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Employing Narrative Therapy for Addressing Childhood Sexual Abuse Survivors among Adults within the Framework of Couples Counseling

Abstract

Concerns about childhood sexual abuse (CSA) are common throughout society. To address CSA, a variety of theoretical frameworks have been used, with a predominant emphasis on treating children and adolescents. Unfortunately, these approaches often neglect the consideration of adulthood and couples' relationships, resulting in a limited scope that fails to acknowledge the enduring relational challenges experienced by CSA veterans. In the framework of marital therapy, this research promotes the use of a systemic therapeutic method, namely narrative therapy, to treat adult survivors of CSA. . The discussion will delve into the application of CSA treatment in couple therapy, incorporating clinical vignettes to illustrate key points. The study will also examine how this therapeutic method affects clinical practice and suggest avenues for additional investigation.

Keywords: *Childhood sexual abuse; adult survivor; narrative therapy*

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Introduction

The field of childhood sexual abuse (CSA) has seen a significant increase in research and therapeutic attention throughout the last three decades (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). The global prevalence of this societal issue has been revealed by systematic research on CSA (Finkelhor, Shattuck, Turner, & Hamby, 2014; Pereda, Guilera, Forns, & Gomez-Benito, 2009; Stoltenborgh et al., 2011). According to recent research, 5.1% of boys and 26.6% of girls in the United States who are 17 years old report having experienced sexual assault, or CSA. These findings highlight the systemic relevance of these prevalence rates (Finkelhor et al., 2014). It is essential to note that these figures are likely conservative due to challenges associated with underreporting, difficulties in accessing data from welfare agencies, and impediments to gathering information from children. For instance, it is believed that only a small percentage of adult CSA survivors—between 55% and 70%—report that they did not report the abuse (London, Bruck, Wright, & Ceci, 2008). The regular prevalence numbers given (Moore et al., 2010) show that, unfortunately, despite growing social awareness (Johnson et al., 2019), this heightened attention has not led to a drop in perpetration rates. The nexus of sexual assault and psychotherapy is intricate. The inclusion of survivors of sexual assault within the scope of psychotherapeutic intervention is a relatively recent development. Burgess and Holmstrom, in their 1974 American Journal of Psychiatry article, highlighted the scarcity of information in psychiatric literature regarding the physical and psychological ramifications of rape and the management of treatment for sexual assault survivors. Historically, it was believed that counseling, a direct and problem-focused approach, sufficed for rape survivors, with little emphasis on more comprehensive treatments like psychotherapy. If psychotherapy was administered, the primary focus was on preexisting psychopathology. According to the United States Centers for Disease Control and Prevention (CDC), sexual violence affects one in three women and one in four men throughout their lifetimes (Cowan et al., 2020).

The therapeutic interventions for survivors of sexual assault derive advantages from various general and specialized forms of psychotherapy, including psychodynamic psychotherapy, trauma-focused cognitive–behavioral therapy (TFCBT), and eye movement desensitization and reprocessing therapy (EMDR) (Cowan et al., 2020).

The link between childhood sexual abuse (CSA) and increased mortality and morbidity is becoming well-recognized. A wide range of psychological/emotional, social/relational, and physical/sexual issues of differing severity are frequently exhibited by adult survivors of childhood sexual abuse. Therefore, it is appropriate to acknowledge CSA as a broad, non-specific risk factor for psychopathology. This suggests that a mix of medical, social, and psychotherapy/counselling therapies will probably be needed for adult survivors. Previous research has acknowledged the intricacy and challenge that the majority of survivors have while revealing sexual assault and when attempting to obtain assistance. Although the effects of CSA on adulthood have been well documented, survivors' perspectives on their interactions with these services have seldom been investigated (Chouliara et al., 2012).

The pervasive nature of childhood sexual abuse (CSA) underscores the imperative for heightened attention from both researchers and clinicians to gain a deeper understanding of the repercussions this issue has on the lives of survivors (Fergusson, McLeod, & Horwood, 2013). Prior research has largely concentrated on characterizing the consequences of CSA, which include behavioral, interpersonal, physical, and cognitive issues, in addition to the development of different

psychopathologies (Fergusson et al., 1996; Finkelhor et al., 2014; Singh, Parsekar, & Nair, 2014; Stoltenborgh et al., 2011). This body of work indicates that survivors of CSA may experience impairments across various aspects of functioning, extending into adulthood and impacting multiple domains of their lives (Fergusson et al., 2013).

Among the domains affected, romantic relationships stand out, drawing attention to several adverse influences associated with the traumatic experience (Cherlin, Burton, Hurt, & Purvin, 2004; DiLillo & Long, 1999; Leonard & Follette, 2002). Researchers have shown that romantic relations are important in determining the long-term effects of CSA-related outcomes, even though CSA is known to have a detrimental influence on these relationships (Runtz & Schallow, 1997; Whiffen, Judd, & Aube, 1999). These results highlight how crucial it is to treat CSA with a romantic partner and support a therapy approach with an emphasis on the system.

Narrative therapy (NT) is a therapeutic methodology premised on the notion that individuals construct their life narratives to elucidate their identities. Embracing a post-modern perspective, NT contends that absolute truths are absent, and people employ language to impart significance to their narratives. According to studies indexed in Scopus, there is a discernible positive trend in the examination of narrative therapy spanning from 1995 to 2021. Notably, Iran emerges as one of the top three countries displaying a keen interest in narrative therapy during recent years, with the United States exhibiting the highest co-citation frequency on the subject (Ghavibazou et al., 2022).

