

Childhood trauma and couple relationships



Natacha Godbout, Ph.D.
Psychologist,
Professor of Sexology
Université du Québec à Montréal,
and member of the Interdisciplinary Research
Centre on Intimate Relationship Problems
and Sexual Abuse (Centre de Recherche

Interdisciplinaire sur les Problèmes Conjugaux et les Agressions Sexuelles, CRIPCAS)

godbout.natacha@uqam.ca

Marsha Runtz, Ph.D.

Psychologist and Professor of Sexology, University of Victoria

Heather MacIntosh, Ph.D.

Psychologist and Professor of Social Work, McGill University

John Briere, Ph.D.

Psychologist and Professor of Psychiatry and Behavioural Sciences,
University of Southern California

Clinical knowledge and an emerging empirical literature are highlighting many long-lasting deleterious effects of childhood interpersonal trauma on couple functioning. Early experiences of violence and maltreatment seem particularly to affect the subsequent ability of survivors to establish lasting, satisfying intimate relationships. This paper presents an overview of the scientific work on the prevalence of interpersonal trauma and its effects on couple relationships, in addition to presenting conceptual models and offering avenues for assessment and directions for therapy.

Keywords: interpersonal trauma, childhood maltreatment, violence, couple, relationship, assessment, treatment

With alarming prevalence rates in the community (e.g., 35% of adults in Quebec report having experienced physical, sexual or psychological violence or neglect, or having witnessed domestic violence during childhood; Brassard et al., 2012) and clinical populations (e.g., 56% of women and 37% of men consulting for a sexual or conjugal problem report childhood sexual abuse; Berthelot, Godbout, Hébert, Goulet, & Bergeron, in press), a past history of childhood interpersonal violence is now viewed as an endemic public health problem that must be considered in our assessments and therapeutic interventions. The data indicate higher prevalence rates in lesbian, gay, bisexual, transgender and queer (LGBTQ) populations (e.g., 25 to 50% higher for childhood sexual abuse only), which may result in special clinical challenges (Walker, Hernandez, & Davey, 2012). Owing to the often intimate relational context in which they emerge, experiences of childhood abuse, violence or maltreatment can prove to be particularly deleterious for forming an intimate relationship and for spousal stability, sexual identity, and dyadic communication and satisfaction (Dillilo & Long, 1999; Godbout, Dutton, Lussier, & Sabourin, 2009; MacIntosh & Johnson, 2008; Whiffen & Oliver, 2004).

Whether it is due to a massive avoidance of intimate relationships, tension-reducing dysfunctional behaviours (e.g., self-mutilation), substance abuse, social isolation, problems of self-confidence and confidence in others, or severe psychological distress, some survivors have serious difficulties forging or maintaining a spousal relationship (Briere, Hodges, & Godbout, 2010; Godbout & Briere, 2011; Liang, Williams, & Siegel, 2006). Interpersonal trauma, especially sexual abuse, is also associated with the presence of sexual problems that impede or complicate intimate relationships (e.g., aversion, sexual ambivalence or concerns, sexuality as a bargaining chip; Meston, Rellini, & Heiman, 2006; Noll, Trickett, & Putnam, 2003; Stevens & Denis, 2009). In survivors who manage to establish a spousal union, relationship and sexual dissatisfaction is observed, along with high rates of separation or divorce, domestic violence and romantic attachment representations marked by abandonment anxiety (Godbout, Sabourin, & Lussier, 2007; 2009; Roche, Runtz, & Hunter, 1999; Watson & Halford, 2010). Indeed, many victims have never had the opportunity to develop the relational skills needed to forge and maintain a satisfying intimate relationship. Moreover, the control or violence dynamics that they have

experienced often guide their subsequent relationships, which are thus characterized by dysfunctional interaction patterns (Forouzan & Van Gijsegem, 2005; Godbout et al., 2009). Experiences of abuse or neglect can also elicit fears of intimacy which, when added to the coexisting need for connecting, lead to intimate relationships that are ambivalent, chaotic or short-lived.

