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THE PERSONAL IMPACT ON FEMALE THERAPISTS FROM WORKING WITH  
SEXUALLY-ABUSED CHILDREN

by

Kinsey Drouet Pistorius

A dissertation submitted to the faculty of

Brigham Young University

In partial fulfillment of the requirements for the degree of

Doctor of Philosophy

Marriage and Family Therapy Program

School of Family Life

Brigham Young University

April 2006

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BRIGHAM YOUNG UNIVERSITY

GRADUATE COMMITTEE APPROVAL

of a dissertation submitted by

Kinsey Drouet Pistorius

This dissertation has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.

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BRIGHAM YOUNG UNIVERSITY

As chair of the candidate's graduate committee, I have read the dissertation of Kinsey Drouet Pistorius in its final form and have found that (1) its format, citations, and bibliographical style are consistent and acceptable and fulfill university and department style requirements; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the graduate committee and is ready for submission to the university library.

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## ABSTRACT

### THE PERSONAL IMPACT ON FEMALE THERAPISTS FROM WORKING WITH SEXUALLY-ABUSED CHILDREN

Kinsey Drouet Pistorius

Marriage and Family Therapy Program

School of Family Life

Doctor of Philosophy

Although previous research has established that therapists who work with sexually-abused children experience symptoms of vicarious trauma, few studies have addressed the process by which the therapist is affected. In order to understand therapists' personal experiences and how working with sexually-abused children impacts them in their personal lives, the researcher interviewed therapists who were currently working with this specific population. Data analysis was completed by using ethnographic research methods and three major themes emerged during the interviews. The first theme included the "job characteristics" inherent in working with sexually-abused children. This theme refers to how the therapists entered the field of therapy, why they wanted to become therapists, and how they began working with children who had been sexually-abused. The subjects also referred to both the challenges and rewards that came from

working with sexually-abused children. The second theme that emerged was the impact of working with sexually-abused children on the therapist's personal and professional life. Therapists also talked about how this work affected their view of the world and their relationships with other people. The third theme included coping with stresses associated with working with sexually-abused children. Therapists spoke about ways they individually coped with the stress and how the agency as an organization helped the therapists cope as well. Recommendations for therapists in this field are given and future research is discussed. Implications for clinical practice, training, supervision and structuring agencies are included.

## DEDICATION

This dissertation is dedicated to the loving memory of my brother-in-law,  
Michael Wayne Pistorius.

## ACKNOWLEDGMENTS

Completing my dissertation has only been the final step in a long journey filled with hard work, determination, and incredible experiences. Throughout the years, many people have proved invaluable in helping me accomplish this goal.

First, I would like to recognize the countless number of children who have bravely survived sexual abuse and the heroic therapists who continue to allow their voices to be heard. Specifically, I would like to express my gratitude to the therapists from The Children's Assessment Center in Houston, Texas, and The Family Support and Treatment Center in Orem, Utah, who participated in this study. They not only donated their time but were very willing to share personal experiences and insights into the job of treating sexually-abused children and their families. I believe their openness has created the freedom to talk about this work.

Second, I wish to acknowledge and graciously thank my chair, Leslie L. Feinauer, who provided numerous hours of supervision and amazing patience and guidance in finishing this project. She has been a remarkable role model and mentor to me and someone who inspires me to be a better woman and therapist. I would also like to thank all of my committee members, Leslie L. Feinauer, D. Russell Crane, James M. Harper, Richard B. Miller, and Robert F. Stahmann for their time and effort as well as their helpful suggestions and input for this paper.

Finally, I am forever indebted to my family as they have provided the constant love and support I needed to accomplish this endeavor. I owe much gratitude to my grandparents, Thelma and Raymond Drouet, and the late Dorothy and Jake Messina, for teaching me the importance of

family. They have always been true examples of what it means to be dedicated and committed to one another and to their families.

In addition, I would like to express appreciation to my dad, Kirwin Drouet, for always challenging me to do my best, teaching me the value of education and most of all, showing pride in me as his daughter. I would also like to thank my mom, Camille Hudson, for constantly believing in me. She has always taught me that I could do anything I wanted in my life and be successful at it. She has been my biggest fan, always having faith in me and never giving up on me. Furthermore, I would like to recognize both my siblings, Damon Drouet and Keely Drouet, for always being there for me. I am not only fortunate to have them as my brother and twin sister but as my best friends.

Lastly, I want to thank my husband, David Pistorius, for sharing this important journey with me. I am privileged to have him by my side. I appreciate his unwavering support and encouragement and his willingness to move away from our home in Texas so I could fulfill my dream. We did this together, and I will always be grateful for his sacrifices and commitment to our family. To conclude, I would like to thank my son, Drew Pistorius, for giving me the precious gift of motherhood. The love I have for him is unending.

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## **Chapter 1**

### **INTRODUCTION**

There are various populations of mental health clients. Many therapists question whether they would be able to work within the field of sexual abuse. Even more so, working with the children who have recently endured sexual abuse is considered a challenge. To witness a child talk about the sexual abuse in his or her own language is not only shocking but also heartbreaking. Indeed, studies have shown that children's traumas are especially challenging for those who work with them (Figley, 1995). This challenge is possibly due to the fact that many people view children as innocent, powerless and incapable of protecting themselves (Figley, 1995). Therapists who do work with this specific population of sexually-abused children embark on a significant healing journey in order to help children emerge from victims into survivors.

Throughout the work in this area, many therapists are asked by other professionals and the public how they are able to handle the difficult task of doing therapy with sexually-abused children. The statement, "Oh, I could never do what you do," is often heard in conversations between co-professionals. Rather than just a polite interaction, this question reflects a deeper sense of feeling vulnerable to the impact of discussing sexual abuse. Many professionals choose not to work with abuse because they believe it would be too difficult for them. Indeed, how do therapists work with children who have suffered from something as heinous as sexual abuse? Do most professionals who choose to work with children suffering from the trauma of sexual abuse experience personal distress from the experience? No literature was discovered which identified the possible personal effects on therapists who specialize in working with sexually-abused children.

Working with sexually-abused children for five years, this researcher noticed many changes in personal beliefs and behaviors but two were most significant. Most importantly, I noticed that I became less trusting of the world at large. My experiences affected my ability to be comfortable with some things that other people took for granted or were common place. For example, I would not let the children around me be alone or without a “trusted” adult. I panicked when children were left unattended and felt scared that the children of the “neglectful mother” might be abused. I noticed that my lack of trust for strangers led to my distrust of others, even family friends. I also noted that I appreciated the people who surrounded me in whom I had trust and appreciated my own life recognizing that I had been protected, safe, and was not abused.

Secondly, working with sexually-abused children affected my overall view of men. Because children continuously talked about male perpetrator’s private parts in a negative way, I gradually realized that I began to look at the physicality of men differently. For example, male genitalia were seen as “bad” and something men used against others rather than functional or even pleasurable parts of men’s bodies. I also viewed men as more sexually-deviant than I had previously believed.

Moreover, it is the researcher’s experience that many therapists in this field do not talk openly about the various ways their work impacts them personally. It is possible that these therapists exert a sense of denial when working with sexually-abused children because it allows them to continue the work they do. Additionally, it is the researcher’s belief that therapists hesitate to talk about this subject because if they are negatively affected, other therapists may view them as incompetent or weak.

Although other therapists working with abuse may have different experiences than the researcher experienced, working with sexually-abused children does impact therapists. Specific

issues which may occur are not identified in the research. What are the risks, who is at most risk, and who is at least risk for personal trauma as a therapist are unanswered questions.

Several studies have indicated that therapists who work with traumatized clients experience vicarious traumatization, secondary traumatic stress, compassion fatigue or burnout (Pearlman & Saakvitne, 1995; Simonds, 1997). Yet, the symptoms and effects of these conditions are general and vague. Additionally, no empirical research was found which explored the problems encountered by the therapist or even examined the process therapists go through when working with children who have been sexually-abused. Previous research suggests that working with this population affects therapists personally but provides no specific identification of issues, challenges, or problems encountered by the therapist. The question: In what ways does this work specifically impact the therapist? remains unanswered. The purpose of this study was to address that question. In addition, does working with sexually-abused children impact therapists' emotional well being, personal and professional identity, and their personal interactions with others including their families? If so, what factors influence these effects?

The benefits of this study include identifying specifically what issues may arise during the course of working with sexually-abused children. Looking at these issues will help therapists to recognize how their professional practice affects them personally and to share ways to cope.

## REVIEW OF LITERATURE

In reviewing various journals including *Journal of Child Sexual Abuse*, *Child Maltreatment*, *Journal of Interpersonal Violence*, *Journal of Marital and Family Therapy*, *Family Process*, *American Journal of Family Therapy*, and *Journal of Consulting and Clinical Psychology* for the past ten years, no articles were found about therapists who specifically work with children who have been sexually-abused.

The majority of the related research has focused on therapists who treat sex offenders. Crabtree (2002) surveyed 158 sex-offender therapists from the Association for the Treatment of Sexual Abusers (ATSA) in order to measure vicarious traumatization. Subjects filled out The Traumatic Stress Institute Belief Scale (Traumatic Stress Institute, 1994) and the Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979). The results revealed that sex offender therapists with a personal trauma history were more susceptible to vicarious traumatization than those who had not experienced trauma personally. In addition, men who were sex offender treatment providers experienced greater disruption in cognitive schemas than females who provided the same services. Finally, the place in which a therapist worked did not affect vicarious traumatization for sex offender therapists (Crabtree, 2002). Ennis and Horne (2003) also evaluated the various effects of working with sex offenders by interviewing 17 therapists, ages 32-54, who worked in an outpatient Sexual Abuse Treatment (SAT) program. They found that the sex offender therapists admitted to the challenging features of their jobs such as an increase in stress; however, they predominantly focused on the positive aspects of working with this population. For example, the sex offender therapists stated that their jobs were both rewarding and a privilege (Ennis & Horne, 2003).

Other studies have evaluated professions dealing with sexual abuse but have not specifically examined therapists. For example, Atkinson-Tovar (2003) conducted a qualitative study exploring the experiences of 15 law enforcement personnel including youth investigators, former youth investigators, and forensic interviewers from northwest Chicago that worked in the area of child sexual abuse. The researcher found that the participants displayed several signs of vicarious trauma such as hyper-vigilance, symptomatic reactions, relationship problems, lack of communication through denial, repression, isolation and disassociation, a change in world views

and a loss of a sense of meaning related to spirituality. Another study focused on 166 child welfare workers and found that they are at a heightened risk for secondary traumatic stress as well (Nelson-Gardell & Harris, 2003).

### *Vicarious Traumatization*

McCann and Pearlman (1990) first recognized the effects of working with traumatized clients on therapists. They found that it affects the identity, world view, psychological needs, beliefs and memory system of the therapist (McCann & Pearlman, 1990). Other researchers have discovered that therapists who work with adult survivors of sexual abuse “find that their inner experiences of ‘self’ and ‘other’ transform in ways that parallel the experience of the trauma survivor” (Pearlman & Saakvitne, 1995, p.150). For example, a therapist may have nightmares associated with graphic details of events they have heard from clients. In addition, therapists may experience fear, have concerns regarding safety, or question their own life experiences and vulnerabilities after listening to the stories of survivors (Farrar, 2006, ¶2). This transformation is considered a change in a therapist’s frame of reference and often called vicarious traumatization (Pearlman & Saakvitne, 1995).

*Factors that increase vicarious traumatization.* More specifically, recent research has been focused on what factors may increase or decrease vicarious traumatization for therapists working with the sexual abuse population. Dickes (2001) evaluated over 200 psychologists of the American Psychological Association who treated both sexually-abused children and adult survivors of childhood sexual abuse. Using three different measurements including the Therapist Information Questionnaire, Traumatic Stress Institute Belief Scale – Revision L (Traumatic Stress Institute, 1994), and the Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979), the author found that the therapists’ own history of abuse or domestic violence increased symptoms

of vicarious trauma. Even though there are studies who have found otherwise (Simonds, 1997; Trippany, 2001), a majority of research does support the notion that a personal history of trauma increases secondary traumatic stress for a therapist working with this population (Pearlman & MacIain, 1995; Pinto, 2003; Salston & Figley, 2003).

Additionally, Simonds (1997) evaluated 141 psychotherapists who had treated at least one adult survivor of childhood sexual abuse in the previous year. Participants in this study were attending the Fourth Annual Conference on Advances in Treating Survivors of Abuse and Trauma. Attendees were asked to complete three measurements that were included in their packet. These included the Therapist Information Questionnaire, the Secondary Traumatization Questionnaire (Simonds, 1997), and selected subscales of the TSI Belief Scale – Revision L (Traumatic Stress Institute, 1994). By conducting this study, Simonds (1997) discovered that a higher percentage of sexually-abused children and sexually-assaulted adults in a therapist's caseload heightened vicarious traumatization for therapists working with sexually-abused clients. Interestingly, Simonds (1997) found that therapists who worked with a larger percentage of adult survivors of sexual abuse did not experience a greater amount of vicarious traumatization. Thus, this study implies there is more of a significant impact on therapists who see clients who have been recently traumatized, such as children who have been sexually-abused.

