Vicarious Traumatization: The Politics of Women's Caring Work

By Cynthia Joan Bettcher

B.S.W., The University of Manitoba, 1986

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SOCIAL WORK

in

THE FACULTY OF GRADUATE STUDIES

SCHOOL OF SOCIAL WORK

We accept this thesis as conforming to the required standard

The University of British Columbia

June 1996

© Cynthia Joan Bettcher, 1996
In presenting this thesis in partial fulfilment of the requirements for an advanced
degree at the University of British Columbia, I agree that the Library shall make it
freely available for reference and study. I further agree that permission for extensive
copying of this thesis for scholarly purposes may be granted by the head of my
department or by his or her representatives. It is understood that copying or
publication of this thesis for financial gain shall not be allowed without my written
permission.

SCHOOL
Department of SOCIAL WORK

The University of British Columbia
Vancouver, Canada

Date July 16, 1986

DE-6 (2/88)
ABSTRACT

Vicarious Traumatization: The Politics of Women's Caring Work

Practitioner self-care is becoming recognized as a fundamental requisite of effective practice within the field of child sexual abuse intervention. In this context, it is only recently that the impact of working with survivors of trauma (including child sexual abuse), has been acknowledged and explored. However, social services responding to the needs of sexual abuse survivors have been structured in ways which negate the importance of practitioner self-care. Empirically based information from this and other studies which explore the impact on practitioners of working with trauma survivors will promote effective practice through the identification of and response to vicarious trauma. This information is also essential to the education of social work practitioners, the practice and delivery of social work services, and most importantly, to the clients we serve.

My qualitative study used a focus group to examine the experiences of five agency-based, female counsellors working with adult survivors of child sexual abuse. The range of their experiences was explored to determine the specific implications, for women, of working with survivor populations.

The findings demonstrate support for McCann and Pearlman's (1990) model of vicarious traumatization. All of the women reported negative and positive changes in their lives resulting from the work. Four major themes of experience emerged in the women's descriptions of the ways they have been impacted: heightened self awareness, challenges and changes in world view, dis/connection with others, and finding balance.
# Table of Contents

**ABSTRACT**.................................................................................................................... ii

**TABLE OF CONTENTS** .................................................................................................... iii

**LIST OF TABLES** ............................................................................................................. v

**ACKNOWLEDGMENT** ...................................................................................................... vi

**JENNIFER’S QUOTE** ........................................................................................................ vii

**CHAPTER I: INTRODUCTION** ......................................................................................... 1

*BACKGROUND: EVOLUTION OF SERVICES FOR SURVIVORS OF CHILD SEXUAL ABUSE* ................................................................. 1

**CHAPTER II: LITERATURE REVIEW** .............................................................................. 6

*CONCEPTUALIZATIONS OF THE IMPACT* ........................................................................ 6

*BURNOUT* .......................................................................................................................... 9

*SECONDARY TRAUMATIC STRESS* .................................................................................. 13

*COUNTERTRANSFERENCE* ............................................................................................. 17

*VICARIOUS TRAUMATIZATION* ...................................................................................... 20

  *Vicarious Traumatization in Counsellors Working with Survivors of Child Sexual Abuse* ................................................................. 24

  *The Societal Context of Vicarious Trauma: A Feminist Analysis* ................................................................................................. 26

**CHAPTER III: METHODOLOGY** ..................................................................................... 33

*METHOD* .......................................................................................................................... 33

*PERSONAL RELEVANCE OF THE RESEARCH* ................................................................. 36

*THE RESEARCHER AS INSTRUMENT* ................................................................................ 38

*THE FOCUS GROUP INTERVIEW FORMAT* ...................................................................... 40

*SAMPLE* ............................................................................................................................ 42

  *Description of Participants* ............................................................................................ 47

*DATA COLLECTION: THE FOCUS GROUP INTERVIEW* ................................................... 50

*CREDIBILITY AND CONFIRMABILITY* .............................................................................. 53

*DATA ANALYSIS* ............................................................................................................. 57

  *Individual Level Analysis* .............................................................................................. 59

  *Group Level Analysis* ................................................................................................... 60

*PARTICIPANT VERIFICATION* ........................................................................................... 64

**CHAPTER IV: FINDINGS** ............................................................................................... 65

*THE IMPORTANCE OF THE WOMEN’S WORDS* .............................................................. 65

*THEMES IN THE WOMEN’S EXPERIENCES* .................................................................... 66

  *Challenges and Changes in World View* ........................................................................ 68

    *Loss of Innocence* ........................................................................................................ 68

    *Hypervigilance* ........................................................................................................... 68

    *Critique of Society’s Response to Sexual Abuse* .......................................................... 70

  *Heightened Self-Awareness* .......................................................................................... 72

    *Somatic and Affective Responses* ............................................................................... 72

    *Personal Issues and Unfinished Business* .................................................................. 73

    *Guarding Against the Impact* .................................................................................... 75
Table of Contents

Chapter V: Discussion of Findings ......................................................... 90
  Relationship of Findings to the Literature ........................................ 90
    Vicarious Trauma: McCann & Pearlman’s Conceptualization ............... 90
    Research on Vicarious Traumatization ......................................... 94
    Psychological Adaptation to Trauma ............................................ 97
  Limitations of My Study ................................................................ 99
  Implications of the Findings for Social Work .................................. 100
    Counsellors’ Acknowledging Vicarious Trauma Responses ............... 101
    Organizational and Service Delivery Issues .................................. 102
    Training and Professional Education .......................................... 104
    Social Policy and Funding Issues ............................................... 106
  Summary ..................................................................................... 110

Bibliography .................................................................................... 112

Appendices ....................................................................................... 118
  Appendix A: Certificate of Approval ............................................. 118
  Appendix B: Unstructured Interview Guide and Probes ..................... 119
  Appendix C: Recruitment Notice .................................................. 120
  Appendix D: Letter of Confirmation .............................................. 121
  Appendix E: Sample of Consent Form to Participate in Research ........ 122
  Appendix F: Focus Group Interview Guide ..................................... 123
LIST OF TABLES

TABLE 1: POST TRAUMATIC STRESS DISORDER RESPONSE PATTERNS OF TRAUMA SURVIVORS ......................... 15
TABLE 2: TRANSCRIPT CODES FRAMEWORK ....................................................................................... 60
TABLE 3: ONE WOMAN’S EXPERIENCE OF THE PROCESS OF THE IMPACT .................................................. 88
TABLE 4: FINDINGS COMPARED TO THEORY OF VICARIOUS TRAUMA ......................................................... 91
TABLE 5: RESPONSE PATTERNS OF TRAUMA SURVIVORS - ADAPTED .................................................... 98
Acknowledgments

I would like to offer my great appreciation to:

- the five women who so generously shared their time by participating in this study. I must acknowledge their openness, honesty, and courage in talking about such deeply personal experiences;

- Cheryl Bell-Gadsby from Family Services of the North Shore and Naomi Ehren-Lis of VISAC, who supported this research by posting the recruitment notice at their agencies and by encouraging staff to participate;

- Dr. Betty Carter, my thesis advisor, and the other members of my thesis committee Professor Deborah O’Connor and Elizabeth Robinson, who provided guidance, support, and encouragement throughout this process;

- Shelley Rivkin, whose flexibility allowed me to balance my work responsibilities and studies;

- Maggie Zeigler, who provided an interested sounding board upon which to test my ideas and offered valuable feedback about the direction of my research and my analysis of the literature on vicarious trauma;

- Patricia McNeill, who reviewed and edited my thesis; and

- David Gorick, my partner, who has vicariously earned an M.S.W. His warm support provided me with ongoing encouragement to complete the master’s program.
I had a dream the other night and part of that dream was walking down through the lower east side and I was carrying this heart and thinking this is not supposed to be part of my job! Jennifer
CHAPTER I

INTRODUCTION

Background: Evolution of Services for Survivors of Child Sexual Abuse

The women's movement in the early 1960s began a process of consciousness raising that led to an increased recognition of the violence that permeated the lives of women and children, including child sexual abuse (Kaschak, 1992). This heightened consciousness among women contributed to the development of services directed toward the specific needs and experiences of women (Baines, Evans & Neysmith, 1991; Kaschak, 1992; Ridington, 1983). The 1960s and 1970s saw the development of rape crisis centers and shelters for battered women, and increasing pressure on existing services to address the needs of children and adolescents who had been abused.

In the early and mid 1980s, feminist counsellors and women's advocates began to recognize the prevalence and long-term negative effects of child sexual abuse (Bagley & Ramsey, 1985; Courtois, 1979; Gelinas, 1983; Gil, 1983; Russell, 1986). The Badgley Commission Report in 1984 found that one in two females and one in three males had been victims of unwanted sexual acts at some time during their lives. The research further indicated that four in five of these unwanted sexual acts had first been committed against these persons prior to their 18th birthday (Badgley, 1984). Russell's (1986) study of a random sample of 930 adult women in San Francisco revealed that 16% reported at least one experience of sexual abuse by a blood relative before the age of 18, and 31% reported at least one experience of sexual abuse by a non-relative.
before the age of 18. When these categories were combined, 38% of the women reported at least one experience of incestuous or extra-familial sexual abuse before the age of 18.

Thus the consensus among research studies is that approximately one in three women has experienced some type of sexual abuse in childhood (McCann et al. 1988, p 534).

A feminist analysis of society, which was the basis of the growing recognition of child sexual abuse and the subsequent development of services, eventually led to the evolution of feminist or "women-centered" counselling approaches. While feminist practitioners were relatively quick to recognize the impact of sexual abuse and violence on the lives of women, psychologists and psychiatrists working within more traditional, medical model settings, have been very slow in learning their patients' lessons regarding the impact that trauma has had on their lives (van der Kolk, 1994).

The field of child sexual abuse intervention has experienced dramatic changes and developments over the last 15 years. A growing group of practitioners has developed practice responses to address the emotional and psychological needs of adult populations who have experienced childhood sexual abuse. As well, these same practitioners have continued to advocate on behalf of survivors for increased services to address their needs. Experts in the field maintain that the vast majority of victims of child sexual abuse are female, and the vast majority of perpetrators are male (Courtois, 1979; Gelinas, 1983; Gil, 1983; Herman, 1992; Kaschak, 1992; Russell, 1986). However, as the field continues to evolve, more male survivors of child sexual abuse have acknowledged their own victimization and have sought counselling services. An illustration of this shifting trend was the development of services directed specifically toward male
survivors of sexual violence in the early 1990s. For example, the Vancouver and Victoria Societies for Male Survivors of Sexual Abuse were established in 1990.

Counselling practitioners working with survivors of child sexual abuse, violence against woman in relationships, and sexual assault have recognized the intrinsic link between these women’s experiences and reactions to those experiences, and the experiences of combat veterans, political prisoners, and survivors of natural disasters (Herman, 1992). The field of traumatic stress studies has become increasingly important to practitioners working with survivors of sexual abuse and assault. One well-known trauma clinician emphasizes that the simultaneous emergence of the women’s movement and the recognition of the psychological effects of Vietnam created the unlikely alliance that was necessary to recognize the central role of trauma in creating long-lasting individual suffering (van der Kolk, 1994, p viii).

It is noteworthy and disheartening that the recognition of the long-term traumatic stress reactions experienced by war veterans following the Vietnam war provided an opportunity for the realities of women’s and children’s experiences of sexual and physical violence to be acknowledged by the larger medical and political systems. Herman (1992) indicated that an understanding of the true impact of trauma can only occur in the context of a favorable political climate. As van der Kolk (1994) notes, it was only through this simultaneous emergence that the experiences of women and children gained legitimacy.

Even within this evolution of services for female survivors of sexual abuse, male experience continued to be the standard by which legitimacy of suffering was recognized and
defined. The lack of acknowledgment by the medical, legal, and political systems of the experiences of abused women and children has been defined in the literature as general backlash against the women's movement (McEvoy, 1996), and indicative of the patriarchal, misogynist societal context in which we live (Herman, 1992; Kaschak, 1992; Russell, 1986). An outcome of the evolution of the fields of traumatic stress studies and child sexual abuse intervention has been an increasing recognition of the impact on service providers of delivering trauma support services. This impact has become a focus of recently published scholarly literature and research.

The purpose of my exploratory-descriptive study was to examine the experiences of female counsellors working with adult survivors of child sexual abuse, and to consider the specific implications of being female and working with survivor populations. The goal was to have the women describe, in their own words, the range of ways they have been impacted by their work, and then to identify themes in the women's descriptions.

Chapter II explores the growing body of literature which emphasizes the impact of working with survivors of child sexual abuse. Just as the field of child sexual abuse intervention has evolved dramatically over the past 15 years, so too has the conceptualizations of the ways in which this work impacts practitioners shifted considerably. A review and differentiation of the conceptualizations of this impact from the 1970s to 1995, is outlined and critiqued from a feminist perspective. The conceptualizations are examined in the context of the provision of services to survivors of child sexual abuse in B.C. The concept of vicarious traumatization, which most accurately describes the impact of working with survivors of child sexual abuse, is explored and considered within the current socio-political context of service delivery.
Chapter III reviews the methodology used in this research study. The rationale for using a qualitative research approach and a focus group is defined. The description of method outlines the process of recruitment, the implementation of the focus group, and the process of data analysis. An exploration of how the methodology was informed by a feminist perspective is detailed.

Chapter IV presents the findings of this study. The themes that emerged, in the women's descriptions of their experiences of being impacted by their work, are outlined and supported by direct quotes.

Chapter V integrates the findings of this study with other research and the vicarious traumatization literature. The limitations of this study are outlined and recommendations for further study are identified. The implications of this research and the conceptualization of vicarious trauma to the profession of social work are highlighted, including the areas of professional training and education, service delivery to survivors of sexual abuse, and social policy and funding.
CHAPTER II
LITERATURE REVIEW

Conceptualizations of the Impact

As the field of traumatic stress (including sexual abuse intervention) evolves, practitioners' self-care is becoming recognized as a necessary and fundamental requisite of effective practice. Just as the field of child sexual abuse intervention has dramatically evolved over the last 15 years, the conceptualizations of the impact on practitioners of working with difficult client populations have also shifted considerably. I will review the evolution of these conceptualizations to demonstrate the growing acknowledgment in the literature of the far-reaching impact on practitioners of working with survivors of child sexual abuse.

Initially, the concept of countertransference gave us a glimpse of the practitioner's reactions to working with clients (Colao & Hunt, 1983; Freudenberger & Robbins, 1979). Later, concepts such as secondary victimization (Figley, 1983; Follette et al. 1994), compassion fatigue (Figley, 1995), secondary traumatic stress (Cerney, 1995; Figley, 1995; Lyon, 1993; Valent, 1995) or vicarious traumatization (Hollingsworth, 1993; McCann & Pearlman, 1990; Pearlman & Maclan, 1995; Schauben & Frazier, 1995) were used to describe the effects of providing support and counselling to traumatized populations. Previously, these reactions may have been subsumed under the term practitioner burnout (Farber & Heifetz, 1982; Figley, 1983; Greenglass, 1991; Maslach, 1978).
To my knowledge, except for Greenglass (1991), none of these conceptualizations have acknowledged the impact of gender socialization and/or the implications of providing support services to survivors of child sexual abuse in a patriarchal context of misogyny. In order to fully understand the experiences of these mainly female service providers, we must consider the impact of this socio-political context. We must recognize that the majority of clients of these services are female, and that these services continue to be under-valued, and therefore under-funded. These counselling practitioners continue to provide services in a climate that is becoming increasingly acrimonious.

An example of this less-than-favorable climate for practitioners was the establishment of the False Memory Syndrome Foundation, Inc. (FMSF) in 1992. The FMSF began to challenge the veracity of survivors’ recovered memories of abuse. As a result, therapy with survivors of sexual abuse has been subjected to “increasingly critical judicial scrutiny” (McEvoy, 1996, p 14).

In particular, FMS activists have laid legal siege to therapeutic work with survivors of childhood sexual abuse. In Canada this latest development has created an atmosphere of anxiety along with a marked surge in subpoenas. Increasingly, therapists experience their work as driven by the courts, and they wonder how to respond to intense pressures to accommodate this adversarial system (McEvoy, 1996, p 14).