Narrative therapy encompasses fundamental treatment techniques, including (1) externalizing the problem, which involves separating the issue from the individual, emphasizing that the problem is distinct from the person, (2) recognizing unique outcomes by identifying moments devoid of the problem, and (3) renaming the problem (Ghavibazou et al., 2022).

Systemic therapists can employ a variety of ideas and practices in their investigation of systemic approaches to healing sexual trauma, including childhood sexual abuse (CSA). The inclusion of a trauma story or a narrative element in the therapy framework is a noteworthy trend among the most popular treatment modalities (Cohen, Mannarino, & Deblinger, 2017; Deblinger, Mannarino, Cohen, Runyon, & Steer, 2011; Johnson & Williams-Keeler, 1998). These methods prioritize the survivor's perspective and emphasize its significance in the therapeutic process of recovery. Surprisingly, not much study has been done on the use of story therapy in the treatment of sexual abuse experienced as a kid. Therefore, the goal of this study is to draw attention to this gap in the literature and encourage the use of narrative therapy in the treatment of adult CSA survivors, particularly when it is used in conjunction with couple therapy.

Theoretical Framework

Grounded in postmodern concepts, Solution-Focused Narrative Therapy (SFNT) serves as the overarching theoretical framework guiding the conceptualization of the present research. Rooted in a social constructionist perspective, SFNT posits that individuals derive meaning from their experiences through language and storytelling. This method makes it easier to craft a different, more creative story in reaction to obstacles in life. SFNT prioritizes client information and viewpoints in the therapeutic process, departing from the typical clinician-expert paradigm and placing the client—not the therapist—as the expert on their life and solutions. SFNT embraces a positive future perspective, in contrast to transgenerational models that have a past focus. When dealing with erratic responses after adultery, the emphasis is shifted from overcoming a difficult past—a frequent barrier for troubled couples—to a desired future predicated on core personal beliefs. (Saunders, 2020).

As themes are found and verified, the importance of language—especially in the dismantling of harmful discourses around adultery and its aftermath—will be closely examined. Frederickson's (2004) broaden-and-build theory, which emphasizes the amplification of optimism for future possibilities, complements postmodern concepts and will be incorporated into the theoretical framework. Frederickson contends that although happy, curious, pleased, and loving feelings allow people to increase their repertoire of answers and build up reserves for upcoming difficulties, negative emotions frequently result in defensive reactions. Broaden-and-build is in line with postmodern approaches, which move away from a negative focus on presenting issues and toward exploring numerous alternatives and viewpoints. This is because it encourages pleasant emotions and increases relational reserves. This method brings fresh perspectives and imaginative ideas to the therapeutic conversation (Saunders, 2020).

Definition of Child Sexual Abuse

Although there are still differences in the definitions of child sexual abuse in the literature, research endeavors and legislative modifications show a gradual tendency toward more precise definitions of this offense. A non-consensual sexual act perpetrated on a child by someone in a position of authority or influence over them is known as child sexual abuse. Children under the age of twelve are not considered to be capable of granting permission, and sexual activity of any kind without permission is considered harassment under Canadian law. While youngsters as young as 12 or 13 can provide their agreement when interacting with friends their own age, sexual activity between peers as old as 14 to 18 can

be regarded as consent if there is a two-year age gap or less. Events in which a teenager is in a position of power over another might be considered abuse or exploitation (McKenzie, 2004).

In reaction to the Badgley Report, which examined how inadequate the laws were in shielding children from sexual assaults and offered suggestions for reform, child sexual abuse was declared an offense. 16 kinds of sexual offenses against minors are now recognized by Canadian law, including incest, exposing one's genitalia to a kid, inviting someone to touch you, sexual interference, and severe sexual assault (McKenzie, 2004).

Because of the potential consequences for the child and their family, it is essential to differentiate between sexual abuse that occurs within and outside of the family. Any sexual behavior or interaction between siblings, parents, stepparents, and any related or unrelated people living in the same household is considered intra-familial sexual abuse. Perpetrators of extra-familial sexual assault are classified as relatives, strangers, or acquaintances by Statistics Canada (1999). Certain academics, like Macfarlane (1986) and Fischer and McDonald (1998), do not include all members of the family in their definition. Extra-familial perpetrators are defined in this study as blood relatives' extended family members, acquaintances, friends, and strangers.

Incidence and Prevalence of Child Sexual Abuse

Research on the prevalence of child sexual abuse underscores its frequent occurrence as a societal issue deserving attention. These studies suggest that a substantial number of women (ranging from 11% to 45%) and men (3% to 9%) have experienced child sexual abuse. It is essential to recognize that these statistics are likely conservative due to underreporting, challenges in accessing data from Child Welfare Agencies, and variations in data collection systems across provinces and territories in Canada. It is noteworthy that no one data source exists in the nation that offers full information on the scope and kind of child sexual abuse (McKenzie, 2004).