Finally, Humphries-Wadsworth (2002) surveyed 175 marriage and family therapists, licensed counselors, and psychologists from Texas, New Mexico, and Indiana who had experience in working with traumatized clients. Participants in this sample filled out the Maslach Burnout Inventory (Maslach & Jackson, 1981), the Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979), the Traumatic Stress Institute Belief Scale (Traumatic Stress Institute, 1994) a demographic data sheet, and a professional profile form. Humphries-Wadsworth found that

overall years of experience providing therapy did not influence symptoms of vicarious trauma, but years of experience providing therapy to victims of trauma did. Particularly, therapists with more experience seeing traumatized clients were less likely to feel worn out or exhausted by their work and less likely to feel disconnected from others (Humphries-Wadsworth, 2002). Thus, researchers imply that less experience working with victims of trauma may increase symptoms of vicarious traumatization (Humphries-Wadsworth, 2002; Pearlman & MacIan, 1995). Yet, this study was not specific to the trauma of sexual abuse nor was it specific to child clients.

In summary, the above studies suggest a personal history of sexual abuse, a higher percentage of clients in one's caseload suffering from recent sexual abuse, and less experience as a therapist working with traumatized clients are all factors that increase vicarious traumatization for therapists working within the field of sexual abuse.

*Factors that decrease vicarious traumatization.* Although there are factors that increase vicarious trauma for therapists, factors that decrease vicarious trauma exist as well. For example, as therapists' perception of the quality of supervision they received increased, vicarious trauma symptoms decreased (Dickes, 2001). Furthermore, another study revealed that therapists with more education and a greater overall client caseload reported less symptoms of vicarious trauma (Baird & Jenkins, 2003). Thus, researchers have discovered some aspects of working with sexual abuse that do indeed decrease vicarious traumatization.

#### *Effects of Working with Sexually-abused Children*

*Negative effects.* Few research studies have clarified the precise effects of working with sexually-abused children in particular. In regards to treating adult survivors of childhood sexual abuse, therapists reported an increased negative view of the world and increased fears regarding the safety of children (Simonds, 1997). Additionally, therapists who work with this population

often felt overwhelmed by the work and reacted with anger, sadness and horror to the abuse their clients had endured (Knight, 1997). Typically, therapists reported that they experienced a moderate level of emotional exhaustion (Trentham, 1995).

*Positive effects.* On the other hand, therapists who treated a greater number of sexual abuse survivors also reported a higher sense of spiritual well-being (Brady, Guy, Poelstra & Brokaw, 1999). They also described a sense of personal accomplishment (Humphries-Wadsworth, 2002). All of this indicates that vicarious traumatization is an occupational risk that needs to be acknowledged and addressed in the field of therapy. More importantly, vicarious traumatization is not being addressed in regards to therapists who work directly with sexually-abused children.

#### *Gender Issues*

Most therapists who work with children are female (Phillips & Landreth, 1995), and women see a larger number of abused clients (Little & Hamby, 1996). Additionally, the majority of child perpetrators are male (U.S. Department of Health and Human Services, 2004) which may impact female therapists who work with sexually-abused children more than male therapists. Interestingly, female therapists view themselves as more competent than men in the area of sexual abuse (Pope & Feldman-Summers, 1992). Additionally, Little and Hamby (1996) surveyed male and female clinicians who work with clients having a history of childhood sexual abuse and found that the female therapists reported significantly higher frequencies of feeling angry at the perpetrator, deep hopelessness and pain, and disgust or discomfort with the details than male therapists working with the population.

### *Qualitative Research on Adult Survivors of Childhood Sexual Abuse*

One of the only qualitative studies in this area focused on how therapists' own personal history of sexual abuse affected their work with adult survivors of childhood sexual abuse. Benatar (2000) interviewed a total of 12 subjects who were recruited from the American Professional Society on the Abuse of Children in New Jersey. All of the participants in this study were licensed therapists with at least five years experience working with adult clients who had been sexually-abused as children. Benatar (2000) compared six therapists who were survivors of childhood sexual abuse and six therapists who had no history of being sexually-abused as a child. This study did not reveal any differences between the two groups in regards to vicarious traumatization (Benatar, 2000). In other words, therapists with a personal history of sexual abuse were not more vulnerable to symptoms of vicarious traumatization than therapists who had no personal history of sexual abuse. Additionally, Benatar (2000) found that therapists who treated adult survivors of childhood sexual abuse reported that they experienced negative changes in their world view, sense of safety, relationship to work, relationship to self, and relationship with others. More specifically, some of the issues they reported included a negative change in self-esteem, sexuality, and relating to other people (Benatar, 2000). While this study addressed what it was like for therapists who treated adult survivors of sexual abuse, it did not address issues for therapists working with sexually-abused children.

Simonds (1997) included a qualitative portion in the survey of over 100 therapists who treated adult survivors of childhood sexual abuse. He asked the clinicians to "describe other ways that their work with adult clients sexually abused as children impacted them" (p.119). Subjects reported several negative changes in themselves consisting of anger, rage, tiredness, sadness, disturbed sleep, crying and feeling numb. In addition, therapists cited a change

regarding their own identity, such as a decline in the interest of having sex, dissociating in sessions, uncertainties about their effectiveness as therapists and experiencing alienation from other professionals (Simonds, 1997). Again, these studies only surveyed therapists who worked with adult survivors of sexual abuse and did not address therapists who worked with sexually-abused children.

### *Qualitative Research on Traumatized Children*

Lonergan (2000) conducted a qualitative study addressing eight therapists' experiences in working with traumatized children from the therapists' points of view. This study concentrated on how experienced trauma therapists perceived common issues related to treatment and the importance of making their work personally meaningful (Lonergan, 2000). He focused on how working with this population impacted the therapist's professional life, not specifically their personal life. Additionally, the trauma the children endured was not specific to sexual abuse (Lonergan, 2000).

### *Summary of Review of Literature*

Previous research regarding therapists who work with sexually-abused clients has been primarily quantitative. Although these studies have provided important information, they lack the understanding of the experiences that therapists often go through when working with children who were sexually-abused. Additionally, the research is not focused on how the work impacts therapists personally as well as professionally. Therefore, this researcher conducted a study using a qualitative design that provides a more in-depth evaluation of the experiences of therapists who work with children who have been sexually-abused.

Overall, no studies have addressed what it is like to go home at the end of the day when you have done therapy with sexually-abused children. In other words, how does working with

sexually traumatized children affect one's personal relationships with a spouse, one's own children, and significant others? More specifically, how does it impact the therapists' ability to be intimate and sexual? Unfortunately, it is the researcher's experience that many therapists believe that in order to be a "good" therapist, their work must not affect them in any negative way. Even within the field of sexual abuse, therapists tend not talk about the way the children's disclosures influence them. Therefore, this research study is aimed at telling the story of how working with sexually-abused children impacts therapists' personal lives.

## **Chapter 2**

### **METHOD**

#### *Research Design*

A qualitative research design was used to explore the personal and professional experiences of licensed female therapists working with sexually-abused children. Female therapists were selected because they tend to most frequently be involved in working with sexually-abused children. Major themes were extracted from answers to in-depth interviews. The interviewing process continued until theme saturation had been reached (Strauss & Corbin, 1990).

#### *Sample*

All participants in this sample were female. Overall, the research suggests that working with sexually-abused children may impact female therapists more than male therapists. Consequently, the researcher interviewed 14 female clinicians for this study.

To be eligible for this study, participants needed to have two years of clinical experience post-degree. Also, all of the participants were currently licensed to practice as a marriage and family therapist (LMFT), clinical social worker (LCSW), or a professional counselor (LPC) and currently working with sexually-abused children.

The therapists were recruited from The Children's Assessment Center in Houston, Texas, and The Family Support and Treatment Center in Orem, Utah, both of which are facilities that provide therapeutic services to children who have been sexually-abused and their families. The researcher obtained eight subjects from the facility in Texas and six subjects from the facility in Utah. Facilities located in these two different parts of the country were used in order to increase the diversity of responses.

### *Data Collection*

The researcher submitted the research proposal to the Institutional Review Board (IRB) of Brigham Young University and received approval to begin the study. With consent from the IRB, the researcher contacted each of the Directors of Therapy Services at both facilities in order to obtain permission to invite their employees to participate in the study. Upon authorization, the director of The Family Support and Treatment Center in Orem, Utah encouraged her employees to participate in the study by discussing it at a staff meeting. She advised the researcher that the secretary would arrange times to meet with each employee who accepted the invitation to participate during their work schedule if they desired to use that time. If they wanted to contact the researcher individually and set up a time privately, that was also an option. All six individuals requested that times be arranged with the secretary.

The director of The Children's Assessment Center in Houston, Texas also authorized the study to be performed at his facility. The researcher sent an e-mail to each employee of The Children's Assessment Center inviting them to participate in the study. It requested those who were interested in meeting with the researcher to set a time for an interview. Additionally, a flyer was posted at the office manager's desk. This was a general notice to invite therapists in the agency to participate in the study investigating licensed female therapists' experiences in working with children who have been sexually-abused (See Appendix A). The flyer had a number to call with a local area code in order to contact the researcher and participate in the study. The researcher organized eight interviews for individuals in this facility.

*Interview procedure.* The investigator interviewed each subject initially for about an hour and requested permission to call the person at a later date in order to clarify any information given or ask further questions. Face-to-face interviews were conducted so that the researcher was

able to recognize non-verbal behavior and ask further probing questions in response to it. Interviews lasted between 40-90 minutes. The majority of the interviews took place at the employee's place of work. In fact, 12 out of the 14 interviews were conducted in the subjects' personal office, one interview at a subject's own home, and one interview at a co-worker's home. While there was no compensation to the subjects for their participation, the researcher promised a copy of the results at the conclusion of the study.

Each participant signed a consent form indicating that she gave permission to have the interview recorded and that portions of the interview might be published (See Appendix B). The researcher tape-recorded each interview and subjects were informed that their anonymity would be protected and that they had the right to terminate the interview at any time for any reason. Demographics such as age, ethnicity, religious affiliation, professional background, years of experience and percentage of caseload working with sexually-abused clients were collected (See Appendix C).

The researcher conducted in-depth interviews with each of the subjects because interviews allow for a full exploration of the topic and include follow-up questions (Salkind, 2003). Therefore, the interview was unstructured and consisted of open-ended questions. The researcher began the interviews with asking a standard broad question (i.e. "Describe how working with sexually-abused children impacts you"). The researcher then used probing questions concerning topics of self, trauma, impact and coping mechanisms following how the subject responded (See Appendix D). In addition, as the interviews progressed, remarks given by one subject were shared with other subjects in order to determine if there were comparable experiences.

The goal throughout the interview was to explore how working with sexually-abused children impacted the subject's personal life, thoughts, ideas, beliefs and behaviors. The researcher looked for patterns of answers that were repeated throughout many of the different subjects' responses (Salkind, 2003). Once again, the interviews continued until theme saturation was achieved (Strauss & Corbin, 1990).

### *Analysis of Data*

Office personnel at Brigham Young University transcribed the interviews in this study. In order to enhance the reliability of the transcripts, researchers listened to each tape while reading the transcript and checked for mistakes. If a mistake was made, the researcher made the necessary changes to the transcript.

In total, the researcher conducted 14 interviews; however, due to equipment and/or audio tape malfunctions, four of the recorded tapes were inaudible. Only 10 interviews were used in this study. Additionally, while in the process of transcribing one of the tapes, the secretarial personnel misplaced it and were unable to finish the transcript. Although the transcript was incomplete, the researcher used the information that was available.

The researcher gathered three additional analysts to complete the research team. Each analyst received extensive training in qualitative research by the lead researcher one hour a week for approximately three months. All four analysts assisted in coding the transcripts in case one of the analysts had to leave the group. The analysts were chosen due to the fact that they were all mental health therapists, currently enrolled in an academic program, had an interest in the research topic, and had a desire to participate in research. Of the four analysts, two were in the process of obtaining their doctorate degrees in marriage and family therapy, and the other two were working towards their master's degree in marriage and family therapy. Two analysts were

female and the other two were male. Three of the analysts had little or no experience working with sexually-abused children whereas the lead researcher had over three years of experience working with this population.

The team of analysts coded the interviews by using the constant-comparative method of analysis to extract the major themes. This process entailed the team of analysts initially coding some of the interviews together in order to provide consistency in the coding method. Then, each analyst coded the remainder of the interviews on his/her own, and afterwards, the team of four analysts met together to discuss the themes found in each of the interviews in order to reach consensus. The team of analysts extracted the same themes throughout the coding process; therefore, the triangulation process worked to increase reliability and validity. If there was a disagreement among analysts, the lead researcher made the final decision with input from the other analysts on the team.

