This qualitative study investigates factors that may facilitate or impede awareness within couples regarding the sequelae of childhood sexual abuse for adult females and their partners. Six couples were interviewed about perceived effects of the abuse for self and partner and their perceptions regarding their awareness of these effects. Transcribed data were analyzed using grounded-theory methodology. Emergent themes regarding potential barriers to and facilitators of agreement are outlined in the context of the expressive and receptive abilities and motivations of each partner in communicating about the abuse. Preliminary implications for marriage and family therapy and further research are provided.

Within the last 25 years, increasing attention has been directed toward the problem of sexual trauma, with a primary focus on describing and treating its effects on female survivors (Browne & Finkelhor, 1986). Only recently has research begun to address the effects of childhood sexual abuse on the partners of those who have been traumatized (Ferguson, 1993). Specifically, it has been suggested that the partners of childhood sexual abuse survivors can experience marked personal and relationship distress by virtue of their close proximity to the survivor (Brittain & Mennin, 1988). Partners of primary survivors may become, in effect, “secondary victims” (Remer & Elliott, 1988b, p. 389) of the trauma experienced by their loved ones.

The earliest mention of secondary trauma, whereby behaviors, impressions, actions, attitudes, or emotions first seen in primary survivors may be transmitted to their close supporters, emerged in response to the familial impact of war-related combat (Hill, 1949). Subsequently, this notion has been extended to victims of nonsexual crimes (Davis, Taylor, & Bench, 1995) and the Holocaust (Lev-Wiesel & Amir, 2001), as well as law enforcement (Kroes, 1976), medicine (Mitchell, 1985), emergency services (Summey, 2001), and mental health workers (Ghahramanlou & Brodbeck, 2000; Sexton, 1999). Focusing on the development of secondary trauma and relevant diagnostic criteria, Figley (1995) proposed a Secondary Traumatic Stress Disorder, also referred to as “compassion fatigue” (p. 6), to be applied to a variety of victim associates. In this model, Figley (1985, 1988) proposes that exposure and empathy constitute the means by which traumatic material is transferred from the primary to the secondary survivor, and such empathic reactions are accompanied by emotional arousal and distress.

There is little information, however, about the secondary effects of trauma that is specifically sexual in nature, typically limited to sexual assault in adulthood. Speculation about the effects of secondary sexual...
trauma is based almost exclusively on informal clinical reports of males as adjunct participants in the therapy of female partners who have been raped (Remer & Elliott, 1988a, 1988b; Rodkin, Hunt, & Cowan, 1982; Silverman, 1992). Of the few resources directly addressing secondary responses to childhood sexual abuse, most are limited to informal clinical observations of male support group participants whose female partners were sexually abused as children (Brittain & Merriam, 1988; Chauncey, 1994; Ferguson, 1991; Firth, 1997).

Only one empirical study currently addresses the systemic effects of trauma by examining survivors of childhood sexual abuse and their relationship partners within the confines of the same study. Nelson and Wampler (2000) report a lack of significant differences between male or female individuals with a history of physical or sexual abuse and their nonabused partners on measures of individual stress symptoms, relationship satisfaction, and family adjustment, thereby demonstrating support for secondary trauma theory. As Ferguson (1993) notes, there is clearly a need for study of secondary trauma that takes into account the interactive, reciprocal nature of each partner's views and experiences. Research that considers both partners in the same study, a broad range of possible responses to the abuse, and each partner's awareness of the effects of the abuse on the other partner as a variable of interest is warranted.

This line of inquiry is critical for a number of reasons. First, the notion of incorporating family members in treatment has been acknowledged as a means of remediating the distress of the primary survivor and other network members, and as serving a preventative function by assisting the family in coping with future stressful events (Figley, 1988; Reid, Taylor, & Wampler, 1995; Reid, Wampler, & Taylor, 1996; Silverman, 1992). However, intervention with both primary and secondary survivors proceeds in the absence of much knowledge about the reciprocal and dynamic concerns and perspectives of these individuals or empirical evidence for treatment effectiveness, perhaps because it is unclear what the target areas of change should be.

More importantly, by virtue of its collateral effects, several authors have suggested that child sexual abuse might best be viewed as a "shared trauma" (Silverman, 1978, p. 166) for couples. As Remer (1990) has noted, the experiences of social network members are inextricably linked with the experience and healing process of the primary survivor, in what he referred to as the "healing intertwinnings" (p. 1) of primary and secondary survivors. Thus, Remer and Elliott (1988b) advocate that primary and secondary survivors be made aware of each others' abuse-related struggles, so that there is sufficient information among primary and secondary survivor subsystems to permit each partner to engage in his or her own healing process.

At the same time, a number of authors suggest that vulnerability to vicarious traumatization arises through that very experience of awareness (Figley, 1995; McCann & Pearlman, 1990). It is therefore important to simultaneously consider the awareness of both primary and secondary survivors concerning their collective experiences. To date, however, there is no study investigating couples' reciprocal awareness of each others' responses in the wake of childhood sexual abuse experienced by a female primary survivor. It is unknown whether the sequelae of sexual abuse do in fact represent shared experiences in the sense that couples may or may not be cognizant of the impact of one partner's prior sexual trauma on each of them, and it is unclear what the variables relevant to such awareness might be.

