

THE RISK OF TELLING: A DYADIC PERSPECTIVE ON ROMANTIC PARTNERS' RESPONSES TO CHILD SEXUAL ABUSE DISCLOSURE AND THEIR ASSOCIATIONS WITH SEXUAL AND RELATIONSHIP SATISFACTION

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Among 70 community couples who reported childhood sexual abuse (CSA) and disclosure to their partner, this study examined associations between survivors' perception of partner responses to their disclosure, and both partners' sexual and relationship satisfaction. Participants completed self-report questionnaires online. Results of path analyses within an actor-partner interdependence model indicated that survivors' perceived partner responses of emotional support to disclosure were associated with their own and their partners' higher sexual satisfaction. Survivors' perceived responses of being stigmatized/treated differently by the partner were associated with their own and their partners' poorer relationship satisfaction. Findings suggest that survivor-perceived partner responses to the disclosure of CSA can have a positive and a negative impact on the sexual and relationship satisfaction of both partners.

Childhood sexual abuse (CSA) affects 18% of women and 8% of men (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). A growing empirical literature suggests that CSA can result in a range of long-term adverse intra- and interpersonal outcomes, with wide variation among survivors (Murray, Nguyen, & Cohen, 2014; Trickett, Noll, & Putnam, 2011). Among

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The authors thank Mylène Desrosiers for her assistance with data collection.

Funding: This study was supported by a doctoral fellowship from the Centre de Recherche Interdisciplinaire sur les Problèmes Conjugaux et les Agressions Sexuelles (CRIPCAS) to Laurence de Montigny Gauthier, a postdoctoral fellowship from the Social Sciences and Humanities Research Council (SSHRC) to Marie-Pier Vaillancourt-Morel, and by a grant from the Canadian Institutes of Health Research (CIHR) to Sophie Bergeron.

Conflict of Interest: The authors declare that they have no conflict of interest.

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other factors influencing CSA consequences, its disclosure has been identified as a meaningful aspect of a survivor's recovery (Del Castillo & Wright, 2009). However, its effects may depend on the harmful or helpful impact of others' responses following this disclosure (Godbout, Briere, Sabourin, & Lussier, 2014; Ullman & Filipas, 2005). Disclosing CSA may lead to relief and social support, but in cases of negative or unsupportive responses, it may also lead to further distress (Del Castillo & Wright, 2009).

The study of CSA disclosure has primarily focused on childhood disclosures made toward nonabusive parents (Alaggia, Collin-Vézina, & Lateef, 2017). Although it is often assumed that children will benefit from telling someone about their abuse, disclosure during adulthood has been less studied (Alaggia & Kirshenbaum, 2005). For survivors, however, the disclosure of CSA is an ongoing process that must be confronted throughout their lifetime. Indeed, one study showed that while only one-third of CSA survivors revealed their abuse in their childhood, another third did so after reaching adulthood (Ullman & Filipas, 2005). Considering the negative impact of CSA on romantic relationships, disclosure toward a partner often represents a significant milestone for survivors (Vaillancourt-Morel et al., 2015). To date, however, very little research has addressed the partner's response to this disclosure.

The Impact of Child Sexual Abuse on Adult Relationships and Sexual Outcomes

In addition to major negative consequences on mental health, a growing body of empirical studies focusing on adult CSA survivors suggests that the trauma yields harmful consequences for their romantic and sexual relationships (e.g., Chen et al., 2010; DiLillo et al., 2009; Dunlop et al., 2015). Overall, CSA survivors report lower rates of relationship satisfaction compared to controls. Satisfaction also appears to decrease over time, leading to higher divorce rates (DiLillo et al., 2009; Watson & Halford, 2010). The severity of the trauma has been linked to lower sexual function and satisfaction, and greater sexual distress (Bigras, Godbout, & Briere, 2015; Dunlop et al., 2015; Rellini & Meston, 2011). Although studies have shown significant variability in the impact of CSA on romantic relationships, research to date has failed to account for these discrepancies (Trickett et al., 2011). Some have suggested that this variability can be partly explained by partners' response to the disclosure, but few studies have explored this hypothesis (DiLillo et al., 2016).