Nonetheless, despite an imposing constellation of deleterious trauma-related symptoms, many individual variations are observed, from multiple severe symptoms to the absence of observable symptoms. Some effects emerge after a traumatic latency period that may range from several months to several years after the traumatic experience, or arise in conjunction with specific triggering events (e.g., first spousal or sexual relationship, marriage, conflict, separation, pregnancy or childbirth; Trickett, Noll, & Putnam, 2011). Finally, the effects are often complex, subtle or indirect. In short, current knowledge points to different patterns and trajectories of post-traumatic symptoms in childhood maltreatment survivors necessitating detailed and multi-dimensional assessments, not only of the past history of violence but also of the various associated factors. Indeed, direct inquiry is crucial since studies indicate that clients are not systematically forthcoming with their experiences and clinicians may pass by elements key to the course and efficacy of the treatments offered. Note, for example, the study by Lanktree, Briere and Zaidi (1991), which indicated a 300% higher prevalence (7 vs. 31%) when the presence of childhood sexual abuse was questioned directly in a medical/clinical context.

Owing to the complexity and variability of documented symptoms, integrative theoretical/clinical models have been developed and are advocated to understand the conjugal distress that can arise from childhood maltreatment. One theory suggests that the symptoms of post-traumatic stress are at play in impeding a victim's ability to engage in attachment behaviours specific to a couple relationship by reason of the distress generated by hypervigilance, lack of emotional regulation and self-deregulation (Whiffen & Oliver, 2004). Other authors suggest that childhood trauma is linked to vulnerabilities and complex symptoms that hinder development of the skills needed to engage in a spousal relationship, such as the ability to trust one's partner and deficient mentalization capacities, particularly in an intimate context (e.g., Brand & Alexander, 2003; MacIntosh, 2013; Risser, Hetzel-Riggin, Thomsen, & McCanne, 2006; Wolfe, Wekerle, Scott, Straatman, & Grasley, 2004). In that regard, a theoretical/clinical model proposed by Godbout, Sabourin and Lussier (2006) states that the childhood interpersonal trauma can possibly lead to the development of attachment representations marked by insecurities that, in return, are associated with greater psychological distress (i.e., anger, depression, anxiety) and diminished relationship satisfaction. This theoretical model has been the object of rigorous empirical testing using representative samples of Quebec adults in couple relationships (Godbout et al., 2006; 2007; 2009). The development of effective clinical interventions for victims and their partners requires a sound understanding of the complex linkages between

exposure to childhood trauma and conjugal distress, which includes, but is not limited to, basic symptoms of post-traumatic stress, and must be approached from a dyadic perspective.

An integrative model that considers the couple dynamic as a unit of analysis has provided rich and detailed information on how trauma and the spousal union are connected, highlighting the protective role of parental support upon disclosure of sexual abuse (Godbout, Briere, Lussier, & Sabourin, 2013). For example, in women, a lack of parental support is associated with their own attachment insecurities, but also with a tendency to forge a relationship with a spouse who experiences abandonment anxiety and psychological distress. These results suggest a possible partner selection effect in sexual abuse victims or a longitudinal influence of the past history of trauma on the partner (also called secondary trauma). Note that survivors who report parental support at the time of disclosure demonstrate a comfort with intimacy not only greater than other survivors of sexual abuse but also than persons who report no sexual trauma. This positive effect of parental support highlights the important role that an attachment figure can play following interpersonal trauma. Survivors can learn that their attachment figure is reliable in times of a critical situation when they were particularly vulnerable, which plants the idea that other significant persons might also be present and trustworthy in the future, even in difficult situations. Other factors help explain why some victims have fewer relationship problems than others, including: individual factors

In survivors who manage to establish a spousal union, relationship and sexual dissatisfaction is observed, along with high rates of separation or divorce, domestic violence and romantic attachment representations marked by abandonment anxiety.

(e.g., self-esteem, emotional regulation strategies), relational factors (e.g., couple and family dynamic), environmental factors (e.g., available resources), and trauma-specific factors (e.g., proximity to abuser, severity of abuse, complex trauma; e.g., Dufour, Nadeau, & Bertrand, 2000).

Couples can also promote adjustment of the survivor. Indeed, a quality relationship, characterized by emotional depth, can facilitate repair of the dysfunctional internal cognitive processes and patterns that were developed in connection with violence or abuse, provide a space to explore a new, healthy relational dynamic, and thus foster positive representations of self, others and the outside world, and promote better psychosocial adjustment (Trickett, Noll, & Putnam, 2011; Runtz & Schallow, 1997;

