

One of the major ways child sexual abuse can impact an individual is their capacity to have and maintain healthy, fulfilling couple relationships. Whilst this impact is readily acknowledged by both victim of abuse and counsellor alike, it is often therapeutically overlooked as a critical aspect of recovery work.

In my work at a Sexual Assault Service with a structural-feminist-trauma focus and an individual counselling model I have found it difficult to work richly with these presentations. This paper observes how a synthesis of frameworks, including trauma theory, feminist theory, systemic concepts, sensorimotor psychotherapy, as well as attachment theory can be used as the basis of a relational model of counselling. Using a multitheoretical approach enables me to attend to the complex ways in which childhood sexual abuse may shape many aspects of the adult couple relationships of my clients. Dilemmas emerging due to the organisational setting and tensions between theoretical frameworks shall be considered. Other difficulties in providing couples counselling in a trauma setting, and trauma counselling with couples, shall be considered. The benefits in using a multitheoretical approach which privileges relational healing will be highlighted.

There is general consensus in the sexual assault sector and current trauma literature that victims of sexual abuse require safe and healing relationships in order to recover from the impacts of the abusive experiences (see for instance Herman, 1992; Allen, 2001; Johnson & Courtois, 2009; Miller & Sutherland, 1999; Solomon & Siegel, 2003). However, I have often mistakenly applied this principle exclusively to the therapeutic relationship creating a safe experience within the confines of this connection. This is of course valid and necessary. However, the more experience I have counselling adult victims of child sexual abuse, the more I recognise the potential for restorative opportunities afforded by my client's desire to have, or improve, intimate couple relationships. If "healing occurs in moments of secure attachment" (Solomon, 2003: 343), then I believe it's necessary for me to focus on the relationships where such attachments can occur.

There can be dilemmas of applying a multitheoretical approach focusing on the couple relationship within a sexual assault service. Some of these difficulties

A multi theoretical approach to trauma

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happen even before the client(s) arrive at the centre. This is due to the philosophical origins of the service. For instance, the Centres Against Sexual Assault in Victoria have a tradition founded in the feminist movement which historically viewed families and intimate relationships as sites of oppression and exploitation. The feminist concepts of empowerment and consciousness have often been used, necessarily, to disentangle women from conventional family formations, heterosexist couple dynamics, and oppressive relationships. Focusing on the couple relationship with a view instead to strengthening the bonds and preserving the dyad has thus been a philosophical shift for our organisation, but one with many benefits, which shall be discussed further below.

An additional difficulty of using a multitheoretical approach within my work context arises from the dominant trauma model of counselling which remains oriented towards individuals and intrapsychic recovery from sexual assault. This paradigm not only defines the pathway to counselling services and the funding prescription, but I have also found it to be the archetypal notion of counselling that clients expect when they attend our service. Though West CASA has broadened its focus to provide counselling to non-offending family members, and more recently, offering counselling to couples, the central organising question of "who is the client?" makes this work complex and difficult. As a Centre Against Sexual Assault the mandate is to the primary victim of sexual assault. However, systems theories influence my understanding that recovery from sexual abuse takes place through (re-)connection (Dwyer & Miller, 2006: 5; Johnson, Courtois, 2009: 373; Miller & Sutherland,

1999: 99; Upland, Johnson & Williams-Keeler, 1998: 3). As trauma theorists are beginning to acknowledge, people with complex trauma are particularly vulnerable to having relationship problems, but the benefits of having a partner who offers a "safe haven ...[can lead to]... interpersonal...earned security" (Johnson & Courtois, 2009: 373-374) aiding recovery. I am therefore very aware of the critical importance of providing counselling with the significant people in my clients' lives.

Nevertheless, it can be a challenge to find a way to achieve the balance between the traditional psychodynamic/trauma models of individual counselling with the systemic model that regards the relationship as much as the individuals as the client. Alternatively, when it is the client who struggles with the idea of bringing the partner into counselling, it can be due to their experiences of internalised shame resulting from the sexual abuse (Herman, 2007: 12-13). While these two hurdles can make it difficult to prioritise couple relationships in counselling, they are not insurmountable. Like others before me, I am buoyed by the possibilities that a multitheoretical approach can offer to our clients and see this as the most holistic counselling structure. Some of the ways I have used this approach in a sexual assault service to focus on problematic relational sequelae of early childhood sexual abuse follow.