Partner Responses and the Association with Adult Relationship and Sexual Outcomes

To ensure a beneficial outcome for CSA survivors, disclosure must be properly greeted by the partner. The opportunity to express oneself regarding the trauma within a supportive context appears to desensitize survivors by promoting new and less aversive associations involving the trauma-related stimuli and offering a corrective interpersonal experience (Jonzon & Lindblad, 2005). The Couple Adaptation to Traumatic Stress Model informs us of the primary and secondary effects of trauma, from a dyadic perspective (Nelson & Smith, 2005). Disclosures that result in guilt-inducing behaviors and attitudes from partners may be experienced as a second trauma (Ahrens, 2006) and be associated with a reenactment of the trauma emotions or cognitions for survivors. As for the partners, according to secondary trauma theory, exposure to someone's history of CSA and/or trauma-related symptoms may increase the emotional distress of nonvictims, suggesting that partners may be impacted by the confession (Nelson & Smith, 2005; Nelson & Wampler, 2000). In a study focusing on partner responses to women's rape, two types of responses were identified as beneficial for survivors: (a) tangible/informational support; and (b) emotional support/validation (Ullman & Filipas, 2005). In contrast, five types of harmful responses were identified: (a) blaming the survivor; (b) taking control of the survivor's decisions; (c) stigmatizing/treating the survivor differently; (d) distracting/discouraging discussions on the topic; and (e) ego-centric responses (Ullman & Filipas, 2005).

One of the rare studies evaluating CSA disclosures to romantic partners during adulthood found that 65% of participants were greeted by helpful responses (Jonzon & Lindblad, 2004). Moreover, qualitative studies have shown that most women in their samples received positive responses upon disclosing their CSA experience to a partner, and that such responses had helped appease feelings of stigmatization and fears of intimacy (Del Castillo & Wright, 2009; MacIntosh, Fletcher, & Collin-Vézina, 2016). Positive responses can promote the adjustment of survivors by reducing shame, guilt and isolation, along with the psychological weight of keeping such an

experience hidden from one's partner (Easton, 2014; Jonzon & Lindblad, 2004). In a cross-sectional study, Jonzon and Lindblad (2005) showed how the presence of a partner who demonstrates a positive attitude during the disclosure represents the most significant factor surrounding the survivor's health and symptom reduction, compared with abuse characteristics.

Although positive responses from partners appear helpful to CSA survivors, an estimated 25–75% of survivors experience negative responses from their support network during disclosure, which often aggravates the impact of childhood abuse (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Filipas & Ullman, 2001; Paul, Kehn, Gray, & Salapska-Gelleri, 2014). Negative responses from partners reported by survivors include scathing remarks, silence, and rejection, as well as eliciting further guilt, regret, and anger (Del Castillo & Wright, 2009; MacIntosh et al., 2016). They have been linked to negative psychological consequences, including greater symptoms of posttraumatic stress and coping difficulties (Borja, Callahan, & Long, 2006; Littleton, 2010; Palo & Gilbert, 2015; Relyea & Ullman, 2015; Ullman & Filipas, 2005). A number of studies involving adult disclosure of sexual aggression (CSA or rape) also suggest that negative responses from partners have a more detrimental impact on rehabilitation than negative responses from other sources or than the abuse itself (Ahrens, Cabral, & Abeling, 2009; Filipas & Ullman, 2001; Jonzon & Lindblad, 2005).

To our knowledge, the impact of partner responses to a CSA disclosure on sexuality have never been studied within a dyadic context. In a recent observational study involving women with genito-pelvic pain and their partners, a filmed discussion focusing on the couples' sexuality revealed that partners' empathic response following pain-related disclosure resulted in greater sexual satisfaction for both partners, along with less sexual distress (Bois et al., 2016). Positive partner responses may thus reduce the deleterious effects of CSA, including altered sexuality. Conversely, the poorer sexual adjustment of CSA survivors could potentially be worsened by an insensitive and hostile partner (Nguyen, Karney, & Bradbury, 2017). As sex occurs within a dyadic context, it is essential to study the survivor's partner, whose characteristics, along with those of the relationship itself, appear to be linked to the subsequent well-being of the CSA survivor (Evans, Steel, Watkins, & DiLillo, 2014; Nguyen et al., 2017).

The Current Study

The two main objectives of this study were to: (a) document survivor-perceived partner responses to CSA disclosure; (b) examine their associations with the sexual and relationship satisfaction of both partners. We expected that survivors would perceive more positive responses than negative responses from their partner (Tener & Murphy, 2015). Furthermore, we hypothesized that negative responses would be associated with lower sexual and relationship satisfaction in both partners, while positive responses would be associated with higher sexual and relationship satisfaction.