The preliminary state of the secondary trauma literature as pertains to partners of childhood sexual abuse survivors, as well as the potential importance of awareness between partners concerning abuse-related effects, uniquely lends itself to a more in-depth, descriptive study of the interface of these topics. In light of these indications, qualitative methods of inquiry were used to investigate couples' awareness regarding the perceived sequelae of childhood sexual abuse for both relationship partners as either primary or secondary survivors, as well as their perceptions about their mutual awareness and its relevance for their relationship.

METHOD

Participants

Theoretical sampling procedures were used to sequentially identify six couples with potential to offer relevant insight into the subject matter (Lincoln & Guba, 1985). This potential was evaluated on the basis of the following criteria for inclusion: (a) self-identification by one member of the couple as an adult female...
who experienced childhood sexual abuse (hereafter referred to as the primary survivor), (b) report by the other member of the couple (hereafter referred to as the secondary survivor) of no history of sexual abuse, (c) involvement of these individuals in a relationship of at least 6 months’ duration, (d) previous disclosure of the childhood sexual abuse to the secondary survivor, and (e) willingness of both members of such a couple to speak candidly about their respective experiences. The decision to discontinue participant recruitment after six couples was made on the basis of saturation of relevant themes, with couple six adding only one or two themes to each area of inquiry. At that time, therapists in the counseling agency ceased to inform potential participants about the study.

Four couples were referred to the study by therapists in a counseling facility at a Mid-Atlantic university. These individuals were given written descriptive and contact information pertinent to the study when initiating or continuing in individual counseling, and they participated on a voluntary basis along with their relationship partners, whom they recruited. One additional couple responded to an announcement in an introductory-level psychology course, for which one partner received extra credit, and one couple was referred to the study by another participant. Notices regarding the study were distributed to a community trauma counseling center, but no participants presented from that site. Three additional individuals inquired about the study, but one did not meet participation criteria and two elected not to participate for unspecified reasons.

The final sample consisted of five heterosexual couples and one lesbian couple, ranging in age from 19 to 27 years ($M = 23.50, SD = 2.43$). All participants were European American with the exception of two secondary survivors, one of whom was Korean American and one African American. Relationship duration ranged from 6 months to 8.5 years, with a mean length of 3.38 years ($SD = 3.20$). One couple was married (8.5 years), two cohabitating (6 months and 2.5 years, respectively), and three noncohabitating (8 months, 1 year, and 7 years). Time since disclosure of the abuse to partner varied from 3 months to 5.5 years, with a mean interval of 11.58 months ($SD = 22.61$). Two of the primary survivors experienced ongoing parental incestuous abuse with concurrent neglect or physical abuse. Four of them reported other incestuous ($n = 3$) or nonincestuous ($n = 1$) abuse that was ongoing in every case but one. Estimated age at onset of abuse ranged from 4 years to 9 years of age ($M = 5.33, SD = 1.25$).

**Materials**

*Interview protocol.* Semistructured interviews were conducted by the researcher and began with an open-ended invitation for the participant to share her or his perceptions of the sequelae of sexual abuse in both of the following areas: (a) perceived effects on self as a primary survivor or perceived effects on self as a secondary survivor, and (b) perceived effects on partner as a primary survivor or perceived effects on partner as a secondary survivor. Each interviewee was then asked to assess the extent of his or her own awareness regarding effects on his or her partner, as well as the extent of the partner’s awareness regarding effects on the interviewee.

Participants who failed to mention spontaneously a potentially important domain of experience, based on themes emerging from other participants, were queried regarding that domain. The researcher’s other comments during the interview were limited to basic listening responses. A brief participant abuse history and demographic data were recorded at the end of the interview. An initial interview guideline was developed on the basis of existing literature and pilot tested with four individuals who were instructed to respond to the questions as the participants might, and specific points of inquiry were adjusted in light of knowledge emerging from ongoing data analysis.

**Design and Procedure**

*Interviews.* Separate interviews with primary and secondary survivors were conducted in counterbalanced order and took place in the researcher’s office in a counseling agency. Interviews ranged from 1 hour 45 minutes to 2 hours 15 minutes in length, and the interval between interviews for members of each couple ranged from 1 to 7 days later. Given the potential for information discussed during one partner’s interview to influence material presented by the other partner, each participant was queried as to the nature, extent, and influence of any discussions related to study participation, which all the participants reported as negligible. At the close of each interview, and during a 2-week follow-up telephone call from the researcher,
participants were provided with a written list of therapy resources available in their community.