The constant comparative method of data analysis (Glaser & Strauss, 1967) was used to draw out meaning from the transcribed accounts of the therapists' experiences from working with sexually-abused children. The steps for analysis were consistent for each interview. Opening coding was used to conceptualize the data into categories. Strauss & Corbin (1990) define open coding as, "the process of breaking down, examining, comparing, conceptualizing, and categorizing data" (p.61). This included taking apart each sentence or paragraph and giving every distinct incident, thought, or occurrence, a name or something that describes or represents a phenomenon. Once the analysts named a phenomenon in the data, they began to group the various concepts into categories. Additionally, the categories were given names that were more general than the concepts grouped therein (Strauss & Corbin, 1990).

## **Chapter 3**

### **RESULTS**

#### *Description of Therapists*

The average therapist was a 41 year-old, married, white, Christian woman with six years of clinical experience. Table 1 describes the individual subjects. The therapists ranged in age from 26-50 years old with a mean age of 41. The sample consisted of 8 Caucasians, 1 African-American, and 1 Hispanic female. In addition, 8 of the subjects identified themselves as Christian including denominations such as Catholic and Latter-day Saint (LDS), whereas 2 identified themselves as Non-Christian, specifying Judaism and Hinduism as their religious affiliation. Eight out of ten reported that they interact with children in their personal lives. Yet only four subjects listed that they have legal responsibility for one or more children at this time.

Nine women classified themselves as social workers and only one subject identified herself as a marriage and family therapist/professional counselor. Subjects' years of experience working with sexually-abused children ranged from six months to 12 years (average 6 years) while their overall experience ranged from 2-15 years (average six years). Both agencies identified child-centered play therapy as the most common approach to working with young children and cognitive behavioral therapy with older children. The therapists identified several different personal theories of therapy including psychodynamic, humanistic, cognitive, solution-focused, feminist and client-centered theories.

About 81% of the therapists' caseloads were victims of sexual abuse and 71% of those cases were children (about 150 children; 67% girls and 33% boys). Eighty percent (80%) of these cases were treated with individual therapy, 16% in couple's therapy and 4% in group

### Demographic Data of Therapists

P*	Age	Ethnicity	Religious Affiliation	Children at home? Y/N	Professional Background	Years of experience	Years treating sxab clients	Personal theory of therapy	% of caseload sxab clients	% of sxab clients who are children
1	46	Caucasian	Christian (LDS)	Y	Social Work	10	10	Psychodynamic, Humanistic	90	60
2	31	Caucasian	Non-Christian	N	Social Work	3.5	10	Holistic, Transpersonal, Humanistic	85	80
3	50	Caucasian	Christian (LDS)	N	Social Work	2.5	2.5	Psychodynamic, Humanistic	25	60
4	47	Caucasian	Christian (LDS)	Y	Social Work	6	6	Client-centered, Solution-focused, Cognitive	60	50
5	26	Caucasian	Christian (LDS)	N	Social Work	2	.5	Client-centered	90	60
6	42	Caucasian	Christian (LDS)	Y	Social Work	4	4	Client-centered, Cognitive	70	70
7	28	Hispanic	Non-Christian (Hindu/Jewish)	N	Social Work	3	1.5	Child-centered	90	80
8	47	Caucasian	Christian	N	Social Work	12	12	Feminist, Client-centered	100	80
9	44	African-American	Christian (Catholic)	Y	Marriage/Family Therapy	5.5	6.5	Client-centered, Cognitive, Psychodynamic, Experiential	95	80
10	45	Caucasian	Christian	N	Social Work	15	5	Psychodynamic, Cognitive, Child-centered	98	90

\* P = participant

therapy. No differences existed regionally or in regards to age, ethnicity, religion, years of experience or theoretical approach to treatment.

### *Themes*

The results of this study included three major themes including “the job”, impact, and coping in working with sexually-abused children. The three themes are described briefly here and are then discussed individually in detail in the following chapter. The chapter will include excerpts from the therapists’ transcripts to present examples of the themes.

*The job of working with sexually-abused children.* The first theme that emerged labeled, “The job,” refers to how the therapists entered the field of psychology or social work and why they wanted to become therapists. Additionally, the therapists in this study told stories of how they began working with children who had been sexually-abused and how it became their specialty. The subjects also referred to both the challenges and rewards that came in working with sexually-abused children.

*Impact on the therapist working with sexually-abused children.* A second theme that emerged in this study was labeled, impact. This refers to how working with sexually-abused children had an impact on their personal and professional life. In addition, therapists talked about how this work affected their view of the world and their relationships with other people.

*Coping with stresses associated with working with sexually-abused children.* The third theme, coping, refers to the comments the subjects made about how they coped with hearing the stories of sexual abuse that their clients have endured. The therapists spoke about ways they individually coped with the stress and how the agency as an organization helped the therapists cope as well.

## Chapter 4

### THEMES

#### THE JOB OF WORKING WITH SEXUALLY-ABUSED CHILDREN

When discussing their job, participants identified several factors related to it including career choice, stresses of the population, agency politics, and previous experiences. In each case, they included both challenges and rewards.

##### *Choice of Career in Therapy*

The therapists in this study identified a variety of reasons for selecting therapy as their profession including how it opened up options for them, having personal experiences related to abuse, believing therapy fit with their personalities, wanting to help and understand others, or getting into the profession by accident.

*Working as a therapist opened options.* Participants in this study talked about the field of therapy as opening up a variety of opportunities for them. As a therapist, a person could see a multitude of clients, work in diverse settings, work as many hours as they wanted and still maintain a family life.

I didn't really fully understand what my options were, but at the same time I didn't feel like I wanted to pigeon hole myself anywhere... I chose social work for that reason...because it was explained to me that in social work you could do a variety of things. And so I thought well, I didn't want to lock myself into one area and not have the opportunity to do different things. (Subject 2)

It's really opened up a lot of opportunities for me... I was going to study psychology and I changed my major so it was a minor in psychology and a major in social work because people told me you can do the things that you want to do with social work and you don't have to get a Ph.D. which for it seemed like so many years that I didn't know if I could attain that with a family. (Subject 6)

Before I started therapy, I had no idea what I wanted to do with my life... never even thought I could do something with my life other than just work and survive. So that really gave me... it opened doors for me; it made me realize it was something that I could do. (Subject 8)

*Personal experiences in therapy.* Subjects interviewed for this study described personal experiences that led them to enter the field of therapy. Participant 2 talked about her own difficult childhood and even though she did not classify herself as abused, she did allude to the troubles she encountered as influencing her decision to become a therapist. A few therapists mentioned other people in their lives who inspired them to help people in need through therapy.

I always thought I'd be a lawyer and had some experiences with one of the members of my family who was a victim of some very severe domestic violence. She was coming out of that experience, and she said, "You know, my lawyer helped me, but my therapist changed my life." And that statement had a huge impact on me. (Subject 1)

Part of it was the influence of my sister who was a domestic violence victim, and so I started volunteering at the center for women and children in crisis... I had a really positive experience there, and I wanted to work with disempowered women, which ultimately leads to sex abuse. (Subject 1)

One of my brother's girlfriend was a social worker, and she treated me like a friend... it really started the thought... "I want to be a social worker like her." (Subject 10)

Some other therapists gained personal experience through engaging in their own therapy. This experience guided them to become therapists themselves. Many of them wanted to "give back."

[Therapy] was a very, very positive experience. That was probably another thing that helped me choose to go into therapy, because of the personal growth that I did make, and the potential that forgiveness was possible. (Subject 4)

When I was in therapy myself, I realized how incredibly helpful it could be.... and just from there really.... thought this would be really cool, I got the privilege and benefit of therapy and thought this would be a good thing to do, it could be really helpful. (Subject 8)

*Fit.* Other subjects found that their own personalities seemed to fit being a therapist. Many therapists described finding therapy as a niche, enjoying the work and possessing the

capabilities to be effective in it. Participant 8 described it as, “I’m exactly where I need to be right now.”

[Social work] just fit perfectly. It fit with my personality so it was a very easy decision to make once I found it. (Subject 5)

So when I went looking for another job and I saw the word, therapist, that is who I was and so I took this job because that is who I am. (Subject 10)

*Desire to help others or provide understanding.* One of the most common reasons therapists entered the therapy field was to help other people.

I like to help people and I really enjoy kids ...I believe in healing. (Subject 4)

I wanted to work here because... I wanted to work at a place where I could... really help [the children]. I really believe in intervening on the family level, and I really believe in being an advocate for children. (Subject 5)

Participants in this study also disclosed that they became therapists because they had a desire to understand themselves as well as others.

Unconsciously, there might have been a drive to understand myself better. I mean that’s how it’s always been with me. I’ve always been really aware of kind of myself, and I don’t know, I’ve always been kind of drawn to self examination and growth and creating, you know, like making conscious decisions. (Subject 2)

I wanted to understand people, and I wanted to understand relationships. And I wound up understanding myself really, really well which is a good gift. And that made me want to help other people understand themselves; that’s why I am here. I do now want other people to understand themselves better. (Subject 9)

I’ve always been really interested in how the mind worked, family group dynamics, and things like assertiveness, I just remember being very interested in learning that kind of stuff. (Subject 6)

*Serendipity or accidental career choice.* Finally, participants interviewed for this study mentioned that they entered the field of therapy by accident. They described their experience as happening by chance and not something they really chose but rather, something that chose them.

I think it really was a surprise to me. I think I ended up there just because the first job that I got, you know, was working with and counseling families. (Subject 3)

It was almost by default. I had kind of tried out the business world, I tried out the acting world, and I knew that I needed something that was more fulfilling, something that was people-oriented, and I just kind of happened upon social work. (Subject 5)

### *Challenges of Working with Child Sexual Abuse*

As the interviews progressed, participants described an assortment of challenges in working with sexually-abused children. Therapists spoke about having to have patience, working with the various systems, and the lack of funds associated in working with this population.

*Slow, intense therapeutic process.* Participants talked about the need for patience in working with sexually-abused children due to the slow process of change and setbacks that occur.

With sexually-abused children, sometimes it can take quite a while to go through different stages of the therapy treatment. It can last quite a long time. There is some patience with the process. (Subject 3)

There are a lot of setbacks when they have triggers. Even a change of season can be a trigger, so it can be discouraging when they get a little bit back into their trauma. (Subject 3)

The set backs are discouraging... and then some people just quit therapy, or, you know, just don't engage...and so, anyway, sometimes it's discouraging because you don't see progress or you see major set backs. (Subject 5)

Some therapists specifically described exerting effort in having patience with the clients' healing process.

The other one is when you have a client who is resistant, and you can see the path that they could take. It's hard for me not to jump ten sessions ahead and say, "Okay look, I have done this already with five other clients. This is the way you need to be, we're going to jump through it." We have to go through the same remote process, so sometimes I feel myself getting impatient, and moving too fast, and I have to slow myself down. (Subject 3)

The challenges are just in helping kids heal; helping them really get that sexual abuse is not their fault. I think that's one of the hardest things to get them to really get on a real deep level, to really understand. I think you can fool yourself in

thinking that they understand that when a lot of the times they don't. A lot of the times they think they get it but yet their behaviors tell you otherwise. (Subject 8)

*Limited financial resources to support therapy and therapists.* Participants also shared that the lack of money is a challenge in working with the population of sexually-abused children. Therapists mentioned the difficulty in getting funding for services. They spoke about having to give therapy services away for free or having to turn away people who truly need help simply because they lack the money to pay for it.

Typically when there is a sexual abuse, it's a stepfather or dad. Most often, it's step dad or boyfriend, and so the mother loses her source of income...so our population is just different. (Subject 6)

In fact, one agency sells items members of the community have made to gain more revenue in order to provide more services. Therapists also revealed problems with the building they work in, yet they do not have the money to fix them. Actually, one subject reported that the entire team of therapists dug ditches in front of the building due to the deficiency of funds.

There is such a great need and resources are so limited...we are a private, non-profit and the resources are scarce, and it's a challenge. (Subject 6)

[This state] has real low funding. There's no money, but they mandate for you to do it XYZ way. But there's no funding for it, and so basically what that means is poorly funded services. (Subject 8)

Several therapists disclosed how disappointed they were with the salaries they received. One participant stated that eventually therapists will want more money to do what they do.

You aren't going to get rich off this, or you'll be lucky if you make a comfortable living from this. (Subject 8)

It's not valued in society like it should be, you know I think about my sister who is a second grade teacher, she works with kids who are just normal kids and she makes tons more money than I do working with kids who've been sexually-abused, now where's the logic in that? (Subject 8)

*Difficulty with agencies and other related systems.* Lastly, participants in this study reported that contending with the various systems makes their job as a therapist much harder.