METHOD

Procedure

Couples were recruited on a voluntary basis through advertisements on social media and web sites, emails sent using electronic lists, posters placed in various locations, and flyers distributed in public places (e.g., subways, parking lots). During a brief telephone eligibility interview, potential participants were informed that the study examined the role of negative childhood experiences on adults' couple relationships. All couples provided informed consent. After the interview, couples were sent a website link by e-mail and invited to complete self-report questionnaires, independently from one another, using Qualtrics Research Suite online software. Each participant received a 10\$ gift card for their time and a list of psychological resources. This study was approved by our university's Institutional Review Board.

Participants

The sample was drawn from a larger longitudinal study involving 375 community couples, in a large metropolitan city in North America. Inclusion criteria were the following: couples (a) aged 18 years or older, (b) in a relationship for at least 6 months and (c) not currently pregnant. Of the total sample, 102 individuals (14.7%) reported a history of CSA. Of these 102 CSA survivors, 70 had disclosed to their partner (68.6%), and comprised the final sample.

Measures Completed by Both Partners

Demographics. Participants provided demographic information such as age, cultural background, education level, shared annual income, relationship status and duration of relationship.

Childhood sexual abuse and disclosure. CSA was defined as sexual contact between a child under 16 years and someone at least 5 years older. According to this definition, CSA history was identified using the Child Sexual Abuse Measure (CSAM; Finkelhor, 1979), a 13-item questionnaire that assesses the act perpetrated (i.e., fondling, oral sex, and vaginal or anal penetration), the relationship with the perpetrator (e.g., family member, parental figure) and the frequency of the abuse. This measure was used in similar studies to describe more extensively the circumstances of the abuses (e.g., Staples, Rellini, & Roberts, 2012). After having completed the CSAM, participants then indicated if they had previously disclosed their CSA to their partner. Answer choices were “yes”, “no”, and “he/she is not aware of all”.

Sexual satisfaction. Sexual satisfaction was measured with the 5-item Global Measure of Sexual Satisfaction (GMSEX; Lawrance, Byers, & Cohen, 1998), qualifying sexual experiences (e.g. very unpleasant to very pleasant; very unsatisfying to very satisfying) with a partner on a seven-point bipolar scale. The GMSEX has demonstrated good internal consistency ($\alpha = .90$) and good test–retest reliability ($r = .84$; Lawrance et al., 1998). A study comparing various measures of sexual satisfaction concluded that the GMSEX had the strongest psychometric properties (Mark, Herbenick, Fortenberry, Sanders, & Reece, 2014). In the present sample, Cronbach’s alphas were .92 for survivors and .93 for partners.

Relationship satisfaction. The 32-item Couple Satisfaction Index was used to measure one’s satisfaction in a relationship (CSI; Funk & Rogge, 2007). Total scores range from 0 to 161, where higher scores indicate greater relationship satisfaction. The CSI has demonstrated good psychometric properties for participants with different relationship status (e.g., dating, engaged, married; Funk & Rogge, 2007). In this sample, Cronbach’s alphas were .96 for survivors and .97 for partners.

Measures Completed Only by Survivors

Partner response to disclosure. The Social Responses Questionnaire was completed by CSA survivors to evaluate their partner’s response to disclosure (SRQ; Ullman, 2000). The SRQ classifies 48 different perceived responses into seven subscales that can be divided into two positive and five negative responses. The SRQ was modified to assess the frequency of perceived responses from the actual romantic partner on a five-point Likert scale (0 = never, 4 = always). Positive responses subscales are (a) emotional support, which includes expressions of love, caring and esteem (e.g., comforted you), and (b) tangible aid, which refers to giving information support and doing concrete actions to help the survivor (e.g., helped you get medical care). Negative responses subscales are (a) blame, which consists in putting the blame on the survivor for what happened (e.g., told you that you were irresponsible or not cautious enough), (b) stigmatized/treated differently, which includes pulling away from the survivor (e.g., said he/she feels you’re tainted by this experience), (c) control, which includes infantilizing the survivor or taking control of him/her (e.g., made decisions or did things for you), (d) egocentric, which refers to responses that focused on the partner’s needs without thinking about the survivor’s needs (e.g., wanted to seek revenge on the perpetrator), and (e) distraction, which includes responses of not wanting the survivor to talk about the assault (e.g., told you to stop thinking about it). The SRQ has a good test–retest reliability ($r = .68-.77$; Ullman, 2000). For this sample, Cronbach’s alphas of three of the subscales (Control, Egocentric Responses, and Distraction) were low ($\alpha < .60$) and were not improved by removing uncorrelated items. We thus excluded these subscales from subsequent analysis and considered the remaining scales as different constructs. The Cronbach’s alphas for the remaining scales were .94 for emotional support, .77 for tangible aid, .73 for blame, and .63 for stigmatized/treated differently.