**Qualitative analysis.** Data analysis proceeded following transcription of the earliest interviews, to allow for the adjustment of interview strategies and the testing of ideas, and continued throughout the interview process. Audiotapes were transcribed by the researcher, resulting in 365 pages of interview transcripts that were read and reread several times. Transcribed data were then coded and analyzed using the open, axial, and selective coding procedures of Strauss and Corbin’s (1990) grounded-theory method.

In the open coding process, line-by-line analysis was performed on the transcripts. Conceptual working labels were assigned to themes, which were grouped into higher-order categories representing different domains of experience (i.e., affective, cognitive, self-perceptual, somatic, sexual, academic- and career-related, and social sequelae). Both frequency and intensity of reported effects were considered when delineating themes for inclusion. Via concurrent axial coding, relationships among themes were examined, and themes were recorded whenever possible embedded in their causal conditions, contexts, action/interactions, and consequences. A selective coding process resulted in a descriptive narrative of the emerging central aspect of the study, that of potential barriers to and facilitators of awareness within couples.

Data analysis yielded four sets of themes relevant to experiences in the wake of childhood sexual abuse: (a) the primary survivor’s report of her own experiences, (b) the primary survivor’s report of the secondary survivor’s experiences, (c) the secondary survivor’s report of her or his own experiences, and (d) the secondary survivor’s report of the primary survivor’s experiences. These themes were examined within and across couples, and instances of awareness were recorded, defined as a match between a theme presented by an individual and by his or her partner concerning an effect of the sexual abuse. Areas of greatest agreement and disagreement, along with participants’ self-report regarding their own and their partners’ awareness, yielded higher-order categories reflecting potential barriers to and facilitators of awareness.

**Validity.** This study included several facets to establish the “truth value” (Lincoln & Guba, 1985, p. 290) of findings. The researcher maintained a journal of design decisions and rationale, a summary of participant contacts, and notes of personal reactions to the data. Multiple couples and multiple perspectives (i.e., primary and secondary survivors) on the subject of interest were included in a “triangulation” strategy (Lincoln & Guba, 1985, p. 290), and a varied sample was sought (Marshall & Rossman, 1995). Finally, an independent auditor reviewed the researcher’s journal and notes, traced final themes to the transcript sources, searched for negative instances in the data, and reviewed conceptual labels applied to themes, providing oral and written feedback to the researcher at several intervals during this process, as recommended by Hill, Thompson, and Williams (1997).

**RESULTS**

Results consist of a set of themes descriptive of factors that may facilitate or impede couples’ awareness of abuse sequelae (see Table 1). Specifically, themes center on the expressive and receptive abilities and motivations of each partner as they communicate about abuse-related effects. In keeping with the premises of qualitative research, direct quotes of the participants are included when useful for capturing their subjective experiences of these complex phenomena.

**Expressive Ability**

Results suggest that awareness between partners regarding the effects of the abuse for each of them may be mediated by the perceived ability of each partner to express what he or she is experiencing as a result of the abuse, as articulated in the following themes.

**Lack of self-efficacy.** Although both primary and secondary survivors acknowledged the potential value of being able to communicate about the effects of abuse with their partners, they all appeared to manifest a lack of self-efficacy in expressing those effects. For example, one primary survivor noted:

I think if I tried to sit down and talk to her about it in depth, about the sexual part, it would be O.K., and I think it would be something we could probably work on, but . . . I don’t think I could actually do it at this point. I don’t really.
Table 1

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<thead>
<tr>
<th>Domain</th>
<th>Barriers</th>
<th>Facilitators</th>
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<td>Expressive ability</td>
<td>Lack of self-efficacy</td>
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<td></td>
<td>Lack of self-awareness</td>
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<tr>
<td>Expressive motivation</td>
<td>Mistaken assumptions about awareness</td>
<td>Strong affect</td>
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<td></td>
<td>Awareness deemed undesirable</td>
<td>Unintended disclosure</td>
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<td></td>
<td>Anticipating unfavorable response</td>
<td>Partial/selective disclosure</td>
</tr>
<tr>
<td>Other expressive</td>
<td>Inaccurate/deceptive verbals</td>
<td>Accurate verbals</td>
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<tr>
<td></td>
<td>Inaccurate/deceptive nonverbals</td>
<td>Reliance on nonverbals</td>
</tr>
<tr>
<td>Receptive ability</td>
<td>Lack of self-efficacy</td>
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<td></td>
<td>Unrecognized awareness</td>
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<td>Receptive motivation</td>
<td>Awareness deemed undesirable</td>
<td>Process/outcome of awareness</td>
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<td></td>
<td>Process/outcome of awareness</td>
<td>Projection</td>
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<td>Self-deception</td>
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<td>Failed perspective-taking</td>
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<td>Relationship conflict</td>
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<td>Mistaken assumptions about awareness</td>
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**Lack of self-awareness.** In a related vein, self-awareness may serve as a prerequisite to a sense of self-efficacy in sharing the effects of the abuse with one’s partner. Several primary and secondary survivors noted a lack of self-knowledge regarding abuse sequelae that may impede the disclosure process and thus partner awareness. As articulated by one primary survivor:

I couldn’t really tell him . . . what I wanted, because I didn’t know. I didn’t know what was wrong with me. . . . I didn’t know why I was feeling the ways that I did.