Studies on the prevalence of child molestation reveal that children were often the targets of sexual assault, even in the late 1800s and early 1900s. The 1970s were a watershed year for sexual assault of kids publications as they became more prevalent and professional and public awareness of the issue grew. Professionals working in a variety of institutions, including child welfare, education, and childcare, had to deal with an increase in reports of child sexual abuse by the 1980s. The following ten years saw a proliferation of study results on the clinical identification of children who had experienced sexual abuse that were published in a variety of literary genres that addressed this topic in several fields. From the 1990s to the present, there has been an opportunity to reflect on past knowledge and interventions related to sexual abuse, allowing for the refinement and expansion of knowledge and intervention techniques through experience and ongoing research in this domain (McKenzie, 2004).

Potential Effects of Childhood Sexual Abuse

Professionals specializing in assisting individuals affected by sexual abuse unanimously acknowledge the potentially devastating personal trauma associated with such experiences. This trauma has the potential to negatively impact various aspects of a child's functioning, and its repercussions can extend into adulthood, especially in the absence of appropriate intervention following disclosure (McKenzie, 2004).

Regarding the short- and long-term impacts of child sexual abuse, the research indicates a number of recurring patterns. Initial impacts are defined by Finkelhor (1986) as reactions that happen within two years of the abuse ending. Although there is little factual support, common reactions include wrath, aggressiveness, fear, anxiety, despair, and improper sexual conduct. Sadness and humiliation are two typical emotional problems that people describe. Behavioral problems observed in sexually abused children often include aggression, noncompliance, withdrawal, and inappropriate sexual behavior. Friedrich (1990) emphasizes that symptoms related to sexual behavior problems may manifest as sexually aggressive behavior, distorted boundaries, gender confusion, excessive masturbation, and inhibited behavior. Studies, such as Friedrich, Beilke, and Urquiza (1988), comparing sexually abused children with a normative sample found that sexually abused children exhibited more behavioral problems than their non-abused counterparts (McKenzie, 2004).

Many possible long-term effects of childhood sexual abuse—defined as those that continue longer than two years after the abuse has stopped—are highlighted by empirical research that concentrates on adults. Depression, self-destructive behavior, anxiety, feelings of stigma and isolation, low self-esteem, a propensity for re-victimization, and drug misuse are some of these impacts. Long-term consequences also include issues with trust, sexual maladjustment (e.g., dysphoria), sexual dysfunction, low self-esteem, and avoidance or cessation of sexual engagement. It is noteworthy that characteristics associated with sexual functioning show less stability, according to experts. Additional symptoms include flashbacks, dissociation, emotional numbness, physical problems including headaches and stomach discomfort, self-abusive behaviors, and suicide thoughts or attempts, according to Cameron (2000) (McKenzie, 2004).

Knowledge and Power in Therapy

Narrative therapy (NT) is characterized as a sociopolitical endeavor wherein the therapist intentionally discerns the potent impact of prevailing oppressive discourses and employs discursive inquiries to unveil detrimental forces that diminish clients. Due to NT's focus on the sociocultural and

sociopolitical context, it is fundamentally concerned with the operation of power and knowledge in all human interactions. White and Epston (1990) elaborate on the significance of Foucault's definitions of knowledge and power within institutions and their discursive effects on the therapist-client relationship. This comprehension of power and knowledge in the therapeutic space is crucial for therapists to contemplate, fostering awareness of the discourses, histories, and ideas influencing their clinical practice. White and Epston stress the importance of therapists gaining insights into the limitations, effects, and risks stemming from the often unseen political and social forces shaping their practice. In a similar vein, Hare-Mustin (1994) contends that therapists cannot avoid the impact of power and knowledge and the sociopolitical forces driving them within the therapy room. The evaluation of therapeutic work through the lens of Foucault's analysis of power and knowledge is foundational in NT practice (Ramirez & Monk, 2017).

The decision not to challenge oppressive dominant discourses, prevalent at a broader level and impactful on the lives of those seeking consultation, is not a neutral stance. Regardless of whether a therapist explicitly embraces a sociopolitical activist stance, political action is still taking place within the therapy room. Adopting a supposedly "color-blind" or impartial approach may actually signal hidden biases. The therapist's ability to recognize the link between racial and cultural issues and an individual's presenting problem is referred to as broaching.

For many undocumented Mexican women entering therapy reluctantly, deconstructive and discursive questions from a sociopolitical activist standpoint can validate their experiences of patriarchal violence and the challenges of an undocumented life. Engaging individuals and their families in therapy while mindful of the history of harmful cultural dominant discourses is essential for establishing enduring rapport and a robust therapeutic alliance. Clients can find a secure space within therapy that does not perpetuate silence regarding their undocumented status and lives (Ramirez & Monk, 2017).

Narrative therapy and CSA

Narrative therapy, with its postmodern systemic perspective that allows room for the client's unique viewpoint, proves to be a valuable approach for addressing trauma associated with Childhood Sexual Abuse (CSA), particularly within the framework of couple therapy. Couple, marriage, and family therapists (CMFTs) acknowledge that the issues customers present to therapy are structural in nature. Skilled narrative therapists can offer systemic services across various constellations, yet, due to the profound impact of CSA on both individuals and their relationships, CMFTs should be well-equipped to address traumatic histories within the context of couple or family therapy. Regretfully, individual settings have been the primary setting for conventional trauma therapy (Merscham, 2000; Suddeath, Kerwin, & Dugger, 2017). According to Suddeath et al. (2017), individual therapy—which focuses largely on helping clients reconstruct their sense of self—has historically been the standard for trauma work. In order to effectively treat systemic issues, individual constellations may not be sufficient when utilizing a systemic methodology such as story therapy. However, we CMFTs naturally recognize and affirm that identities are not created in a vacuum but rather are constructed in connection to others (Fife, Whiting, Bradford, & Davis, 2014), which is why systemic models are useful for treating CSA. It is our contention as writers that, in light of the theoretical underpinnings of story therapy, story therapy provides a useful tool for helping clients, in either an individual or relational setting, make room for a more systemic conceptualization of who they are.