Data Analytic Strategy

Descriptive and correlation analyses were computed using SPSS 20 to describe sample characteristics, CSA characteristics, and study variables as well as associations between study variables. To document the frequency of partner responses to CSA disclosure, each response was coded as

having been never, rarely/sometimes, or frequently/always experienced, followed by frequency analyses. Then, path analyses guided by the Actor-Partner Interdependence Model (APIM; Cook & Kenny, 2005) were computed using *Mplus* version 8 (Muthén & Muthén, 1998–2015) to examine associations between partners' responses to CSA disclosure, relationship satisfaction, and sexual satisfaction. The APIM was chosen because of the dyadic nature of our sample, which implies non-independence of the data. An actor effect is the association between the survivor's independent variable and his or her own outcomes, while a partner effect is the association between a survivor's independent variable and his or her partner's outcomes. Because past studies have reported that length of the relationship can affect relationship and sexual satisfaction (Hadden, Smith, & Webster, 2014; Schmiedeberg & Schröder, 2016), it was added as a control variable in the models. Given the small sample size, partner's responses to CSA disclosure were tested in separated models. In these models, partner responses to CSA disclosure was the independent variable, outcomes were survivors and partners' relationship and sexual satisfaction, and length of the relationship was included as a control variable.

The maximum likelihood parameter estimates with standard errors and chi-square test statistics that are robust to non-normality were used (MLR; Muthén & Muthén, 1998–2015). Total scores were calculated by the sum of the item scores. If more than 70% of items were completed, a total score was computed. Missing data at the total score were handled using full information maximum likelihood (FIML). Based on most recommended guidelines, overall model fit was tested using several fit indices: the chi-square value, the comparative fit index (CFI), the root-mean-square error of approximation (RMSEA), and the standardized root-mean-square residual (SRMR). Indicators of good fit were a nonsignificant chi-square value, a CFI value of 0.90 or higher, a RMSEA and a SRMR values below 0.08 (Hooper, Coughlan, & Mullen, 2008; Kline, 2010; McDonald & Ho, 2002).

RESULTS

Descriptive Analyses

Sample characteristics. Sociodemographic characteristics of the 70 couples (60 female survivors and 10 male survivors) and mean scores for these variables are presented in Table 1. Most couples were in cross-sex relationships, except one who was in a same-sex relationship. There were four couples in which both partners reported CSA and disclosed it to their partner. For analysis purposes, we identified a survivor between them based on the severity of the CSA they reported, as defined in past empirical studies (Vaillancourt-Morel et al., 2015), with the partner reporting the most severe CSA being designated as the survivor. We conducted our analyses without those four couples and results were still in the same direction and significant.

CSA characteristics. The frequency of the CSA ranged from a single occurrence (34.3%, $n = 24$), to two to four times (24.3%, $n = 17$), or more than five times (41.5%, $n = 29$). Almost half of CSA survivors (44.3%, $n = 31$) reported that the most severe abuse included vaginal or anal penetration, whereas 12.9% ($n = 9$) reported oral sex, 30.0% ($n = 21$) reported touching or being touched on the genitals, and 12.9% ($n = 9$) were fondled without genital contact. Most CSA were perpetrated by a nonfamily member that the victim knew (52.9%, $n = 37$), followed by family members (22.9%, $n = 16$), parental figures (14.3%, $n = 10$), and strangers (10.0%, $n = 7$).

Description of study variables. Means and standard deviations for survivor-perceived partner responses to disclosure, and relationship and sexual satisfaction in survivors and partners, are presented in Table 2. Paired sample t tests indicated that relationship ($t[59] = -1.59$, $p = .118$) and sexual satisfaction ($t[59] = 0.14$, $p = .890$) did not significantly differ between survivors and their partners. T tests for independent samples showed that emotional support ($t[67] = -1.51$, $p = .135$), tangible aid ($t[67] = -0.94$, $p = .353$), blame ($t[67] = 0.02$, $p = .988$), and stigmatized/treated differently ($t[67] = 0.52$, $p = .604$) did not significantly differ between women and men.