And by another:

I say, “This is bothering me.” “Why? What’s wrong? Why? Let’s talk about this. . . . I don’t know.” And that is an honest answer for me, so . . . I’m telling him as much as I possibly can . . . I don’t know what’s wrong.

**Expressive Motivation**

A second major dimension influencing partner awareness involves each partner’s motivation (i.e., desire or willingness) to disclose abuse sequelae, as in the following themes.

**Strong affect.** There was some evidence in this study that particularly strong emotions may increase the likelihood of disclosing an abuse response. For example, in the context of her difficulty with sexual functioning, one primary survivor indicated:

It was just something that I couldn’t take, you know, and I just had to say it or I . . . was gonna probably explode.

Another primary survivor implied a strong affective motivation for disclosure:

He’s very, very aware of the fact that . . . I don’t want to, I don’t, I cannot perform oral sex. There’s just—that’s very, very, very uncomfortable for me.
For secondary survivors, strong affect primarily involved anger at the perpetrator.

**Mis\textit{t}aken assumptions about awareness.** Present findings also suggest that primary survivors may lack the motivation to disclose abuse-related effects based on the mistaken assumption that disclosure is unnecessary because one’s partner already knows. For some, these assumptions appeared to be based on the idea that they had successfully communicated nonverbally with their partners, but in other cases these notions seemed to involve a kind of magical thinking regarding the secondary survivors’ ability to divine effects of the abuse. As expressed by one primary survivor about her partner:

I think he’s very aware because sometimes I don’t think I even . . . have to show anything outwardly. . . . Like if I’m feeling unrest...or anxiety, or a lot of it’s just like what I’m thinking in my head at . . . some points. It’s not always like the crying and the being, “Oh!” [moans] or anything. Sometimes I can just be sitting there thinking, and he can be . . . he’s just very aware.

**Awareness deemed undesirable.** It is also crucial to understand that there are abuse-related sequelae for which awareness may be deemed undesirable. In this study, both primary and secondary survivors noted reluctance or regret in regard to their partners becoming aware of the effects of the abuse. As expressed by one primary survivor:

I’ve never really liked him knowing. There’s part of me . . . that’s always thought to myself, you made a big mistake. You should have just kept it to yourself. You should have just shut up. . . . Like I shouldn’t have told him [tearful]. But . . . I don’t know. I think it’s just because it’s made me feel really insecure to know that he knows. Like I don’t think that he would ever do anything with it, but (breaks off).

And with respect to nonverbals:

I feel like if I act a certain way, that [partner’s] been trained to know . . . how I feel or . . . just by my body language or whatever, and like it’s kinda giving her clues to get inside of me that I really don’t want her to have, like to get inside of my mind and to know how I feel. . . . It’s pretty uncomfortable, just because I have that trouble with people knowing those things about me.

This response was also evident for secondary survivors, as indicated by one participant regarding his self-blame for failing to overcome abuse-related sexual problems in the relationship:

Why would I want her to know that? . . . It’s kind of a fault.

**Anticipating an unfavorable response.** Suppositions regarding the receptiveness of one’s partner may also affect the likelihood of disclosure and awareness. Anticipating an unfavorable response, such as distress, judgment, impatience, disinterest, or disbelief, from one’s partner may serve as a barrier to sharing abuse-related responses. A major impediment to awareness in the present investigation involved a pattern of anticipating distress in the primary survivor upon disclosing responses to the abuse, and resultant avoidance of abuse-related discussions. As phrased by one secondary survivor:

I’m concerned about it, but I’m not willing to . . . get her all tore up, stretched out, to get it out of her. To me, she’s gonna think about it whether I mention it or not, so I’m only making it worse by mentioning it. . . . Just create more ideas.

And as reiterated by his partner, the primary survivor:

It’s not something we really talk about. I think it’s because it’s so touchy, and he knows that it sets me off. It makes me feel so bad even though, like I said, I think about it a lot. He knows I think about it a lot.

As this example illustrates, the assumption that discussing effects of the abuse will be unhelpful or result in greater distress for one’s partner may be erroneous, as both partners may think about abuse sequelae regardless of whether or not it is being openly discussed.
Among primary survivors, concerns regarding partners' responses to learning about the sequelae of the abuse focused on distress, fears of over-burdening the partner or entangling one's self with a partner who might not always be there, and feeling like one's partner is disinterested in the information. As phrased by one primary survivor:

I'm afraid . . . if I tell her why I need for her to . . . let me be kinda distant from her . . . I'm afraid she'll think it's an excuse . . . Like she would think maybe I was using it against her.

And by another primary survivor:

I didn't want to tell him because at that point he had already made so many comments . . . I didn't feel like he really wanted to know.

It seems evident that actual or anticipated problematic responses by one's partner can bar expression of abuse-related responses, but even in some cases where secondary survivors were initially responsive in a positive manner, primary survivors remained reluctant to discuss abuse effects further.