The biggest challenge I have and I've seen other people have is working with the other systems. Here, there are a lot of systems involved in sexual abuse and unfortunately, many of the systems are broken. (Subject 8)

A few therapists talked about the hassles of the legal system. They described the tedious assignment of writing court reports as well as the stresses of testifying in court. With a low nominal fee they receive, therapists wait hours to testify and have to cancel their clients in the meantime. Time is spent preparing for court, meeting with the district attorney, and even attending trainings on how to be an effective witness.

Another challenging system includes the Department of Family Services (DFS) or Child Protective Services (CPS). Therapists spend time writing a variety of reports to caseworkers, engage in meetings to discuss clients' progress in therapy, and talk with caseworkers about the child's family.

One of the main challenges for me is working with the systems that we have to work with here...working with CPS and doing all the casework involved in what we do and then dealing with wearing all these different hats and playing all these different roles in addition to being a therapist and how that can affect your work and your relationship with your clients and so, you have to be really careful with that. And just working with all the different systemic layers that we have to work with...is pretty challenging. (Subject 7)

A final system that has proven challenging is the foster care system. At times, therapists' clients have very supportive foster parents, but at other times, the children are not being well cared for.

Another challenge in working with children that I seem to encounter a lot are the ones who don't have any support, who are just one of the kids in an intact family and the family just wants you to fix the kid or they are in a foster care system and the foster care parents are the problem... I think foster parents can work really well with kids but they have to have somebody that's invested in them. (Subject 8)

### *Rewards of Working with Child Sexual Abuse*

As participants talked about the various aspects of their jobs, they consistently mentioned the benefits of working with this specific population. Therapists described the job as personally rewarding as well as fulfilling to the people they encounter.

*Self-fulfillment.* Participants disclosed that they indeed reaped numerous benefits as a result of working with sexually-abused children. In particular, therapists mentioned they have been able to watch children progress and heal.

I love the children and I love working with them, and I love seeing their progression and that's why I do it. (Subject 5)

If you can get a child in a safe place, with a stable support system and you get them in therapy, they heal. And I watched that process over and over. (Subject 2)

Even more, therapists knew they had changed lives and felt validated by helping others as a profession.

I have the honor of participating in children healing, and I know I've changed lives. (Subject 2)

It is really invigorating, because you usually see the child come around and give you their trust, even when it's been a hard one and it's taken a lot of time. It's really validating to get to that point with them. (Subject 3)

*Witnessing and participating in the growth, development, and healing of others.* In addition to the fulfillment of oneself, participants in this study confirmed that they are rewarded by helping others. Many of the therapists stated that they liked helping people. More specifically, they spoke about children healing from the sexual abuse and coming to an understanding that the abuse was not their fault.

Children are amazing, and so I like working with children a lot because you also can see that healing going on, and how children are really resilient. It's hard, but at the same time is very rewarding working with children in that situation. (Subject 4)

You see horrible things, but you know these children are healing and all the work that they do. (Subject 7)

The rewards...they are few and far between but when you see that the kid really understands that they didn't do anything wrong that this had nothing to do with them this is all about the other person and what the other person chose to do to them and they had no control over that...and also when they are able to integrate it when they see it as part of who they are and it's not a bad thing anymore, it's what made them what they are today. (Subject 8)

## IMPACT ON THE THERAPIST WORKING WITH SEXUALLY-ABUSED CHILDREN

During the interviews, therapists indicated that treating sexually-abused children impacted them both personally and professionally.

### *Personal Impact*

The therapists identified four ways that they were affected by their work including experiencing symptoms of vicarious trauma, maintaining appropriate boundaries, having a greater appreciation for life, and increasing their own personal growth.

*Vicarious trauma.* Therapists expressed that working with sexually-abused children led them to personally experiencing symptoms of vicarious trauma. Symptoms of vicarious trauma may include compassion fatigue, exhaustion, extreme sadness, dissociation or isolation. Participants in this study believed that therapists bear an immense burden of the trauma for their clients.

Participants willingly admitted feeling traumatized by the stories of sexual abuse they heard. Many therapists who were interviewed stated that the stories were devastating to hear and at times, the images of what happened would stay with them. All of the participants in this study stated the sexual abuse of their clients had affected them in one way or another.

Unless you've done this work, you really have no clue how hard this is and what a toll it can take on you. (Subject 8)

I mean I tried to not take this home but sometimes you just [do]... I've dreamt

about my clients sometimes and unexpectedly it pops up. (Subject 7)

In particular, one therapist said that she had to learn to get comfortable with the trauma.

Personally it is... traumatizing... because you get all of the gory details and you just sort of have to get used to being in a space with that trauma. (Subject 3)

Therapists talked about compassion fatigue which included feeling tired when they knew they had to meet with or talk to their clients. The majority identified that there were times when they did not want clients to come for their appointments or felt relieved when clients cancelled. Participants also mentioned that they felt more “burned out” or tired from this work than other work they had done. They questioned whether they could do this work for a long period of time.

There are times, I think, when I am tired of heaviness. (Subject 3)

When I was 17, I'm like, “That would be such a cool job,” and you glamorize it and it's not glamorous. It's dirty and it's tedious, and you get burned out and it's tiring. (Subject 7)

It is definitely a heavy job and... I don't know if I can do this my whole life. (Subject 7)

In fact, participants mentioned that they believed that signs of “burn out” indicated a need to change clientele or take time off. Signs of “burn out” that they mentioned included dreading their clients, not helping clients due to feeling tired, working an hour and then needing the next hour to recoup, or finding that their work was affecting their own personal or familial relationships.

If [therapists] lose their empathy, if they feel like they aren't able to do the work, if they aren't benefiting their clients, then I think that maybe they should work with some other populations for a while or do whatever they need to, to rejuvenate their abilities again, to just restore them. (Subject 6)

It's when they allow all of that to become a part, and you talk about burn-out, that therapist burn-out, you just have to be aware of that always, and maybe you do have to step down for a minute, but I think emotionally when it starts affecting your family, and your relationships outside of the office, and those kind of things. (Subject 4)

Some therapists described vicarious trauma as feelings of sadness, numbness, or experiencing times in which they wanted to cry.

There are times where they share details with you, or they tell you stories or draw pictures, or make disclosures. And it just makes you sick...it's just hard to listen to. Mostly, my heart aches. (Subject 5)

When you start getting into the dark stuff... it's so evil that sometimes you don't even want to feel it. It's too dark sometimes. (Subject 1)

So everyday you're going home crying, or you're freaking out or having nightmares because you're taking people's trauma home with you. (Subject 5)

You don't really talk about these things or even think about it....you'd just...you'd find yourself crying. (Subject 7)

One participant described a time when she was working with this population in which it took her a few months to become aware of the fact that she was isolating herself from others.

I realized that I was not leaving my house from the time I got home on Friday nights 'till the time I had to go to work on Monday morning. (Subject 8)

Another therapist admitted that she often dissociates or fantasizes about being somewhere else other than in her office meeting with her clients.

I've fantasized of... looking out the window. I'm like, I'd rather be doing anything than this. Where I go to is like being a waitress in Paris serving cafes to people and not having to make decisions...I dissociate. (Subject 7)

*Boundaries.* Therapists in this study revealed that working with sexually-abused children interfered with being able to maintain appropriate boundaries. Participants spoke about the boundary between roles such as wife, mother, and neighbor and distinguishing those from therapist. Therapists reported that often people in their neighborhood or community requested or required them to interact in a therapeutic context.

Participant 5 explained that her sister's four year-old daughter was discovered masturbating, and the therapist was called immediately. The therapist described feeling confused

about acting as a therapist and acting as the little girl's aunt. The participant mentioned that during the family's own investigation, she felt the need to calm everyone down. Yet she was experiencing a great amount of anxiety at the possibility of her niece being sexually-abused. In this situation, the therapist struggled with maintaining a boundary between her job and her family. Other subjects in this study described similar experiences in trying to separate work from home.

My family is constantly calling me to talk to the neighbor, or "Can we make an appointment for a friend to come?" So, we have done a lot of intervention for our children and their friends or our neighbors. (Subject 3)

You go places with people who say, "You know, I'm having this problem," and want you to... give advice. (Subject 9)

Therapists also mentioned times when they discussed their work with other people and found that the others were too overwhelmed to continue the conversation. The therapists indicated that they had to remind themselves that other people are not used to hearing about sexual abuse and either preferred not to discuss the issues or were disturbed by the information. Therefore, it became important for therapists to maintain an appropriate boundary around what and how much they shared with others regarding their work.

When I go out, I kind of talk a lot about this. You know if people ask me, I just do psychoeducational stuff without wanting to... and I can now read when it's too much for people. (Subject 7)

There's a part of me that's just super, super open. And I just have to remind myself that not everyone around me wants to talk about things like that. (Subject 5)

Sometimes I'll come home to my husband and be like, "Oh my gosh, you will not believe what I heard today," and I'll start telling him and he'll [say] stop! ... So, sometimes I have to monitor [myself]... because... I'm very, very open. And I have to remind myself ...that I can't be that open about my clients. (Subject 5)

The challenge of maintaining appropriate boundaries also existed between therapist and client. If the therapist was projecting their own issues onto their clients, then it was time to take a break in the session and reorient their focus. If that continued and they were continually projecting their own needs or issues onto their clients, they needed to take a break from doing therapy with abused children.

You have to be really good with your boundaries. I think that you have to be really clear and not try to get your needs met through your clients. (Subject 6)

There are boundary issues [when] the transference is too great. They're obviously going through another healing phase of their own stuff, their own issues. Then I think that it's time to step back. (Subject 3)

*Appreciation for life.* Therapists talked about their experiences of seeing the devastation that sexual abuse caused and the realization of how precious their own life became to them.

I have to spend time just acknowledging the tough things that I see every day. It makes me appreciate my own family and my own kids. (Subject 4)

This same participant spoke about her own children in that they had gone through a divorce. Yet it seemed like nothing compared to the sexual abuse her clients had experienced. She described moments in which her children complained about their lives, but she didn't believe that they had it "nearly as bad as [her] clients do."

Other therapists talked about appreciating the little things in life.

I love nature, and animals and so some things, like the little things, I just appreciate them more. (Subject 10)

I value the little things in life a lot more...I realize the importance of not stressing over the little things, just to let the little things go and focus on the bigger things and the importance of valuing that. (Subject 8)

*Personal growth.* The last sub-theme related to impact on therapists' personal lives consisted of an opportunity for personal growth. Therapists talked about the idea of personally

growing and acquiring greater depth from their experiences of working with traumatized children.

I know that I trust in the process of life, the big picture of life, and that our life experience shapes us and molds us and gives us opportunity for growth. (Subject 1)

I have much greater depth. I am so content with life and what life has to offer...being a therapist has given me that gift, that growth. (Subject 1)

I think that therapists spend a lot of time on personal depth, because that's what you work with your clients on and there's no way that you can't learn something in every hour. So, we're spending hopefully 8 hours a day, 5 days a week, on personal depth work, and so I think I have increased my own personal human depth. (Subject 3)

### *Professional Development*

Therapists indicated that working with sexually-abused children impacted their professional lives by improving their own clinical skills and increasing their confidence as therapists. They also described a unique difference in working with this population as a beginner therapist as compared to an experienced therapist.

*Improved clinical skills.* Subjects in this study reported an improvement in their clinical skills as a result of working with sexually-abused children. They often spoke about the unique challenges this specific population brings and how this helped them improve as clinicians. Specifically, therapists mentioned that they were particularly aware of how to work with sexually-abused children more effectively.

I'm quicker to pick up on certain signs, and better at predicting outcomes... better at choosing therapeutic tools. I've honed my instincts a little bit. I know how to pick up on additional issues and trauma; I know how to do more of that better. I'm more comfortable in the role. I do do less transference than I used to do. I'm probably more willing to open up to other therapists for advice. (Subject 3)

I think I have just become a lot more in tune with the child and can really detect when they are working on issues. I know when to terminate therapy, and I know what feedback to give the parents. (Subject 5)

I just have a lot more empathy and understanding, and I know how to communicate that and to build relationships and to help people move in a positive direction in their life. (Subject 6)

In addition, therapists spoke about being more sensitive to the issues of transference and counter-transference. Working with sexually-abused children enabled the participants to process their own issues that came up as a result of their work.

I'm more mature, more in tune with the different things... and more aware of transference and counter-transference. (Subject 7)

I'm able to even more objectively look at what is going on in helping those individual clients that come in vs. that transference piece that you have to endure with at the beginning, and being involved in that crisis. You learn to be more objective. I'm much better at that now. (Subject 4)

*More confidence.* Another way therapists were impacted professionally by working with sexually-abused children included an increase in confidence. Therapists stated that feeling more confident enabled them to be better therapists.

I'm more comfortable in the role...I've just relaxed and become more comfortable with my own stride. (Subject 3)

I feel like a person who is good at this has a good sense of self, is very grounded in who they are, confident in their skills. (Subject 5)

*Level of experience.* The final manner in which working with sexually-abused children affected the therapists professionally consisted of the difference that existed between beginner therapists who are just starting their work with this population and therapists with years of experience in treating sexually-abused children. Several therapists talked about how hard it was when they first started working in the area of sexual abuse and how much easier it became over time.