Bivariate correlations. Correlations between study variables are shown in Table 2. Results showed significant correlations between emotional support and sexual satisfaction and between stigmatized/treated differently and relationship satisfaction. Thus, only these partner responses subscales were examined in path analyses. Correlational analyses were also conducted between

Table 1
Descriptive Characteristics of the Sample (N = 70 Couples)

Characteristics	Survivors		Partner	
	<i>M</i> (range) or <i>n</i>	<i>SD</i> or %	<i>M</i> (range) or <i>n</i>	<i>SD</i> or %
Gender				
Women	60	85.7%	12	19.4%
Men	10	14.3%	50	80.6%
Age (years)	29.26 (19–58)	7.23	31.16 (18–70)	8.42
Cultural background				
French-Canadian	58	82.9%	49	79.0%
English-Canadian	—	—	1	1.4%
Other	12	17.1%	11	17.7%
Education (years)	16.01 (9–22)	2.95	15.21 (9–25)	3.42
Couple annual income (CAD\$)				
\$0–19,999	15	21.4%	—	—
\$20,000–39,999	22	31.4%	—	—
\$40,000–59,999	10	14.2%	—	—
>\$60,000	23	32.8%	—	—
Relationship duration (years)	5.22 (0.5–18.41)	4.41	—	—
Current relationship status				
Married	18	25.7%	—	—
Cohabiting, not married	37	52.9%	—	—
Not living together	15	21.4%	—	—

Note: Other cultural background included: First Nations, American, African, Asian, Middle Eastern, Latin or South American, Caribbean, Western European, Eastern European, Australian, or specified other.

other potential confounding variables (e.g., income, time since disclosure) and study outcomes, but no significant association was found.

Frequency of Partner Responses to Disclosure

The frequencies of each response during CSA disclosure are reported in Table 3. The most common partner responses reported by survivors were emotional support (94.3%), followed by tangible aid (67.1%) – two responses classified as positive. For the negative responses, being stigmatized/treated differently was reported by 41.4% of survivors whereas 14.3% reported having perceived blame from their partner during disclosure. Interestingly, 48% of the survivors reporting positive responses also reported responses of blame and/or stigmatization.

Actor–Partner Interdependence Model

Responses of emotional support to disclosure. A first path analysis was assessed to examine the actor and partner associations between perceived partner responses of emotional support to CSA disclosure and survivors' and partners' relationship and sexual satisfaction while controlling for length of relationship. Standardized coefficients are presented in panel a of Figure 1. Results indicated that greater perceived emotional support was associated with both survivors' ($\beta = .25$, $p = .023$) and partners' ($\beta = .29$, $p = .037$) greater sexual satisfaction. No significant effects emerged for survivors or partners' relationship satisfaction. This model fits the data well, with satisfactory fit indices: $\chi^2(1) = 1.18$, $p = .717$; RMSEA = 0.05, 90% CI (0.00–0.33); CFI = 0.99; SRMR = 0.03. Overall, the final model explained 4.8% of the variance in relationship satisfaction for survivors and partners, and 10.4–11.3% for survivors' and partners' sexual satisfaction.

Table 2
Means, Standard Deviations, and Correlations for Perceived Responses to Disclosure, Relationship Satisfaction and Sexual Satisfaction for Survivors and Their Partner

	M (SD)	1	2	3	4	5	6	7	8
1. Emotional support	2.71 (1.01)	-							
2. Tangible aid	1.03 (0.98)		.55***						.24
3. Blame	0.16 (0.51)			-.10					-.03
4. Stigmatized/treated differently	0.20 (0.34)				.15				.13
5. S's relationship satisfaction	131.20 (21.71)				.08	.09			-.13
6. P's relationship satisfaction	127.43 (26.18)					-.54***	-.32*		.59***
7. S's sexual satisfaction	28.54 (6.30)						.49***	.43**	.67***
8. P's sexual satisfaction	29.35 (5.31)								.43**

Note: S = CSA survivor. P = partner of the CSA survivor. * $p < .05$. ** $p < .01$. *** $p < .001$. n range between 59 and 70.

