Objective: Vulvodynia is common in gynaecological practice and is often unresponsive to standard therapies. We present a multidisciplinary approach. Methods: Initial treatment: (i) increasing perineal sensation, and linking this to the pelvic floor, (ii) assessing personal history, including traumatic life events, with particular attention to secondary gain. Direct attention to genital function is not an initial part of therapy, but introduced later as the history unfolds, thereby avoiding internal conflict and symptom worsening. Treatment includes attention to pelvic muscles, alternative stimulation (eg proprioception) to attenuate pain, defusion of sexual fear, and muscle relaxation to facilitate penetration. Low dose antidepressants are also sometimes prescribed. Results: 27 women (mean age 35, mean duration of symptoms 6 years, 9 nulliparous) entered treatment. Life events: motor accident in 7, sport trauma in 12, physical or sexual abuse in 4, psychologically adverse relationships in 8. Pain was constant in 13 and related to sex in 14. 15 patients avoided sex. 14 patients have completed 6 months follow up: 7 have no symptoms (6 of whom now have sex), 4 improved, 3 unchanged (2 of these are nulliparous). Conclusions: Combined physical, psychological and pharmacological treatment is effective for vulvodynia, and for the associated sexual dysfunction.