Initially it was hard for me to sit and listen to it. (Subject 4)

It affects you much more earlier than later. (Subject 8)

It got worse and then it got better. (Subject 9)

The longer you're in it, the easier to talk about a case, and all the horrible stuff that happens, and not go, "Oh God!" (Subject 9)

In the early phase of doing therapy with sexually-abused children, therapists reported that they felt overwhelmed and depressed. Some doubted the therapeutic process and its effectiveness; others thought they were being overly sensitive at first.

At first it was overwhelming,... and then there was a period, at the beginning where, I doubted. Is this really helped by therapy? (Subject 1)

I really didn't know what to expect and in the first few weeks, I really didn't like it and I got depressed. (Subject 10)

Early on at the beginning, you are almost too sensitive. And so you just have to find a good balance, you know, of not being overly sensitive and not being too desensitized. (Subject 5)

### *Impact on World View*

Subjects in this study described how working with sexually-abused children impacted the way they viewed the world. Participants described an increase in awareness as well as an increase in their own fears about the world around them. In addition, therapists acknowledged seeing some good in the world too.

*Awareness of disagreeable and dangerous circumstances in life.* A majority of the participants talked about how they became aware of what the world is really like. Therapists described feeling shocked when they learned how "bad" the world truly is. Some therapists admitted they were naïve in that they had "no clue" what was actually happening in the world. Participant 5 stated, "It was a rude awakening to reality." The following participants described the world as one that is in turmoil:

This world is a very dangerous place, and there are lots of people in a lot of pain who make really yucky decisions as a result of that pain...I feel like the world's just in upheaval. (Subject 1)

Working here has uncovered a whole world that I didn't want to look at.  
(Subject 7)

It's just so much more evil in this world. This is a sad, dark, dreary, scary place...  
and there is just so much trash and filth in this world. (Subject 5)

Other participants spoke about becoming aware of the prevalence of abuse as well as the people who victimize children. In addition, they learned about the true effects of trauma on children.

I became for a while stunned at the amount of abuse... and the kinds of people who actually were perpetrators on children... I became more suspicious, I think, of people in general. (Subject 3)

It made me realize how truly damaging sexual abuse can be. So incredibly...rotting it can be. It just doesn't steal kids' innocence, it can steal their entire future, their entire sense of normalcy...having any optimism or any thought that they might have of some normal life. (Subject 8)

Lastly, therapists felt that the world is an unsafe place.

The world seems like a less safe place for me. The world doesn't feel safe in that I know too much. (Subject 6)

It makes me feel less safe, like the world's less safe. The lack of the safety in the world feels more to me like lack of safety for the ones that I love. (Subject 6)

*Fearfulness.* In reflecting on their world view, subjects in this study revealed irrational fears they have developed due to working in the field of sexual abuse. Therapists confessed that they feel paranoid thinking most people are "perverts" and that they have become very leery of men with children.

It's terrible because you walk through Wal-Mart and you just think, "Perpetrator, perpetrator, perpetrator." (Subject 5)

Participants also described feeling fearful that sexual abuse could occur in their own families; therefore, they disclosed reacting in some unreasonable ways.

I started thinking, “My goodness, is there anybody that’s not sexually abused?”...Did my kids get sexually-abused while I was away and I missed it? Or has everybody got a DSM diagnosis? (Subject 1)

I still have these moments of paranoia where I think, “Oh My Gosh! What if [my husband] got into pornography and had an affair? What if he gets into pornography and abuses our children?” (Subject 5)

And you just think, “It could happen to anyone!”... like my dad could be a perpetrator! And it's terrible because a lot of my [clients] have been abused by their uncles. So I think of my brothers, and I just think, “I love my brothers and I would trust them with anything, but Oh My Gosh! What if they abuse my children? Or what if their children abuse my children?” (Subject 5)

It makes me afraid to have children. (Subject 5)

*Hopefulness and positive perceptions of individuals.* While therapists described the world in turmoil and expressed real fears about it, they also mentioned that they could see the good as well.

Another thing is that just maybe I even think that children and healing is even more possible... I think I have more hope even, than less, in some ways, from what I’ve done. (Subject 4)

I’ve always been a very religious person so I see the good in this world too and I see the potential and I see God’s intervention of protecting and helping. (Subject 5)

I had to work with getting back out there and ... start remembering and reminding myself that there are good things out there that this is just a small part of the world; it’s not the whole world. (Subject 8)

### *Therapists’ Relationships with Children in their Personal Lives*

Working with sexually-abused children impacted the therapists’ own relationships with the children in their lives. As a result, therapists found they were overprotective, better parents and valued the innocence of children more.

*Overprotective.* Most of the therapists spoke about instances in which they were extremely protective of their own children.

My 15 year-old... thinks her mom is crazy. Yeah, I'd say that like, my daughter that's now 22, she could do things. My current 15 year-old because of what I'm doing, if she goes to her friend's house 2 blocks away, she has to call me when she gets there. I won't let her walk to the church, a block away, after dark. I will drive her, or she has to talk to me on her cell phone the whole time she is walking. And she thinks I'm crazy, and I'm going, "I am no longer naïve and you are not safe. You don't have a clue." (Subject 1)

Even just things on the internet, my oldest son, he's just a really nice looking kid and he had his pictures posted on the internet on one of those sites where you meet people... he sends us some pictures that somebody had taken of him. And so I said, "Oh, how did you meet this photographer?" [He said], "Oh, he saw my picture on the internet." And you know, all the sudden my radars are just going off. (Subject 6)

Other therapists disclosed trying to teach their children about how dangerous the world can be hoping that will protect them. They talked about telling their children their clients' stories of abuse in an attempt to shield them from similar experiences.

I might be a little more hyper-vigilant with children... I think I tell my children about some scenarios to warn them, to help them keep a look out. I think probably it helps heighten awareness in my family. (Subject 3)

I'm trying to get her to a place where just because I am not there, you know, my voice is still in her head...I brainwash her. (Subject 9)

Finally, some participants described ways in which they actually guard their children from the world of sexual abuse.

I am overprotective... which is why [my daughter's] in private school. (Subject 9)

Sometimes I'm like, "How will I ever let them spend the night at somebody's house?" ... I'll be a lot more paranoid than if I didn't work with sexually abused children. (Subject 7)

*Improved parenting.* Therapists also talked about how working with sexually-abused children has made them better parents by having more tools to help their children, recognizing when their children need help, and knowing how to teach their children about abuse.

I have a background of tools that can be helpful in my own family too, and my personal life, so that's nice. (Subject 4)

It has positively impacted my relationship with my kids. I learned tools that have been helpful for them. (Subject 4)

I would think, “Okay, what do I see in my own kids, and are they struggling with their own experiences and trauma, and how do I help them?” (Subject 4)

I’ll just be completely open with [my children] from... the point of since they were very, very little... doing the stuff that I tell the moms here to do with their children. (Subject 7)

In particular, participant 9 talked about wanting to know what was going on in her child’s life. She expressed a desire of wanting her daughter to be able to tell her anything. This therapist spoke about the notion that parents often edit what their children can or cannot talk about. The end result is that parents discourage their children from saying what is truly on their minds. The participant explained that if parents begin to discourage their children from talking about certain topics, the child will not come to them when it really counts.

[Working with sexually-abused children] has affected my parenting because I want [my daughter] to know that there is nothing she can’t tell me. I want her to be able to tell me anything, including touching. I want to say, “You can talk about it.” Then, they know that sex is something they can talk about too. So, that has influenced my parenting in terms of making sure that there is nothing she can’t talk to me about. (Subject 9)

*Treasured innocence.* In respect to having relationships with children outside of work, the therapists in this study talked about truly appreciating their own children’s innocence.

It also really helps me to treasure them, to treasure their innocence, to really value their life; that they have two parents who love each other. That they never want for food, shelter; they are free to explore all of what they need to on the higher levels of Maslow’s hierarchy. (Subject 1)

When I work with abused kids, I think, “Boy, [my children] have been through divorce but [their] lives are pretty okay and pretty healthy in general also.” (Subject 4)

Specifically, one therapist talked about the relief in not having to do therapy with every child she interacts with.

It truly makes me grateful for the interaction with the children that I have... that aren't sexually-abused or haven't been sexually-abused. I think it's always important you make sure you have some kids like that in your life so that when you are interacting with them there's nothing underneath it; it's just interaction for the sake of interaction... It took me a while to realize that I didn't have to do therapy with every kid in my life... some kids are only there to interact with. (Subject 8)

### *Therapists' Relationship with Significant Others in their Personal Lives*

Finally, therapists in this study revealed that working with sexually-abused children impacted their relationships with significant others including spouses, fiancés and boyfriends. This impact affected two specific aspects of intimacy including both the emotional intimacy and physical intimacy of these relationships.

*Impact on emotional intimacy.* Therapists spoke about their work affecting their ability to be emotionally close with their significant other. In some ways, it affected the relationship in a positive way and in other cases, it affected it negatively.

Oh, [my husband] is very supportive and very compassionate... towards my job. He has a great deal of respect for the work I do, and he always says, "I couldn't do it. I couldn't do it." He really honors me in doing that. (Subject 1)

It affects our relationship in that it's hard for somebody who's not in the field to understand that we come home, you have to kind of deep disconnect and decompress... Sometimes I can't deal with his emotional needing me at that moment. I need to disconnect. I've been with people all day long, and I can't deal with this. And I know that my work affects that dynamic in our relationship. (Subject 7)

In fact, four of the ten therapists interviewed in this study admitted that at some point in working with this population, they purposefully chose not to be in a relationship. Even more, some talked about avoiding relationships altogether.

To be real honest, when I first started doing this work, I chose not to date anyone...when I pretty much quit therapy, felt like I was really done, when I felt like I was in a better place, and could handle a relationship as well as doing this work, I did. (Subject 8)

*Impact on physical intimacy.* Treating sexually-abused children has also affected participants' sex lives in various ways. Therapists talked about images or thoughts coming into their minds and methods in which they tried to protect themselves from them.

There have been times that thoughts have come, of my clients' experiences during those intimate experiences, but I can work with that and leave that where it is, accept it for what it is and not offer resistance to that. I don't ascribe a lot of meaning to it, and because I don't ascribe that meaning to it, it has not had a huge impact. Certainly it interweaves itself there at times, but the impact has been minimal, and the strength of my husband and my relationship is such that I can just let that through with him, and so the impact of that has been minimal. (Subject 1)

Yeah, just more of ... feeling yucky. Like having to remind myself that my husband is very respectful and very loving and would never do anything to hurt me and never violate me. But sometimes my definition of sex... is almost a violated definition. Almost like women are objects. So I have to, and it's my issue, it's not what my husband is portraying, like, projecting onto me, it's just my own interpretation of his like sexual advances or something. I have to just recognize that for him it's coming from a totally pure love, and then for me to make sure I don't interpret it the same way as before...yeah, I have to remind myself, because if I don't, I just almost sometimes I'll even avoid sexual intimacy. It just makes me cringe a little bit. (Subject 5)

Well one of my main concerns before getting involved with my husband is how is it going to affect me sexually and you know what were the stories going to do to me. Basically what I decided and had conversations with my husband about was that if I start having images of anything, my work, while being intimate, then we would just call a time out... I think having that in place before has made a difference. (Subject 8)

## COPING WITH STRESSES ASSOCIATED WITH WORKING WITH SEXUALLY-ABUSED CHILDREN

Issues of coping included the participants' personal ways of coping with their clients' abuse, and the agencies' way of coping with the impact of sexual abuse on both the clients themselves and the staff personnel.

### *Therapist Coping Mechanisms*

Participants in this study spoke of many different coping mechanisms they personally

rely upon in working with sexually-abused children. Therapists identified the support of others, spirituality, personal therapy, self-awareness, working on personal issues, possessing therapeutic skills, humor, caring for oneself and avoidance as methods in surviving being a witness to numerous abusive stories.

*Support systems.* A majority of the therapists interviewed in this study mentioned some form of support from others enabled them to better cope with what they do. One participant in particular, speaking of the significance of being a witness to her clients' stories, added that therapists needed a witness too. Another participant stated that she had to come to the realization that she could not do this work by herself. She soon realized the value of having others to talk to about the work that she does. Primarily, therapists spoke about the vital importance of receiving support from colleagues.

I cope with staffing cases with other clinicians. And not even staffing cases always to get their feedback, but almost just to tell them how terrible it was.  
(Subject 5)

Once a week, we have an hour meeting where that is the purpose of the meeting is to gain support from other therapists. And if it's getting into my issues too much, then I will discuss it with my husband. (Subject 1)

One way to cope with that was for me to go talk to that little girl's therapist about it and just talk it out. And just have someone else recognize that this is a terrible thing; that I'm not the only one trying to carry this burden in this agency.  
(Subject 5)

I choose to work, to practice, part-time. I could go into private practice and probably make more money, but I choose partially too, so that there are other professionals and colleagues in an appropriate setting where I can process what is going on, and work through different things that go on in therapy in a healthy way. (Subject 4)

Therapists also shared that they received support from family, friends and even pets.