Another related example of this adverse socio-political climate of service delivery relates to the justice system’s response to sexual abuse complainants. McEvoy (1996) identifies that the courts have continued to favor the rights of the accused sex offender over the rights of the sexual abuse survivor/accuser. She indicates that recent changes and developments in the legislative and judicial arenas have demonstrated that the delicate balance between the rights of the accused
offender and the rights of the accuser/survivor have been lost. The right of the accused to make full answer and defense to the charge(s) of sexual abuse/assault have superseded the rights of the individual accuser/survivor to privacy. As well, these legislative and judicial changes have compromised public confidence in mental health service providers’ abilities to maintain confidentiality of client records. The Supreme Court of Canada’s decision in R. v. O’Connor (December 14, 1995), jeopardizes the confidentiality of therapeutic relationships as practitioners’ counselling records are more vulnerable to subpoena, and possibly more accessible to defense counsel. This decision “directs trial judges to place considerable weight on the right of the accused to a full defense” (McEvoy, 1996, p 20).

By examining the impact of sexual abuse counselling work on counsellors, as women, I have made room in my research for the women’s experiences of the socio-political context of sexual abuse intervention to be identified and considered. This socio-political context must be acknowledged and named as central to understanding counsellors’ reactions to working with these populations. “... what is not named is invisible and, in a social sense, non-existent” (Kelly, 1988, p 114). When this context is acknowledged, the reactions of counsellors to their work can no longer be isolated and attributed to an individual practitioner’s inadequacy or inability to cope effectively.

In a society that emphasizes individuality to the extent that ours does, people attribute causality to individuals more than to characteristics of the environment or social context (Kaschak, 1992, p 40).
The conceptualizations outlined in the paragraphs that follow will be considered within this socio-political context.

**Burnout**

Freudenberger (1974) was the first to coin the term *burnout*. Burnout was used to describe a state of physical and emotional exhaustion that results from conditions of work (Ross et al. 1989), attributed to the pressures of working with emotionally needy and demanding individuals (Kahill, 1988; Maslach, 1978). Maslach (1978) suggested that research on burnout should be shifted from an examination of the individual who suffers from burnout to an exploration of the characteristics of negative work settings and situations. She described that, in these settings, the worker experiences high stress, low rewards, and unachievable goals. This shift of focus from the individual to the work setting would provide an opportunity to consider the powerful impact the work context can have on practitioners. However, this contextual analysis did not go so far as to identify the specific impact the socio-political context of patriarchy has on women and men.

Maslach and Jackson (1981) developed the Maslach Burnout Inventory (MBI), a measure consisting of three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishments. Higher scores on the Emotional Exhaustion and Depersonalization subscales, and lower scores on the Personal Accomplishment subscale, reflect higher degrees of burnout. It is interesting and noteworthy that this measure, one of the most widely used, and one on which the largest body of empirical work has been based (Figley, 1995; Kahill, 1988), has not, until very recently, been examined within the context of gender socialization. However, when Greenglass
(1991) reviewed the literature on burnout using a gender socialization perspective, she found that work sources appear to be the primary precursor of burnout in men. For women, she found that both work and home sources of stress are the primary precursors of burnout. This difference, Greenglass suggested, was due to the continued societal prescriptions of primary role responsibilities of women for family and home, regardless of work status outside the home.

The work environments that Maslach described as leading to the highest incidence of burnout directly correspond to the work settings that many female service providers who work with survivors of sexual abuse historically, and currently, work in. There is no recognition or acknowledgment of this reality in the literature or in current social policy. The experiences of female service providers are rendered invisible and insignificant.

Social service agencies are in many ways society’s family, and reflect parallel patriarchal structures. Just as the nuclear family has been built largely on women’s guilt, child welfare agencies are largely built on social workers’ guilt. The excessive work loads and intolerable working conditions create paradoxes and double binds similar to those experienced by mothers. If the worker goes on strike, the needy clients suffer. Too often workers are inclined to feel if only they had better time management skills, or more efficient case recording methods, or were better nurturers, the situation would improve. However, it is not a failure of individual workers, and to fall into this trap simply camouflages the inherent structural difficulties and the low priority given by our governments to such nurturing, care-giving work (McCannell, 1986. p 67).

Since the early introduction of the concept of burnout, researchers have modified this conceptualization, and have empirically explored various aspects of the burnout phenomenon. Researchers have examined the correlates of burnout, including demographic characteristics of practitioners, characteristics of work setting, the types of therapeutic activities, the caseloads of psychotherapists, and the emotional stresses on the psychotherapist (Ackerley et al. 1988;
Raquepaw & Miller, 1989; Smith, 1990; Whitfield, 1980). As well, the literature has examined the relationship between job stress, social support/supervision, and burnout among counseling center staff (Davis et al. 1989; Ross et al. 1989); and gender differences in the interaction between work and home stressors (Greenglass, 1991; Price & Spence, 1994). Additionally, preventative strategies and interventions for burnout have been considered (Kahill, 1988).

Two studies warrant specific attention for their relevance to my interest in the specific impact on counselors of working within agency settings with survivors of child sexual abuse. In Kahill’s (1988) review of the research on coping strategies to prevent burnout, the importance of variety and flexibility in one’s job was emphasized, including the need to vary the type of work activity and the type of client seen. Agency administrators are encouraged to add variety in job responsibilities for staff to enable time off from direct client contact work. Raquepaw & Miller (1989) found in their survey of 68 practicing psychotherapists in Texas, that demographic variables (including gender, education level, marital status, race, or age) were not accurate predictors of burnout. However, therapists who worked in agency settings, and who perceived that they had too many clients on their caseload, were significantly more likely to experience burnout symptoms. Ackerley, et al. (1988) examined the extent of burnout and its correlates in a national sample of 562 licensed psychologists employed primarily in human service settings. The findings of Ackerley et al. (1988) support Raquepaw and Miller’s results indicating that private practitioners fared better than public sector counselors in that they experienced less emotional exhaustion and depersonalization and more personal accomplishment. While my research did not explore the phenomenon of burnout, the findings of these studies do support the direction of my research. Specifically, I wanted to consider the particular experiences of agency-based
counsellors working with survivors of sexual abuse. I hypothesized that their work setting played a significant role in their experiences of the impact of their work.

In her exploration of the emotional stresses that psychotherapists experience, Whitfield (1980) recommended that practitioners limit the number of difficult and demanding clients they see, learn to say “no” to requests to take on additional clients, and, if possible, provide services only to clients that they like. This advice by Whitfield, a physician, reflects the privilege that the patriarchal medical system in which she works affords its practitioners.

The reality for counsellors working with survivors of child sexual abuse within agency settings is that the organizations’ funding and mandate dictate the counsellors’ caseloads and the nature and length of counsellors’ involvement with clients, and almost exclusively limits the range of job responsibilities to direct client contact. The agency settings in which the majority of counsellors working with survivors of sexual abuse work, do not afford their practitioners the privilege or luxury described by Whitfield as a necessary requisite to mitigate the emotional stress of psychotherapeutic work.

Most publicly funded agencies provide specific services to particular client groups. Indeed, within the province of British Columbia, government ministries fund issue-specific services. For example, the Ministry of Women’s Equality funds Stopping the Violence programs which provide counselling and support services for women who are involved in, or attempting to leave, violent relationships, and their children who have witnessed this violence. The Ministry of Health’s Sexual Abuse Intervention Programs provide therapeutic services for children who have
been sexually abused and their families. The Ministry of Social Services contracts with agencies to provide support and therapeutic services to children and youth at risk for abuse and neglect, and their families.

In British Columbia, the vast majority of practitioners working with survivors of child sexual abuse in these agency settings are female. The findings of a recent survey of social work practitioners in the province of British Columbia document this trend. The Centre for Health Services and Policy Research (1994) reported that 70% of their respondents, working within social service agency settings, were female. A possible outcome of these issue-specific mandates is that counsellors and service providers within these programs develop specialized expertise in working with these client populations. However, these mandate and issue-specific services may unknowingly create environments where mainly female counsellors are set up for burnout. Current policy and practice in the field of sexual abuse intervention and social services have lagged behind this increasing recognition of the particular challenges that face these female practitioners.

Secondary Traumatic Stress

Figley (1983) first coined the term secondary victimization to describe a form of burnout experienced by people who are traumatized by concern for family members or significant others who have experienced some form of trauma. This conceptualization is consistent with the impact that a child’s disclosure of sexual abuse has on the mother as described by Carter (1993) and Green et al. (1995). While the authors have not identified the phenomenon they are reporting as secondary victimization, the description of the impact on mothers fits within this
In a survey of 558 mental health and law enforcement professionals, Follette et al. (1994) examined the concept of secondary victimization by considering the relationship between current and past traumatic experiences, exposure to traumatic client material (providing services to child sexual abuse survivors), and the sequelae of both personal and professional trauma experiences. For mental health professionals, this research found that the proportion of the therapists’ current caseload involving child sexual abuse, and their own trauma history, were not predictive of trauma symptoms. A personal trauma history does not appear to negatively impact a therapist’s response to providing services to child sexual abuse survivors. It is noteworthy, however, that a large proportion of the mental health professionals in the Follette et al. study (59%) reported participating in some personal therapy. It is unclear in the literature the extent and focus of this personal therapy. Nor is it known whether those who participated in personal therapy were more or less likely to report secondary traumatic stress symptoms, or whether the personal therapy was in response to their work involving child sexual abuse. Since the percentage of child sexual abuse clients in the practitioners’ caseloads averaged only 42%, the results of this study may not be generalizable to mental health professionals working within settings where their caseloads may consist exclusively (100%) of survivors of child sexual abuse. This is the case for many agency practitioners in B.C.

The findings of Follette et al. (1994) support Figley’s modification of the conceptualization of secondary victimization which acknowledges the impact on a broader group,
beyond family and friends of people who have experienced trauma. Figley broadened his previous conceptualizations of secondary victimization to include therapists and other professionals as well. Figley (1995) described the natural and disruptive by-product of working with traumatized clients as 
\textit{compassion fatigue} or \textit{secondary traumatic stress}. The stress results from helping or wanting to help a traumatized person, and/or from knowing about a traumatizing event experienced by a significant other. The symptoms experienced by someone who has secondary traumatic stress are equivalent to those of PTSD (Post Traumatic Stress Disorder). The symptoms of PTSD have been described as including five major categories of response or clustering of symptoms (McCann et al., 1988) outlined in Table 1.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|}
\hline
\textbf{Emotional Responses} & \textbf{Behavioural} \\
\hline
fear, anxiety, and intrusion & aggressive behaviour \\
depression & suicidal behaviour \\
sel-self-esteem disturbances & substance abuse \\
anger & impaired social functioning \\
guilt and shame & personality disorders \\
\hline
\textbf{Cognitive} & \textbf{Interpersonal} \\
perceptual disturbances & sexuality problems \\
\hline
\textbf{Biological} & relationship problems \\
physiological hyperarousal & revictimization \\
somatic disturbances & victim becomes victimizer \\
\hline
\end{tabular}
\caption{PTSD Response Patterns of Trauma Survivors}
\end{table}

Figley's conceptualization of secondary traumatic stress draws a parallel between the experiences of trauma survivors and the experiences of practitioners who work with traumatized populations. The range of symptoms that survivors and practitioners may experience cannot be differentiated.
However, Figley (1995) did differentiate between burnout and secondary traumatic stress. In contrast to burnout, which emerges gradually and is a result of emotional exhaustion, STS (compassion stress) can emerge suddenly with little warning. In addition to a more rapid onset of symptoms, with STS, in contrast to burnout, there is a sense of helplessness and confusion, and a sense of isolation from supporters; the symptoms are often disconnected from real causes, and yet there is a faster recovery rate (p 12).

Cerney (1995) and Valent (1995) support Figley’s conceptualization that a broad range of individuals who share a traumatic situation, or try to ameliorate the later effects of trauma, are especially vulnerable to secondary traumatic stress. The individuals who are vulnerable to secondary traumatic stress includes family members of trauma survivors, emergency workers, and helping professionals. Lyon (1993) describes secondary trauma of hospital staff as a counter-transference reaction to the affect-laden description of abuse by the survivors of child sexual abuse. She indicates that this secondary trauma may be a natural “transitory phase” in the process of learning how to help survivors. The evidence that is presented to support this claim is anecdotal. Further research is needed to determine if this “transitional” conceptualization of secondary traumatic stress would be validated in a longitudinal study with a core group of practitioners working with survivors of sexual abuse. In Lyon’s opinion these secondary trauma reactions do compromise the effectiveness of staff, and therefore must be addressed.

According to the body of literature and research on secondary trauma, the concept of secondary traumatic stress applies to a broad range of emergency personnel (e.g. police, ambulance, fire, hospital), front-line workers (e.g. transition house staff, sexual assault center counsellors, child protection social workers), and mental health practitioners (e.g. counsellors and
therapists working with survivors of sexual abuse in a variety of settings, employee assistance counsellors).

All institutions that are exposed to secondary traumatic stress will find that it exacts a toll on the functioning of the staff, unless deliberate steps are taken to prevent, or at least limit, its pernicious effects (Catherall, 1995, p 232).

To my knowledge, none of the ministries that fund services where staff are at risk of secondary traumatic stress have introduced policies to specifically prevent and address this risk.

**Countertransference**

Another conceptualization of the impact on practitioners of working with difficult client populations is *countertransference*. The term countertransference, first defined by Freud in 1910, refers to the affective, cognitive, and interpersonal reactions of the therapist toward the client’s story and behaviours. The countertransference reactions a counsellor or practitioner experiences are client-specific, personal, and subjective (Pearlman & Saakvitne, 1995b). Freudenberger & Robbins (1979) write that in the process of therapy, “the therapist’s old scars and injuries are constantly rubbed anew” (p 287).

In the literature on working with victims, countertransference has more broadly been described as incorporating the painful feelings, images, and thoughts that can accompany work with trauma survivors (McCann & Pearlman, 1990). The literature includes a description of countertransference responses in counsellors working with a range of trauma survivors, including responses to working with survivors of political repression (Danieli, 1994; Fischman, 1991);
survivors of sexual assault (Colao & Hunt, 1983); and survivors of child sexual abuse (Ganzarain, 1991; Herman, 1992; Pearlman & Saakvitne, 1995a, 1995b).

In the countertransference literature, there is an emerging recognition of the potential differences in countertransference reactions related to the gender of the practitioner (Colao & Hunt, 1983; Danieli, 1994; Freudenberger & Robbins, 1979; Herman, 1992; Saakvitne & Pearlman, 1993). This reference to gender ranges from stereotypical gender-specific descriptions (Freudenberger & Robbins, 1979) to an analysis of countertransference which acknowledges the impact of patriarchy on gender socialization (Colao & Hunt, 1983; Herman, 1992; Saakvitne & Pearlman, 1993). For example, Colao & Hunt (1983) indicate that therapists’ countertransference reactions in response to the accounts by survivors of sexual assault may differ on the basis of their gender.

A female therapist, confronted by the client’s assault, may respond with her own feelings of vulnerability and fear ... A male therapist, confronted by a client who has been assaulted, may feel guilty about being a male (p 209).

To my knowledge, the gender-based differences in countertransference reactions reported in the literature have not been supported empirically. While my research did not examine countertransference reactions in female counsellors specifically, it did empirically examine the gender-specific impact on female counsellors of work with survivors of sexual abuse.

While countertransference reactions may be responses to a particular client and all that client represents to the therapist (Pearlman & Saakvitne, 1995b), there may be a tendency within
the literature and field of counselling practice to individualize and decontextualize the specific reactions of practitioners. Without acknowledging that these reactions may be normative and rooted in a larger political, social, and cultural reality we are ignoring a fundamental component of these experiences.

In contrast to other descriptions of countertransference, Danieli (1994) incorporated the socio-political context into her definition of event countertransference. From her work with survivors of the Holocaust, Danieli hypothesized that therapists’ difficulties in treating victim/survivor populations may be rooted in the nature of their clients’ victimization. The example she cites relates to the uniformity of therapist reactions to patients’ stories of the Holocaust; the Holocaust being the one element that the patients have in common. She indicates that rather than attributing these reactions to the clients themselves, the reactions are in response to the Holocaust. This acknowledgment of the context of reactions enables practitioners to anticipate these reactions and to implement prevention and intervention strategies.

Regarding event countertransferences as dimensions of one’s inner or intrapsychic, conspiracy of silence about the trauma allows us the possibility to explore and confront these reactions to the trauma events prior to and independent of the therapeutic encounter with the victim/survivor patient, in a variety of training and supervisory settings and by ourselves. (Danieli, 1994, p 373).