Although there isn't much evidence to support narrative therapy's efficacy (Shachar, 2010), it seems to be a good fit for treating adult survivors of CSA. The unique symptoms that adult survivors of CSA, especially those in committed intimate relationships, frequently experience have been demonstrated to be addressed by narrative therapy (Blanton & Vandergriff-Avery, 2001; Erbes et al., 2014; Hanisch & Moulding, 2011; Matthes-Loy, 2011; Payne, 2006; White, 1995, 2004). Positive reactions to a narrative approach have been shown in symptoms such as post-traumatic stress disorder (PTSD) and the disintegration of a survivor's identity and self-worth (Erbes et al., 2014; Matthes-Loy, 2011; Payne, 2006; White, 1995; White, 2004). Researchers studying marital power and satisfaction, among other relationship-related issues, have discovered that co-constructing narratives in a therapeutic context plays a critical role in improving relational satisfaction and balancing relational power (Blanton & Vandergriff-Avery, 2001; Hanisch S. Moulding, 2011). Because of these documented advantages, we claim that story therapy is a useful, albeit little-studied, therapeutic approach for treating adult CSA survivors and their spouses in the setting of relationship therapy.

In addressing trauma, particularly Childhood Sexual Abuse (CSA), Narrative Therapy proves effective in systemically fostering a robust sense of self by facilitating relational dialogue, offering a more comprehensive deconstruction of cultural narratives often intertwined with CSA treatment (Combs & Freedman, 2012; Monk et al., 1997). Adult survivors of child sexual abuse may struggle with a distorted sense of identity imposed by the perpetrator, who often imposes their own interpretation of the survivor's identity (Payne, 2006; White, 1995). By asking the survivor to take into account their partner's viewpoint as an external witness and integrating them in the process, the systemic method focuses

on developing a desired alternative narrative. Individuals who are outside the client's immediate family members or other outside witnesses are vital in listening to and attesting to certain events that help mold the client's alternate narratives (White, 2007). This feature makes using narrative therapy in the context of couples therapy an effective treatment choice for adult survivors of child sexual abuse.

Adaptable for CSA therapy within a couple's context, four primary components of narrative therapy evolved from Payne's (2006) work with individual male survivors of CSA. First, it allows survivors to appropriately categorize the abuse as an act perpetrated against them rather than on their own behalf. Often linked to sexual trauma, shame and guilt disproportionately impact men who worry about coming out as weak or the ones who started the assault. Therapists assist survivors in recovering their sense of self-worth and escaping the clutches of shame and guilt by enlisting the help of an outside witness, such as their spouse. The second component is breaking down the narrative of self-blame by looking at the circumstances and events leading up to the abuse and highlighting the abuser's exclusive culpability (Payne, 2006). This is consistent with the third component, which emphasizes special results resulting from the victim's attempts to give meaning to their suffering and resistance to the abuser's acts. When used in couple therapy, the fourth component is asking the couple to recount moments in their relationship that have restored their temporarily damaged sense of self as a result of the abuse.

In treating adult survivors of childhood sexual abuse (CSA) within partnerships, the purpose of this study is to demonstrate the usefulness of narrative therapy. We will provide a fictitious case study that clarifies several interventions and explanations of narrative therapy as it relates to CSA in the context of couples in order to better fit with this goal. The authors' goal is to provide specific instances of how narrative interventions might be used in couple therapy with adult survivors of childhood sexual abuse, rather than to propose a manualized method for narrative therapy.

Childhood sexual abuse

Because of the horrific experiences they had, survivors of sexual assault as kids (CSA) usually struggle with a variety of psychological, physical, and emotional issues (Mattera et al., 2018; Singh et al., 2014). There are symptoms that come on quickly after the assault, such as those associated with post-traumatic stress disorder (PTSD), and there are symptoms that take time to go away (Colangelo & Keefe-Cooperman, 2012; Mattera et al., 2018; Singh et al., 2014). Intimate relationships, platonic relationships, and parent-child relationships are just a few of the long-term and delayed repercussions that victims may experience (Colangelo & Keefe-Cooperman, 2012; Mattera et al., 2018).

Relationships with recognized and trustworthy individuals are often involved in children's sexual trauma, which links the trauma experience to social interactions and subsequently impacts the survivor's partnerships (Finkelhor, 2012; Nasim & Nadan, 2013). According to research by Frias and colleagues (2014), CSA survivors claimed that their major interpersonal relationships were severely influenced by attachment wounds, which resulted in attachment avoidance and anxiety. According to Liang et al. (2006), there is a positive correlation between the degree of marital discontent and the intensity of sexual trauma experienced as a kid. Moreover, survivors frequently report decreased relationship satisfaction, greater levels of relationship distress, and poorer relationship stability (Cherlin et al., 2004; DiLillo & Long, 1999). Additionally, survivors typically start relationships with an unequal power dynamic, which can worsen the trauma and lead to poor relational outcomes (Mahoney & Daniel, 2006; Mosack et al., 2010). Lastly, extradyadic participation, poor psychosexual functioning, and difficulty telling present romantic or marital partners about prior abuse are symptoms that CSA survivors may experience (Collin-Vexina et al., 2015; Easton et al., 2011; Frias et al., 2014; Wiersma, 2003).