Spending time with my daughter helps... just petting my [two] dogs helps.  
(Subject 9)

I do have some good friends, and I'm really close to my family, my parents, my siblings. There isn't any one of them if I needed to talk to them I feel like I couldn't call and really just share my heart with them. I have a really good support system, and I'm really involved with church and my interests and the things that I do so all of that helps me. (Subject 6)

Being in a relationship, I think has helped. Having a partner who understands the toll that it takes. I think that helps tremendously, sometimes having somebody to talk to about it. (Subject 8)

*Spirituality.* Participants also mentioned spirituality as a way to cope with hearing the horrors of sexual abuse on children. Therapists listed prayer, meditation and a faith in God as helpful tools.

You have to have the courage to go through the pain with the client to heal. But how can you go through that pain with client after client after client, if you have no rhyme or reason to it. It's just like raw wound constantly. That would be too much for anybody. To do it, you must find more answers. Mine happens to come from a deep and vital faith in God. (Subject 1)

I've done a lot of other healing arts like massage and imagery, and those kind of things, and always taking classes on spirituality, that's where kind of the spirituality comes in, and so I deal like that. (Subject 2)

*Personal therapy.* Another method of coping with the job of treating sexually-abused children is engaging in therapy for oneself. In the interviews for this study, therapists spoke about their own experiences of being the client in therapy instead of acting as the therapist. In fact, eight out of the ten therapists in this study have been in therapy for themselves. Out of the two therapists that had not been to therapy, one stated that she would like to be, and the other felt she had been in therapy when she was in graduate school.

Of the therapists who reported attending therapy for themselves, many had positive experiences. Some stated they went to therapy because they had clients who were triggering their own issues and others reported attending therapy for personal reasons such as marital troubles or

family problems. One therapist mentioned attending personal therapy was the most important things she has ever done for herself.

I think [therapy] was... a safe place... a sounding board, just a place I could go talk things over that I was thinking. I hadn't really worked through all that with myself and then having clients, I felt I needed to do some work in that area so that I could help my clients. (Subject 6)

Oh [therapy] helped me hugely, and I think it helped me because I believe in the therapy process... so I think it gave me some clarity. (Subject 10)

Keeping a therapist on retainer... just keeping her phone number handy, knowing that her phone number is there. The nice thing is that I've been in therapy with her for so long that I can just have the conversation with her in my head, so I don't really have to go see her. (Subject 8)

*Self-awareness.* Being self-aware emerged as a useful coping mechanism factor in enabling therapists to be able to work with sexually-abused children. More specifically, participants talked about self-awareness as a characteristic a therapist should have in working with this population.

I've always been really aware of kind of myself, and I don't know, I've always been kind of drawn to self examination and growth. (Subject 2)

I have just a passion for self-examination and personal growth and increasing consciousness and that by doing that, consciously creating what you want. (Subject 2)

I'm on my own human journey and I seek truth and have an authentic desire towards wholeness and healthy living. (Subject 1)

Also, therapists divulged that when they know their own issues, they are able to process them. This helps them become better at what they do.

It is about how much you really have to look at your own fears. Because every fear you have, those kids will bring up. And if you suppress that, you are not addressing that, and you hamper the child's healing. (Subject 1)

It's okay to have your own issues, but be very open to personal insight and growth and awareness and constantly be working on your own stuff so that you can help your client, and not trigger their stuff. (Subject 5)

*Working on personal issues.* All of the subjects in this study divulged that they do their own work, meaning they work on their own issues that come up as a result of working with sexually-abused children. Many said that they would not be able to do their jobs without focusing on themselves in this way.

You just have to be really good at taking care of yourself and your own life. You have to keep things balanced and healthy and do your own work, because if you're not doing your own work you wouldn't be able to do this job. (Subject 6)

They continued to speak about the fact that if someone wanted to work with this specific population, they would need to be able to process their own issues.

Those who are really willing towards personal growth and willing to really face the issues of their own life also. (Subject 1)

I think somebody who has done their work. Somebody who had addressed their issues, has acknowledged, identified whether they have issues or what issues might be, I mean some people don't have any, but I think that needs to be explored then I think those issues need to be addressed, ....and maybe not all at once..... but in some form or fashion. (Subject 8)

I think it really helps to talk the talk if you have walked the walked... that you have examined your life, that you have identified what doesn't work and you've searched out other ways of doing things or other ways of looking at things...you just need to be in a place where you can look back and acknowledge whether there has been any problems or any issues or anything that has stood out and then address those issues, resolve those issues, to the best that you can at that point. And know that there are always going to be more. (Subject 8)

By processing their own issues, therapists felt they engage in less counter-transference as well.

I feel like someone who is good at this job is someone who is emotionally healthy. Not necessarily that they're free of depression, or free of trauma, just that they have their own personal insight to know, "That is my issue. I need to not project that onto my client. I need to not let my client's issues trigger mine." (Subject 5)

Therapists also talked about the detrimental effects that occur when a therapist does not do her own work and continues to work with sexually-abused children.

And there's times with your issues hampering your work...if you are not willing to go the journey yourself with your own issues, you shouldn't be working with the sexually-abused population. If you are not willing to lay yourself rotten,... but really looking your own issues in the face, you should not be working on sexually-abused clients. (Subject 1)

If your own issues are being triggered, you can only harm your client. But, that's when you become the client, and your client becomes the therapist. And that is a detrimental thing on the client. (Subject 5)

*Possessing therapeutic skills of compassion and empathy.* Another coping mechanism that enables therapists to work with sexually-abused children is possessing fundamental therapeutic skills such as empathy, objectivity, and sensitivity. In addition, participants spoke about loving children and making children feel comfortable and safe.

I think I am a really good listener. I think I have empathy for others. I believe that healing is possible. I see strengths in people vs. weaknesses, and I think that is a really important thing in therapy to help people to see their strengths and motivate them to heal. I think I am able to put myself aside and not get involved in others' issues, so I am able to look objectively to a situation. (Subject 4)

I really feel like I'm good at seeing what's going on and helping them to see what's going on. Making sense of things or... finding clarity. (Subject 2)

[I'm] non-judgmental, not critical of other people. Also people have told me that I'm very comfortable for them to be around. I feel like I know how to talk to a child that makes them feel not afraid of me.... Validate their feelings, talk to them in a way that they can understand... and also that I just love kids. (Subject 5)

Someone who is playful and enthusiastic...somebody who's really good at relationship building because these people have such a low level of trust and they're not going to be able to work past if you... don't have... good bedside manner. You have to be really good with your own boundaries. (Subject 6)

Additionally, participants mentioned the importance for therapists to educate themselves on the topics of sexual abuse and trauma.

*Humor.* In coping with the occupation of working with sexually-abused children, participants disclosed that having a sense of humor helps. The ability to laugh at themselves,

such as finding humor in their own insecurities as a therapist, is essential to making it through the tough days.

You have to keep a sense of humor... Therapists who should be doing this have a sense of humor. (Subject 9)

I think humor is very important, and I don't always have the best sense of humor. So, I always have to work at being humorous or finding humor because that is probably the greatest thing. (Subject 8)

*Self-care.* Another coping mechanism therapists reported using in their work was taking care of themselves. They often spoke of the importance in self-care because they are extremely familiar with taking care of everyone else, that sometimes the notion of giving some attention to their own needs and wants is easily forgotten. One therapist said that taking care of others as well as herself helps keep her life healthy and balanced. In addition, therapists not only talked about having to learn the importance of taking care of themselves but also how to do it.

One method of self-care participants mentioned was taking care of their physical bodies.

Just walking, getting outside and doing those kind of things that are healthy, help you maintain your own health, not letting it get in the way, which is a really important coping mechanism in the field that we're working in. (Subject 4)

I exercise a lot. I go running, that helps me transition from work, to exercise... and so that helps me cope personally. I also just try to get enough sleep. (Subject 5)

Another way therapists said they took care of themselves included self-interests such as, hobbies, personal relationships, and taking vacation.

I have a lot of hobbies and interests outside of work... grandkids, the outdoors... (Subject 3)

I'm a big advocate of [taking time off]. I think people need to take their time off, they don't need to be doing 50, 60 hours a week. Having a balance and then just making sure people know what relaxes them. For me, it's the beach, being at the beach. (Subject 8)

*Avoidance.* Lastly, participants in this study also displayed a distinct avoidance in responding to the question regarding the ways in which working with sexually-abused children affected them. At times, the subjects did not answer the question at all. Participant 3 even attempted to educate the interviewer about sexually-abused children's behavior prompting the interviewer to repeat the question. Even more, three participants (participants 3, 4 and 6) stated that treating sexually-abused children most likely affected them but they were not sure how. It appeared as if they had never thought about it before.

Other participants contradicted themselves in their answers by saying their work does affect them negatively but then they spoke about how wonderful it was as well. One particular therapist (participant 2) admitted that she does not ask the child about the details of the abuse because she does not want to hear it. Therefore, she uses avoidance as a way to cope, yet she acknowledges this may be affecting her clients.

I notice I don't often have the specifics of all the stuff I need, with the specifics of the experiences, so it's a lot easier for me to not go there, and just focus on the feeling, and kind of stick with the facts and working with that. Sometimes I wonder if I don't want to go into any details, like if somebody would want to talk to me about that, because I know that the few times that those things do come up, either I get the history about the child, for example, oh my gosh, this is so much detail, I don't want to know this! I think, and this is something I've thought about recently with adults or older kids, even younger kids. I wonder if they don't, because I don't. (Subject 2)

Another therapist expressed that she has never had a reaction to what a client has said, yet she disclosed that a client brought up negative feelings for her.

I've never really been triggered...like my own issue. Well, when I listen to a client, their experience isn't a trigger for me...I never get panicky or freak out. Sometimes it brings up like yucky feelings. (Subject 5)

This specific therapist also mentioned that, "Everyone needs therapy in their life," yet she has never been in therapy herself. Throughout several of the interviews, therapists deflected the

tough questions, were ambivalent about their answers, contradicted themselves or simply used denial as a way to cope with what happens to them as they work with sexually-abused children.

### *Agency*

In regards to coping mechanisms, participants in this study referred to their agencies contributing helpful tools as well. Both agencies were described as those that supply an atmosphere of teamwork, offer supervision, and provide training.

*Teamwork.* Participants who were interviewed for this study spoke about the collaboration and comradery among therapists in the agency. Therapists commented that the solidarity therapists experience adds a feeling of love, respect and trust among colleagues.

We have a very strong clinical team here, and I trust my colleagues here.  
(Subject 1)

I love my colleagues, and they love me. (Subject 1)

I think the really small nature of this agency really helps us with feeling like we have comradery and just how much we respect and trust each other. (Subject 6)

Therapists continued to describe an “open door” policy they experience at both agencies where they can enter any therapists’ office that has her door open and talk.

I go to the other therapists. We have a very open team. We staff together... and sometimes I have to kind of walk through [my own issues] with a team approach.  
(Subject 3)

There is an open door policy. If your door is open, then you can go in and talk about something that has happened in sessions. If needs come up, the therapists just kind of work together...We come in and try to assess even the needs of each other, and be supportive of those needs. (Subject 4)

Sometimes I just wander into an empty therapist office, and I’ll just say I am really traumatized by this session I just had. Just talking through it and then relating, realizing this is the pattern, this is how it works, and that there’s nothing that hard out there that you can’t help. (Subject 3)

Participant 3 revealed information regarding staff meetings held at her agency in which the therapists go around the circle sharing personal information with one another. She said that therapists have shared personal tragedies as well as triumphs with each other. The therapist disclosed that therapists have talked about buying a new house or going on a vacation. Then, colleagues go around the circle again sharing anything relating to business or their role in the agency. This open environment provides closer relationships between the therapists in the agency, thereby making the agency stronger as a whole. Teamwork has proven to enhance the therapists' overall ability to cope in working with sexually-abused children.

*Supervision.* Another helpful tool in coping with this work is by giving and receiving supervision. Therapists talked about having someone to confide in that was considered an “expert” to help with difficult or stressful clients. In addition, therapists spoke about being a supervisor to student interns and how helpful it was to be a teacher as well as a therapist.

I have individual supervision and the clinicians are so open to coaching me and helping me and giving me feedback and sharing their experiences with their clients. (Subject 5)

Having interns...has definitely helped me survive...it just keeps you fresh and keeps you thinking, they challenge you, they ask you questions, they are interested and eager to learn and you know you actually realize that you have something to actually teach them. That really helps. (Subject 8)

*Professional development.* Finally, participants in this study reported that both agencies provide a way for therapists to receive training during the year. Therapists spoke about attending play therapy conferences, conferences on sexual abuse, as well as purchasing books and materials that enable them to learn more about what they do. Participants reported that learning more about the profession gives them more confidence in their practice, thereby reducing stress.