Danieli’s definition of event countertransference provides a very necessary opportunity to acknowledge and explore the socio-political context of the trauma events that clients report (in this case the anti-Semitic context of the genocide of the Holocaust). By maintaining this larger focus, practitioners’ reactions cannot be dismissed as individual or idiosyncratic; therefore, the
true political significance of the events can be examined and the practitioners’ reactions more fully understood.

Following this premise of integrating the political significance of events in order to fully understand the experiences of female counsellors working with survivors of child sexual abuse, we must acknowledge the socio-political context in which this work is carried out. Specifically, we must recognize the vulnerability to assault that females in our patriarchal, misogynist society experience on a day-to-day basis, consider the priority that this gendered victimization is given by political bodies, and examine the current climate in which services to survivors of sexual abuse and violence are provided. To date, this link between social context and practitioners’ reactions to working with survivors of sexual abuse has not been specified in the literature or in social policy. The social analysis of the context in which services are provided will be examined in greater depth in my research and later in this paper.

Vicarious Traumatization

A further evolution of the conceptualizations of the impact on practitioners of working with difficult clients has been the definition of *vicarious traumatization*. McCann and Pearlman (1990) indicated that, as a result of exposure to the traumatic experiences of victim clients, therapists are vulnerable to vicarious traumatization or enduring psychological consequences. Therapists working with survivors of trauma in general, and survivors of child sexual abuse in particular, may experience shifts in: (1) their identity and world view; (2) their ability to manage strong feelings; (3) their ability to maintain a positive sense of self and positive connections to others; (4) their sense of meaning or spirituality; and (5) their basic needs for safety, esteem, trust,
dependency, intimacy, and control (Pearlman & Saakvitne, 1995a). In addition, therapists are vulnerable to experiencing post-traumatic stress symptoms, intrusive imagery, and emotional reactions such as anger and anxiety (McCann & Pearlman, 1990; Pearlman & Saaktvitne, 1995a, 1995b). These reactions on the part of the therapist, described above, parallel the reactions of the survivor to the original trauma, as described by McCann et al. (1988). Vicarious traumatization becomes the unintended consequence of caring, and of providing services to survivors of sexual abuse.

Vicarious traumatization is an occupational hazard for those who work with trauma survivors and it reflects neither pathology in the therapist nor intentionality on the part of the survivor client (Pearlman & Maclan, 1995, p 558).

Pearlman and Saaktvitne (1995a) differentiate between vicarious traumatization, burnout, and secondary traumatic stress. While burnout refers to emotional exhaustion or stress resulting from the work situation (Maslach, 1978), it does not include the interaction of the work situation, the material presented by clients in counselling, nor the specific emotional, cognitive, and psychological characteristics of the practitioner. This interaction is essential to vicarious traumatization (Pearlman & Saakvitne, 1995a). Vicarious trauma reactions in a practitioner occur over time as a result of the cumulative impact of trauma work across many clients. The cumulative nature of the impact is inconsistent with Lyon’s (1993) definition of secondary traumatic stress as a “transitory phase.” The factors that contribute to vicarious trauma include the empathic engagement with clients’ trauma material, the specific characteristics of therapy with trauma survivors, and the characteristics of the trauma therapist. The following section summarizes the research to date on the phenomenon of vicarious trauma.
Pearlman and Maclan (1995) examined vicarious trauma in 188 self-identified trauma therapists (72% of the sample were female). The results indicated that a personal trauma history was correlated with more negative effects resulting from their work with trauma survivors than for those therapists with no personal trauma history. The newest therapists with a personal trauma history experienced the most difficulties. The particular experiences of new practitioners should be further examined to determine if vicarious traumatization is related to practitioners leaving this field (Pearlman & MacIan, 1995).

The findings in Pearlman and MacIan’s (1995) study are consistent with the results of Kassam-Adams’ (1994) survey of 100 psychotherapists, 75% of whom were female, which indicated that exposure to sexually traumatized clients was directly related to post traumatic stress disorder symptoms in the therapist; this is one element of vicarious trauma reactions. In her study, being female, having a personal trauma history, and being exposed to trauma material in clients all contributed significantly to the prediction of these symptoms.

McCann and Pearlman’s (1990) conceptualization of vicarious trauma is further supported in a study by Schauben and Frazier (1995). They found that working with survivors of sexual violence is not related to burnout, thereby supporting Pearlman & Saakvitne’s conceptualization that vicarious trauma and burnout are distinct constructs (Pearlman & Saakvitne, 1995a, 1995b). Using the Maslach Burnout Inventory, Schauben and Frazier (1995) found that working with a higher percentage of sexual violence survivors related to more self-reported vicarious trauma symptoms but did not relate to burnout. High scores on the emotional exhaustion and depersonalization subscales, and low scores on the personal accomplishment subscale, both of
which are hallmarks of burnout (Maslach, 1978), were not evident in this study. In fact, many practitioners reported a strong sense of personal accomplishment in their work with survivors.

Hollingsworth (1993) described a similar unexpected finding in her qualitative research with female therapists working with adult female survivors of incest. The therapists in her sample reported positive lasting changes in six of the seven cognitive schema categories (including dependency, safety, power, intimacy, frame of reference, independence, and esteem, as defined by McCann & Pearlman, 1990) as a result of their work with survivors.

Vicarious traumatization differs from secondary traumatic stress in its focus and context (Pearlman & Saakvitne, 1995a). While secondary traumatic stress focuses primarily on post traumatic stress symptoms, vicarious traumatization includes the symptoms of secondary traumatic stress in the context of profound changes to the therapist’s sense of identity, meaning, world view, and beliefs about self and others. As well, the concept of vicarious trauma is broader than countertransference and event countertransference in that it recognizes that the cognitive world of the therapist will be altered by hearing clients’ traumatic material (Pearlman & Saakvitne, 1995a).

Like Danielli’s (1994) definition of event countertransference, Pearlman & Saakvitne’s (1995a) more recent description of vicarious traumatization does identify that the socio-political context of the trauma events that clients report affects the subsequent reactions that counsellors experience in response to their work. While Pearlman and Saakvitne (1995a, 1995b) do indicate that a climate of misogyny may contribute to a therapist’s vicarious traumatization, they do not
elaborate on how this context specifically affects practitioners. My research will build on and
more fully elaborate on how the social context of misogyny impacts female counsellors.

Vicarious Traumatization in Counsellors Working with Survivors of Child Sexual Abuse

A further specification of vicarious traumatization has emerged in the literature over the
past two or three years. Specifically, researchers have begun to consider the particular impact of
vicarious traumatization on counsellors working with survivors of child sexual abuse. A review of
the literature reveals that there is a paucity of academic work and previous research on this topic
(Schauben & Frazier, 1995). However, the research in this specific area of vicarious
traumatization is growing, with an emphasis on qualitative inquiry. This shift in the literature to
consider vicarious trauma related to work with survivors of sexual abuse is significant, as it has
begun to render visible the particular impact experienced by these female counselling
practitioners. Pearlman & Saakvitne (1995a, 1995b) have elaborated on the work of McCann and
Pearlman’s (1990) conceptualization of vicarious traumatization by examining the impact of
psychotherapy with survivors of incest, and by providing a comprehensive theoretical framework
for understanding countertransference issues in work with this population. My research will
contribute to a further elaboration on vicarious traumatization in this specific area of practice.

Hollingsworth’s (1993) qualitative study presented data gathered from female therapists’
self-reported retrospective recollections of their reactions to treating adult survivors of incest.
The results of her research demonstrate support for McCann & Pearlman’s model of vicarious
traumatization, as all of the participants reported negative lasting changes in one or more of the
cognitive schemas identified. The study results do not indicate that the practitioners experienced
burnout or secondary traumatic stress, supporting Pearlman & Saakvitne’s (1995a) distinction between these concepts.

Schauben and Frazier’s (1995) quantitative and qualitative survey research studied vicarious traumatization among 148 female mental health professionals (118 psychologists and 30 sexual violence counsellors) working with survivors of sexual violence (including child sexual abuse). The study found that counsellors who had a higher percentage of survivors in their caseloads reported more disrupted beliefs, more post traumatic stress symptoms, and more self-reported vicarious trauma than counsellors with lower percentages of survivors in their caseloads. In addition to gathering quantitative data, counsellors were asked about the most difficult and most enjoyable aspects of working with sexual violence survivors. The qualitative data revealed that the counsellors in the sample described many enjoyable aspects of doing this type of work (a condition that is inconsistent with burned out populations). As well, many counsellors reported that it is not their work with clients that is most difficult, but rather dealing with ineffective and unjust systems, like the legal and mental health systems. They did not elaborate on specific aspects of these systems that they consider to be ineffective and unjust.

Like Pearlman and Saakvitne (1995a), Schauben and Frazier’s (1995) research again alludes to the impact that the socio-political context has on counsellors and their work. However, they do not elaborate or go far enough to fully describe how this context creates particular challenges for the sexual abuse counsellor and sets the stage for vicarious trauma to occur. In the following section, I will use a feminist analysis to describe the societal context in which
counsellors work to provide services for survivors of child sexual abuse. As well, I will critique the theory of vicarious trauma from a feminist perspective.

**The Societal Context of Vicarious Trauma: A Feminist Analysis**

To fully understand the experiences of vicarious traumatization in these counsellors, we must consider vicarious trauma in context. Women, by virtue of growing up in a patriarchal and misogynist culture, come to believe and accept the inevitability of violence and the restrictions of living in fear (Saakvitne & Pearlman, 1993). Violence against women and children is a logical outcome of this culture of misogyny. It is this context of misogyny that is largely responsible for the high incidence of violence against women and children, including child sexual abuse.

It is a basic truism of feminism that the way sexuality is gendered is the cornerstone for the oppression of women, through the use of threat of sexual abuse and rape, our capacities are always available to men without our consent. It is a form of oppression which all women are subject to, which we all experience simply in being women and knows no boundaries of race, class, age or sexual orientation (Brock, 1993, p 113).

The reality of women's fear and vulnerability is coupled with women's socialization toward responsibility and caring for others. It is not surprising that a predictable outcome of this socialization leads many women to choose roles where they are caring for others. The social service, child protection, and sexual abuse intervention systems in British Columbia reflect this female propensity toward caring (Centre for Health Services and Policy Research, 1994).

Through the review of the conceptualizations of the impact on counsellors of working with survivors of trauma, it becomes evident that the definition of vicarious trauma most accurately describes the experiences of counsellors working with survivors of child sexual abuse.
(Pearlman & Saakvitne, 1995b). If vicarious trauma reactions are experienced by all practitioners working with trauma survivors, then perhaps these responses in practitioners who work with survivors of sexual abuse are normative in the current social context. Our own provincial systems' responses to survivors of sexual abuse illustrate the "ineffective and unjust" system that Schauben and Frazier (1995) identify in their research. Inadequately funded services to survivors of sexual abuse and violence, lengthy or closed waiting lists for services, large client caseloads, the FMS (False Memory Syndrome) backlash, and an increasingly litigious environment are all hallmarks of the current system in which these services in British Columbia are provided. These "ineffective and unjust" responses to survivors of sexual abuse illustrate the socio-political context essential to fully understanding vicarious trauma.

Another aspect of the socio-political context relates to the prevalence of child sexual abuse in our society, the predominance of females as victims of this abuse, and the over-representation of female service providers attempting to address the needs of survivor populations. In this context, it is not surprising that the gender of the practitioner (female) significantly contributes to the prediction of vicarious trauma symptoms (Kassam-Adams, 1994). It is significant that the majority of counselling practitioners who are reporting vicarious trauma symptoms in the research and literature reviewed in previous sections are female. For example, the percentage of females in the research samples range from 72% (Pearlman & MacIan, 1995) to 100% (Hollingsworth, 1993; Schauben and Frazier, 1995).
For female counsellors, the societal context of misogyny in which they work with survivors of sexual abuse and violence serves to only exaggerate the feelings of fear and vulnerability that women in our society experience.

... most of us never dreamed that we would have to work in conditions that encourage a siege mentality, or that the covenant of confidentiality we establish with our clients would become a pawn in an acrimonious and polarized debate about memory. Nevertheless ... yesterday's undreamed-of nightmare has become today's reality (McEvoy, 1996, p 13).

It is not surprising that a counsellor's continuous exposure to a less-than-favourable work climate, and to the brutality of child sexual abuse, would lead to increased concern for their own safety and the safety of others. I would expect that the backlash against the positive gains achieved by the women's movement on behalf of survivors would create responses of despair, depression, and anger. Responses of increased concern, despair, depression, and anger in counsellors working with trauma survivors are cited within McCann & Pearlman's (1990) conceptualization of vicarious trauma. However, these responses have been de-politicized by not linking them to the social context. The inherent value and validity of these responses within this current social context have not been identified in the theory of vicarious traumatization. Elsewhere, women's anger has been defined as an important response to the powerlessness we experience (Miller, 1986). It is the necessary foundation of collective political action to change the lives of women and children (Brock, 1993; Butler, 1995).

Butler (1995) contends that vicarious traumatization is a misnomer that serves to invalidate and mask the inherently political nature of women's experience in working with female survivors of sexual abuse and other trauma. This experience she states, is that of direct, not
vicarious, traumatization occurring in response to a context of misogyny. The paradox inherent in providing services to survivors of sexual abuse is that practitioners experience far-reaching, permanent trauma reactions in response to the violence, chaos, and brutality that survivor clients have experienced. These normative reactions are unintended consequences of the political and gendered reality of these practitioners' caring. Trauma becomes the gendered reality of women in our society for both trauma survivors and the practitioners who attempt to treat them.

While Miller (1986) was not specifically referring to female counsellors working with survivors of child sexual abuse in a misogynist context, the following statement may have particular meaning as it relates to vicarious trauma and the particular impact on women:

... women's great desire for affiliation is both a fundamental strength, essential for social advance and at the same time the inevitable source of many of women's current problems. ... The problem is that women have been seeking connections that are impossible to attain under the present arrangements, but in order to conduct the search women have been willing to sacrifice whole parts of themselves (p 89).

This statement is reminiscent of Butler's (1995) contention that the work of women in the field of violence and trauma, with survivors, is inherently political. McEvoy (1996) shares this perspective when she encourages counsellors to take a proactive role in assisting to shape sexual assault laws through increased participation in court processes. However, as the literature demonstrates, in women's attempts to support each other through experiences of sexual violence and abuse, it is mainly women who have been irrevocably and profoundly changed/traumatized by the experience.
There is value in the theory of vicarious traumatization. The theory provides a point of entry or a place for us to begin to recognize the impact on practitioners of this caring work with survivors of sexual violence and abuse. However, I also believe that the conceptualization of vicarious traumatization should be further elaborated to more accurately reflect the particular experiences of women within the current socio-political climate. The theory of vicarious trauma de-contextualizes, de-politicizes, and individualizes the impact of working with survivors of sexual abuse.

At the time of writing, there are no policies in place within the Ministries of Health, Women's Equality, or Social Services that recognize or make provisions to address this impact on behalf of the practitioners' whose positions they fund. This lack of awareness and acknowledgment is indicative of a societal political agenda which devalues women’s needs and women’s labor in our society. By being under-valued, and therefore under-funded, services for survivors of sexual abuse and violence against women are ghettoized within the current social service system, and in the overall market economy. The fields of sexual abuse intervention, child protection, and services to survivors of violence in relationships are all over-represented by women as the majority of service providers and service recipients. In fact, this over-representation is consistent with other social services where the majority of care givers and service recipients are female (Baines, Evans & Neysmith, 1991).

Sexual abuse, violence against women and children, and misogyny are socially constructed, and this construction has historically been rendered as a private, not public, matter.
Although we have seen an increase in the services that are available to survivors of sexual abuse and violence, these problems are not yet public enough.

At this time, caring for others is seen as a private responsibility ... caring is seen as a feature of the private world of personal relationships. The public world of employment may acknowledge it as an ingredient in certain jobs, but its attributes are poorly defined - and even more poorly remunerated (Neysmith, 1991, p 283).

The devaluation of caring, coupled with its invisibility, can place those who are cared for, whether family members or clients of human service organizations, in a position of extreme dependency on others. Thus it is not caring that becomes the problem but the burden of caring experienced both by women who care and by those who are cared for. A feminist approach to caring seeks to provide an analysis of the ideological context that shapes the relationship between the cared for and the carers and identifies strategies allowing women choices and control over their lives (Baines, Evans & Neysmith, 1991, p 29).

A political agenda of patriarchy continues to render the extent and impact of sexual abuse, and the consequences for practitioners of providing services to survivor populations, as invisible. As such, even today, practitioners and political activists continue to lobby the legal system, policy makers, and government to ensure that the suffering of women and children is made visible, that funds to eradicate these societal ills are provided, and that systemic bias that impedes women's ability to experience full equality before the law, be addressed (McEvoy, 1996).