Numerous studies (Harvey & Taylor, 2010; Lahav & Elklit, 2016; MacIntosh & Johnson, 2008) have shown the effectiveness of psychotherapeutic therapies for survivors of childhood sexual abuse (CSA). Because CSA is a systemic illness with complex symptomology, systemic therapy approaches have been shown to be successful in achieving significant decreases throughout the course of treatment (Elkjaer et al., 2014; Harvey & Taylor, 2010; Riehl, 2015). Incorporating a romantic partner into the therapy process may bring extra benefits, even if these models are beneficial and appropriate regardless of the therapeutic constellation (e.g., individual or relational). Notwithstanding this potential, there is a paucity of research on treating CSA in couple therapy, with just a few therapeutic stances such as behavioral marital therapy (Compton & Follette, 2002) and emotionally focused therapy (Johnson, 2002) addressed. The requirement for a trauma or abuse narrative is emphasized by many systemic theories utilized in CSA treatment, however, they usually concentrate on the clinical group of early survivors, which includes kids and teens (Cohen et al., 2017; Johnson & Williams-Keeler, 1998). Due to this, there is a significant gap in the research on adult CSA survivors, who may deal with symptoms that are different from those that they had immediately following the abuse.

Impacts of CSA on Sexual Functioning in Adulthood

Childhood sexual abuse (CSA) can have long-lasting effects on a person, impacting several areas of their adult functioning. Studies that have already been conducted on the relationship between sexual functioning and CSA survival frequently have

a binary gender approach. Although there is ample evidence of the detrimental impacts of CSA surviving on adult female sexual functioning, men's knowledge of this link is still incomplete. Gender was found by Aaron (2012) to be a significant factor influencing the sexual development of CSA survivors into adulthood. According to the Diagnostic and Statistical Manual, Fifth Edition (DSM-V), men frequently report more instances of compulsive and hypersexual behaviors, while women report more instances of sexual dysfunction. However, rates of sexual dysfunction or problems among CSA survivors are higher than those in the general population, regardless of gender (Maxey, 2023).

While there are some gender-specific distinctions in the long-term results of child sexual abuse (CSA), instances involving forced and undesired assault experiences show comparable effects. The psychological components of adult sexual functioning may be negatively impacted by CSA survival, according to reviews of the systematic literature on the sexual dysfunction of adult survivors of child sexual abuse. Easton et al. (2011) examined the parts of adult psychosexual functioning that are emotional, behavioral, and evaluative, as well as the characteristics of abuse and disclosure events, in order to determine how CSA affects adult psychosexual functioning. The research covered both cisgender males and women, although the majority of participants were women (around 80%). The age at which the abuse happened and the admission of abuse had a detrimental influence on every aspect of sexual functioning that the researchers examined. When it came to sex, older children who were abused were more likely to feel guilty and afraid, which raised the possibility that they wouldn't be happy having sex in general as adults. The study hypothesized that these results may be explained by unfavorable reactions to CSA disclosure, particularly in older kids. The emotional and behavioral aspects of psychosexual functioning were negatively impacted by severity variables such as being assaulted and suffering harm during abuse from many offenders. Abuse victims were more likely to experience arousal disorders, touch-related difficulties, and a dread of having sex. People who had abuse from many abusers reported feeling guilty during sexual encounters, as well as a higher chance of touch and arousal issues. Touch-related issues were more common among those who reported having had incest. According to these results, there is a higher chance that male and female CSA survivors may experience physical and psychosexual problems as adults (Maxey, 2023).

Trauma-Focused (TF)-Cognitive Behavioral Therapy (CBT)

TF-CBT is intended to help teenagers deal with traumatic situations like sexual assault by utilizing the core ideas of CBT. TF-CBT is acknowledged as an evidence-based treatment that has proven to be successful and dependable. TF-CBT usually takes eight to ten sessions, with the therapist working with the client, the therapist working with the parent(s), and combined family therapy. Despite its effectiveness, therapists must possess a nuanced understanding of how to adeptly apply this approach (Devlin et al., 2019).

The procedural procedures involved in TF-CBT are summarized in PRACTICE, which is taught to the client and their guardian(s). Psychoeducation, parenting techniques, affective regulation techniques, cognitive coping strategies, trauma narrative, and cognitive processing of traumatic event(s) are all included in P R A C T I C E. Parenting skills and psychoeducation entail teaching parents—and, if relevant, teenagers—about the diagnosis, course of therapy, and symptoms. Relaxation skills encompass techniques taught by therapists to help clients regain composure when experiencing anxiety or distress, including activities like yoga, sports, music, reading, and praying. Affective modulation skills enable therapists to educate clients about recognizing and navigating their emotions, especially after undergoing trauma. Teaching clients and parents to see patterns in thoughts, feelings, and actions in everyday circumstances is a key component of cognitive coping skills counseling. Following the effective completion of these skills, the client creates a trauma story and begins to process the traumatic experience cognitively. In this stage, the teenager records their own narrative of events leading up to, though, and following the trauma (Devlin et al., 2019).