Whiffen, Judd, & Aube, 1999). Despite the specific effects of childhood trauma on intimate relationships and the possible moderating effect of a couple relationship on the impacts of childhood trauma, partners are often excluded from the therapy offered to victims. Partners report experiencing isolation, anger, frustration, a lack of spontaneity, communication problems within their union, feelings of shame or guilt in respect of their sexual desires or desires for intimacy, and a feeling that they are waiting for their spouse's therapy to end before they can move ahead in their relationship (Firth, 1997; Reid, Wampler, & Taylor, 1996). Thus, to potentiate the protective effect of the conjugal dyad on the impacts of trauma, some researchers and clinicians have attempted to develop couple's therapy that targets both the post-traumatic symptoms and the relational distress associated with the trauma (cf., Monson et al., 2012). These approaches, primarily developed within military populations, invite partners to take part in therapy so that they can help the survivor diminish his/her avoidance behaviours and manage his/her anxious hyperreactivity in both intimate and day-to-day situations.

These developments mark an important step for including partners in post-traumatic recovery, although the specific needs of childhood trauma survivors, particularly emotional deregulation, impaired representations of self and others, mentalization limitations and

relational problems, can also benefit from adapted couple's therapy. A process has been initiated via the validation of emotion-focused therapy in a couple's context, adapted for childhood trauma survivors (MacIntosh & Johnson, 2008). Further adaptations are underway and the data indicate that an effective couple's therapy for trauma survivors and their spouses should target not just symptoms of post-traumatic stress but also the developmental impacts of childhood trauma, including mindfulness and mentalization deficits, emotional deregulation problems, attachment insecurities, diffuse or other-focused identity, and dysfunctional relational dynamics (Briere et al., 2010; Cloitre, Miranda, Stovall-McClough, & Han, 2005; Cloitre et al., 2009; Hodges et al., 2013; MacIntosh, 2013).