We do retreats a couple of times a year. And we're going to national conferences together, so we travel together and have lots of fun. (Subject 1)

I bought tons of books, and they really help me. (Subject 2)

[The agency] pays for me to go to the Utah Kids' Therapy Conference, to go to the National Conference in Denver. So we get tons and tons of training.  
(Subject 5)

We go to trainings together and just enjoy each other so much as individuals, so I think that the training... has really supported me. (Subject 6)

We have a training budget, and if you choose to exceed your training budget it comes out of your own pocket, so it just depends... but everybody has a training budget - all the therapists. (Subject 1)

## Chapter 5

### DISCUSSION

#### *Theoretical Implications*

The purpose of this study was to evaluate the impact of working with sexually-abused children on therapists. Studies have been conducted regarding therapists who work with sex offenders, therapists who treat adult survivors of sexual abuse, even law enforcement personnel who work in the sexual abuse division. However, no research exists on the therapists who provide services for children who have been sexually-abused. In addition, no information has been available in identifying what ways this work specifically impacts the therapist. Therefore, this study was intended to acknowledge the impact on therapists working with this population while identifying specifically what effects may arise during the course of working with sexually-abused children.

The results of this study found that working with sexually-abused children does indeed impact therapists. Therapists are impacted personally, professionally, their view of the world, and their relationships with others. The participants indicated that they used specific coping mechanisms to help them work with this specific population. All in all, this study brought forth important information from which a number of significant implications can be drawn.

Therapists consistently indicated that their personal lives were significantly impacted by their work with sexually-abused children. They struggled with keeping appropriate boundaries between work and home and often found themselves confused with what role to play. Therapists working with sexually-abused children experienced symptoms of vicarious trauma such as images, thoughts, or dreams about the abuse as well as extreme sadness, dissociation and

isolation. This finding is supported by previous research indicating therapists who work with traumatized clients tend to experience vicarious trauma (McCann & Pearlman, 1990).

The therapists in this study viewed the world differently as one that is not as safe, people were more untrustworthy and an intense fear existed that sexual abuse may occur in their own families. This coincides with the review of literature which addressed therapists who worked with adult survivors of childhood sexual abuse who reported an increased negative view of the world and increased fears regarding the safety of children (Simonds, 1997).

For the therapists in this study, relationships with others were impacted in that parents became overprotective and partners became less intimate. This finding parallels Benatar's (2000) study mentioned in the review of literature which found that therapists who treated adult survivors of childhood sexual abuse reported changes in their relationship with others.

On the other hand, therapists who treated sexually-abused children also conveyed an appreciation for life. They reported seeing the good in the world and felt like they improved as parents. They treasured their own children's innocence and were able to personally grow from their experiences working with this population. This finding is similar to previous research involving therapists who treated adult survivors of childhood sexual abuse who reported a higher sense of spiritual well-being and a greater sense of personal accomplishment (Brady, Guy, Poelstra & Brokaw, 1999; Humphries-Wadsworth, 2002).

### *Clinical Implications*

Clinically, the question remains: Do the effects of working with sexually-abused children impact the therapy that is provided to these clients and if so, in what ways? Some therapists in this study indicated that they do not like to hear the details of the abuse. A few even admitted that they stopped asking questions regarding specifics of the abuse because they felt

uncomfortable. If the therapist feels uncomfortable, then it may send a message of shame to the client. The client needs to have someone to share their story with, and if the therapist holds back in any way, it may impede the client's progress in therapy. Additionally, therapists in this study often minimized the effects of trauma in their own lives. This may indicate a minimization of client's trauma as well. As therapists continue to hear stories of abuse, they may become desensitized. This may lead to a minimization of a client's experience which may also hinder progress.

### *Recommendations*

Throughout the interviews, therapists in this study gave recommendations to other therapists who work with sexually-abused children in order to help them do what they do. These recommendations included having a support system (personal and professional), having sexually-abused children as only part of any caseload or working part-time, and having worked through personal issues in therapy.

The therapists stressed the importance of having a support system, both professional and personal. They spoke about how their families supported their work as well as having their co-workers be there for them when they needed to discuss a hard case or issues of transference that were occurring. Recently, Killian (2005) performed a study on enhancing resiliency and self-care of therapists that supported the importance of a therapist's support system. The study found that social support was the most crucial factor in increasing compassion satisfaction or satisfaction with one's job as a therapist (Killian, 2005).

Part-time work may allow therapists to spend more time with their families or take part in activities such as sports or hobbies so they are able to interact with people outside their work environment. It might also provide them with a distraction from the overwhelming nature of their

work. Another related recommendation therapists mentioned in this study included treating a mixture of clients instead of solely treating sexually-abused children. Again, subjects in this study felt like a diverse caseload helped therapists work more effectively. This was indicated in the literature review regarding vicarious trauma in that therapists with a greater overall client caseload reported less symptoms of vicarious trauma (Baird & Jenkins, 2003). Thus, therapists who treat a diverse population or reduce the amount of sexually-abused clients they see may not suffer from vicarious traumatization to the degree as those who do.

Finally, a majority of the therapists mentioned how useful it was to be in personal therapy to identify and heal their personal issues related to matters such as power and control, intimacy, and helplessness. Personal therapy helped the therapists to heighten their own self-awareness and evaluate their own responses to clients and client stories. It enabled the therapists to deal with the overwhelming nature of their work. For years, therapists have engaged in therapy in order to help in coping with the stress of their job (Guy & Liaboe, 1986). The literature suggests that therapists who choose to participate in therapy may increase their effectiveness as therapists. Therapy enables therapists to reduce stress, increase awareness of one's problems, strengthen empathy and sensitivity to clients, master therapeutic techniques, and improve therapist's confidence in the therapeutic process (Fleischer & Wissler, 1985; Guy, 1987; Macaskill, 1988; McNamara, 1986; Norcross, Strausser-Kirtland & Missar, 1988). Furthermore, researchers have found that therapy is not only effective but useful for therapists to engage in because they are more able to provide better therapy for their clients (Macran, Stiles, & Smith, 1999).

The therapists offered these recommendations as a way to help reduce vicarious trauma, compassion fatigue or burnout. Therapists felt that working with this specific population was

unique. For example, participant 1 stated that the experience of working with sexually-abused children was quite different than working with other presenting issues clients had.

I had a period in my life when I was doing private practice in addition to what I was doing here, and what I saw in private practice were such, it seemed like a walk in the park compared to what I was doing here. It was like, “Okay, I can do this kind of therapy in my sleep.” I can see mildly depressed adults, every day of the week, or anxiety attacks. I know anxiety attacks are devastating, but in comparison to what I see day to day, they’re nothing to break your stride. You know? And I certainly could make a lot more money in private practice, but I made a very conscious choice to work where I do, and with the population that I do, and so I do think that there are lots of realms of therapy where you can work, but if you are going to work with this population, I really feel that strongly that you need to be on a path to wholeness yourself. Wholeness takes a personal integrity that’s pretty deep. (Subject 1)

### *Training Implications*

The results of this study indicate necessary changes in the training of marriage and family therapists. First, therapists should be willing to do their own work by engaging in personal therapy. This would be beneficial to do as students are training to become marriage and family therapists in order to become more familiar with who they are as individuals. In addition, it would be important to engage in personal therapy as one works with the population of sexually-abused children in order to address any triggers that are coming up, issues of counter-transference, fused boundaries, or symptoms of vicarious trauma.

Most experts in the field of therapy agree that personal therapy is a vital, even necessary training requirement (Macran & Shapiro, 1998). Perhaps training programs could put in place a time for students to engage in personal therapy. It may be offered as an elective where a student may receive credit towards their degree as most universities offer free therapy for its students.

Moreover, training manuals rarely exist for therapists who work with this population specifically listing cautions or warnings in dealing with the effects of working with sexually-

abused children. Thus, the results of this study may be included in such training manuals along with the recommendations presented earlier by the participants.

### *Supervision Implications*

Supervisors who supervise therapists working with sexually-abused children may benefit from the current study's findings as well. The two key purposes of supervision include protecting the welfare of the clients and increasing the competence of the therapist. Thus, it is imperative to do both by balancing the necessary strengthening of the supervisee's skills and addressing self-of-therapist issues (Anderson, Schlossberg, & Rigazio-DiGilio, 2000; Magnuson, Wilcoxon, & Norem, 2000). Attending to the self-of-therapist, supervisors should acknowledge that working with this population may affect his/her supervisees. It would be crucial to ask the supervisees how the work is affecting their personal life and challenge any denial or minimization of the effects. In addition, it is imperative that supervisors encourage supervisees to explore self-care and self-nurturing as to avoid burn-out (Protinsky & Coward, 2001).

### *Agency Implications*

Agencies that predominantly treat sexually-abused children and their families must also provide support for its employees. Agencies may offer individual therapy as well as group therapy for the staff therapists in order to help deal with the impact of the job. Previous research suggests that an increase in emotional self-awareness decreases compassion fatigue (Killian, 2005). Providing therapy services would make for better employees and possibly lower turnover rates. If therapists are less stressed and more effective in their jobs, they may tend to stay in the profession longer or be able to work with sexually-abused children for a longer period of time.

In addition, agencies would benefit from holding weekly staff meetings so that therapists can discuss cases or any issues of concern. Therapists in this study indicated that a unified team

atmosphere among therapists helped deal with the stresses of the job. One study in particular has shown that a lack of work morale defined as frustrations with agency policy or accomplishments going unrecognized increases burnout (Killian, 2005). Consequently, participating in an annual retreat, attending trainings together or going to lunch collectively on a weekly-basis may help employees bond and provide the comradery needed to cope with the effects of working with sexually-abused children.

Finally, therapists may benefit from agencies offering compensation time where therapists are able to take more time off. Some therapists mentioned in this study that being able to take vacation helps to revitalize the therapist. Due to the research finding that an increase in work hours decreases compassion satisfaction (Killian, 2005), providing time off when therapists work overtime may increase their desire and energy to work with their clients.

### *Limitations*

One of the limitations in this study includes a lack of diversity in the sample. The sample was drawn from only two geographic locations and was predominately Caucasian and Christian. Therefore, cultural biases may exist. Additionally, participant responses may be skewed due to a lack of honesty or the use of defense mechanisms in answering the questions. Also, the researcher asked retrospective questions. Consequently, the subjects may have repressed specific memories, thereby affecting their responses.

The largest limitation of this study includes the reality that therapists who treat sexually-abused children may not clearly see how their work affects them. Often times, it is once the therapist is out of the field that he or she realizes how it impacted them. It is possible the therapist was not honest in answering the interviewer's questions as previously stated; however,

it is also conceivable that the therapists simply do not know the answer to the question of how this work specifically impacted their personal life.

Therapists in this study displayed avoidance as a coping mechanism in which they minimized or denied the fact that working with sexually-abused children impacts them at all. The danger of avoiding the issue rests with the fact that they are doing exactly what they are trying to get their clients not to do. Therapists using avoidance in processing their own issues may lead to clients using avoidance as a coping mechanism as well. Clients may begin to avoid processing how the trauma of sexual abuse affects them in their own daily lives.

Therapists do not realize that it can only help them and their clients by taking the time to truly evaluate how their work with sexually-abused children impacts them personally rather than believing that if it does, it makes them a poor therapist. Instead, the researcher proposes that therapists who deny that this work does impact them create poor clinical work within this population. Therefore, the alternative for therapists in this particular field is to answer the question of how working with sexually-abused children impacts them personally and to continue evaluating this issue on a regular basis.

#### *Future research*

This qualitative study evaluated the impact of working with sexually-abused children on therapists. Future research may include creating a quantitative measure based on the results found in this study in order to look at a larger sample size and test these findings more specifically. Also, future research should focus on discovering any differences between therapists based on personal characteristics. For example, does more experience lead to healthier coping mechanisms or less vicarious trauma? Is there a difference between therapists who are

currently working with sexually-abused children and therapists who have worked with this population in the past?

In addition, it would be beneficial to compare therapists who work with sexually-abused children to therapists who work with other populations such as adult survivors of childhood sexual abuse, or clients suffering from other types of trauma such as war or violence to see if the effects are similar. Finally, it may be interesting to find out if the benefit of participating in personal therapy is more helpful for therapists working with sexually-abused children or all therapists working with any kind of population.

### *Conclusion*

In summary, working with sexually-abused children impacts therapists in various ways. Most important to acknowledge is the impact working with this population has on the personal lives of therapists. Even so, therapists continue to do this work no matter the sacrifices and bravely embark on the healing journey helping to transform child victims into survivors.