A typical presentation at West CASA is an adult female or male who has experienced sexual abuse in their childhood. The perpetrators of the abuse are often close family members. When the client begins to discuss current relationship difficulties with an intimate partner I consider these primarily from an

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Attachment Theory perspective because this offers an account for ways in which past experiences influence people's relational styles (Bowlby, 1988: 138) and why relationship patterns are re-enacted (Allen, 2001: 44) leading to dissatisfaction and even re-traumatisation. This lens can be at odds with a feminist approach that remains suspicious about the role attachment theory has placed on women and the potential for mother-blaming arising from, what is frequently regarded as, an apolitical and acontextual theory of personality and parenting. Further, as Solomon (2003) has noted, traditional couples-systemic treatments are targeted towards modifying current dysfunctional behavioural patterns but this doesn't take into account of the ways attachment traumas influence the couple dynamics (p.324). So we have to cast a wider net than both feminist and conventional systems-couple principles when trauma is part of the picture.

The benefit of drawing upon Attachment Theory in this context is that it provides us with the rationale to explore traumatic attachment patterns, internal working models, and unconscious traumatic re-enactments that underlie the present-day problems within the relationship. These are issues that may go beyond the difficulties a couple without trauma may face (Solomon, 2003: 329; Allen, 2001; Dwyer & Miller, 2006: 8). For instance, on the basis of on-going painful and damaging interactions with an abusive parent/relative many victims of child sexual assault naturally form a generalised working model of people as dangerous or potentially harmful. They might also view themselves as inherently bad or unlovable. These types of belief systems are likely to influence and transfer to their adult relationships. Only through the lens of Attachment Theory can we capture these types of inscriptions and begin to re-model them.

Though many adult victims of sexual abuse are fearful about bringing their partner into counselling they are nevertheless extremely interested in "getting it right this time" or "finding someone who loves me". I find systems concepts useful in assisting the victim and their partner to make the connections between current relationship problems and the past abuse, and interrupting negative patterns, in part, created by the perpetrator of sexual abuse. I have no greater tool in my counselling kit than the loving, accepting response of a partner to a victim's internalised shame (Herman, 2007: 12-13). The advantage in having a systemic approach that brings the partner into the counselling room is that it can limit the potential for further

traumatisation through relationship re-enactments, and most importantly, it respects the desires and goals of our clients who want healthy relationships. Systems theory addresses this natural phenomenon, and further, that people exist in contexts and these are mutually influencing.

Nevertheless, there can be difficulties in applying a systemic framework in a sexual assault/trauma setting. For instance, individual clients can have anxiety around losing the primacy of the therapeutic relationship if their partner attends. From my perspective, I have also wondered how to balance potential competing needs of two individuals instead of privileging the traumatic experiences of the victim. Inviting couples into counselling at a Sexual Assault Centre can feel as though it's traversing a fine line between focusing on the sexual abuse issues with the possibility of inherently blaming the victim for the couple's problems (Baima & Feldhausen, 2007: 24-25). Or, alternatively, focusing on the couple and de-centering the traumas, and potentially missing critical information about the ways the relationship is organised around the impacts of the abuse (Miller & Sutherland, 1999: 102). Drawing upon the systems concept of circularity guides my practice to remind me that couple dynamics are co-created and maintained (Crawley & Grant, 2008: 41; Fisher, 2002: 110). Yet this principle is not without limits. Research (Johnson & Courtois, 2009: 374, Allen, 2001; Upland, Johnson & Williams-Kehler, 1998: 1; Briere & Scott, 2006: 154) suggests that many victims of abuse go on to have adult relationships characterised by violence or mimicking the original abuse dynamics. It's therefore crucially important to screen for possible violence in our client's relationships and to maintain a stance that the person enacting the violence is responsible for this.

In addition to attachment and systems theories, trauma theory provides the scaffold to understand and unravel the intrusive re-experiencing, avoidance and physiological hyperarousal impacts many victims of sexual abuse experience such as flashbacks, panic attacks, volatility, or flat affect. Psychoeducation with the couple about the impacts of sexual assault traumas can often shed light on some of the ways the relationship has catered to

the impacts of abuse leading to increased compassion towards each other. Once again however, there are dilemmas in having a multitheoretical approach where sexual abuse is viewed through a trauma lens. For instance the trauma model does not consider gender imbalances of power and regards the sequelae of sexual abuse in terms of symptomatology (see for instance Briere & Scott, 2006; Courtois, 1999; Herman, 1992). Feminism alternatively focuses on the aetiology of sexual violence along with the impacts of sexual abuse on women's lives (see for instance Walker, Gilmore & Scott, 1995). The essential concern when drawing upon feminist theories alongside trauma concepts is finding ways not to pathologise the victims of sexual abuse for their (mal) adaptive coping mechanisms and not being seduced by the a-contextual nature of trauma theories. Non-traumatised partners can be quick to attribute the relationship issues to the victim of the abuse, or alternatively have a "benevolent blaming" (Baima & Feldhausen, 2007: 25) attitude which implicitly holds the traumatised partner responsible. Given women are the majority victims of abuse, in heterosexual relationships this stance therefore maintains the sexist view that women are liable for relationship issues in addition to the 'symptoms' they suffer. By focusing on neurophysiology trauma theory, however, offers the most powerful explanation for why the victim of child sexual abuse "can't get over it" and this pearl of information can lead to more accepting and healthy relationships.