Just as sexual abuse is socially constructed within a context of patriarchy and misogyny, so too is vicarious trauma. In our response to support and treat survivors of sexual violence and abuse, the practitioners who provide these services have become traumatized themselves. If left unattended, these trauma reactions of practitioners will negatively impact their work with clients and the efficacy of the services provided (Pearlman & Saakvitne, 1995b). Without provisions to
directly deal with the consequences of their work, these practitioners become disabled, both as women whose responsibility and worth has been historically linked with caring, and as instruments of the market, whose caring is their livelihood.

Therapists who work with child sexual abuse survivors need to be protected by actively addressing their vulnerability to vicarious traumatization, and taking preventive and ameliorative measures in the therapist’s personal, professional, and organizational realms on a daily basis. Only through regular attention to these issues can child sexual abuse therapists continue to provide much-needed services to their clients (Pearlman & Saakvitne, 1995b, p 175).
CHAPTER III

METHODOLOGY

Method

The impact on practitioners of counselling survivors of child sexual abuse is a recently defined area of study. As such, the specific impact of vicarious traumatization on female counsellors is not fully understood. Much of the research that has been conducted in the area of vicarious traumatization has been quantitative in nature and based on McCann & Pearlman’s (1990) conception of theory of vicarious trauma. Only two studies have incorporated qualitative inquiry (Hollingsworth, 1993; Schauben & Frazier, 1995). In both of these studies, the researchers were able to ascertain important and unanticipated information that broadened the existing theory of vicarious trauma; namely, that the practitioners in their research reported positive changes in their cognitive schemas in addition to the negative changes defined by Pearlman and McCann (1990). Therefore, further qualitative exploration would complement the research to date (Hollingsworth, 1993), and would provide an opportunity for the unique experiences of female counsellors to be described more fully, from their own perspective. One purpose of this research study was to explore the adequacy of current conceptualizations of vicarious trauma, with a particular emphasis on examining the impact of gender on women’s experiences.

When the woman, and not existing theory, is considered the expert on her own psychological experience, one can begin to hear the muted channel of women’s experience come through (Anderson & Jack, 1991, p 20).
This qualitative study examined the experiences of female counsellors working with adult survivors of child sexual abuse and the specific implications of being female and working with survivor populations. A qualitative research style is consistent with the purpose of this research, in that this study is exploratory and descriptive and was intended to gain a deeper understanding of the participants’ lived experiences of the phenomenon (Marshall & Rossman, 1995); that is, the impact on the practitioners, of their work with survivors of sexual abuse. Marshall and Rossman (1995) indicate that qualitative research assumes the inherent “value of context and setting” (p. 41). This emphasis on context is also consistent with a feminist perspective, which defines social context as a critical determinant of behaviour (Riger, 1992). In this study, I examined the impact of sexual abuse counselling work on female counsellors in the context of working in an agency setting, within a patriarchal society. These two factors (societal context and agency-defined mandate of sexual abuse intervention) have not been specifically examined in the literature to date. My research addresses both of these factors, and will, therefore, contribute to a fuller understanding of the phenomenon of vicarious traumatization.

A focus group was selected as the data collection method. Krueger (1994) defines the six characteristics or features of a focus group, as “(1) people, (2) assembled in a series of groups, (3) possess certain characteristics, and (4) provide data (5) of a qualitative nature (6) in a focused discussion” (p 16). Focus groups have been defined as socially oriented research procedures, where people are placed in natural or “real life” settings where they are able to interact with others (Carey & Smith, 1994; Krueger, 1994). For certain research studies focus groups are preferable to individual interviews; the focus group enables the researcher to capture the dynamic nature of group interactions which can increase the participants’ candor and spontaneity and
enhance the quality of the data elicited (Asbury, 1995; Carey, 1994; Carey & Smith, 1994; Kingry et al. 1990; Krueger, 1994).

I selected a focus group method on the basis of the literature's identification of research which is most suited to the focus group method. The purpose of my research, an exploration of the impact of counselling survivors of sexual abuse on female practitioners, is consistent with the literature's definition of being well-suited to the focus group method. Specifically, the purpose of this research is congruent with research where:

- the purpose is exploratory and/or descriptive (Carey, 1994; Krueger, 1994; Morgan, 1988);
- self disclosure is critical to understanding a phenomenon from the participant's own perspective (Asbury, 1995; Carey & Smith, 1994; Morse & Field, 1995; Krueger, 1994; Stewart & Shamdsani, 1990);
- the researcher is attempting to gain insight into beliefs and attitudes that underlie behaviour, or where the area of investigation is related to multi-faceted, complex levels of feelings, behaviours, and experiences (Carey, 1994; Carey & Smith, 1994; Kingry et al. 1990; Krueger, 1994); and/or
- the researcher believes that previous treatments of the issue have not included a particular essential perspective (Asbury, 1995; Krueger, 1994; Stewart & Shamdsani, 1990).

The focus group provided an opportunity for counsellors to discuss, with peers, the impact that working with survivors of sexual abuse has had on them as women. Counsellors' reactions to, and feelings about, their work were validated through this sharing. The session
provided group members with a sense of social support and information that may have normalized their experiences (Carey, 1994).

The method and design of this study received the approval of the Behavioural Sciences Screening Committee for Research Involving Human Subjects at the University of British Columbia in January, 1996. The Certificate of Approval is found in Appendix A.

**Personal Relevance of the Research**

During the five years that I was employed as a social work practitioner working in a feminist counselling agency which provided therapeutic services to female survivors of child sexual abuse, I personally experienced the impact of this work. While the importance of self-care was espoused by colleagues in the field, the extent of the impact of working with traumatized populations was not understood or recognized. The concept of burnout was often used by my immediate supervisor and other practitioners in the field to describe the emotional impact of working with difficult client situations. As well, an important focus of supervision was on the countertransference reactions that emerged in our work with survivors. However, neither the concept of burnout nor the concept of countertransference adequately addressed the range and degree to which the traumatic material of clients impacted counsellors (including myself). These conceptualizations often resulted in a tendency to individualize the problem, and to mask the universality of practitioners' cumulative reactions to the work.

I began to experience many of the changes that McCann and Pearlman (1990) have outlined in their theory of vicarious traumatization. I experienced profound changes in my world.
view and frame of reference. Distrust became the foundation upon which I viewed others, and feelings of anger, despair, and cynicism dominated my experiences. Increasingly, I began to recognize a parallel between the issues my clients’ struggled with in the therapy process, and the issues I was confronted with as a result of doing this work. I can recall the many comments I made in supervision about these similarities, both to colleagues and in the training workshops I facilitated.

Without the language or theoretical framework to define and to describe the impact, I found that appropriate prevention and intervention strategies were seemingly beyond reach. Consequently, after five years of delivering specialized clinical services to survivors of child sexual abuse, I realized that a change in the focus of my work was the only option available to me. Today, the vicarious trauma literature speaks to the ways in which my personal and professional lives were, and have been, impacted by my work with survivors of sexual abuse. In retrospect, I can now recall countless examples of vicarious trauma reactions in colleagues. We often talked about these reactions in supervision, in training, or in consultations, yet we did not have the language or conceptual frameworks to fully name and understand our experiences. My interest in doing this research stemmed from my own experiences of being impacted by my work. My research will provide an opportunity for other female counsellors to name and explore their own experiences of the impact that their work is having on them.

I brought my own familiarity with vicarious trauma to this research process. During the focus group interview, many of the comments made by the women rang true to my own experience. I felt excited and validated. During the data analysis process, my excitement
changed. I began to experience nightmares, similar to the nightmares I used to have when I was working as a counsellor. The common themes of these dreams were violation, intrusion, fear, and a lack of safety. It appeared that the words of the women in my study had re-awakened my own experiences and feelings.

My experiences during this research process were validated through reading Reinharz’s (1992) description of the stress that stems from interviewing. She indicates that the ethic of commitment of feminist researchers exposes them to stress, particularly if their research deals with traumatized women.

The interview process gives the researcher an intimate view of this pain and the shock of discovery may eventually force her to confront her own vulnerability. ... Thus feminism frequently adds coping with stress to the other challenges of interview research (Reinharz, 1992, p 36).

The Researcher as Instrument

Traditionally, researchers have attempted to assume an objective, value-free position in their work. This traditional position has led to the contention that qualitative methods, which attempt to explore and describe participants’ lived experiences from their own perspectives, are not truly scientific. The most common concern about qualitative methods relate to the subjectivity of the researcher and his or her inability to remain value-free in their research (Patton, 1987). Patton counters this.

... quantitative methods are no more synonymous with objectivity than qualitative methods are synonymous with subjectivity. The ways in which tests and questionnaires are constructed are no less open to the intrusion of evaluator’s biases than the making of observations in the field or the asking of questions in interviews. Numbers do not protect against bias; they sometimes merely disguise it (Patton, 1987, p 166).
The position outlined by Patton is consistent with a feminist perspective of social science research. Feminist researchers have questioned the ability to be truly value or bias free in conducting research, and have emphasized the importance of explicitly defining the values, beliefs and perspectives that guide a researcher's work (Bograd, 1988; Oakley, 1981; Riger, 1992).

If one assumes a feminist analysis, one must consider that all research takes place in a patriarchal societal context (Reinharz, 1992). It is within this context that most personal and scientific knowledge is categorized according to male experience, while the experiences of women are rendered invisible (Bograd, 1988; McCannell, 1986; Riger, 1992). However, a feminist perspective acknowledges the fundamental role that gender plays in our society.

Gender is achieved; it would probably be more accurately expressed as a verb than as a noun. It is something that one does repeatedly, probably thousands of times a day (Kaschak, 1992, p 43) There is no existence in our culture prior to and separate from gender. That such an existence is socially and psychologically constructed makes it no less real (Kaschak, 1992, p 45).

Therefore, a primary goal of feminist research is to provide a vehicle for women's experience to be made explicit and clear. The feminist perspective which I bring to this research has been the fundamental determinant of the question for study, the research design, the data analysis process, and centrality of capturing the true essence of the women's own experiences.

In using a focus group, the researcher/moderator becomes part of the research instrument, as important as the interview guide and the group itself (Stewart & Shamdsani, 1990). S/he becomes an instrument in the collection and analysis of the data. Morgan (1995) recommends
that in focus groups where the topic is sensitive, the moderator/researcher should ideally have a background that demonstrates a familiarity with the topic area and characteristics that are similar to those of the participants. My own experience as a female counsellor who worked with survivors of child sexual abuse is consistent with the literature’s contention that the focus group leader should be well versed in the topic for discussion, as this familiarity permits him/her to understand, probe for important details, and to perceive idiosyncratic meanings in members’ contributions (Carey, 1994, p 230).

The feminist perspective which I bring to this research defines child sexual abuse and vicarious trauma as phenomena that have been socially constructed in a context of patriarchy and misogyny. In order to end child sexual abuse and to address vicarious trauma, we must look to solutions which modify current social structures and institutions, rather than believing that the solutions rest within individual women. A feminist perspective which defines the personal experiences of women as political, within this patriarchal context of misogyny, has been an integral part of this research process. Therefore, by providing a vehicle for women to describe their experiences, in their own words, from their own perspectives, we can begin to challenge theories and practices which do not fully support women.

The Focus Group Interview Format

An unstructured interview format was selected for this study. The interview contained one guiding or “grand” question which asked female counsellors to reflect on the impact of their experiences of counselling survivors of child sexual abuse, on them, as women. For this guiding question, there was a series of probes which could be used in a planned way to further explore the
participants' experiences. The unstructured interview and the series of probes used in this study are found in Appendix B.

Due to the complex, multi-dimensional, and potentially emotional nature of the impact of working with survivors of sexual abuse, an unstructured format was selected. The direction of the discussion was left in the hands of the focus group members to permit participants to identify specific topics or themes from their own unique experiences. Feminist researchers have emphasized the value of interviewing as providing an important vehicle to access the ideas, thoughts, and memories of people in their own words rather than the words of the researcher (Reinharz, 1992).

This asset is particularly important for the study of women because in this way learning from women is an antidote to centuries of ignoring women's ideas altogether or having men speak for women (p 19).

By using preconceived questions, the range of discussion topics may have been artificially and unnecessarily limited or biased. The women were invited to identify areas of their own personal and professional experience which have been directly impacted by their work. An interview format which allows the participants to structure the discussion is consistent with a feminist research perspective which emphasizes the importance of providing opportunities for women to speak about the true nature of their own experiences (Anderson & Jack, 1991; Oakley, 1981; Opie, 1992; Reinharz, 1992).

... unstructured and responsive interviewing, when used reflexively, can enable especially the socially marginalized to be empowered because it assumes they can contribute significantly to the description and analysis of a social issue ... By taking part in the
research they lifted the veil of invisibility surrounding carers’ everyday lives, and the experience of marginality from their existence (by becoming ‘centre’ even if briefly), thus opening what is generally a socially obscured experience to a more public gaze (Opie, 1992, p 44).

The selection of an unstructured interview format was consistent with the recommendations of Stewart and Shamdsani (1990), who indicate that for topics which are complex and/or emotionally involving, fewer questions should be asked.

When the topic is likely to require considerable energy and effort on the part of the participant, the interview guide should be shorter and involve fewer questions (p 62).

The appropriateness and effectiveness of the interview guide is a key factor in the success of a focus group (Morgan, 1995). The interview guide, including the guiding question, was pre-tested to determine if the question accurately reflected the intended purpose of the study and if it would effectively elicit discussion. Pre-testing of an interview guide for a focus group discussion is deemed appropriate and beneficial as the pre-test provides the opportunity to examine the wording of the question and to determine if the questions is easily understood (Krueger, 1994; Morgan, 1995; Stewart & Shamdsani, 1990). The guiding question was piloted with a female counsellor who did not participate in the study, but who fit the sample criteria and had specific content expertise in vicarious trauma, a sample of graduate students, and with my thesis committee. The guiding question was refined on the basis of the feedback received.

Sample

The focus group sample is characterized by homogeneity, the nature of which is determined by the purpose of the study (Asbury, 1995; Carey, 1994; Kingry et al. 1990;
Krueger, 1994). The literature suggests that the sample of participants be homogeneous in terms of occupation, education level, age, and gender (Carey, 1994; Kingry et al. 1990; Krueger, 1994). I intended to select and interview a sample of experienced female counsellors working exclusively with survivors of child sexual abuse in agency settings. Schauben & Frazier's (1995) findings (that counsellors with a higher percentage of survivors on their caseload self-reported more vicarious trauma) lead me to believe that counsellors who work exclusively with adult survivors of child sexual abuse are at particular risk of experiencing vicarious trauma symptoms and reactions.

Two community-based agencies which are funded to provide counselling services to adult survivors of child sexual abuse were selected. I approached each agency to request permission to post recruitment notices. The Vancouver Incest and Sexual Abuse Centre (VISAC) of Family Services of Greater Vancouver, and the Sexual Assault Resolution Program of Family Services of the North Shore, granted this permission. The participant recruitment notice was sent to the Program Coordinator of each agency, who in turn posted these notices in staff lounge areas. The recruitment notice is found in Appendix C.

For the purposes of this study, the beginning criteria for eligibility for female counsellors to participate were defined as:

1. possessing a masters level degree in social work, counselling psychology, or equivalent social service degree;

2. having at least three years of counselling experience with survivors of child sexual abuse; and
3. working in an agency-based setting where the mandate is to provide child sexual abuse
counselling.

The rationale for defining these criteria follows.

1. **Masters Degree**: Graduate level training appears to be the agency standard within Vancouver
and the Lower Mainland for hiring counsellors to do clinical work with survivors of sexual abuse.
Therefore, the majority of agencies employ masters level counsellors. As well, I assumed that
graduate level training more adequately prepares counsellors to work with difficult populations
and challenging clinical issues, and that the successful completion of a graduate program better
equips counsellors to think critically and to work from a solid theoretical and skill base.

