite being in an intimate relationship:

> [What] 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." (Charlotte)

This perception created a further divide between the couple and often led the survivor to withdraw from the relationship as a means of protecting herself from further emotional pain.

Even when the partner attempted to offer support, his effort were sometimes quite damaging to the survivor. For example, KJ observed that if the partner was incredibly hypervigilant following the assault, it only enhanced the survivor's sense of being "broken":

> 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)

KJ also observed that the partner's decision to withhold his own feelings again detracted from the survivor's well-being:

> 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 like they are broken…. It's like, "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." (KJ)

Behaviour such as this left the survivors feeling inadequate to their partners, ultimately creating relationship inequality. These challenges, taken together with those experienced when the partner failed to provide support, suggest that some men inevitably dissatisfied the survivor regardless of how they responded.

Positive Interpersonal Processes

The participants did not discuss any observed or perceived positive implications of the survivor's recovery process on her partner. However, each witnessed supportive reactions and behaviours from partners that had a positive influence on

the survivors and/or their recovery. For example, Diana suggested that supportive partners inhibited damage to the survivor's schema of "men." This, in turn, prevented long-term psychological damage for the survivor, as a supportive partner provided 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 they have experiences with a man who is safe and trusting and supportive, that is an incredible buffer or protective factor against a lot of schema damage. (Diana)

In Spidey's experience, a supportive partner often helped the survivor to eliminate self-blame and understand how her post-assault challenges stemmed from the psychological trauma:

> If you have a partner who's 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 change how they see that experience because they're less likely to go into the self-blame as much. And less likely to feel like they have to explain themselves to the partner. And … also you see that they're more likely to isolate the intimacy issues to the triggers as opposed to it becoming a bit more global. (Spidey)

Finally, even when relationships dissolved, KJ noted that positive support initially received from a partner often had a lasting impact on the psychological well-being of the survivor:

> 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…. They (survivors) are able to separate and maybe don't go to that sort of extreme. (KJ)

Response to External Variables: "We Have a Society That Is Filled with Myths Around Sexual Assault"

The participants felt there were external influences impacting the survivors' and male partners' ability to understand and respond to the assault. These included 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 and were endorsed by survivors and their partners. Unfortunately, adherence to rape myths created new challenges

for the couple and/or further exaggerated pre-existing challenges. For example, all of the participants reported that couples often had difficulty understanding the definition of sexual assault, believing that it had to involve violent penetration from a stranger, or, as Diana aptly reported, "the stranger, woods, dragged in, bad stuff happens." When an assault occurred outside of these boundaries, couples mistakenly defined the assault as "cheating":

> 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 nonconsensual touching or nonconsensual kissing and that's not even defined. And usually that is more "You did something to lead that person on." When they identify it as sexual assault, it usually involves penetration or forced oral sex. (Spidey)

When survivors framed the experience as cheating during the disclosure, the partners responded to the assault as an indiscretion rather than a violation:

> I think the only other one that stands out is just that whole cheating issue, it's so heartbreaking when that comes in as, "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 didn't consent to that activity and really just starting from that square one of okay, we need to work on what happened and what is sexual assault and creating that definition for people…. 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 [is], which most people don't, all I hear is my partner admitting to cheating on me and I have my reaction accordingly. (KJ)

Along these lines, the participants also acknowledged that stranger-assaults were easier to define as "sexual assault" than acquaintance-assaults because stranger-assaults had greater congruence with the general view of assault mentioned above:

> In my experience the stranger-assaults are very clear to partners that it wasn't their partner's 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. (Natasha)

Beyond having difficulty defining sexual assault, couples also normalized sexual assault through maintaining the perception that sexual assault is a regular, and therefore "normal," occurrence. As such, the psychological and relational implications of the assault were often underestimated and the survivors downplayed the trauma:

> Like it's so contextualized that "women get sexually assaulted every day and you're just one of the unlucky ones." And so, as a society, we don't really know what to do with it and…. 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. (Charlotte)

All participants reported that the general misperceptions regarding sexual assault led the survivor and her partner to engage in survivor-blame. This was often enhanced when the survivor felt that 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 'cause it happened and I should have …" whatever … fill in the blank, "I should have done this differently and it wouldn't have happened." (KJ)

There was general agreement from the participants that survivor-blame was problematic for the recovery of both the survivor and the relationship. Natasha noted that self-blame often led 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. (Natasha)

GENDER EXPECTATIONS

The participants observed that women responded to sexual assault in a manner that is congruent with socialized gender expectations. For example, women are often socialized to be passive, making it challenging to express anger or frustration. As a result, participants reported that survivors often internalized their anger. This in turn led to depression and other relational challenges. Furthermore, women are socialized to manage and maintain relationships. As a result, the participants noted that the survivor's recovery process was often overshadowed by the challenges within the relationship, which led the recovery process to become focused on the relationship:

> 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?" (KJ)

> 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. (Natasha)

Alignment to socialized gender roles was also observed when working with partners. In particular, the participants identified that some males felt as though their "territory" or "property" (Charlotte) was violated when their partner was sexually assaulted:

> 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!" (Charlotte)

Pre-Assault Relationship Functioning As It 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 was highly influenced by the nature and status of their relationship before the assault. In line with this perception, the participants contextualized their observations through suggesting that the implications of sexual assault differed depending on the level of commitment within the relationship or the length of the relationship:

> With the dating relationships, I think there was a lot more threat to the actual relationship…. The partners in the dating relationships, especially when it was framed as cheating, were a lot faster to leave or more ready to leave. [In marriages], there was the threat to the relationship, [but] there wasn't the same sort of "Okay, I might instantly break up with you." … 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. (Natasha)

> I haven't seen any difference in terms of engagement versus common-law versus marriage. But I think just kind of the length in general. And part of that 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…. I find those partners are typically also more invested in 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. (Spidey)

Stemming from these observations, the participants agreed that more committed relationships had a greater chance of "surviving" the experience of sexual assault, whereas shorter or less committed relationships, such as dating relationships, were at a greater risk for breaking up. KJ, who works with a university-aged population, suggested that "75–80% break up," 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 also noted that the quality of the relationship prior to the assault affected the post-assault response and functioning of the relationship. More specifically, couples who were stable and trusting more successfully navigated through the post-assault challenges than couples who did not have such strengths. Diana effectively summarized this idea, reporting "the strengths … if they're there, they're going to assert themselves but the deficits in the relationship are going to become very obvious." This led 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 I was involved with them, remain together." Other participants made similar observations regarding the importance of the pre-assault relationship functioning:

> 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 … that just becomes overwhelming to try and tell these most intimate things. (KJ)

> 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. (Charlotte)

DISCUSSION

The purpose of this study was to examine the perceptions of mental health professionals regarding the impact of sexual assault on victims' heterosexual romantic relationships. Given that this topic is understudied, gathering data from mental health professionals proved advantageous due to their ability to provide experience-informed insights across numerous cases. Collectively, the findings highlight that romantic relationships are affected on all levels by the intra- and interpersonal consequences that follow sexual assault.

At the intrapersonal level, the participants reported that the survivor and her partner go through unique processes following the assault. The survivor is entering new emotional territory and faces a variety of psychological challenges, while the partner experiences confusion and frustration and seeks out ways of helping, or "fixing," the survivor. Although these processes are both legitimate and critical, they come together in a way that both positively and negatively impacts the relationship. For example, the participants suggested that the survivor's lengthy healing process can be especially frustrating for the partner, while the partner's outward reactions (e.g., anger, retaliation) create stress and disappointment for the survivor. According to the mental health professionals, partners find it difficult to deal with the sexual assault emotionally, socially, and mentally. However, previous research has identified that men are not alone in their unpreparedness and naiveté.

In fact, loved ones, including family members, are generally unsure of how to appropriately respond to the survivor post-assault (Coffey, 2010; Emm & McKenry, 1988). While this serves to normalize their process, it is an important consideration when determining treatment needs of both the survivor and her partner.

Just as the individual processes of the survivor and her partner are coming together, their experiences are tangled together with the interpersonal challenges that manifest after sexual assault. Specifically, the participants noted that sexual assault tends to shake the stability of the relationship, leading to changes in the domains of intimacy, trust, and communication. While these difficulties may be influenced by the intrapersonal processes that occur post-assault, the pre-assault relationship functioning of the pair is also influential. In particular, the participants reported that survivors and their partners are left to rely on their level of pre-assault relationship functioning as a means of navigating through the post-assault difficulties. In the present study, the level of commitment within the relationship (defined by status or length of relationship) significantly influences the couple's ability to overcome the assault. 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 a reduced threat of relationship dissolution (Kirk, Eckstein, Serres, & Helms, 2007). Coping with the post-assault relational sequelae may be less challenging for couples who have this foundation.

The intra- and interpersonal processes that occur post-assault are also mutually influenced by social misperceptions regarding sexual assault and behavioural expectations based on gender stereotypes. The concept of rape myths was repeatedly highlighted. Such misperceptions add to the challenges experienced by the couple as acceptance of rape myths may lead one or both partner(s) to doubt that a "true" assault occurred, which results in the experience being processed as a violation of trust rather than a trauma. An inability to differentiate between a consensual sexual act and sexual assault also leads to an undervaluation of the impact of the assault as well as confusion over the survivor's responsibility for the event (Connop & Petrak, 2004; Lonsway & Fitzgerald, 1994). As a result, the survivor is not provided the opportunity to process the traumatic aspects of the assault, while survivor-blame also ensues (Connop & Petrak, 2004; Smith, 2005). Survivor-blame is known to be especially problematic for the survivor's recovery (Filipas & Ullman, 2001; Lonsway & Fitzgerald, 1994).