A crucial aspect of TF-CBT is the trauma narrative, representing the final stage in the model. Described by Foster (2014), a trauma narrative involves the victim expressing their trauma through writing, drawing, or talking. Trauma narratives offer clients the necessary support to discuss the abuse, facilitating the healing process, alleviating symptoms, and providing opportunities for recollection. Developing a complete narrative may take multiple sessions. Once formulated, the counselor discusses it with the parents in the absence of the child, considering the potential sensitivity of their reactions or questions. Subsequently, the counselor, parents, and victim jointly address the narrative (Devlin et al., 2019).

While TF-CBT stands as a reliable method for aiding sexual abuse victims in their recovery, therapists must acknowledge the uniqueness of each child and their distinct story. This therapeutic approach may not be universally effective for every sexually abused child or adolescent, requiring tailored adjustments to meet individual needs. Overall, TF-CBT has proven efficacy in assisting many children and adolescents recovering from sexual abuse and merits consideration when appropriate.

Creative Interventions for Therapy for Child Sexual Abuse

Developing a trauma narrative for children poses challenges on emotional, developmental, and neurobiological fronts. The primary problem is that children often use avoidance as a coping strategy to get away from the upsetting feelings, ideas, and memories connected to their trauma. The development of a trauma story is complicated by this avoidance, which turns into a powerful reinforcer. Furthermore, because of their developmental stage and the neurobiological effects of trauma on language centers in the brain, children who have experienced child sexual abuse (CSA) sometimes struggle to express their painful experiences. The process of creating and reviewing a written or vocal trauma narrative can be stressful due to this dual effect. Traumatic memories are kept in the brain's implicit memory, which makes it challenging to recover them vocally because complicated trauma disrupts normal brain development (Shuman et al., 2022).

Creative approaches to trauma narratives and processing in group therapy are useful solutions for addressing these issues. With the help of these techniques, kids may integrate sensory awareness and create a coherent narrative about their CSA experience. Using creative approaches is advantageous because it helps kids communicate difficult emotions, memories, and experiences that can be difficult to say out loud. When a trauma story is creatively constructed, the combination of creativity, imagination, and self-expression is engaged. Children who have experienced child sexual abuse (CSA) can better explore their ideas, feelings, trauma memories, and perceptions through visual, tactile, and other sensory methods when creative interventions are used in the construction and processing of a trauma narrative. Examining nonverbal memories that recollect the trauma's fragmented sensory and emotional experiences is especially important because of the nature of CSA. In addition, incorporating artistic endeavors into the creation of a trauma story empowers the kid by giving them a feeling of authority and autonomy, as well as encouraging a cooperative and courteous dynamic in the therapeutic alliance (Shuman et al., 2022).

Method

Case application

Opening vignette and the assessment phase

Martha and John sought couples therapy, prompted by concerns about John's recent distant and secretive behavior. Martha, a 35-year-old stay-at-home mother, conveyed her distress over John's changed demeanor, emphasizing that, although he had always been somewhat distant, this time it felt distinct. Martha, understanding John's past trauma, felt he had crossed a line when she discovered explicit content on his phone, leading her to suspect an affair. She issued an ultimatum: couples therapy or divorce. John, a 37-year-old electrical engineer, reluctantly agreed to counseling.

As Martha explained her decision to seek therapy, the therapist observed John's discomfort, especially when she mentioned his childhood trauma. When the therapist invited John to share his perspective, he bitterly expressed hurt over Martha casually bringing up his past trauma, seemingly indifferent to the demons he faced. The therapist attentively listened to John's feelings about the abuse and Martha's lack of understanding. Acknowledging the challenges both faced, the therapist sought to explore moments when they felt close and able to share struggles. John found it difficult to be vulnerable, but Martha interjected, recalling a moment when John opened up about his abuse. In that instance, she felt exceptionally close to him, perceiving his vulnerability as strength. The therapist highlighted this moment as an example of John willingly embracing vulnerability and its positive impact on their relationship, contrasting with the challenges posed by his inner demons (Anonymous, 2023).

Discussion of vignette

One of the difficulties in providing couples therapy to adult survivors of childhood sexual abuse (CSA) is when therapists place an undue emphasis on the abuse victim. By including a second person in the session, this effectively transforms marital therapy into individual trauma treatment. Whether the survivor is bringing trauma into a session or communicating during the assessment process, it is crucial that the therapist create a safe environment for them to do so. However, it's important to find a balance in narrative therapy so that you understand the victim's tale as well as the couple's shared account of the abuse.

The idea of careful listening is crucial to the evaluation process, especially when working with CSA survivors (Payne, 2006). Two main processes are involved in sensitive listening. First and foremost, it entails exhibiting compassion and understanding, as well as a broad recognition of the difficulties faced by survivors and how they affect the system. Second, attentive listening in the evaluation stage means being aware of unusual results or different narratives that highlight times when the relationship was not dominated by the former demons (Harker, 1997). The fundamental tenet of narrative therapy is that, even in circumstances of extreme trauma, clients and therapists may work together to jointly create alternative tales (White, 2004). Allowing clients to explore other options involves them in the coauthoring process, in which therapists take a backseat and let their clients take the initiative in creating instead of taking on an expert or strategic role. Therapists that engage in coauthoring with their clients must gently explore novel options (Carr, 1998). In the given case study, the therapist challenged the prevailing story around John and Martha and found other possible explanations. Early in treatment, clients are motivated to resolve the challenges they bring up through the pursuit of distinct goals (White, 2007).