2. **Three Years of Counselling Experience**: I chose three years as the minimum level of
experience that counsellors must have in working with this population. My assumption was that
the tasks and priorities for counsellors during the first two years of practice are to “learn the job”
(i.e., to deal with a new job, organizational culture, procedural requirements, supervision
practices, etc.); to struggle with integrating theory from training into their clinical practice; to
cope effectively with the newness of the work; and to identify areas where further training is
required. Three years of counselling experience may also provide a degree of theoretical and
practice maturity. As well, since vicarious trauma has been defined as the cumulative impact of
working with trauma survivors (McCann & Pearlman, 1990), my assumption was that it takes a
period of time for practitioners to be immersed in the work prior to experiencing vicarious
trauma.
3. **Agency-Based Setting with Child Sexual Abuse Intervention Mandate:** Research on practitioner coping and burnout has indicated that the experience of counsellors in agency settings is different from that of counsellors working in private practice, with private practitioners faring better than their agency-based counterparts (Ackerley et al. 1988; Raquepaw & Miller, 1989). I believe that counsellors in agencies have less flexibility in determining:

- the numbers of clients in their caseload;
- which cases or clients they will take on;
- the range of diversity in their caseload and work responsibilities; and
- the nature and length of their involvement with a particular client.

While I do not believe that private practice is a clinical panacea, my assumption is that child sexual abuse counselling in an agency setting is particularly difficult, for the reasons outlined above. As well, I believe that an agency mandate of child sexual abuse intervention might ensure that these counsellors are more adequately equipped and better trained to respond to the clinical issues of this population.

Seven counsellors responded to the recruitment notice; four from Family Services of the North Shore and three from VISAC. Five counsellors participated in the focus group; two did not participate for reasons outlined below. The eligibility criteria were re-defined after a discussion with the fifth respondent, who met all of the criteria except one. She had only two and one half years of direct counselling experience with survivors of sexual abuse. I made a decision to include her. I did not want to exclude her just for having six months less experience than I outlined in the criteria. I also wanted to increase the group size.
After hearing from five respondents, I worked with the group to determine a date, time, and location for the focus group session. Once the focus group was confirmed, I received a sixth call. A sixth respondent decided not to participate on the basis of the limited number of survivors on her current caseload and a conflict between her own schedule and the date of the focus group session. When I offered to attempt to reschedule the session, she declined the offer. She did, however, indicate that the notice had caused her to reflect on her own experience and to recognize the ways in which her life had been affected. She did not share these reflections with me. The seventh respondent left a message on my home answering machine and my work voice mail, indicating her interest in participating. I immediately attempted to contact her at the number that she left, and subsequently left a message for her on her voice mail at the office. She did not return my calls, which led me to assume that she had changed her mind about wanting to participate.

Upon acceptance into the study (i.e., having fulfilled the eligibility criteria), the participants were sent a written confirmation of participation (Appendix D - Letter of Confirmation) and a consent form for their signature (Appendix E). A written confirmation is recommended by Stewart & Shamdsani (1990) as it communicates a more formal tone and implies an obligation which may serve to increase the commitment of individuals to participate. Participants were contacted by telephone the day before the focus group session, both as a reminder and to ensure that they had accurate directions to the location, another recommendation supported by the literature (Morgan, 1995; Stewart & Shamdsani, 1990).
The size of this focus group (five participants) is consistent with the literature’s definition of sample size as ranging from 4 to 12 participants (Carey, 1994; Krueger, 1994; Marshall & Rossman, 1995). A smaller sample size or “mini-focus group” consisting of four to six participants is becoming increasingly popular as it is easier to recruit and moderate, and more comfortable for participants (Carey, 1994; Kingry et al. 1990; Krueger, 1994; Smith, 1995). The smaller group size has been described as more effective for discussions that involve sensitive topics, and for establishing group cohesion (Carey, 1994; Krueger, 1994; Smith, 1995). The smaller group size also ensures that each member will have a more adequate opportunity to talk and share unique experience and perspective (Carey, 1994). A limitation of the smaller group size relates to the degree to which the total range of experience is circumscribed by the lower number of participants (Krueger, 1994).

Description of Participants

The women who participated in this study completed a brief demographic questionnaire. The questionnaire asked for the following information:

- age;
- educational degree;
- number of years of experience;
- average number of clients seen per week;
- approximate percentage survivors of sexual abuse on caseload for the past three years;
- the type and frequency of supervision received;
- the type of training/education they received in treating child sexual abuse;
- whether or not they felt adequately trained to work effectively in this field; and
- how they would describe their experience of working in this field.

The five women who participated in the study ranged in age from 29 to 41 years of age. Four of the five women had graduate degrees (Master of Arts), and one woman had an equivalent
education (graduate diploma in Art Therapy). While there are counsellors with MSW degrees working within these two agency settings, no MSWs participated in this study. I have no way of explaining this. The years of experience of working with adult survivors of child sexual abuse ranged from two and one half years to ten years. The mean percentage of survivor clients on the practitioners' caseloads was 67%. Two of the five women worked in private practice in addition to working in agency settings. All of the women felt that they were adequately trained to work effectively with this population. Each of the five women described her work in the field of child sexual abuse intervention as positive. The following provides a brief description of each of the women who participated in this study. The information in these descriptions is from the demographic questionnaire and information that the women volunteered during the focus group discussion. Pseudonyms were used to preserve the confidentiality of the women.

Karina is 34 years old. She has been working with adult survivors of child sexual abuse for the last two and one-half years, and is currently working part-time in the field (in an agency setting). On average, Karina sees approximately 15 clients per week. Over the last three years the percentage of her caseload comprised of adult survivors of child sexual abuse has continuously decreased from 75% in 1993 to 20% in 1996. Karina participates in peer supervision on a bi-monthly basis. Her training for working with survivors of sexual abuse included specific course work, workshops, reading/self-directed study, and an internship. Karina is married and has been in the relationship with her husband for 20 years.

Jennifer is 29 years old. She has been working in the field of child sexual abuse intervention with adult survivors for the last three years. She works on a part-time basis, in an
agency setting. On average, she sees approximately 17 clients per week, including eight in an ongoing group. Over the last three years, the percentage of survivors on her caseload has increased from 75% in 1993 to 100% in 1996. She participates in group and peer supervision on a monthly basis, and individual supervision on a weekly basis. Her training/education in the treatment of child sexual abuse included course work, workshops, reading/self-directed study, and attending conferences. She is married and is a survivor of sexual abuse.

Kathy is 37 years old. She has been working with adult survivors of child sexual abuse for the past four years. On average, she sees 17 clients per week, all of whom are survivors of child sexual abuse. Over the last three years her caseload continues to be exclusively survivors of child sexual abuse (100%). Kathy participates in weekly peer and individual supervision. Her training and education in the field included course work, workshops, reading/self-directed study, and attending conferences. She did not identify her marital status.

Doris is 35 years old. She has been working with adult survivors of child sexual abuse for the past eight years. She is currently working part-time in an agency setting and has a private practice. On average, she sees a total of 25 clients per week (the combined total of clients seen privately and in the agency setting), 25% of whom are survivors of child sexual abuse. This percentage of survivors on her caseload has remained consistent over the last three years. This is a choice that Doris has deliberately made to enable her to maintain a sense of balance in her life. Doris participates in bi-monthly agency-based individual and peer supervision, and monthly peer supervision in her private practice. Her training and education in the field included attending
conferences, workshops, and reading/self-directed study. Doris is married and has a toddler (daughter).

Carol is 41 years old. She has been working in the field of child sexual abuse intervention for the past ten years. On average, Carol sees 20 clients per week individually and another 14 in group. Over the last three years, the percentage of her caseload that is made up of survivor clients has increased from 50% in 1993 to 90% in 1996. She participates in bi-monthly peer and individual supervision. Her training and education in the field has included course work, workshops, reading/self-directed study, attending conferences, and an internship. Carol is married and is a survivor of sexual abuse.

Two of the women, or 40% of my sample, were survivors of sexual abuse. This figure (40%) is consistent with the statistics in the literature about prevalence of child sexual abuse and the number of women who have been sexually abused. As I did not specifically ask for this information, it is possible that other women in the group were also survivors.

**Data Collection: The Focus Group Interview**

The focus group was scheduled from 7-9 p.m. on a weeknight at a location determined by the focus group members. The session was held at the office of Family Services of the North Shore. As a number of participants were coming to the session directly from completing their work day, light refreshments were available. These refreshments, provided prior to the session, created an informal opportunity for participants to mill around, to begin to get to know each
other, and to receive an incentive for participating, all benefits that are recommend in the literature (Asbury, 1995; Carey, 1994; Krueger, 1994; Morgan, 1988, 1995).

The focus group session was videotaped, with the consent of the participants. A videotape recording of the group discussion was chosen over an audiotape recording for the following reasons. The videotape provided the opportunity to easily identify the speaker during data analysis (more easily than an audiotape), to review both verbal and non-verbal communication, and to identify inconsistencies between what was communicated verbally and non-verbally. None of the group participants expressed any concerns about being videotaped. On the contrary, one of the women commented at the end of the session how glad she was that the session had been videotaped as the discussion was quite important! The literature indicates that in settings where the use of video cameras are commonplace, reactivity on the part of participants will be less of a problem (Bottorff, 1994). The use of video recording equipment in supervision at these counselling agencies ensured that the counsellors who participated were not concerned about using this equipment to record the discussion.

The framework for the focus group session was based on a pattern recommended by Krueger (1994), which includes: a welcome; an overview of the topic; a review of ground rules; and the introduction of the grand question. The interview guide can be found in Appendix F. At the beginning of the focus group session I re-introduced myself and provided background information on my professional experience. As this research was built upon feminist principles, my intent was to attempt to minimize the hierarchical nature of the relationship between interviewer and interviewees by disclosing personal information about myself in the focus group.
In particular, I shared information on my professional experience as a social worker, which included five years of working with female survivors of child sexual abuse, and indicated that at that time the impact of doing this type of work was not recognized or understood. I connected this study with my interest in describing the impact of this type of counselling work on practitioners. I did not disclose information on the specific ways in which my life was impacted by this work, as I did not want my personal experience to limit or direct the discussion of the focus group. Participants were invited to introduce themselves by first name and to respond to an ice-breaker question. The ice breaker was intended to underscore the common characteristics of participants and to provide each member with an opportunity to talk (Krueger, 1994). This initial opportunity to talk appears to lessen later inhibitions and to ensure that all participants are comfortable speaking during the focus group (Krueger, 1994; Morgan, 1988). Each participant commented on her initial reaction to seeing the recruitment notice for this focus group.

Following the participants’ responses to the ice-breaker, I reviewed the purpose of the research, the process of member recruitment and selection, the planned use of data, and the ground rules for the session (Carey, 1994; Krueger, 1994). Participants were reminded that they could withdraw from the focus group at any time. They were asked to sign and return their consent forms, and each participant received a copy of her signed consent form. A commitment by all group members to end on time, at nine o’clock, was agreed upon prior to beginning the discussion. The grand question was read for participants and a general invitation to begin was given to the group.
The group discussion took on a life of its own. Each member appeared to contribute freely, with no prompting. I played a minimal role in facilitating the dialogue, infrequently prompting or probing for clarification. Twenty minutes prior to ending the group discussion, during a natural break in the dialogue, I offered another question for the group’s consideration or comment, specifically: *Have your feelings about being female changed as a result of this work?*

At the agreed upon ending time, participants were given another opportunity to share any comments that they had not made, and to raise unanswered questions. Participants were given the choice of reconvening for a second group contact. This “member check” would follow the data analysis process, to enable the participants to review the preliminary data report and the description of themes that emerged. This “member check” would ensure that there was congruency between my analysis and the intended meaning of each participant’s contributions in the initial focus group discussion. Group members declined the offer to re-convene as a group. Instead, the preference of the women was to review the transcript and preliminary analysis framework on an individual basis. The session ended with an opportunity for participants to comment on their experience of participating in this discussion. The women indicated that the experience of the group was quite positive. This “check-out” process provided an opportunity for participants to achieve a degree of closure to the discussion.

**Credibility and Confirmability**

In some descriptions of qualitative research the concepts of reliability and validity are dismissed as inappropriate to the paradigm (Carey, 1995). However, a number of qualitative researchers have addressed these concepts in the literature and have indicated their relevance to
qualitative inquiry (Carey, 1995, Krueger, 1994; Marshall & Rossman, 1995; Patton, 1987; Silverman, 1993). **Validity** has been defined as the degree to which the research procedure or instrument chosen really measures what it proposes to measure (Atherton & Klemmack, 1982; Krueger, 1988). **Reliability** refers to the ability of a measure or instrument to yield consistent results each time it is applied (Atherton & Klemmack, 1982).

Leininger (1994) has identified qualitative criteria to be used in supporting and substantiating qualitative studies. She uses the concepts of credibility and confirmability. **Credibility** refers to “believability” of the findings that have been established by the researcher. It refers to the “truth” as it is known, experienced, or deeply felt by the people being studied (Leininger, 1994). **Confirmability** refers to direct and often repeated affirmations of what the researcher has heard, seen, or experienced with respect to the phenomena under study. Confirmability can include evidence from research participants about findings or interpretations of the researcher (Leininger, 1994).

As Krueger (1988) writes, “... focus groups are valid if they are used carefully for a problem that is suitable for focus group inquiry” (p 31). My research is well-suited to focus group inquiry, as outlined previously. Therefore, given the purposes of my research and the fact that the problem under investigation lends itself to the use of a focus group, the focus group procedure is therefore valid (Krueger, 1988).

To ensure the validity of the interview guide (including the grand question), the guide was pre-tested to determine if the question accurately reflected the intended purpose of the study and
if it would effectively elicit discussion. This pre-test increases the effectiveness and validity of the interview guide (Krueger, 1994; Morgan, 1995; Stewart & Shamdsani, 1990).

Validity can be assessed in a number of different ways, including face validity (Atherton & Klemmack, 1982). Face validity, (i.e., do the results look valid?), is consistent with Leininger’s (1994) description of credibility. Face validity or credibility is identified as one of the strengths of focus group inquiry (Krueger, 1988). Focus groups have been defined as having a high face validity, due largely to the fact that the technique is easily understood and the results seem believable as they are based on quotations from participants (Carey, 1994; Krueger, 1988). However, while the findings of this study of female counsellors’ experiences of the impact of working with survivors of child sexual abuse may appear valid, credible, and therefore have a high face validity, caution must be used in implementing the resulting recommendations without further investigation and inquiry. To this end, Krueger (1994) recommends that decision makers employ adequate skepticism when reviewing focus group results and the consequent recommendations.

The generalizability or transferability (Leininger, 1994) of the results of focus group data analysis is similar to that of other qualitative data analysis. Specifically, data are not readily comparable across groups (Carey, 1994). The data from this focus group session is specific to the membership and dynamics of this particular group. The data collected, however, do represent the reality of the experiences of the women who participated in this group. Krueger (1994) and Carey (1995) suggest that generalizations may be appropriate in settings similar to the settings of the focus group members, and when several focus group sessions have been conducted and no
new information has been discovered. Only then can one cautiously generalize a broad
description of the findings to similar groups (Carey, 1995; Krueger, 1994).

Censoring and conforming are concerns in focus group settings as group members often
adjust their comments in response to their own needs and to their understanding of their
appropriate roles in the group (Carey, 1994). Due to the fact that group members' contributions
may be influenced by the interaction in the group, the data collected in this focus group may be
very different from data collected in another focus group of women who meet consistent eligibility
criteria. To address this problem, group members were given the question prior to the focus
group session and were asked to think about and write down their responses before attending the
focus group. This preparation prior to the session is recommended by Carey (1995) to ensure
greater validity or credibility of the data. Even though participants were asked to write down
their responses, no one brought a written response to the guiding questions to the focus group.

To improve the confirrmability or reliability of the focus group results, the focus group was
vidiotaped and a verbatim transcript of the discussion was created. This videotaping and
transcription ensured that the women's experiences were accurately and fully documented, in their
own words, rather than by my note-taking which would only record those words which I
determined to be most important. In addition, the transcript and data analysis coding framework
were returned to the women in the focus group for their feedback and verification prior to my
writing up the findings of this study. This participant verification process ensures the accuracy
and confirrmability of the data analysis process (Carey, 1995; Krueger, 1988).
Data Analysis

Data analysis has been defined as the process of bringing structure, order, and meaning to the data that has been collected in a research study (Marshall & Rossman, 1995), and organizing this data into patterns, categories, and basic descriptive units (Patton, 1987). The process of analysis allows the researcher to reduce the volume of data to provide insight or bring meaning to the comments of participants. This process has been described in the literature as data reduction and interpretation (Marshall & Rossman, 1995; Morgan, 1988; Patton, 1987).