The participants observed that survivors and their partners also ascribe to traditional gender roles when responding to the assault. After examining male and female anger expression, Kopper and Epperson (1996) established that a stronger affiliation with femininity is associated with reduced outward expressions of anger, supporting 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 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, Dancu, Gershuny, Greenberg, & Foa, 1992). Unfortunately, survivors who "hold

in their anger have more severe PTSD symptoms during the month following the assault" (Riggs et al., 1992, p. 621). Thus, when women cope with their post-assault anger in a gender-socialized fashion, they exacerbate their psychological challenges. Unfortunately, increased PTSD symptomology can also aggravate the relational challenges, as posttraumatic triggers and hypervigilance have implications on communication and intimacy (McFarlane & Bookless, 2001; van Berlo & Ensink, 2000).

From these findings, it appears that post-sexual assault sequelae are complex. Couples are faced with two individual processes coming together, combined with a plethora of interpersonal and social challenges. In the face of this knowledge, service providers have an important role to play in order to effectively treat the survivor, her partner, and their relationship. Understanding the importance of multifaceted treatment will serve as an important starting place for improving the overall well-being of survivors and their male partners.

PRACTICE IMPLICATIONS

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, with some emphasis on group treatment (e.g., Cohen, 1988). Missing, however, is a thorough understanding of how to offer effective post-assault therapy to couples. This is unfortunate because empirical research and the results of the current study suggest that more promising outcomes may occur when both partners are involved in treatment (Billette, Guay, & Marchand, 2008).

Although not the focus of the study, the presented findings offer possible suggestions for post-assault intervention. Russell and Davis (2007) report that psychoeducational interventions for survivors have proven to effectively reduce anxiety, discomfort, and drug and alcohol use post-assault. The current study highlights a need for public and individual education in order to rectify rape myths and better understand post-assault implications. Reinforcing appropriate definitions of sexual assault may allow the couple to accurately process the experience as a trauma rather than a violation of trust. Blame may then be alleviated for the survivor and appropriately placed upon the perpetrator. Moreover, learning about the common psychological and physiological implications of sexual assault may provide the couple greater understanding of triggers and help to normalize experiences.

While several theoretical models exist, 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 dealing with post-assault interpersonal sequelae. For example, both the survivor and her partner experience idiosyncratic processes following the assault, which ultimately have reciprocal implications. Facilitating communication regarding these individual emotional experiences will be

an important starting place for the couple. Not only will enhanced communication facilitate the development of understanding, respect, and mutual support within intimate relationships, but it will also allow the partnership to remain united at a time when "going it alone" seems like the only option.

Couples therapy for survivors and their partners may also be enhanced through acknowledgement of the specific relational challenges that may be experienced 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 couples therapy interventions may be helpful when working with couples impacted by sexual assault. For example, Long and Young (2007) report that communication can be enhanced through utilizing both group and individual couples therapy. Many of their suggestions are founded in the research of John Gottman (1999), who encourages couples to gain awareness of their troubling communication behaviours and subsequently learn effective communication tactics. 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, 2007).

Trust issues within the relationship may result when the assault is defined 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 redirect the couple's post-assault processing toward 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 therapy suggests that engaging in a process of identifying and acknowledging the underlying emotions associated with the betrayal and exploring the implications of such emotions can prove helpful (see Greenberg, Warwar, & Malcolm, 2010).

The changes in the experience of sexual intimacy may be largely related to the intimate violation associated with sexual assault. The presence of triggers alters the couple's intimate life, as previously enjoyable behaviour can take 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 posttraumatic stress. Alternate interventions commonly used to improve intimacy and sexuality may also be helpful. This can include enhancing 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 other sexual violations may also prove to be beneficial in treatment planning (e.g., Harway & Faulk, 2005).

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 posit that identifying each partner's strengths and subsequently making connections between these strengths and the overarching goals of therapy can be a pivotal intervention. Through making these meaningful links, a solid foundation for the couple to explore their presenting challenges may be established.

Beyond engaging in couples therapy, findings from this study may also highlight a need for simultaneous individual counselling for the survivor and her partner. In particular, in order to 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). By working through these challenges, both partners will be better able to support one another and work on the relationship challenges.

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 is imperative in order to fully understand the interpersonal effects of this trauma.

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