Table 3
Frequency of Survivor-Perceived Partner Responses During Disclosure of Child Sexual Abuse

Frequency	Partner response to disclosure			
	Emotional support % (n)	Tangible aid % (n)	Blame % (n)	Stigmatized/ Treated differently % (n)
Never	4.3 (3)	31.4 (22)	84.3 (59)	57.1 (40)
Rarely/sometimes	—	22.9 (16)	8.6 (6)	34.3 (24)
Frequently/always	94.3 (66)	44.3 (31)	5.7 (4)	7.1 (5)

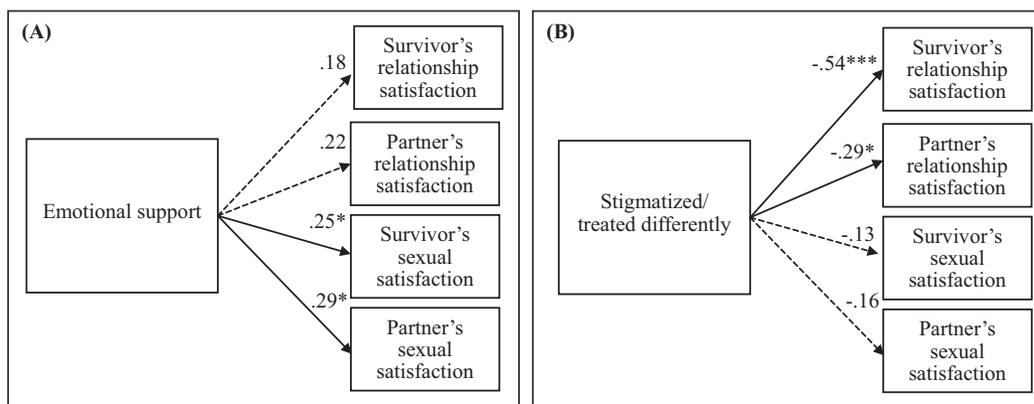


Figure 1. Path analysis of the associations between partner responses to CSA disclosure and relationship and sexual satisfaction. The effect of length of the relationship on relationship and sexual satisfaction was included as a control variable. All covariances between dependent variables were estimated in the model but not reported to avoid confusion. For Model A, these covariances varied between $.38, p = .027$ for the association between partners' relationship satisfaction and survivors' sexual satisfaction, and $.69, p < .001$ for the association between partners' relationship satisfaction and partners' sexual satisfaction. For Model B, covariances varied between $.41, p = .024$ for the association between partners' relationship satisfaction and survivors' sexual satisfaction, and $.70, p < .001$ for the association between partners' relationship satisfaction and partners' sexual satisfaction. * $p < .05$, *** $p < .001$.

Responses of stigmatization/treating differently to disclosure. A second path analysis model was assessed to examine the actor and partner associations between perceived partner responses of being stigmatized or treated differently and survivors' and partners' relationship and sexual satisfaction while controlling for length of relationship. Standardized coefficients are presented in panel b of Figure 1. Results indicated that greater perceived stigmatization was associated with lower survivors' relationship satisfaction ($\beta = -.54, p < .001$) and lower partners' relationship satisfaction ($\beta = -.29, p = .026$). No significant effects emerged for survivors' or partners' sexual satisfaction. Results indicated good fit for this model: $\chi^2(1) = 0.43, p = .835$; RMSEA = 0.00, 90% CI (0.00–0.18); CFI = 1.00; SRMR = 0.01. Overall, the final model explained 29.7% of the variance in survivors' relationship satisfaction and 8.7% for partners, and 4.6–4.7% for survivors and partners' sexual satisfaction respectively.

DISCUSSION

The main goals of this study were to document survivors' perception of partner responses to their CSA disclosure, and to examine their associations with both survivors' and partners' relationship and sexual satisfaction. A primary finding was that survivor-perceived partner responses were prominently positive. Still, half of survivors reporting positive responses also reported responses of blame and/or stigmatization. The two other main findings were that survivors' perceived emotional support during disclosure was associated with their own and their partners' greater sexual satisfaction, and survivors' perception of being stigmatized or treated differently was associated with their own and their partner's poorer relationship satisfaction.

Frequency of Perceived Partner Responses to Disclosure of CSA

As hypothesized, results indicated that most survivors received positive support from their partner during disclosure of their CSA. This finding is consistent with the literature, where the proportion of positive support hovers around 65% (Jonzon & Lindblad, 2004; MacIntosh et al., 2016). In our sample, 94% of the survivors received emotional support and 67% received tangible aid from their partner. The frequency of those responses was quite high, with a majority reporting that it occurred frequently or always. However, an important proportion of the sample also reported a negative response from their partner, namely stigmatization/being treated differently (41%) or being blamed (14%). Fortunately, those negative responses occurred less frequently than the positive ones, with a majority reporting that they occurred rarely/sometimes. These results are particularly important because previous studies reported that partners are the second most common receivers of CSA disclosure in adulthood, after therapists (Jonzon & Lindblad, 2004).