According to White (2007), unique outcomes are fresh concepts that are discussed in therapy. She notes that clients frequently submit to meanings that are prescribed to them when thinking about life events. This is especially true for adult survivors of child sexual abuse who could give in to the false realities that the perpetrator imposes (Payne, 2006).

Vignette continued and intervention phase

During the course of the session, John revealed that he had experienced sexual abuse by a close relative in his youth, and since then, he had been vigorously struggling to keep his emotional struggles at bay. The therapist employed deconstruction questions to explore, both individually and as a couple, the impact of John's inner struggles on their relationship. Questions such as, "What behaviors have emerged in response to the influence of these inner struggles on your relationship? What conclusions have you drawn about yourself or your relationship due to the role of these inner struggles?" were posed to both John and Martha.

John conveyed that contending with his inner struggles often isolated him, leading him to distance himself from those he deeply cared about. He experienced significant shame and guilt, often blaming himself for the abuse. Martha expressed empathy for John but noted the challenge of understanding his pain when he withdrew from her and their children.

In order to begin dissecting the story that is rife with guilt and shame related to CSA in John's relationship, the therapist asked John if he would be open to discussing some of the circumstances leading up to the abuse—not the abuse itself—with Martha serving as an impartial witness. After all parties gave their consent, the therapist started questioning John about why and how abusers usually take advantage of children in such situations, as well as the power dynamics at play and the causes of guilt and shame in these scenarios.

After John responded, Martha shared her reflections on what stood out to her during John's answers. Martha expressed her newfound awareness of the challenges John faced, accompanied by feelings of shame and guilt for an extended period. She raised curious questions about John's resilience, pondering how he managed to withstand the impact of such a traumatic event. The therapist then asked if they desired to alter the role of shame and guilt in their relationship, and both John and Martha expressed agreement.

To evaluate the impact of shame and guilt on the couple's relationship, the therapist posed questions such as, "When shame and guilt manifest in your relationship, what are the resulting dynamics in terms of your thoughts, emotions, and behaviors?" Martha promptly responded, stating that when shame and guilt emerge, they create a significant rift between her and John. She feels a sense of distance, perceives John as isolated, and struggles to reach out to him. Eventually, her frustration builds, leading to pushing him away. John concurred with Martha's observations and added, "When overwhelmed by shame and guilt, I become emotionally closed off, making it difficult for me to connect. Despite wanting Martha's love, I often feel unworthy and guilty, causing me to withdraw. This, in turn, triggers her anger, intensifying my feelings of inadequacy. It becomes a destructive cycle." While the couple discussed the role of shame and guilt in their relationship, the therapist mapped out the influence of these emotions on the relational dynamics.

The therapist further probed, remarking, "It seems that when shame and guilt take hold, they bring along their companions, such as anger, hurt, and distance, to join the interaction. Have you ever felt overwhelmed within your own relationship?" John expressed the difficulty of experiencing love and support in the midst of these overwhelming emotions. Both partners expressed a mutual desire to disentangle themselves from the grip of shame, guilt, and their accompanying emotions, aiming to create space in their relationship for love and connection.

Discussion of vignette

According to White (2007), one of the main interventions used in narrative therapy is the process of clients externalizing or objectifying internal issues or problems through the use of externalizing talks. By challenging the societal presumption that people are their own issues, externalizing talks facilitate the development of an identity that is apart from the issue (White, 2007). Therapists pay close attention to what and how elements of the client's story are externalized while working with trauma (Allen, 2011; White, 2004). In the context of abuse or violence, Allen (2011) lists the many hazards connected to externalizing talks and offers advice on how to use them successfully for narrative therapists working with CSA.

One of the most important rules is to not externalize the abuse. Instead, trauma therapists can concentrate on externalizing the underlying attitudes and beliefs—like loss of control, isolation, and secrecy—that are connected to the abuse. Therapists help couples perceive their problems as external to themselves by externalizing these attitudes and beliefs, especially in the setting of a partnership. This helps the problem be recognized as separate from the people involved (Combs & Freedman, 2012; Suddeath et al., 2017). The next step for therapists is to map the couple's experiences with these attitudes, beliefs, and emotions (White, 2007).

The therapist took care throughout the case scenario to avoid overtly externalizing John's trauma. Rather, the therapist skillfully used John's own description of the demons of shame and guilt to shift the focus of the talk away from John and onto external factors that were impacting both John and Martha individually and collectively. With the use of this technique, the therapist was able to map the effects of shame and guilt, which gave the couple a better understanding of how these

emotions impacted their relationship and how they saw one another.