The analysis process for focus group data is similar to other qualitative methods, with the added dimension of the group context (Carey, 1994). In order to integrate the group context into the analysis process, Carey and Smith (1994) recommend that data be considered at an individual level, examining responses and behaviours without regard for group context, and then at the group level, including sequential and interactional analysis of participant responses and behaviours. Through the application of appropriate, systematic, and rigorous analysis the researcher can draw meaning from the data (Carey, 1994; Krueger, 1994; Morgan, 1988).

The data analysis process for this research was contextualized by my own personal experiences and my beliefs and biases about the world. Specifically, the feminist perspective that I bring to the research process, and my own personal experiences of being impacted by the work of counselling survivors of child sexual abuse, did influence the data analysis and meaning-making process. My personal familiarity with the research topic, and the feminist perspective from which I view the world, were used in the process of reviewing the data and identifying themes and patterns. Through discussions with my research advisor, I was able to clarify my own experiences.
and biases in order to more effectively identify the unique meanings of the experiences of the participants.

The feminist perspective I bring to this research acknowledges the importance of examining the personal experiences of women in a larger societal or political context. That is, in order to truly understand or make sense of the experiences of a woman, we must consider if and how these experiences are interwoven with those of other women. A feminist perspective views women's lives as important and worth examining, attempts to uncover patriarchal bias, and redefines topics or theories in terms of women's experiences (Reinharz, 1992).

Feminist researchers almost always use feminist theory to frame questions and interpret their data. Frequently, in feminist research, gender or femaleness is the variable and power/experience/action the relation under investigation. ... Using feminist theory, feminist researchers attempt to demonstrate the reach of the political into areas typically assumed to be personal, in addition to areas always thought of as political (Reinharz, 1992, p 249).

In qualitative research, the purpose of the research study dictates the type of data analysis process that is used (Carey, 1995; Krueger, 1994; Morgan, 1988; Patton, 1987). As the purposes of this study were exploratory and descriptive, the goal of analysis was to display the range of impact and to identify themes in the women's descriptions of impact. The videotape of the focus group provided an accurate recording of the focus group session and ensured that the true nature of the discussion was captured. A videotape recording has been described in the literature as advantageous, due to the density of the data collected as greater than other kinds of recordings; the permanence of the video recording which makes it possible to review events as often as necessary, thereby ensuring a more thorough and complete analysis of data than by using
other means of observation; and the opportunity for deliberation prior to making interpretive judgments as both verbal and non-verbal communication can be examined (Bottorff, 1994).

The audio portion of the recording was transcribed verbatim. The transcript was reviewed, compared with the videotape for accuracy, and then memos regarding non-verbal language were added to the transcript. This memoing ensured that the entire character of the discussion was reflected in the transcript (Morgan, 1988). Using the verbatim transcript and the videotaped recording facilitated the data analysis process by providing the opportunity to analyze the content of the discussion and the expressions of vocalizations of participants, and link these with nonverbal behaviours (Bottorff, 1994).

**Individual Level Analysis**

The data were first examined on an individual level, whereby the women’s responses and behaviours were examined without consideration for the impact of group context. The transcript was reviewed, line by line, and significant words, phrases, or sentences which I deemed as relevant to the women’s experiences of the impact of their work, were underlined. Each of these words, phrases, or sentences was then re-examined and labeled or coded in an attempt to determine the intended meaning. If another word, phrase, or sentence emerged which I deemed as consistent with a previous meaning, the same label or code was attached. After this process was completed with the entire transcript, I listed all of the codes. A total of 48 codes emerged.

I then put the transcript aside and grouped the codes according to similarities. From these grouped codes, I brainstormed a list of the sub-themes or categories that stood out for me and
captured the meaning of these codes. Fourteen sub-themes emerged. These sub-themes were re-examined in an attempt to identify major themes which described both the codes and the sub-themes. Four main themes emerged. This process of identifying the main themes in the data has been described as *finding the big ideas*, or identifying the trends that cut across the entire discussion (Krueger, 1994). The resulting *Transcript Codes Framework* (Table 2), which identifies both the main themes and corresponding sub-themes, was developed.

Table 2

*Transcript Codes Framework*

<table>
<thead>
<tr>
<th>Challenges and Changes in World View</th>
<th>Heightened Self-Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Loss of Innocence</td>
<td>• Somatic and Affective Responses</td>
</tr>
<tr>
<td>• Hypervigilance</td>
<td>• Personal Issues and Unfinished Business</td>
</tr>
<tr>
<td>• Critique of Society’s Response to Sexual Abuse</td>
<td>• Guarding Against the Impact</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Dis/Connection with Others</td>
<td>Finding Balance</td>
</tr>
<tr>
<td>• Professional Responsibility vs Personal/Familial Responsibility</td>
<td>• Finding Meaning</td>
</tr>
<tr>
<td>• Dis/Trust</td>
<td>• Attempts to Mitigate Impact</td>
</tr>
<tr>
<td>• Isolation</td>
<td>• Acknowledging the Power of the Work</td>
</tr>
<tr>
<td>• Sexuality and Intimacy</td>
<td>• Valuing Femaleness</td>
</tr>
</tbody>
</table>

*Group Level Analysis*

As Carey and Smith (1994) recommend, the data were then re-examined in the context of the group, where the relationship of the individual to the group is considered. The literature indicates that transcription of focus group sessions can partially decontextualize the data (Carey, 1995; Carey & Smith, 1994; Morgan, 1988; Krueger, 1994). In order to prevent this decontextualization, the transcript was reviewed in conjunction with the videotape and memos
were added to include voice inflection, pauses in discussion, laughter, and audible and non-verbal indications of agreement. This memoing attempted to contextualize the data and ensure that the entire character of the discussion was reflected in the transcript (Morgan, 1988).

The fundamental concern in the focus group technique is that what individuals say in focus groups is influenced by the dynamic of that group (Morgan, 1995). In focus group data analysis, censoring, and conforming or groupthink have been identified as potential considerations for the researcher (Asbury, 1995; Carey, 1995, 1994; Carey and Smith, 1994). When an individual modifies his or her behaviour in response to impressions of other group members, these processes are said to occur. In censoring the group participant withholds contributions; in conforming or groupthink the participant modifies his or her contribution to be more consistent with the majority opinion (Carey, 1994, 1995).

I had expected some censoring on the part of group members as I knew three of the five women professionally, and the nature of the topic is quite personal and sensitive. However, although some censoring could have occurred, I was surprised by the level of sensitive data that I collected. In retrospect, this previous familiarity with three of the women, and my earlier experience of working as a counsellor with survivors of sexual abuse, may have played an important role in creating rapport and safety in the group. This familiarity with participants and with the topic of discussion has been identified in the literature as desirable in establishing a group climate that is conducive to openmess and honesty (Carey, 1994; Morgan, 1995).
At the beginning of the focus group discussion there was some evidence of conformity. For example, participants' initial comments about the impact seemed to stem from, and build on, the comments of the previous woman. Initially, each woman commented on the ways that her perceptions about the world had been affected by the work. Often, the same words were used by more than one woman, where the woman who was speaking would integrate an exact word or phrase into her own contribution. As time went by, the women appeared to be more comfortable. This was demonstrated by more relaxed body postures, more non-verbal and verbal indications of agreement in response to others' contributions, and an increase in the use of humor and laughter. I believe that this change may be due to increased trust in the other women in the group. As the comfort level increased, the women were more likely to discuss unique experiences, irrespective of the focus of a previous woman's comment.

The sequential nature of the data that emerged is also noteworthy. Initially, the statements of the women focused on less personal comments and more general experiences. Over time, the specificity of contributions (i.e., increasingly detailed descriptions) and the integration of personal context into contributions (i.e., individual meaning of actual experience) increased. The range of experiences that were described by the women over the course of the focus group may also be indicative of limited censoring and conformity.

Carey (1994) states that the range, specificity, and personal context of contributions of members may be indicative of the level to which the troublesome effects of censoring and conformity are operational in a focus group. The contributions of one of the women may exemplify the degree to which censoring and conformity were not occurring. Doris came to the
group session with a very clear agenda, indicating at the start of the focus group that she had a
couple of things that she wanted to say. These specific, deeply personal contributions were made
during the middle and at the end of the group discussion. At the time that she made each
contribution, she indicated verbally that it was difficult for her to talk about these things. Non-
verbally, her behaviour included sitting up in her chair, leaning forward into the group, and
making direct eye contact with me. She appeared to be choosing her words carefully and
thoughtfully. Both of the contributions focused on her role as parent: the first related to
attempting to protect her daughter from sexual abuse; and the second focused on her experience
of childbirth.

Finally, in reviewing the transcript there appears to be an overall flow or sequence in
which the four main themes emerged in the data. While one woman’s statement may have
contained material which related to each of the four themes, there was an overall sequence evident
in reading across the transcript, at the group level. The first major theme that was discussed in
the group was *challenges and changes to world view*. The discussion subsequently moved to the
theme of *heightened self-awareness*, and then to *dis/connection with others*. The group
concluded with an emphasis on the theme of *finding balance*. My interpretation of this
sequencing of the discussion and ending with the theme of finding balance may be reflective of the
women’s attempt to bring closure to the discussion and to emphasize their strategies for coping.
In fact, the tone of the discussion became less intense and lighter during this focus on the theme of
finding balance.
Participant Verification

To ensure that the analysis process captures the true intent or meaning of the participants' statements, the literature encourages researchers to verify their coding systems with participants (Carey, 1995; Krueger, 1988). To this end, the transcripts were copied, one for each woman. A color was assigned to each of the four main themes. On each transcript copy, only one woman's words, phrases, or statements were color coded to reflect the main theme that the word, phrase, or statement was categorized under. Then, the code within each of the themes was written in the right margin. Where I was unclear on the intent of a statement or needed clarification or more information in order to code the statement, a question asking for this clarification or elaboration was included in the right margin. Finally, the significant phrases or quotes that were indicative of the sub-themes or themes that could be included in this report were identified with a bracket and star.

The women received their copy of the transcript and were asked to review the codes applied to their comments for accuracy, clarify or elaborate on specific statements, and review selected direct quotes and grant permission to use these quotes in the final research report. As well, the women were asked to review the overall transcript code framework and, if applicable, to chronologically or sequentially order the themes to represent their own process of experience.
CHAPTER IV
FINDINGS

The Importance of the Women’s Words

Feminist scholars and researchers have identified the importance of listening to the true meaning of women’s voices and words. Krueger (1994) and Reinharz (1992) have identified the importance of considering the actual words used by participants and the meanings of these words. Reinharz encourages feminist researchers to liberate language by “seizing the power to name and to wrench words from their semantic fields” (Reinharz, 1992, p 218). In the description of the impact that counselling work with survivors of sexual abuse has had, the women used words that reflected the violence and brutality of sexual abuse. The following words, taken directly from the transcript, appeared in the women’s descriptions of their experiences:

- guard against
- bleeds over into my life
- this story can hit
- how do I keep myself safe
- I’m bombarded
- leaks into sexuality
- when it starts seeping
- toxicity of clients’ stories
- protecting myself
- being confronted with clients’ stories
- information violates me

In reviewing this sample of the women’s words, the implication is one of violence and physical injury. The nature and content of the child sexual abuse experiences that the survivors bring to counselling directly threatens the counsellor. While the threat is not one of physical danger, it may be a threat of psychic or spiritual danger. As well, there is a sense of physical...
injury in the women's words. The damage caused by the brutality of child sexual abuse is experienced by both the survivors and the counsellors who work with these populations.

Themes in the Women's Experiences

Four major themes emerged from the women's account of their experiences of the impact of this counselling work with survivors of sexual abuse:

- challenges and changes to world view
- heightened self-awareness
- dis/connection with others
- finding balance

Consistently, these themes emerged in the overall group's description of the impact. These four themes are connected by the sub-themes outlined in Table 2 (page 60). The table contains descriptive information on the sub-categories or sub-themes which fit within each of the four major theme categories.

It appears that the themes and sub-themes are not discreet or mutually exclusive, but rather complexly linked. The relationship between the themes and sub-themes appears to change over time, and continually evolves. As one woman described it, the relationship between the themes exists in a certain configuration at a particular moment in time. This configuration will change from moment to moment, or day to day, perhaps following an incident such as another appointment with a client, attending a workshop, participating in a supervision session, or reading a newspaper report about a case of child sexual abuse. For example, the woman/counsellor may be at a place, in the moment, where she feels that she has achieved or found a sense of balance in each aspect of her life. This sense of balance impacts the way she approaches her relationship
with her self (her own needs, her body, etc.) and her relationships with others. This sense of balance also impacts the way that she experiences the world. If she has a particularly difficult day at work, perhaps where a client discloses a horrendous experience of abuse, this sense of balance can be upset. The woman/counsellor, in response to this story, goes into shock and disbelief, begins to question human nature, and experiences increasing distrust of others. These reactions may impact the way that she feels, how her body holds these reactions, and how she perceives her work. She must then attempt to work toward finding this balance in her life once again.

The following discussion of the findings relates to the experiences of five women who are working with survivors of child sexual abuse. The discussion of each of the main themes and sub-themes reflect the women’s awareness that their work has had a considerable impact on all aspects of their lives. The themes indicate that the women struggle to guard against the impact of their work, strive to achieve a balance between the responsibilities of their professional roles as counsellors and their own personal lives as women, and work towards celebrating the strength and beauty that nature and their own femaleness brings to their lives in order to mitigate the impact of this work. The women’s experiences will be discussed in relation to the four main themes (challenges and changes in world view, heightened self-awareness, dis/connection with others, and finding balance); the literature on vicarious traumatization; directions for future research; and the implications of these findings to social work.
Challenges and Changes in World View

This theme categorized three sub-themes of experience. These sub-themes include: loss of innocence; hypervigilance; and critique of society’s response to sexual abuse. The following is a discussion of the findings within each of these sub-themes.

1) Loss of Innocence

The women described their work in the field of child sexual abuse intervention as profoundly changing their perspective on the world. The clients’ stories of child sexual abuse exposed these counsellors to the dark side of humanity or the “underworld,” which resulted in their loss of naiveté or loss of innocence.

Feels like I spend my working time looking under rocks. The underbelly, the ugliest, and it does change the world for you. Kathy

The sole question of the loss of innocence, I know I feel that I’m aware of the underworld, the ugliness and the evilness of what people can do to their fellow human beings. And I look at everything differently now. Doris

... the way I view the world in general, the lens that I view the world in, I think has shifted dramatically. I think it shifted, it went way out to one side ... but there’s no question that there’s a loss of innocence in terms of those notions and those hopes that we live in a just society ... Carol

2) Hypervigilance

In response to hearing the graphic details of their clients’ stories of abuse, recognizing the prevalence of child sexual abuse, and acknowledging their own loss of innocence the women became hypervigilant, exceedingly watchful, or cautious, assuming that child sexual abuse is
everywhere. The women talked about having to question things more, including the motivation of others and the appropriateness of their own reactions.

One time I was feeling a little burned out, working too much, and on my lunch break I was walking down the street and I saw a dog, and I thought - that dog - it's been sexually abused! and I was really upset about this dog being sexually abused. I didn't really have proof that it was but that was so much on my mind that I seem to see it everywhere.

Kathy

... sometimes it's the smallest things that disturb me and one of them is that commercial on television for Vick's Vapor Rub. The little girl comes into the parent's room, the mom and dad are in bed, and she's coughing, and they invite her in bed and she's between mom and dad and they rub Vick's Vapor Rub on her chest and then on her throat, and on her back. I like gasp! gasp! ... I can't just watch this commercial and think oh they're just loving their daughter and trying to make her feel better ... Is that appropriate touching or not appropriate touching? I don't think they should do that! Should they do that on TV? you know, and away I go and it is a real robbing of innocence!

Jennifer

Prior to the focus group discussion, I had assumed that an awareness and acceptance of the prevalence of child sexual abuse would better equip a parent to realistically deal with the dangers their children face in our society. For Doris, her awareness of sexual abuse had created a need to examine her daughter for indications of sexual abuse. Doris did not define this behaviour as being careful and concerned, but rather as something that was shameful and difficult to talk to her husband about.

I think we start reading into situations because of the information that's being presented to us, and I know that for myself when I introduce my little one to her baby-sitter (she's in a family daycare) and it's difficult to talk about this, but when I would take her home in the evening and I would change her diaper, I would check between her legs and you know, I would do that, like I have to do this, like I have to check if something has been done to her. I think it's a really sad comment on how my innocence has been taken away.

Doris
3) Critique of Society’s Response to Sexual Abuse

In a continued attempt to make sense of child sexual abuse, the discussion included a critical comment on the ways in which society responds to survivors. The range of comments included feminist-based critiques, descriptions about the social service system's response to survivors, and the role of men and women working together to end abuse.