Partial or selective disclosure. As a result of the ambivalence regarding motivation to share abuse-related responses, primary and secondary survivors may employ a strategy of partial or selective disclosure. As one primary survivor declared:

I've never told him the complete details . . . You don't want to sit there and give them this giant huge seminar . . . You just don't want to do that. I didn't want to make it a bigger issue than it already was. I wanted it to become less of an issue. I wanted it to curl up and disappear like the dot on the television when you turn it off. It's terrible (laughs).

Similarly, for a secondary survivor:

Everything I say to her, I'll think about before I say it, just to make sure that I don't say something wrong or in a bad way where she could get more upset about it.

Unintended disclosure. Despite any such motivations to withhold information concerning abuse-related sequelae, the other partner may nonetheless gain awareness as a result of an unintended disclosure. For primary survivors, this was noted on several occasions with regard to encountering abuse-related stories in the media. For those lacking in the ability or motivation to disclose abuse responses, it may be less desirable for partner awareness to come about in an unpredictable, haphazard way, which in this study resulted in emotional distress for some primary survivors, than in a more planned, selective way. Alternatively, these incidents may provide a welcome means of easy disclosure to increase partner awareness:

Like some content in different things we were watching, he sensed some kind of reaction in me. I wasn't trying to mask it . . . I wanted him to know.

Several secondary survivors also indicated that alcohol use by self and partner facilitated disclosures regarding effects of the abuse, at times in a less-than-deliberate fashion.

It's not like she'll come up and want to talk about it or anything like that. But it's like sometimes we will end up talking about it . . . It just sorta happens to come about.

Verbal and Nonverbal Expression

Collectively, the abilities and motivations of relationship partners in disclosing responses to the abuse may affect the mode (i.e., verbal or nonverbal) as well as the accuracy of related expressions, and thus awareness, as noted in the following themes.

Accurate verbal expression. All participants in the study referred directly to verbal disclosure as an important means of raising awareness in their partners, which may be more likely given the ability and motivation to do so. As noted by one primary survivor:

I always put the “therapist hat” on to explain my feelings, and to be very, very objective, very explicit, very break-it-down, tell an analogy, do something to make it the most easily digestible, a
4-year-old could understand, I’m driving it into the ground talking about it. . . . Because I want him to understand.

A number of primary and secondary survivors also indicated that verbal disclosure of abuse-related effects (e.g., problems with sexual functioning, anger at perpetrator) may at times be reserved for later discussion outside of the immediate situation in which these responses are problematic, such as during sexual intercourse or when interacting with family members. Awareness may thus be delayed but eventually result.

**Inaccurate verbal expression.** Verbal communications may also serve as a barrier to awareness if inaccurate or perceived to be misleading, as noted by one secondary survivor:

It’s just hard to gauge. Like sometimes . . . I don’t know, [if] she says she wants to make love, if it’s because she thinks I want to, or if it’s because she wants to, because sometimes she does say that because she thinks I want to. . . . And so then the next time, I’m like, “O.K. Does she really want to do this, or does she really not want to do this?” [laughs]

Such communications may also represent an avoidance strategy employed when the ability or motivation to communicate accurately about the abuse-related response is lacking.

**Inaccurate nonverbal expression.** In the present sample, misleading one’s partner intentionally and verbally was infrequently reported. Rather, inaccurate messages were most often reported to be transmitted nonverbally through misleading actions. In the sexual domain, for example, several primary survivors admitted initiating or participating in unwanted intercourse and feigning orgasm out of a sense of obligation to their partners:

Sometimes I will [feel weird during sex] and I’ll just go through with it and he won’t know.

As with verbal inaccuracies, nonverbal inaccuracies may reflect a lack of efficacy or motivation in communicating about the abuse, resulting in avoidance.

**Reliance on nonverbal expression.** Primary survivors’ references to relying on nonverbal expression in an effort to accurately inform their partners may also reflect important efficacy-based and motivational factors. For instance, one primary survivor noted:

[I] nonverbally communicate like with looks, like [rolls eyes]. . . . Just looks that say, “Why are you always hounding me?”

She also stated:

I actually show it more like with body language than I do verbally.

By way of rationale for this nonverbal tactic, she indicated:

I’ve said it a couple of times, but not a lot because I know that really hurts.

This nonverbal strategy may serve as a means of facilitating partner awareness, but also has the potential to result in misinterpretation and may not buffer the message sufficiently to protect the partner from hurt as intended. To the contrary, primary and secondary survivors often reported being acutely aware of their partners’ nonverbal responses, such as facial expressions or other actions:

She just gives me the saddest looks, I mean . . . just, like, “How-could-you-possibly-not-love-me-as-much-as-I-love-you?” looks that say that to me.

Another primary survivor noted:

He’ll get up and keep himself real busy and he won’t talk to me for a while.