Stigmatization and Negative Associations with Relationship Satisfaction

Results indicated that survivor-perceived partner responses of stigmatization were associated with lower relationship satisfaction, but not sexual satisfaction, for both members of the couple. This finding is partly consistent with our hypothesis. CSA survivors often have difficulties with intimacy and trust in a close relationship (DiLillo & Long, 1999). Feeling stigmatized or treated differently during disclosure might have caused a breakdown in the relationship by triggering past abuse-related self-representations and negative feelings such as shame and guilt, leading to decreased relational closeness and intimacy (Evans et al., 2014). Findings are also concordant with research indicating that negative responses during disclosure of an abuse are associated with greater trauma symptoms for the survivor (e.g., Godbout et al., 2014; Jonzon & Lindblad, 2005). Conceptually, results support the secondary victimization theory (Ahrens, 2006), namely that the survivors exposed to stigmatizing behaviors or attitudes may react as if they were traumatized for a second time, manifested here through diminished relational satisfaction.

The effect of survivor-perceived partner responses of stigmatization on partners' relationship satisfaction is of particular interest. Although we did not directly investigate what may have prompted partners' different responses, theoretical models of reactions to confessions of trauma can inform the present finding (Nelson & Smith, 2005; Nelson & Wampler, 2000). It is feasible that partners' stigmatizing responses emerged from a feeling of powerlessness in the face of such a confession, and that they may have felt shameful about their responses, which in turn would further impact their capacity to feel close to their romantic partner. This would be consistent with the Couple Adaptation to Traumatic Stress Model, more specifically the secondary trauma theory (Nelson & Smith, 2005; Nelson & Wampler, 2000), whereby, the partner exposed to the story and/or the symptoms of their survivor-partner can experience distress and related impairments in functioning, namely diminished relational satisfaction.

Finally, contrary with our hypothesis and to the existing literature (MacIntosh et al., 2016), stigmatization was not related to the sexual satisfaction of either partner. This might have been caused by the covariance between relational and sexual satisfaction, such that the negative effects of this negative partner response had a greater impact on the relationship than on sexuality. Although correlated, those two variables represent different relationship domains which do not necessarily vary together, especially in couples including a CSA survivor, for which sexuality can be underinvested and/or inhibited (Noll, Trickett, & Putnam, 2003). It could also be that the

specific type of stigmatization perceived by the survivors affected less the way they experience and perceive their sexuality, but instead tainted relational aspects of their union.

Emotional Support and Positive Associations with Sexual Satisfaction

Findings indicated that survivor-perceived partner emotional support was associated with sexual satisfaction in both partners, but not relationship satisfaction, which is partly consistent with our hypothesis. Being emotionally supportive might be a sign of partner responsiveness, which is associated with better sexual satisfaction in couples (Reis & Shaver, 1988; Bois et al., 2016). This result adds to those of studies on the impact of positive support, showing that such support is associated with a reduction of trauma symptoms (e.g. Evans et al., 2014). For example, in a qualitative study of MacIntosh et al. (2016), CSA survivors who reported kind, supportive and accommodating responses from their partner following their disclosure of CSA reported a greater sense of safety and closeness in their relationship. Thus, it is possible that perceiving support and empathy from one's partner could have increased the survivor's capacity to overcome CSA's effect on their sexuality and, thus, feel more satisfied with their sexuality.

The particular impact of emotional support on the sexual satisfaction of the survivors, and not their relationship satisfaction, might be explained by a heightened emotional awareness and sexual communication in the couple. It has been found that high betrayal traumas (e.g., abuse by caregiver) are associated with alexithymia (trouble labeling and expressing emotions) and poorer sexual communication with partners (Goldsmith, Freyd, & DePrince, 2012; Rosenthal & Freyd, 2017). These traumas instigate emotional disconnection and can bring survivors to chronically suppress their sexual needs. Thus, the opportunity to share about the trauma with their loved one and to feel emotionally supported might have helped survivors reconnect to their emotions and needs, which could have increased their sexual communication and intimacy, leading in turn to increased sexual satisfaction. Positive responses during disclosure have been less studied than their negative counterparts (Relyea & Ullman, 2015). This can be partly explained by the fact that the detrimental effects of negative responses are assumed to be stronger than the aiding effects of the positive ones (Davis, Brickman, & Baker, 1991). This hypothesized lower impact of positive support might also explain why, contrary with our hypothesis, survivor-perceived partner emotional support was not associated with relationship satisfaction. This seems plausible, knowing that our sample's relationship satisfaction mean was quite low. In this context, the potential positive effects of emotional support may not have outweighed the negative dimensions already present in the romantic relationship.