"I'm really angry that there's not an exclusively male movement speaking out against domestic violence, sexual abuse, and pedophilia. I feel that it's still us women that do the work and who denounce those sins. And I think that we will have made a step in the right direction when there's a men's movement speaking out about those issues." - Doris

Overall, the women felt that the larger social service and criminal justice systems were unable to effectively support their clients or themselves as counsellors. One woman talked about her difficulty in accepting the ways in which the criminal justice system re-victimizes survivors of sexual abuse. She indicated that survivors are subjected to re-traumatizing questions during the police interview, in preparing for trial, and on the witness stand in court. The system's revictimization of survivors creates additional stress for the counsellor by adding levels of complexity to the counselling relationship. For example, this counsellor talked about the strain on herself and the counselling relationship that was created by the threat from defense council of having her case file notes at risk of subpoena.

Other women commented on the links between the ways services to survivors are structured and funded, the implications for their workload, and their ability to cope effectively with the impact of the work.

"... there's always that bottom line push for the dollar, and where is the funding coming from, and do you have enough time to go to a peer group? and I mean, after all, what
are you doing there? [said sarcastically] You know, is that productive time, and all those messages and pressures. There is pressure to show funders who don’t really understand the complexity of what we do, that we are responsible and productive. It's hard to quantify the results. Carol

I was so tightly scheduled that I couldn't hiccup without it disrupting my schedule. I worked really hard to keep it together. Karina

The more contact I have with people in this field, the more burned out women I run into. It's kind of ironic, the way services are funded does not acknowledge the impact that this work has [on female counsellors], but in a kind of twisted way it does acknowledge that. There's no funding. There's no room for expansion and women have to fit into these little slots. Says something about the importance of the work! Jennifer

Jennifer also described a new requirement of the agency's funder. Staff are now required to keep a daily activity log which documents work activities in 15 minute intervals. She reported the considerable stress that this additional paperwork requirement caused her as well as the guilt she felt when she spent time debriefing a difficult session with a colleague, an activity that could not be categorized according to the log guidelines. The reporting requirement is indicative of the unfavourable context in which these services to survivors of sexual abuse are provided. The system's emphasis on productivity and efficiency is inconsistent with the nature of the counselling work that these women perform. The system has been set up so that the counsellors' needs for emotional support are rendered invisible within the definition of work responsibility and mandate.

Overall, the women identified a dissatisfaction with the "system’s response" to survivors and the female service providers that work with them.

... so sometimes I think about how to change the way that society has structured how we have to deliver service [to survivors of child sexual abuse] because the way that we deliver service to this clientele has a direct impact on me and my ability to provide service, the quality of service I can provide, and the benefits that can be obtained. And it
feels very self-defeating at times. Like you really have to have a big sun of hope some
days to keep yourself going. Karina

Heightened Self-Awareness

Within this theme, three main sub-categories or sub-themes of experience emerged. The
sub-themes include: somatic and affective responses; personal issues and unfinished business;
and guarding against the impact.

1.) Somatic and Affective Responses

The women reported that their work with survivors has significantly impacted them
physically. The physical effects described included gynecological difficulties, increased
susceptibility to illness, and a variety of physical symptoms such as pain and muscular discomfort.

I ended up having endometriosis again and then a cyst. I was taking medication and
shouldn’t have had a cyst, but it came back, and then I got fibroids. So I’ve got all kinds
of things in there and it feels like a physical manifestation of the toxic stuff that I’m
sitting with each day, and it is growing in my body and it scares me. Kathy

... the impact that it has had on my body is intensely amazing. My menstrual cycles are
much more irregular since I’ve done this work, and my level of getting sick is much
higher that it was before I started doing this work ... Jennifer

Two of the women indicated that they experienced the stories of their clients on a full
sensory basis. As the client described an experience, these counsellors reported feeling the
sensation of what the client described in their own bodies. This full sensory experiencing created
a challenge for these counsellors to stay present with their clients. As well, one of the women
reported that she feels much more effective as a practitioner when she can experience information that is presented by her clients in this way.

The women reported a range of affective responses to their work with survivors of child sexual abuse. These responses included feeling threatened, overwhelmed, anxious, discouraged, angry, afraid, and physically exhausted. Additionally, a common reaction described by the women was feelings of resentment related to the toll that this work has taken on their lives.

_I had a dream the other night and part of that dream was walking down through the lower east side and I was carrying this heart and thinking this is not supposed to be part of my job!_ Jennifer

2.) **Personal Issues and Unfinished Business**

The women emphasized the parallels between their own experiences of the impact of this work and the experiences of the women they work with. The separation between the clients' issues and the counsellors' issues were, at times, not clear. The women indicated that their clients often became mirrors, reflecting the areas of personal work they too had to complete. For two women, the work “triggered” personal historical experiences of sexual abuse.

_I think it’s had a profound effect... having come from an abusive background myself, I was getting a lot of triggers and that was kind of the beginning. ... I think for me there’s a parallel between watching that healing process with a client, and also clueing in on my own process too._ Carol

The women indicated that there is a relationship between their personal histories of sexual abuse and their reactions to their work with sexual abuse survivors; however, they did not
describe or make explicit the extent to which this personal history related to the impact of their work.

One woman talked about her role in planning and implementing a therapy group for survivor clients. She indicated that at the beginning of the group not only were the survivors planning the content/agenda for the ten-week time frame, but also identifying her own personal focus of work during that group process.

*In the first session we’re always talking about the guidelines and what we want to talk about and I might just as well write in my own - so what are the issues I’m going to be working on for the next ten weeks. I guess I better go deal with this now. And it happens time and time and time again.* Jennifer

A major task for the women was to differentiate between the counsellors’ personal “unfinished business” and countertransference responses, and the clients’ issues brought to counselling and their transferences.

*Is this my stuff or my client’s? Or are the client’s issues triggering my unfinished business and is that why I am feeling off balance? I was having dizzy spells a year ago and connected this to unfinished personal business, after which the symptoms stopped.* Carol

Finally, for these women, their work with clients had provided an uncomfortable opportunity to recognize the “dark side” of themselves. Perhaps given the right set of circumstances, they too could become violent or abusive.

*... sometimes it gets close to the shadow of the things that really, really repulse me and they are probably somewhere in there in me, the dark part of myself.* Kathy
One woman indicated that she was unable to dismiss or “write-off” people who have harmed others, indicating that their experiences may have led them to this behaviour.

_The issue of why they are who they are and that they are human become as immediate as the fact that they have harmed another. I cannot sit behind my side of the glass and look with judgment upon the “thems” of the world knowing that I, and any other, could be as “they” have been._ Jennifer

Another woman talked about her own need to acknowledge the “shadow” of her thinking towards others and her personal struggle to separate those who act on these thoughts and those who don’t. She described her own process of increased self-awareness in the following way.

_... the one thing that I’m closer to seeing in myself is where darkness can grow out of. It’s almost harder to hold that than my nice little rosy side. What I can’t give any room for, for myself, is acting on it._ Karina

3.) **Guarding Against the Impact**

Throughout the discussion, the women described their attempts to guard against or protect themselves from the impact of their clients’ stories. They expressed this challenge as a conflict between their professional responsibility to be empathically open to their clients experiences and their personal instinct to protect themselves from the impact of their work.

_I don’t know how I guard myself from that because I don’t know what I’m guarding myself from ... I know the images impact me ... how do I keep myself safe and still try to be an open vehicle to work with my clients?_ Jennifer
I think that to a certain extent as therapists we have to learn to dissociate ourselves from some of the content, the very graphic content of the material that we are exposed to.

Doris

How do you let it flow through, and how do you know the difference when it’s sticking - when a lot of the times it might not be information that’s going to come into your brain and create a verbal sentence for you, anything you can even attach it to. Karina

As the women recognized the impact that this work has had on them, questions arose about why they were not warned or informed about the potential impact of this work.

I feel we’re in this forest, and it’s dark, and then I hit a branch. I didn’t know there was a branch there! Why didn’t they tell me? And I just wish that in the training and in supervision, as more and more people do sexual abuse work, that we would be more empowered with information and we would understand the process that we go through as therapists. Doris

Dis/Connection with Others

Within this theme, four sub-themes of experiences emerged in the women’s descriptions of the impact of their work. The sub-themes include: professional responsibility vs. personal/familial responsibility; dis/trust; isolation; and sexuality and intimacy.

1) Professional Responsibility vs. Personal/Familial Responsibility

The women recounted details of the extent to which their work with survivors had impacted their relationships and sense of connection with others. A recurring subject in the discussion focused on the challenge of separating their responsibilities as professional counsellors and as women with personal lives. A number of the women spoke of the pressure that they experienced in attempting to balance their professional and personal roles. This pressure was
described as related to the expectations that others had of them and their own need to set limits
and draw boundaries in these relationships.

I think sometimes I'm going to come with this anonymous profession ... because
invariably if a group of people find out what I do ... some stop talking and get very quiet
as if I have the ability to analyze their words or come up with information that they
weren't intending to share ... I'm not the world's therapist just because this is what I do
for a living and I don't want to have to reiterate those boundaries everytime someone
tries to cross them and it happens a lot! Jennifer

Actually, I learned to make up a different occupation because I had a hair dresser that
would reel off these horror stories after she found out what I did. I left one day just so
angry! It took me a whole evening to calm down ... I thought this is ridiculous, I'm not
going back to that hairdresser again! I'll find another one because I want to be able to
relax. I don't want to have to listen to people’s problems when I want to be relaxing! Carol

Keeping it together for the client, and then keeping it together for my life, and then
supporting everybody that needed to be supported, and supporting myself and it’s almost
too much! I think there’s this message that you can do this that you can somehow be
there and then you can kind of divide up yourself, and I can’t. Karina

Another source of role conflict for the women stemmed from their inability to be
emotionally available to their partners, friends, or pets after a long day of counselling and being
emotionally available to their clients.

I’m just wiped after long days and days with groups and clients, and I’m just not
emotionally available for anybody. Myself, my husband, my cats, anybody. I have an
agreement with my husband that when I’m working ... I won’t answer the phone and I
won’t take a call. I don’t even want to talk to him for an hour when I come home. I just
want to meditate or veg out, or whatever. Carol

I feel like that too. I just can’t take anything more in. I’m full. I can’t return calls or
connect. I’m too tired. Kathy
2) *Dis/Trust*

Another aspect of the women’s relationships that was impacted by their work with survivors of sexual abuse was related to trust. It is as if the violation of trust that their clients often experienced at the hands of their abusers paralleled these women’s concerns and distrust of others. As a result, the women reported feeling emotionally guarded in situations and relationships. One woman expressed relief at being in a secure and settled long-term relationship so that she would not need to risk entrusting herself to another person.

*I find that the issue of trust and the violation of trust is one of the areas that bleeds over for me into life and I do, I look at people with a critical lens and I judge before I’ve given them a chance. And I do that particularly with men. I’ll make judgments all the time.*

Karina

Doris, the only mother in the group, talked about the fear that she experienced in relation to giving birth to her daughter. She indicated that she trusted her body to be able to endure the physical pain of childbirth. However, she did not trust that the doctors would respect her right to privacy (the “privilege of privacy” as she later described it). She experienced an overwhelming distrust that unknown medical personnel would walk into the birthing room. She connected this experience with that of her clients and offered the following explanation as to why trust became such an issue during the birth of her daughter.

*I think that the connection that I’ve made for myself as a therapist was that I’ve heard so much about stories of violation, about not having choices, about having certain body parts exposed to my clients, or having to expose these parts to others by force. You know, things being inserted, bodies being touched this way and that way, that for me, that’s how if affected my birthing experience ... I think it speaks to the importance of the dignity of the body and what our clients have taken away from them. The privacy ... so the parallel is that to me this was more scary than childbirth, and when that is taken away from a*
client, the incredible amount of pain, you can compare that to the incredible amount of pain of giving birth. Doris

3) Isolation

Feelings of isolation within current relationships was another common theme that emerged in the discussion. The women described experiences where they felt emotionally isolated as a result of their work. Due to the confidential nature of their work with clients, the disturbing details of the stories that clients shared, and their needs to separate work from home life the women indicated that it was difficult to really talk about their work with their partners and/or friends. Therefore, the people close to them really did not understand the complexity and emotionally challenging nature of their work with survivors. Their professional roles as counsellors created a degree of emotional isolation within their personal lives.

Often, once the words sexual abuse come out, the conversation gets heavier or ends. Unless you're in this profession, I guess it's difficult to laugh about borderline personality disorder. Jennifer

And my husband is so far removed from my work. He deals with computers and technology ... when I talk about some of my work, it's as if he lives in another world. Like in his world, the way he looks at it, he doesn't assume domestic violence, sexual abuse, emotional abuse ... because he's not constantly exposed to that ... sometimes I feel that kind of distance like Oh God you just don't know, you don't know what I know. Doris

This isolation that the women reported reinforces the important role that debriefing with colleagues and time for supervision plays in the lives of these counsellors. Yet, in many situations, these opportunities are limited by the demands of the system.
4) *Sexuality and Intimacy*

Two of the women shared details of how their work with survivors of sexual abuse had impacted their sexuality and their ability to be sexually intimate. For one woman, Carol, the impact related to her ability to be sexually spontaneous, particularly when she felt tired and in need of a vacation.

*I definitely think that it leaks into sexuality when I’m getting really tired, and need a holiday, and it absolutely affects the spontaneity and the enjoyment on many levels. Sexual intimacy is definitely affected. My energy level is low and sex is not a high priority.* Carol

Kathy described the way that the images from her work intruded into her awareness during sex. She indicated that she has difficulty keeping out the images of the corruption and vileness around sex that her clients have described as their experiences of abuse.

*... my work comes into my mind sometimes when I’m having sex. Sexual abuse happens when people do to small children the things I am doing now in this act of pleasure. I cannot enjoy sex with these thoughts, so I have to turn my mind away from them and come back to the moment.* Kathy

These descriptions parallel the experiences that survivors of sexual abuse often report in counselling (Courtois, 1979; Gelinas, 1983; Gil, 1983; McCann et al., 1988; Russell, 1986). For the survivor, the historical sexual abuse intrudes into current sexual intimacy and lovemaking. It appears that, for the survivor and counsellor alike, isolating the impact of the abuse experience becomes primary, and an ongoing challenge.
Finding Balance

Within the theme of finding balance, the women described four sub-themes: finding meaning; attempts to mitigate the impact; acknowledging the power of the work; and valuing femaleness. From the discussion it became evident that the process of finding and maintaining a sense of balance in their lives was a constant, ongoing challenge. This theme appeared in the women’s comments throughout the group session. However, for the last half-hour of the two-hour focus group, the women’s comments focused almost exclusively on this theme. It was as if the women needed to bring closure to their exploration of the impact of their work and again move toward finding balance.

1) Finding Meaning

A common experience that the women described was a struggle to understand or make sense of child sexual abuse. This struggle parallels the quest for meaning that survivors of trauma often engage in (McCann et al., 1988). For two of the women, this struggle to find meaning was connected to a fascination with, and hunger for, information. Attending workshops, participating in conferences, and/or reading books and journals were perceived as ways that they would be better equipped to make sense of the phenomenon of child sexual abuse. This understanding was described as both personally and professionally important to these counsellors. One woman described this quest for meaning in the following way:

*I go into that world and try to find handles that I can hold onto, some kind of explanation or something that's going to make sense to me that I can bring back to my clients, like um, this happened because ... so part of the work of working with sexual abuse is to work with something that I am totally incapable of understanding how in the world it happened.* Karina
From the discussion in the focus group it appeared that the struggle to find meaning was an ongoing process. Questions about "why" continued to surface, even after many years of working with survivors of child sexual abuse. One woman talked about the shock and disbelief that she still experiences when she hears a particularly horrific story of abuse from a client, even after eight years of doing this work.

... sometimes I think OK, I’ve heard all the stories, I’ve heard all the horror stories and I cannot be shocked anymore. It’s impossible! and then someone comes along with another horror story that tops all of the other ones and then I’m in shock! ... I can’t believe that someone did that to another human being ... to this day, I can’t figure out how come so many people were sexually abused and I wasn’t. There is no logic to it. I guess I was just lucky! Doris

Two of the women in the group talked about the role that a feminist philosophy played in their attempt to find meaning or make sense of sexual abuse. While this perspective was helpful in understanding male violence against female children, the perspective did not address instances where women had offended against children. One woman talked about the role that a feminist perspective played in her attempt to find meaning.