An over-reliance on nonverbal strategies may result in a failure to effectively communicate a variety of contextual information that may be important for partner awareness.
Receptive Ability

Beyond the expression of abuse sequelae, awareness may be inhibited or promoted by the ability of each partner to hear and understand what the other is experiencing.

Lack of self-efficacy. As with disclosing information, a lack of self-efficacy in learning about abuse sequelae for one’s partner was voiced by both primary and secondary survivors in the present study. As summarized by one secondary survivor:

If it would help her to talk to me about it, then that would be great, but . . . at the same time, it just seems [breaks off] . . . 'cause I don’t know how much I could help her. . . . I don’t know how to respond to that . . . if she were to . . . really start giving me the low down.

And by another secondary survivor:

If that would help her, again, that would be fine, I guess. But I think that would . . . I don’t know. It’s kind of horrifying and . . . creepy . . . I just don’t know if I want to hear about that in that great of detail. [Question] It would just make me uncomfortable. I don’t know why . . . I just kinda don’t think I would deal with that very well.

Unrecognized awareness. A further potential barrier to awareness between partners, ironically, involved instances of awareness that were not recognized as such. These instances may illustrate a kind of collective lack of efficacy as a couple in achieving mutual awareness of the abuse sequelae. For example, one participant deftly connected a primary survivor’s academic and career problems to her childhood sexual abuse, noting:

See, this . . . sexual experience and school kind of intertwine. That’s why I keep relating to both school and that [the abuse]. Because they’re both affiliated.

The primary survivor, nonetheless, maintained:

I don’t think he’s aware of how things can . . . tie together. . . . Something that happened in the past can . . . resurface and have an impact on the way you view the world today. . . . You know, my need to want to . . . impress my dad and . . . the reason why maybe I chose pharmacy school. . . . He doesn’t understand that at all.

Several couples also were in disagreement regarding their overall awareness of each other’s responses to the abuse. For instance, one secondary survivor indicated, “I don’t think I’m very aware of much at all,” whereas the primary survivor described him as “very aware” overall.

Receptive Motivation

As established by the following themes, awareness may also be dependent upon the motivations (i.e., desire or willingness) of the partner who is on the receiving end of disclosures regarding abuse sequelae to register and comprehend them.

Awareness deemed undesirable. As with expressive motivation, there may be instances in which awareness is deemed undesirable by the recipient of a communication. Accordingly, several primary and secondary survivors indicated a mindset of:

It’s probably better that I don’t know.

As phrased by one primary survivor:

Sometimes I’ll want to ask her about it, if it bothers her, but I never do.

When queried about the reason for this reserve, he responded:

Then she would tell me that it did [laughs]. I don’t want to know. I don’t want to know that it does.

Process versus outcome of awareness. Results further indicate that motivation to learn of a partner’s abuse-related responses may be hampered by the expectation that becoming aware of such responses would
be problematic. Although couples may recognize awareness as a desired eventual outcome, the difficult process of becoming aware of abuse-related effects on one’s partner can serve as a deterrent. In particular, one secondary survivor remarked:

The information that I get from her . . . like how she feels about it, I’m usually thankful for it, but it’s just the fact, it’s the process of getting there, that’s the hard part for me.

This distinction between the process of becoming aware (e.g., actually raising or discussing the topic of abuse) and the end result of that process (e.g., information with the potential to be helpful to the individual and or couple) may be an important one, as it suggests that interventions designed to alter or circumnavigate the process of awareness could be useful for such couples.

**Self deception.** Awareness of abuse-related effects in one’s partner may also be hampered by the secondary survivor’s self-deception regarding those effects. Much as primary survivors may suppress past abuse and its effects on self, secondary survivors may make efforts to block out a partner’s past abuse and the effects on that partner. As articulated by one secondary survivor, in a kind of suppression or motivated forgetting:

Usually I probably do know what she’s thinking, I just tell myself I don’t know what she’s thinking so I don’t feel bad.

And similarly:

I try not to dwell on it. No use to . . . I just try to block it out. . . . Just don’t think about it, you know? [laughs] I just, “O.K. Forget about it. I’ll think about something else.”

Such a strategy, although a potentially useful coping mechanism, may fail to address the realities of stresses on the relationship, such as anger, social obstruction, and sexual dissatisfaction (Ferguson, 1991), and may be perceived by the primary survivor as an implicit message that abuse-related effects should be suppressed, if not resolved.

**Projection.** An additional factor that may affect receptiveness to communications about abuse sequelae is the projection of one’s own responses onto one’s partner. There was a tendency among both primary and secondary survivors to describe their own detailed and specific responses to the abuse, and then immediately proceed to implicate these as significant themes for their partners as well.

It is possible that, in the absence of certainty regarding the nature of a partner’s actual response to the abuse, synchrony with one’s own personal responses to the abuse may be assumed, and there may be little motivation to recognize the subjective experience of one’s partner. As characterized by one secondary survivor:

I just think about how I would feel about it, how I would maybe deal with it.

Such efforts to adopt the perspective of one’s partner may serve as a barrier to or facilitator of awareness, depending on their accuracy.