Blame and Tangible Aid and Associations with Relationship and Sexual Satisfaction

Contrary with our hypothesis, responses of blame and tangible aid were not associated with either relationship or sexual satisfaction. The absence of results for the response of blame could be explained by the low frequency of its occurrence (14%) in our sample. As for tangible aid, it could be argued that this kind of support is less needed in the context of CSA disclosure in adulthood, than in the context of adult sexual abuse (i.e. rape). According to the Optimal Matching model, support must match the needs of the helped person in order to be effective (Cutrona, 1990). According to stress and coping theory, when someone feels like they have a sense of agency over a problem, tangible aid is helpful, whereas when they feel powerless in the face of a difficulty, one would seek and benefit from emotional support (Lazarus & Folkman, 1984). It is then possible that responses of tangible aid did not meet the needs of the survivors and, therefore, were not associated with relationship and sexual outcomes.

Clinical Implications

Our findings suggest that survivor-perceived partner responses to the disclosure of CSA are associated with the sexual and relationship satisfaction of the couple. Identifying the frequency and effects of partner responses to CSA disclosure is particularly important for clinicians intervening with couples in which one or both members have been sexually abused. Our results point toward mixed answers from partners, survivors receiving both positive and negative responses from them. The possibility of obtaining negative responses following CSA disclosure should be taken in consideration by therapists working with these couples and having to manage CSA

disclosure during assessment or therapy. Knowing their potential detrimental impact, even when they are paired with positive responses, these negative responses should be targeted in therapy. Clinicians should preferably conduct an initial detailed CSA assessment in individual interviews and determine whether CSA has been disclosed to the partner, and, if the survivor wishes to disclose, what the partner's responses to this disclosure may involve. It should not be assumed that disclosing is always the preferable option. The context of the potential disclosure needs to be analyzed beforehand (e.g. the quality of emotional support usually given by the partner; the characteristics of the relationship) (MacIntosh et al., 2016). Then, when disclosure is the preferred option of the survivor, interventions should be aimed at helping couples discuss past victimization in ways that validate each other's needs and provide emotional support, without stigmatizing responses. If these occur, interventions should target stigmatizing responses to repair the relationship bond and to be able to integrate the past abusive experience without being tainted by it.

Strengths, Limitations, and Future Studies

Results should be interpreted in light of this study's strengths and limitations. First, the limited number of men reporting CSA in our study did not allow us to conduct analyses based on gender. Accordingly, our results may not be generalizable to all men. A second limitation is the use of retrospective self-reports of CSA. This type of report is largely used in the literature and seems reasonably accurate (Goodman et al., 2003), but still has limitations due to memory bias. Third, the cross-sectional design of this study precludes causal interpretations. An alternative hypothesis may be that in couples with lower relationship satisfaction, survivors tend to perceive more stigmatizing responses from their partners. Fourth, due to the self-selection bias, it is possible that only higher functioning couples completed the study. Fifth, the cultural background of our sample was rather homogenous, and their age and relationship duration indicate that they had not been partnered for many years, which might limit the generalizability of the findings. Finally, the Social Reactions Questionnaire, used to assess survivors' perceptions of partner responses, did not allow us to inquire about the partner's point of view.

As for strengths, the present dyadic study moved beyond survivor-only descriptive study designs by assessing both positive and negative responses during disclosure of a CSA to a romantic partner on sexual and relational outcomes during adulthood. It is one of the rare studies in the field of disclosure and CSA to use a dyadic model assessing sexual and relational functioning in both members of the couple, and to assess these outcomes in both male and female CSA survivors. Future studies should consider adopting a dyadic perspective in the study of CSA disclosure and its impact in light of current results.

CONCLUSION

Through its dyadic design, the present study contributed to expand knowledge concerning partner responses to survivors' disclosure of CSA and both partners' sexual and relationship satisfaction, and highlighted the importance of considering the impact of both positive and negative responses to disclosure. Survivor-perceived partner responses could explain variability in the relational and sexual consequences of CSA.

Clinicians working with couples in which one of the partners is a CSA survivor should keep in mind that emotional support during disclosure might have a positive association with the sexual satisfaction of both partners, while, stigmatizing responses may be associated with their decreased relationship satisfaction.

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