REFERENCES

- Berthelot, N., Godbout, N., Hébert, M., Goulet, M., & Bergeron, S. (In press). Prevalence and Correlates of Childhood Sexual Abuse in Adults Consulting for Sex Therapy. *Journal of Sex and Marital Therapy*.
- Brand, B., & Alexander, P. C. (2003). Coping with incest: The relationships between recollections of childhood coping and adult functioning in female survivors of incest. *Journal of Traumatic Stress, 16*, 285-293.
- Brassard, A., Tourigny, M., Godbout, N., Lussier, Y., Sabourin, S., & St-Martin, K-A. (2012, July). *Child maltreatment as predictor of intimate partner violence in women from the general population*. International Family Violence and Child Victimization Research Conference. Portsmouth, NH.
- Briere, J., Hodges, M., & Godbout, N. (2010). Traumatic stress, affect dysregulation, and dysfunctional avoidance: A structural equation model. *Journal of Traumatic Stress, 23*, 767-774.
- Cloitre, M., Miranda, R., Stovall-McClough, K., & Han, H. (2005). Beyond PTSD: Emotion Regulation and Interpersonal Problems as Predictors of Functional Impairment in Survivors of Childhood Abuse. *Behavior Therapy, 36*, 119-124.
- Cloitre, M., Stolbach, B. C., Herman, J. L., van der Kolk, B., Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress, 22*, 399-408.
- Dillilo, D., & Long, P. (1999). Perceptions of couple functioning among female survivors of child sexual abuse. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 7*, 59-76.
- Dufour, M. H., Nadeau, L., & Bertrand, K. (2000). Les facteurs de résilience chez les victimes d'abus sexuel : état de la question. *Child Abuse & Neglect, 24*, 781-797.
- Firth, M. T. (1997). Male partners of female victims of child sexual abuse: Treatment issues and approaches. *Sexual and Marital Therapy, 12*, 159-171.
- Forouzan, E., & Van Gijseghem, H. (2005). Psychosocial Adjustment and Psychopathology of Men Sexually Abused During Childhood. *International Journal of Offender Therapy and Comparative Criminology, 49*, 626-651.
- Godbout, N., & Briere, J. (2012). Psychological responses to trauma. In C. R. Figley (Ed.), *Encyclopedia of Trauma, An Interdisciplinary Guide*. Thousand Oaks, CA: Sage Publications.
- Godbout, N., Briere, J., Lussier, Y., & Sabourin, S. (2013). Childhood sexual abuse and subsequent psychological and interpersonal distress: The role of parental support. Paper submitted for publication.
- Godbout, N., Dutton, D., Lussier, Y., & Sabourin, S. (2009). Early experiences of violence as predictors of intimate partner violence and marital adjustment, using attachment theory as a conceptual framework. *Personal Relationships, 16*, 365-384.
- Godbout, N., Sabourin, S., & Lussier, Y. (2007). La relation entre l'abus sexuel subi durant l'enfance et la satisfaction conjugale chez l'homme. *Canadian Journal of Behavioural Science, 39*, 6-59.
- Godbout, N., Sabourin, S., & Lussier, Y. (2006). Early abuse experiences and subsequent gender differences in couple adjustment. *Violence and Victims, 21*, 747-764.
- Hodges, M., Godbout, N., Briere, J., Lanktree, C., Gilbert, A., & Taylor Kletzka, N. (2013). Cumulative trauma and symptom complexity in children: A path analysis. *Child Abuse & Neglect*.
- Lanktree, C., Briere, J., & Zaidi, L. (1991). Incidence and impact of sexual abuse in a child outpatient sample: The role of direct inquiry. *Child Abuse & Neglect, 15*, 447-453.
- Liang, B., Williams, L. M., & Siegel, J. A. (2006). Relational outcomes of childhood sexual trauma in female survivors: a longitudinal study. *Journal of Interpersonal Violence, 21*, 42-57.
- MacIntosh, H. B. (2013). Mentalising: An exploration of its potential contribution to understanding the challenges faced by childhood sexual abuse survivors in couple therapy. *Journal of Couple and Family Psychoanalysis, 3*, 188-207.
- MacIntosh, H. B., & Johnson, S. (2008). Emotionally focused therapy for couples and childhood sexual abuse survivors. *Journal of Marital and Family Therapy, 34*, 298-315.
- Meston, C. M., Rellini, A. H., & Heiman, J. R. (2006). Women's history of sexual abuse, their sexuality, and sexual self-schemas. *Journal of Consulting and Clinical Psychology, 74*, 229-236.
- Monson, C., Fredman, S. J., Macdonald, A., Pukay-Martin, N., Resick, P., & Schnurr, P. P. (2012). Effect of Cognitive-Behavioral Couple Therapy for PTSD. *Journal of the American Medical Association, 308*(7), 700-709.
- Noll, J. G., Trickett, P. K., & Putnam, F. W. (2003). A prospective investigation of the impact of childhood sexual abuse on the development of sexuality. *Journal of Consulting and Clinical Psychology, 71*, 575-586.
- Reid, K. S., Wampler, R. S., & Taylor, D. K. (1996). The alienated partner: Response to traditional therapies for adult sex abuse survivors. *Journal of Marital and Family Therapy, 22*, 443-453.
- Risser, H. J., Hetzel-Rigglin, M. D., Thomsen, C. J., & McCanne, T. R. (2006). PTSD as a mediator of sexual revictimization: The role of reexperiencing, avoidance and arousal symptoms. *Journal of Traumatic Stress, 19*, 687-698.
- Roche, D. N., Runtz, M. G., & Hunter, M. A. (1999). Adult Attachment: A Mediator Between Child Sexual Abuse and Later Psychological Adjustment. *Journal of Interpersonal Violence, 14*, 184-207.
- Runtz, M. G., & Schallow, J. R. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. *Child Abuse & Neglect, 21*, 211-226.
- Stevens, Y., & Denis, C. (2009). Enfant, parent, professionnel : les vécus transversaux dans les situations d'abus sexuels. *Le Journal des psychologues, 264*, 65.
- Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development and Psychopathology, 23*, 453-476.
- Walker, M. D., Hernandez, A. M., & Davey, M. (2012). Childhood sexual abuse and adult sexual identity formation: Intersection of gender, race, and sexual orientation. *The American Journal of Family Therapy, 40*, 385-398.
- Watson, B., & Halford, W. K. (2010). Classes of childhood sexual abuse and women's adult couple relationships. *Violence and Victims, 25*, 518-535.
- Whiffen, V. E., Judd, M. E., & Aube, J. A. (1999). Intimate relationships moderate the association between childhood sexual abuse and depression. *Journal of Interpersonal Violence, 14*(9), 940-954.
- Whiffen, V. E., & Oliver, L. (2004). The relationship between traumatic stress and marital intimacy. In D. Catherall (Ed.), *Handbook of Stress, Trauma and the Family* (pp. 137-157). New York: CRC Press.
- Wolfe, D., Wekerle, C., Scott, K., Straatman, A., & Grasley, C. (2004). Predicting abuse in adolescent dating relationships over 1 year: The role of child maltreatment and trauma. *Journal of Abnormal Psychology, 113*, 406-415.