**Failure in perspective taking.** In other instances, a total failure to consider the perspective of one’s partner emerged as a prevalent potential source of disagreement. For both secondary and primary survivors, these dynamics were often reflected in the interview in the form of difficulty responding to questions. For secondary survivors, this pattern tended to relate to the recency of learning about the abuse or to the novelty of dealing with abuse issues. As indicated by one male participant:

I’ve never really addressed it in my own mind.

For primary survivors, who tended to be at a different juncture in the healing process, failure to consider the effects on one’s partner tended to relate more to a state of self-absorption, or a perception that one’s partner is unaffected or self-reliant, responses that may all be linked to decreased motivation to glean the partner’s experience of the abuse. For instance, primary survivors noted such responses as:

I think I’m probably just so unaware of what he feels . . . because I forget to think about him, because he’s so strong.
Or as referenced by another:

I don’t think it’s ever been about him.

**Relationship conflict.** There is some indication in this study that a reciprocal relationship may exist between relationship conflict and awareness, such that a lack of awareness can incite relationship conflict that, in turn, further impairs awareness. For example, both members of one couple noted a pattern in which the primary survivor’s jealousy and possessiveness, which she attributed to her abuse, led to relationship conflict and a disconnection between them. This primary survivor noted:

He was putting up a wall, big time.

Her partner concurred:

Sometimes it’s made it to where I didn’t want to be around her as much. . . . I’ve felt like there’s nothing really that I could do to change it, so there are a lot of times when I just do not want to be there at all.

He then went on to relate his lack of awareness to the sense of disconnection and its implications for the primary survivor’s healing process:

If I wasn’t aware of it, or if I didn’t even—not that I didn’t care, but if I wasn’t paying attention enough to . . . see certain things and why they were . . . maybe why she has acted the way she did and everything, that it might have helped . . . her in healing with it, you know. To know that someone that’s close to her has really cared enough and really knew really what’s going on, and try to help her to deal with it.

**Mistaken assumptions about awareness.** In this study, several instances were observed in which apparent awareness was demonstrated by a couple regarding a basic effect of the abuse. However, different notions expressed by each partner as to the valence, context, function, or domain of impact of that effect revealed a less than complete understanding, generally reflecting an underextension or an overextension of the effects of the abuse. For example, one couple generally concurred on the basic theme of dislike of sexual intercourse by the primary survivor, but used disparate language suggesting very different perceptions of the intensity of that effect. Specifically, the primary survivor reported quite forcefully:

I do *not* like sex. I just don’t like it.

She elaborated:

As far as the . . . intercourse goes, I don’t. I don’t like that at all. . . . I just dread it.

Her partner, however, discounted and equivocated:

She’ll say, “I hate sex.”. . . I know she doesn’t really. . . . It’s just the thought of it, I think. I don’t know if it’s the word or . . . or . . . or what it is.

As another primary survivor noted:

I don’t think she understands. Like, I think she thinks it just . . . like all it has to do with is sex . . . and it doesn’t have anything else to do with my everyday life.

**DISCUSSION**

Results delineate 21 major themes describing factors that may enhance or interfere with awareness about the effects of childhood sexual abuse for both primary and secondary survivors. The emergent themes suggest that each partner’s abilities and motivations, as both the deliverer and the recipient of communications about abuse sequelae, are important dimensions affecting awareness. Collectively, these findings offer insight into potential strategies for assessment and intervention with this population. Most notably, it
may be important for clinicians to differentiate a lack of awareness within couples that stems from problems with a limited sense of self-efficacy in one or both partners, from a lack of awareness that stems from motivational factors. In other words, cases in which a primary or secondary survivor is deemed, by self or therapist, unable to disclose or unable to receive a partner’s disclosure, might be distinguished from those cases in which she or he is unmotivated to disclose or unmotivated to receive a partner’s disclosure.

These different scenarios lend themselves to vastly different potential treatment strategies with respect to the necessity, advisability, and sequence of individual versus conjoint therapy. For instance, results suggest that premature attempts to share abuse-related responses may be unfruitful, or even damaging, particularly if either partner is insufficiently advanced in the healing process to recognize and label his or her abuse-related responses. In such instances, the “healing intertwinings” (Remer, 1990, p. 1) of the partners appear to be at an impasse (Johnson, 2002). In service of the requisite self-awareness, a period of “self-absorption” (Davis, 1991, p. 36) or individual therapy may be necessary or advisable. Alternatively, relationship conflict may impede awareness to the extent that it affects one’s motivation to share or apprehend abuse-related effects. In these instances, the focus of couples’ therapy might target specific areas of relationship conflict before advocating further disclosure of abuse-related effects.