After distancing the patient from the issue and giving the pair a common goal to work toward, the therapist assisted in dissecting the dominant story. Regarding survivors of childhood sexual abuse (CSA), the prevailing narrative frequently centers on feelings of shame and guilt, which might hinder their ability to make progress (Dorahy & Clearwater, 2012). As indicated in the vignette, Monk and colleagues (1997) offered a series of questions intended to help clients deconstruct the guilt and shame narrative connected to CSA. Counselors are essential in helping to lead the process of dismantling the prevailing story and then re-authoring it. This calls for a better comprehension of the ways in which clients comprehend the abuse as well as the influence of cultural components including sexuality, masculinity, and the formation of relationships (Combs & Freedman, 2016).

During therapy sessions, clients and therapists work together to create a new narrative by connecting specific results to previous occurrences and seeing the tale unfold in the future (Carr, 1998; White, 1995). This process is called re-authoring. Through incorporating the spouse as an external observer (White, 2007), the therapist included the spouse in both the deconstruction and re-authoring phases. The usefulness of the non-abused spouse serving as a witness was pointed out by Nasim and Nadan (2013), who also highlighted the benefits it has on the process of healing and re-authoring.

Including a different viewpoint in the re-authoring process is one of the main advantages of dealing with adult survivors of childhood sexual abuse (CSA) in a couple setting. A lot of survivors express a desire to tell their story, and studies indicate that telling the tale to a spouse or other trusted person can cause more significant changes in the way the traumatic event is remembered and promote greater healing (Caruth, 1995; Kotze et al., 2012; Nasim & Nadan, 2013). In order to effectively involve both partners in the healing process, the therapist framed the wife's involvement as that of an outsider witness and encouraged her to actively engage in the collaborative re-authoring process, which White (2007) defined as the blending of various storylines to recreate the couple's preferred narrative.

Through the use of methods such as externalizing talks, deconstruction, and re-authoring—which include the spouse acting as an outsider witness—narrative therapists are qualified to assist couples in creating a new, alternative story. The pair discovered the damaging effects of John's demons—especially those related to shame and guilt—on their relationship via the use of narrative therapy. By working together, the two partners were able to cooperatively rewrite a different relational story in which guilt and shame were seen as enemies rather than allies. Therapists can steer couples away from harmful narratives and toward a more desired tale by using the useful framework that narrative therapy provides (White & Epston, 1990).

Discussion and conclusion

This essay highlights the possibilities for healing and promotes the use of narrative therapy in couple therapy for adult survivors of childhood sexual abuse (CSA). Conventional therapeutic techniques have tended to emphasize the individual, ignoring the social and systemic factors that are frequently essential to therapy. This paper's main goals are to: (a) present a comprehensive analysis of the research supporting a systemic approach to treating adult victims of child sexual abuse, particularly in the context of couple therapy; and (b) present a case study illustrating the use of narrative interventions by clinicians to assist victims and their partners in rewriting their preferred narrative.

Therapists can promote healing for the group by building a safe space and fostering a therapeutic setting that involves both dyad members actively participating (Kotze et al., 2012; Nasim & Nadan, 2013). According to researchers, this strategy offers survivors a powerful platform to rewrite their story and escape the cycle of painful relationships (Nasim & Nadan, 2013). Therapists encourage spouses to engage in treatment because they may watch and co-create the re-authoring process as outsiders, support the survivor, promote systemic healing, and help shape a desired story. In order to provide a secure environment for talking about the trauma, therapists must determine whether the spouse has the necessary abilities to serve as an outsider-witness. In order to support therapists in guiding partners in therapeutic interactions between therapists and survivors, Nasim and Nadan (2013) offer helpful guidelines.

Implications for family therapy/practice

It is recommended that therapists use externalizing talks as a strategy and focus on the aftermath of trauma rather than just the traumatic incident itself (Allen, 2011). Using this method, the therapist externalizes the effects of trauma to investigate how they affect the relationship as well as the victim of childhood sexual abuse (CSA). It is important to realize that when therapists emphasize the trauma's repercussions, they are emphasizing the relational context in which the trauma story takes place rather than lessening the value of the trauma narrative itself. Experts assert that this strategy has been quite successful in promoting closer relationships between partners (Nasim & Nadan, 2013).

Furthermore, as progress is achieved in the re-authoring process, therapists may observe the survivor's inclination to share specific details about the trauma. This willingness often emerges as a consequence of altered relational patterns, improved safety, and enhanced connection within the relationship. Encouraging such disclosure becomes a means to

facilitate ongoing healing and strengthen emotional bonds between partners (Nasim & Nadan, 2013).

Limitations and future discussion

It is outside the purview of this work to discuss every intervention used in narrative therapy in detail. The treatments covered here can be used with adult survivors of childhood sexual abuse (CSA) in a couple setting and serve as a foundation for narrative work (Monk et al., 1997; Payne, 2006). The dearth of empirical research explicitly examining narrative therapy in combination with adult survivors of CSA appears to be a problem. This article acknowledges the absence of collected data, making it challenging to definitively assert the empirical superiority of narrative therapy over other modalities in treating adult CSA survivors. Despite this, the article aligns with existing literature on narrative approaches in the context of CSA. There is a pressing need for more extensive discussions on CSA treatment, especially in adulthood and within the couple context. Furthermore, it is critical to do research on the effectiveness of systemic modalities, including narrative therapy, for adult CSA survivors and their romantic partners. This paper adds to the scant research on dealing with adult CSA survivors in a partnership setting by highlighting the usefulness of narrative therapy in helping couples discover other narratives and maybe promoting closer bonds via cooperative story-telling.

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