Using a multitheoretical approach that includes feminist ideology can inform the counselling process along with strategies to improve relational difficulties for victims of sexual abuse. For instance, I have found that joining with my clients in a transparent way, acknowledging my power and role in the system, as well as respecting the victim as expert in self, can provide a restorative safe and trusting experience. Feminism also highlights the strengths of survival after trauma and the normality of coping mechanisms. Feminist couple's therapists (Papp, 1988; Goldner in Fraenkel, 1997) encourage an examination of the gender arrangements in the relationship that may uphold limited sexist roles (Papp, 1988: 201-202) or prevent the couple from having

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the type of relationship they want to have (Baima & Feldhousen, 2007: 31-32). Challenges to applying feminist principles towards relationship issues are that many people can perceive the counsellor to be aligned with the female partner, and further, for many male partners the notion of giving up power in order to achieve greater happiness in the relationship can feel counter-intuitive. Women and men are indoctrinated into gendered roles and it can be difficult for couples to shift these entrenched and socially reified patterns.

In my counselling with victims of sexual abuse and their partners I am also influenced by sensorimotor psychotherapy concepts with the use of 'experiments' in the counselling sessions to explore how systems in the couple relationship are created and maintained (Fisher, 2002: 111). Given that a person's body is violated in acts of sexual abuse, it seems crucial to me that trauma counselling with victims of sexual abuse centres around the body. The benefit of a sensorimotor approach is that it increases self-awareness and enables trauma survivors to understand, as Rothschild puts it, how their "body remembers" (Rothschild, 2000) traumatic experiences. I have found this extremely useful for dealing with the somatic trauma symptoms such as pain, frozen states, aggression, numbing, and fear of physical intimacy. In conjunction with systemic, trauma, and attachment concepts, sensorimotor practice can also look to the ways client's bodies participate and perpetuate negative cycles (Fisher, 2002: 113) or enact attachment patterns (Ogden, Minton & Pain, 2006: 46-64). The biggest challenge to using this approach with clients is selling the concept to them. Many

victims of abuse fear being connected to their bodies, as this was the original site of pain and danger. Moreover, the false binary between mind and body still prevails in popular psychology and people attending counselling often do not expect to focus on physiological experiences.

The following is how a multitheoretical approach might look in my practice at a sexual assault centre: A common issue raised by victims of sexual abuse and their partners in counselling is a fear and/or lack of intimacy or physical closeness in the relationship. Many victims of sexual abuse avoid intimacy, while at the same time want safe, restorative physical soothing and contact. When this issue is raised in counselling I am guided by the universal counselling rule of achieving safety (trauma theory, feminist framework, attachment secure-base, systems theory, sensorimotor psychotherapy). I could ask my primary client to invite their partner to attend counselling sessions or alternatively hold the partner in mind when discussing the issue further (systemic counselling). In asking the couple to describe this experience I could request they do so in a mindful state (sensorimotor psychotherapy) in order to gain insight into the precise dynamics. I could introduce the concept of coping mechanisms and normalise the perceived relational impacts and behaviours (feminist framework). I would also consider the gender arrangements and if the non-traumatised client was acting in ways that were reminiscent of the abuser, or behaving in controlling, shaming or forceful ways towards the traumatised person (feminist framework) causing fear. I could consider the ways the attachment

patterns may lead to core beliefs around proximity and distance or being protective (attachment theory, sensorimotor psychotherapy). In addition to this I could encourage building awareness about traumatic triggers (trauma theory) and uncoupling fear responses that are not relevant to the present moment. With both partners present in counselling I could notice their interactional patterns and how they are co-sustained (systems theory), to interrupt and then devise more nurturing interactions. Looking at the family-of-origin of the couple might also assist in tracing traumatic re-enactments (systemic, attachment, trauma theory). Finally, I could devise an experiment where both partners build awareness about how and when the abuse is physiologically transferred into the current relationship (sensorimotor psychotherapy), thereby empowering the victim of abuse with more control over their body (feminist theory) and the ability to make choices in the present moment.

This article has described how a multitheoretical framework can be used with adults who have experienced child sexual abuse and present with current couple relationship issues. There can be difficulties and dilemmas in using this approach in a sexual assault centre with an individual model of counselling. Nonetheless the benefits of this approach far outweigh the stumbling blocks and lead to a more holistic healing experience.

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