For those unmotivated to disclose, a determination of the precise locus of this lack of motivation (e.g., anticipating distress, relationship conflict, mistaken assumptions of awareness) could ensue, again directing therapy toward specific targets of remediation. Contracting between partners as well as strategies to titrate awareness and disclosure might be utilized. Future research could be directed toward process and outcome studies of therapy with couples comprised of different degrees of expressive and receptive efficacy and motivation. Accurate assessment of these dimensions would also be invaluable to clinicians in decision-making regarding treatment goals and modality, and themes derived from the present study provide a data-based meaningful pool from which to draw potential items for the construction of a relevant couples inventory. This measure could be designed to assess primary and secondary trauma responses, partner awareness regarding these responses, and expressive–receptive, efficacy–motivation based sources of enhanced or limited awareness. Such an instrument would be more likely to capture a broader base of salient dimensions pertaining to primary and secondary sexual trauma responses than measures previously employed with limited fruitfulness or applicability (Ferguson, 1993; Motta, Kefer, Hertz, & Hafeez, 1999).

With respect to relationship quality, articulated themes and demographic data in this study, regarding the nature and likely future course of the primary–secondary survivor relationships, reinforce previous findings that relationship conflict is one dynamic that can be associated with abuse issues (Ferguson, 1991; Firth, 1997). In particular, observed themes regarding barriers to awareness suggest that they may contribute to relationship conflict and a sense of disconnection or insecure attachment between partners (Johnson & Williams-Keeler, 1998). Attachment injury (Johnson, Makinen, & Millikin, 2001) may result when an unfavorable response by one’s partner to disclosures about abuse-related effects is anticipated or realized and may impede the healing process of the primary survivor and relationship repair for the couple (Johnson, 2002).

It is also of interest that awareness between partners regarding abuse sequelae, or lack thereof, did not appear to exempt couples from relationship conflict, nor did either condition appear to make relationship conflict more likely in all instances. This is an important finding, suggesting that the association between relationship conflict and awareness may in some way be mediated by more subtle variables, such as erroneously attributing a partner’s response to the abuse (i.e., errors of commission) rather than overlooking a response that is abuse related (i.e., errors of omission) or by the couples’ perceptions about the degree of awareness rather than the actual degree of awareness. In such cases, clinical intervention with couples might work toward reframing faulty attributions or a mutual recognition of awareness where it exists.

Given the descriptive, qualitative nature of this study, no attempt was made to measure and classify participants according to quantitative measures of relationship conflict. Future research might consider the relationship between awareness and relationship conflict by incorporating measures of relationship satisfaction, as in Nelson and Wampler (2000). In light of Ferguson’s (1993) implication that primary and secondary survivors may have difficulty maintaining their relationships, longitudinal follow-up of couples.
across longer relationship durations to determine agreement-related correlates of relationship satisfaction is warranted.

It is important to note that this study is preliminary and remains subject to the limitations of qualitative research in general, including small sample size. The findings are not meant to generalize to all primary and secondary survivors, but rather to generate hypotheses about the process of partner awareness concerning the many potential sequela to childhood sexual abuse for primary and secondary survivors (Browne & Finkelhor, 1986; Remer & Elliott, 1988a, 1988b). It should be noted that the sample is predominantly comprised of very young unmarried couples with relationships of relatively short duration, all of whom were recruited in a college setting. Although data concerning these often critical early stages of relationships is certainly important, its relevance to other clinical groups and settings remains unclear, and subsequent studies should address a broader population, including male survivors of childhood sexual abuse, and including age, ethnicity, and relationship duration as variables of interest.

In addition, participating primary survivors consisted primarily of treatment seekers with some current or previous therapy, whereas most of the secondary survivors had little to no therapy. Treatment history may serve as one indicator of the self- and other awareness of each relationship partner and of the likelihood of successful attempts to share abuse effects in couples therapy. This notion received anecdotal support within this study, as the one secondary survivor within the lesbian couple who had more therapy experience also appeared to be the most articulate in voicing abuse-related effects. As advocated by Figley (1988), future research should incorporate more non-treatment seekers. Studies might specifically examine awareness of abuse-related effects as a function of prior treatment history, comparing primary and secondary survivors who have received varying degrees of individual or couples therapy with those who have not.

Finally, it is important to note that this study examines participants’ perceived awareness of abuse-related effects for self and partner rather than attempting to implicate the abuse as a direct causal determinant of current functioning. This is important, as all participants reported ambivalence regarding whether or not the abuse experienced by self or partner was indeed the source of current responses. It would appear advisable for researchers and clinicians to consider survivors’ perceptions not as a nuisance variable, but as a salient and meaningful aspect of their experience with implications for awareness within couples.

In conclusion, it is important to return to the words of the participants, who have the most wisdom to offer about what it is they are seeking as the sequela of childhood sexual abuse unfold for them. The principle goal of investigation in this area is perhaps captured best by one secondary survivor, who surmised:

Maybe I can figure out something from all this that will help make things better.

If it is apparent that secondary survivors are unaccustomed to being asked about their experiences, it is equally apparent that they want to be heard. An additional impetus for further study of these issues was aptly worded by another secondary survivor at the conclusion of his interview, who indicated:

No one’s ever asked before.

REFERENCES