## References

- Atkinson-Tovar, L.T. (2003). Transformation of self: Portrait of youth investigators and forensic interviewers exposed to repeated trauma. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 63(11-A), 4099.
- Anderson, S.A., Schlossberg, M., & Rigazio-DiGilio, S. (2000). Family therapy trainees' evaluations of their best and worst supervision experiences. *Journal of Marital and Family Therapy*, 26, 79-91.
- Baird, S., & Jenkins, S.R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims*, 18(1), 71-86.
- Benatar, M. (2000). A qualitative study of the effect of a history of childhood sexual abuse on therapists who treat survivors of sexual abuse. *Journal of Trauma and Dissociation*, 1(3), 9-28.
- Brady, J., Guy, J.D., Poelstra, P.L., & Brokaw, B.F. (1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists. *Professional Psychology: Research and Practice*, 30(4), 386-393.
- Crabtree, D.A. (2002). Vicarious traumatization in therapists who work with juvenile sex offenders. *Dissertation Abstracts International Section B: The Sciences and Engineering*, 63(3-B), 1558.
- Dickes, S.J. (2001). Treating sexually abused children versus adults: An exploration of secondary traumatic stress and vicarious traumatization among therapists. *Dissertation Abstracts International Section B: The Sciences and Engineering*, 62(3-B), 1571.
- Ennis, L., & Horne, S. (2003). Predicting psychological distress in sex offender therapists.

- Sexual Abuse: Journal of Research and Treatment*, 15(2), 149-157.
- Farrar, A.R. (2006). Vicarious traumatization of the mental health professional. *American Psychological Association*. Retrieved February 14, 2006, from <http://apa.org/apags/profdev/victrauma/>.
- Figley, C.R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Philadelphia, PA: Brunner/Mazel, Inc.
- Fleischer, J. A., & Wissler, A. (1985). The therapist as patient: Special problems and considerations. *Psychotherapy*, 22, 587-594.
- Glaser, B.G., & Strauss, A.L. (1967). *The discover of grounded theory: Strategies for qualitative research*. New York: Aldine de Gruyter.
- Guy, J. (1987). *The personal life of the psychotherapist*. New York: Wiley.
- Guy, J., & Liaboe, G. (1986). The impact of conducting personal therapy on therapist's interpersonal functioning. *Professional Psychology: Research and Practice*, 17, 111-114.
- Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. *Psychosomatic Medicine*, 41, 209-218.
- Humphries-Wadsworth, T.M. (2002). Common and unique features among measures of therapist distress. *Dissertation Abstracts International Section B: The Sciences and Engineering*, 62(11-B), 5377.
- Killian, K. (2005). Helping 'till it hurts? Enhancing your resilience and self-care. Workshop at the 63<sup>rd</sup> Annual Conference of the American Association for Marriage and Family Therapy, Kansas City, Missouri, October 21, 2005.
- Knight, C. (1997). Therapists' affective reactions to working with adult survivors of child sexual abuse: An exploratory study. *Journal of Child Sexual Abuse*, 6(2), 17-41.

- Little, L., & Hamby, S.L. (1996). Impact of a clinician's sexual abuse history, gender, and theoretical orientation on treatment issues related to childhood sexual abuse. *Professional Psychology: Research and Practice*, 27(6), 617-625.
- Lonergan, B.A. (2000). The development of the trauma therapist: A qualitative study of the therapist's perspectives and experiences. *Dissertation Abstracts International Section B: The Sciences and Engineering*, 60(7-B), 3570.
- Macaskill, N. D. (1988). Personal therapy in the training of the psychotherapist: Is it effective? *British Journal of Psychotherapy*, 43, 219-226.
- Macran, S., & Shapiro, D. (1998). The role of personal therapy for therapists: A review. *British Journal of Medical Psychology*, 71, 13-25.
- Macran, S., Stiles, W.B., & Smith, J.A. (1999). How does personal therapy affect therapists' practice? *Journal of Counseling Psychology*, 46(4), 419-431.
- Magnuson, S., Wilcoxon, S.A., & Norem, K. (2000). A profile of a lousy supervision: Experienced counselors' perspectives. *Counselor Education and Supervision*, 39, 189-202.
- Maslach, C., & Jackson, S.E. (1981). *The Maslach Burnout Inventory: Research edition*. Palo Alto, CA: Consulting Psychologists Press.
- McCann, I.L., & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149.
- McNamara, J. R. (1986). Personal therapy in the training of behavior therapists. *Psychotherapy*, 23, 370-374.
- Nelson-Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress,

- and child welfare workers. *Child Welfare*, 82(1), 5-26.
- Norcross, J. C., Strausser-Kirtland, D., & Missar, C. D. (1988). The processes and outcomes of psychotherapists' personal treatment experiences. *Psychotherapy*, 25, 36-43.
- Pearlman, L.A., & MacIan, P.S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice*, 26(6), 558-565.
- Pearlman, L.A., & Saakvitne, K.W. (1995). *Treating therapists with vicarious traumatization and secondary traumatic stress disorders*. In Charles R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*, (pp. 150-177). Philadelphia, PA: Brunner/Mazel, Inc.
- Phillips, R.D., & Landreth, G.L. (1995). Play therapists on play therapy I.: A report of methods, demographics, and professional practices. *International Journal of Play Therapy*, 4(1), 1-26.
- Pinto, R.M. (2003). The impact of secondary traumatic stress on novice and expert counselors with and without a history of trauma. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 63(9-A), 3117.
- Pope, K.S., & Feldman-Summers, S. (1992). National survey of psychologists' sexual and physical abuse history and their evaluation of training and competence in these areas. *Professional Psychology: Research and Practice*, 23(5), 353-361.
- Protinsky, H., & Coward, L. (2001). Developmental lessons of seasoned marital and family therapists: A qualitative investigation. *Journal of Marital and Family Therapy*, 27, 375-384.
- Salkind, N.J. (2003). *Exploring Research*. Upper Saddle River, NJ: Prentice Hall.

- Salston, M.D., & Figley, C.R. (2003). Secondary traumatic stress effects of working with survivors of criminal victimization. *Journal of Traumatic Stress, 16*(2), 167-174.
- Simonds, S.L. (1997). Vicarious traumatization in therapists treating adult survivors of childhood sexual abuse. *Dissertation Abstracts International Section B: The Sciences and Engineering, 47*(8-B), 5344.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Traumatic Stress Institute (1994). The TSI Belief Scale, South Windsor, CT, 06074-1369: Author.
- Trentham, B.J. (1995). Burnout among child sexual abuse therapists. *Dissertation Abstracts International Section B: The Sciences and Engineering, 56*(4-B), 2344.
- Trippany, R. (2001). Predictors of vicarious traumatization: Female therapists for adult survivors versus female therapists for child survivors of sexual victimization. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 62*(3-A), 926.
- U.S. Department of Health and Human Services: Administration for Children and Families. (2004). Retrieved April 6, 2004, from <http://nccanch.acf.hhs.gov/>.

Appendix A

# Upcoming Research Study

All Licensed Female Therapists Are Invited  
To Participate in a Research Study



**A research study is being conducted that involves interviewing licensed female therapists about their experience working with children who have been sexually abused. The interviews are confidential and will last approximately one hour.**

**Remember, confidentiality will be kept and with your participation, you will receive a free copy of the results pertaining to this study.**

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Please call Kinsey Pistorius, MA, LMFT at 713-419-1071 or 801-434-4381 to set up an interview.

## Appendix B

### Informed Consent

Licensed female therapists who work with sexually-abused children are being invited to participate in this study. The purpose of this study is to examine the experience female therapists have when working with sexually-abused children.

If you agree to be part of this study, please finish reading the informed consent and sign/date it at the bottom of the page. Also, please complete the enclosed Demographic Questionnaire. The interview will last between one to two hours. Additionally, the researcher may need to contact you by telephone in the future if additional information or verification of information is needed.

A benefit of participating in this study is that you will be sharing important information with other professionals who work with sexually-abused children. Your experiences will help us to move forward in our goal of telling the unique story of what it is like for female therapists to work with sexually-abused children. In addition, you may obtain a better understanding of your own life circumstances and personal growth associated with your work. And, finally, you will have the opportunity to talk about your personal and professional experiences which many participants find to be a meaningful, supportive, and helpful experience. The interviews are not expected to create any distress for the participants but if that should occur, the researcher will provide the participants with a list of professionals who could provide counseling.

Your participation in this study is entirely voluntary and you may withdraw at any time. Your interview will be audio-taped. The tapes will be identified by number only and will not be used in any presentation or for other purposes without the express permission of the participant involved. The data obtained from this study will be used for scientific purposes including publication. Your identity, however, will remain strictly confidential.

You will receive a copy of the printed study containing the overall results. It is possible that the article will quote from the interviews; however, the name or location of the individuals will not be identified. Should you have further questions pertaining to this study or experience any problems during this study, please feel free to contact Kinsey Pistorius at (713) 419-1071 or (801) 434-4381. In addition, if you have questions and do not feel comfortable asking the researcher, you can contact Dr. Renea Beckstrand, Chair of The Institutional Review Board for Human Subjects at Brigham Young University at 801-422-3873, 422 SWKT, renea\_beckstrand@byu.edu.

By signing this form, I agree to participate in this study and acknowledge that I have the opportunity to ask questions about the procedures, risks, and other items involved in this study.

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Signature of Participant

---

Date

Appendix C

**Demographic Questionnaire**

1. What is your gender? (Circle)      Male                  Female
2. What is your age? \_\_\_\_\_
3. What is your ethnicity? \_\_\_\_\_
4. What is your religious affiliation? \_\_\_\_\_
5. How religious are you on a scale from 1-10, 1 being not religious at all and 10 being very religious? \_\_\_\_\_
6. What is your professional background? (i.e. Marriage and Family Therapy, Social Work, Clinical Psychology, etc.) \_\_\_\_\_
7. What professional license/s do you have? \_\_\_\_\_  
\_\_\_\_\_
8. How many years have you been practicing therapy? \_\_\_\_\_
9. How many years have you been treating sexually-abused children? \_\_\_\_\_
10. What is your personal theory of therapy? \_\_\_\_\_
11. What is the most common underlying theory of therapy your agency uses in treating sexually-abused children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
12. How often do you practice your personal theory of therapy and your agency's theory of therapy in working with sexually-abused children?  
Personal theory \_\_\_\_\_ %  
Agency's theory \_\_\_\_\_ %
13. In your personal life, are there children you interact with? (Circle)      Yes                  No
14. For how many children do you have legal responsibility? \_\_\_\_\_
15. What percentage of your caseload are clients who have been sexually-abused?  
\_\_\_\_\_ %

16. What percentage of your caseload of clients who have been sexually-abused are children and what percentage are adults?

children \_\_\_\_\_ %  
adults \_\_\_\_\_ %

17. What percentage of your caseload of clients do you practice each modality?

- a. Individual therapy \_\_\_\_\_ %
- b. Conjoint therapy (Couples/Family) \_\_\_\_\_ %
- c. Group therapy \_\_\_\_\_ %

18. What is the approximate total number of sexually-abused children you have treated?

\_\_\_\_\_

19. What percentage of your clients is male versus female?

- a. Male \_\_\_\_\_ %
- b. Female \_\_\_\_\_ %

## Appendix D

### **Open-Ended Interview Questions**

#### Self:

1. Tell me a little about you as a person.
2. How did you choose therapy as your profession?
3. How did you choose sexual abuse as your specialty?
4. Have you received personal psychotherapy either as part of your training or personal growth?
5. Approximately, how many sessions did you attend?
6. How would you describe your personal experience of therapy?
7. What kind of attributes do you see in yourself that allows you to do what you do?
8. Before working here, what kind of training did you have?
9. Please describe the significant relationship in your life.

#### Trauma:

1. Have you ever been sexually-abused as a child?
2. What personal experiences have you had with trauma outside of your workplace? On a scale of 1-10, 1 being not traumatizing at all and 10 being the most severe trauma, what would you rate your own personal trauma experiences?
3. How do you deal with your own issues that come up when working with this population?

#### Impact:

1. What is it like working with children who have been sexually-abused?
2. Is there a process the therapist must go through as they work with sexually-abused children?
3. How does working with sexual abuse affect your personal life?
4. How did working with sexually-abused children affect you at the beginning when you started working with this specific population compared to now?

5. Please describe the (a) client who impacted you the most personally.
6. How does working with children who have been sexually abused have any impact on your relationship with your significant other?
7. How does working with sexually-abused children have any impact on your relationship with the children in your life?
8. How are you different now as a therapist from when you began doing therapy?
9. Is there a time when therapists should stop working with population?
10. What kind of person is best suited to be a therapist working with sexual abuse? Who would not be suitable in working with this population?
11. How do you view the world and as you work with this population, how has it changed?

Coping mechanisms:

1. What have you discovered about being a therapist that you wish someone had told you about before you started working with abused children?
2. What is the philosophy of this agency? How does it support you or get in the way of who you do what you do?
3. What are the greatest challenges you find in this work? What are the challenges you have seen others struggle with?
4. The work you are doing is of immeasurable value and the personal toll it may take on you and others is seldom acknowledged. How have you survived choosing to be a witness to their intolerable experiences?