But I still struggle to maintain balance between my feminist perspective and being validating and empathic and understanding of other women who do offend ... I find those two things hard to keep in my consciousness. Carol

The work with survivors of child sexual abuse impacted the women at an existential level, leading to the ongoing challenge of finding meaning and understanding "why?". One woman described it this way:
I'm affected by this work at a whole existential, spiritual level. For the longest time I thought nobody's born evil, that it's a product of our culture or our society. I think of all of the acts that take place, whether I hear it through work or through the news ... it feels like an existential crisis, you know, of maybe there is evil, maybe there are bad people. ... There are people that I can't understand - the Clifford Olson's of the world, and I can't say that I'm not intrigued. I think sometimes I'm fascinated by why and how.

Jennifer

2) Attempts to Mitigate the Impact

A common point made by the women was that even with the number of years of experience in doing sexual abuse counselling work, each continued to be challenged to accept their clients' stories, their own reactions to the work, and their own needs for addressing the impact this work has had on them. After caring for and giving to their clients on a day-to-day basis over a number of years, perhaps the biggest challenge was to give to and care for themselves. Karina described it as "giving yourself permission to be human."

I find that the amount of recovery time I need increases with the severity of the clients I work with. I don't know why I need that much time. I just do, and even to allow myself to take it, it's hard. At home, at the agency where I work, to take that time and give it to myself, regardless of the judgments and what's going to happen to me because of it, but to just do that because I know that's what I need. Karina

... just validating the time I need to debrief after a really tough session, or the time I need to just walk around the building to calm down, or to stand and make a cup of tea, or whatever it is I need to do to be okay, becomes something that feels questionable. That's really, really hard! Jennifer

Their attempts to address the impact included deliberate decisions about their workload and their hours of work.

I limit the hours a week I work. I re-defined what full-time is and what the ratio is between clients and my time, and what I do with my downtime. Jennifer

I don't work with offenders! ... I've been doing private practice for quite a few years and I decided to join this agency because of the constant isolation. ... For me, working with
victims of sexual abuse is just a certain percentage of my practice and that's the way that I protect myself. ... so I think it's important to know our limitations as therapists, how much we can handle. Doris

I was working, doing short-term work when I first started at this agency, and so just hearing story after story ... I was getting really ungrounded and anxiety feelings in my body. Fortunately I moved into doing long-term work where you don't get flooded nearly as much. Kathy

Other strategies to mitigate the impact included consciously prioritizing self-care strategies, taking time to be alone to “re-fuel,” and making time at work to get support from colleagues. One woman described this support as “witnessing” their colleagues’ feelings and reactions. It appears that the healing power of having a witness is as important for counsellors as it is for the clients they serve. Finally, two of the women indicated that they needed assistance and education to truly address the impact this work has had on them. While awareness of their own needs was important, specific information on how to mitigate the effects was also an essential component of self-care.

3) Power of the Work

In the context of discussing their experiences, the women emphasized the incredible power their work had; the power to transform the lives of women. The women did not see themselves as possessing this power. Rather, the power rested within the counselling or healing process. This power of healing was described as magical, amazing, wonderful, and exciting. One woman talked about the respect and sense of honor that she had for the process of healing. Two of the women indicated that these positive aspects of the work really counteracted the negative. Acknowledging the power of the work provided these women with a sense of renewed hope and purpose.
... group work really counteracts the burnout because it's exciting. ... from the beginning of one 13-week cycle to the end there are just radical, amazing changes and that's exciting and hopeful. Just seeing the progression, from all of the pain and the fear and the anxiety from the first group and then comparing that to the celebration and the outcome in the final phases. It’s really tremendous! Again, as a woman, it makes me feel in absolute awe of just how resilient the psyche is. And you know, there is hope there! Carol

Finally, the group identified that the other important, powerful outcome of their work with survivors of sexual abuse was their own personal growth and development. Through the process of assisting other women to heal from their pain, they too were moving in that same positive direction.

*I think that's for me, the best part of the work. That growth in me, just to be patient, to be accepting, to you know, it's moving toward enlightenment. It’s really made me grow as a person in so many ways! To be tolerant and understanding.* Kathy

4.) *Valuing Femaleness*

In their descriptions of their ongoing attempts to find balance in their lives, the women continually identified the importance of their gender and characteristics that have been traditionally defined as feminine. Even though their work exposed them to society's misogyny, it was their work that reinforced a sense of pride stemming from their femaleness. Rather than accepting society’s prescription of undervaluing women’s roles and traditionally feminine characteristics, these women had moved to a place in their lives where femaleness was connected with beauty, credibility, creativity, power, and hope.

*... in our culture, I think that there are very few professions where it’s really okay and you actually gain credibility as you get older. As a woman, you don’t have to follow a certain specific stereotype of the way you look or the way you are, and that's really, really, good!* Jennifer
I think that it [feelings about being female changing as a result of this work] has in the positive sense, just in terms again of going back to the resilience of everything that women in our society, and for thousands of years, have had to deal with and not being in that privileged, male position, and all of the expectations that are on us. I think that it's given me more appreciation for the strength and the human ability to cope under incredible circumstances and still come out on the other side, and still be alive and somewhat hopeful. Carol

I think it's allowed me to accept the qualities that I pushed away for a long time. Those qualities of being female and being in a vulnerable position in our culture ... In fact, over time, I've appreciated myself more for what I'm designed to do in nature. You know, I'm the one who will carry children and have children. And all those qualities were things that I just wanted to push away. So I think if anything, it's [this work] allowed me to embody all of me. Kind of own all of the disowned parts just like any of the clients are doing. Karina

The women talked about the importance of incorporating creativity into their lives through painting, making pottery, baking bread, and cooking. One woman talked about preparing meals for her family and friends as a way to share her love and to nurture them. Other women talked about the importance of their connection with nature, achieved through gardening, hiking in the mountains, or sailing. This connection with nature provided the women with an opportunity to re-connect with purity and innocence, a connection that easily gets lost in witnessing the stories of clients who have experienced violation and brutality. The women also described the ways in which they have incorporated beauty into their lives, perhaps in another attempt to erase or replace the ugliness of child sexual abuse.

Being very much aware of your physical surroundings and making it a good place to be, a safe place to be. My work helps me to value those qualities in me ... To me, to bring beauty in my life and whether it's with fashion, with decorating, or with artwork, painting, with having pets, appreciating beauty of an infant, a child, that's my way to balance. Doris
Finally, the women found strength in their ability to care for and nurture others. Perhaps this was an extension of their work, or a way to emphasize the powerful and valuable role that women’s caring plays in our lives.

*It's still us [women] doing it [working to end violence against women], and it says something about us, our caring for humanity, our caring for our children, our wanting more safety in this society. It says something positive about me as a woman. What my inclinations, my wishes, and my dreams are, and that's positive!* Doris

**Sequencing the Themes**

In the process of having the women review the coding framework and my interpretations of the data, they were asked to sequence the themes in the framework if, from their own experience, this made sense. Four of the five women commented on the ordering of the themes. One woman sequenced the categories in the following order: (1) *heightened self-awareness* (as this is the area that the work impacts her the most and therefore requires the most attention); (2) *finding balance* (if she works at achieving a sense of balance in her life, it is easier to connect and be intimate with others); (3) *dis/connection with others*; and (4) *challenges and changes in world view*. Another woman indicated that sequencing the themes in a linear fashion did not fit with her experience of the impact of this work. The third woman described the impact as a cyclical process that occurs over time, again and again. She offered a diagram to reflect this change process (Table 3).
The fourth woman called me, a month after having returned the transcript with her feedback, and apologized for neglecting to answer this question. She indicated that it was very difficult to order the themes on a linear (1,2,3,4) basis. She too described the impact as much more cyclical or almost a "ripple effect," where something impacts one area of her life (i.e., one of the themes) and this triggers a ripple into other areas. She indicated that the process was ongoing and dynamic.

The differences in the ways the women described their own overall process of change related to the impact of their work directly parallels the way in which each survivor of sexual abuse uniquely and individually experiences the outcome of this original trauma (McCann et al., 1988). While there are similarities and parallels in the particular ways that the work impacts these
women, the process or sequence of this impact appears to be truly individualistic or unique to each woman.
CHAPTER V
DISCUSSION OF FINDINGS

Relationship of Findings to the Literature

The primary purpose of my study was to examine the impact that working with survivors of child sexual abuse has on agency-based counsellors, as women. The data provides a rich description of the experiences of female counsellors who have been impacted by their work with survivors of sexual abuse. The following is an integrative summary of the relevance of the findings of my study to the body of literature and research on vicarious traumatization.

_Vicarious Trauma - McCann & Pearlman's Conceptualization_

My study provides data which supports aspects of the model of vicarious traumatization developed by McCann and Pearlman (1990). The results of my study support their contention of the lasting negative changes in cognitive schemas due to exposure to traumatic content. Table 4 provides a visual comparison of the data from my research and McCann and Pearlman's conceptualization of the cognitive schemas affected by vicarious traumatization. The following summarizes this comparison.
Table 4
Findings Compared to Theory of Vicarious Trauma

<table>
<thead>
<tr>
<th>Findings from My Study</th>
<th>McCann &amp; Pearlman (1990) Model of Vicarious Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cognitive Schemas</td>
</tr>
<tr>
<td></td>
<td>Dependency/Trust</td>
</tr>
<tr>
<td>Heightened Self-Awareness</td>
<td>• somatic &amp; affective responses</td>
</tr>
<tr>
<td></td>
<td>• personal issues and unfinished business</td>
</tr>
<tr>
<td></td>
<td>• guarding against the impact</td>
</tr>
<tr>
<td>Challenges and Changes in World View</td>
<td>• loss of innocence</td>
</tr>
<tr>
<td></td>
<td>• hyper-vigilance</td>
</tr>
<tr>
<td></td>
<td>• society's response to sexual abuse</td>
</tr>
<tr>
<td>Dis/Connection with Others</td>
<td>• professional vs. personal responsibility</td>
</tr>
<tr>
<td></td>
<td>• dis/trust</td>
</tr>
<tr>
<td></td>
<td>• isolation</td>
</tr>
<tr>
<td></td>
<td>• sexuality &amp; intimacy</td>
</tr>
<tr>
<td>Finding Balance</td>
<td>• finding meaning</td>
</tr>
<tr>
<td></td>
<td>• attempts to mitigate impact</td>
</tr>
<tr>
<td></td>
<td>• power of work</td>
</tr>
<tr>
<td></td>
<td>• valuing femaleness</td>
</tr>
</tbody>
</table>

Within the theme of heightened self-awareness, the sub-theme of affective responses is consistent with McCann and Pearlman’s description of the powerful affective states that counsellors experience as a result of their work with trauma survivors, and the anger and cynicism that they describe within the cognitive schema of esteem. In regard to the sub-theme of personal...
issues and unfinished business, the particular experiences of the women in this research might well have fit into each of the seven cognitive schemas that Pearlman and McCann identified. While each of the women commented on the extent to which they were made aware of their own personal issues, specific examples or descriptions were often not given. This leads me to assume that these issues may be broadly defined across many areas of their lives (or across each schema).

Finally, the sub-theme of guarding against the impact may loosely fit within McCann and Pearlman’s description of the schema of safety. Rather than experiencing a heightened sense of vulnerability to threats of harm from another person (e.g. rapist, burglar, etc.), as described in the literature, the women reported a loss of safety stemming from the “toxic nature” of the stories and experiences that their clients brought to counselling. The experiences of these women depicted in the theme of guarding against the impact illustrate a new representation of this previous conceptualization.

Within the theme of challenges and changes in world view, the sub-themes of loss of innocence and hypervigilance reflect the cognitive schemas of frame of reference and esteem identified in the literature. Specifically, the women’s comments about being familiar with the “underworld” or the “dark side” of human nature, and attempting to understand “why,” are consistent with McCann and Pearlman’s definition of the need to develop meaningful frames of reference for experiences and the diminished view of humanity often associated with the loss of youthful idealism that results from working with survivors. As well, Doris’ fear for the safety of her daughter, and Karina’s concern for the dog both mirror the images involving a loss of safety.
or harm to innocent people that the literature describes. Finally, the sub-theme *critique of society's response to sexual abuse* exemplifies the women’s socio-political analysis. This analysis may reflect the frame of reference schema related to causality.

The theme of *dis/connection with others* mirrors the literature’s delineation of the intimacy and trust schemas. The women’s experiences of isolation, alienation, and sense of separateness created by their work with survivors of sexual abuse, fits precisely within McCann and Pearlman’s definition of the intimacy schema. As well, the distrust that emerged in the data replicates the description of the dependency/trust schema in the literature.

Finally, aspects of the theme of *finding balance* relate to the schemas of frame of reference and power. Specifically, the challenges and changes to the women’s world view, their emphasis on embracing femaleness, and their own beliefs about the power of their work reflect very positive outcomes of this work. Their attempts to mitigate the impact of the work is reminiscent of the constructive self-protective actions that the theory of vicarious traumatization describes.

The data of my study also suggest that for these women there are complex inter-relationships between their cognitive, affective, and somatic experiences. Within McCann and Pearlman’s (1990) conceptualization, the emphasis has been on the psychological aspects of self
that are impacted. While the theory does pay lip-service to the other aspects of a counsellor's experience that may be affected, it does not elaborate on or describe these aspects. To consider the impact of vicarious trauma as limited to a psychological level may negate the holistic nature of the impact that this work has on practitioners.

In addition, the data from my research reveals new variables or effects that are specific to female counsellors. At the time of writing, the literature and research have not addressed the somatic nature of the impact, let alone the particular gynecological difficulties that these women experienced. The specific experiences of women have been muted within the larger description of the theory of vicarious trauma. These areas warrant more extensive attention in future studies. Additional qualitative and quantitative studies that explore the unique aspects of women's experiences of the impact of working with trauma survivor populations will more fully expand our understanding of this phenomenon.

Research on Vicarious Traumatization

The data in my study relate to the growing body of research in the area of vicarious traumatization in general, and the research which has explored the impact of vicarious trauma on sexual abuse counsellors. The data support Kassam-Adams' (1994) findings that gender (female) and exposure to trauma material in clients contributed to negative effects in counsellors. The data in my study may suggest that there is a relationship between a personal history of sexual abuse in counsellors and symptoms of vicarious trauma. This relationship is consistent with the research results of Kassam-Adam (1994) and Pearlman & MacIan (1995). However, in my study, it is
difficult to determine the extent to which the women’s personal sexual abuse history related to the impact described in the data.

The data in this study also support recent descriptions of research findings in the literature which relate to positive effects resulting from work with sexual abuse survivors. Hollingsworth (1993) and Schauben and Frazier (1995) described positive lasting changes in their sample in many of the cognitive schemas that McCann and Pearlman (1990) outlined. Consistent with these other research findings, the women in this study indicated that, overall, their experiences in working in the field of child sexual abuse intervention had been positive even though they have experienced negative effects as a result of their work. The description of the positive, powerful nature of the counselling work which emerged in the focus group also seem to support the literature’s description of the positive effects of working with trauma survivors.

The women indicated that the way in which their work was structured affected the way in which they were impacted. Specifically, the “severity” of abuse experiences, number of clients on the caseload reporting historical abuse, and the agency mandate for service (i.e., short-term work vs. long-term work) all seem to relate to the extent to which these women were negatively impacted. Also, one of the ways that the women attempted to mitigate the impact of their work was by re-defining their caseload and limiting the hours of working with survivors of sexual abuse. This qualitative data seems to support Schauben and Frazier’s (1995) findings that working with a higher percentage of sexual violence survivors related to more self-reported vicarious trauma symptoms.
Schauben and Frazier (1995) documented the extent to which counsellors are traumatized by the system's responses to survivors of sexual abuse. In their study, the counsellors reported that one of the most difficult aspects of working with survivors was not the counselling itself, but rather the injustices and ineffectiveness of other systems. There are similarities between their findings and the data in my study. The women in my study were well aware of the system's inability to support their clients. The example of one woman's feelings about the criminal justice system's response illustrates this point.

An area that was not identified in Schauben and Frazier's results was the extent to which the counsellors did not feel supported in their work by the system. Not only are their clients subjected to and impacted by the injustices of the system, they too experienced this impact. The women indicated that the system's emphasis on statistical and financial bottom lines, "unnecessary" paperwork and statistical reporting, measurable productivity, and financial accountability all created additional pressure and sources of stress. The system's requirements may be indicative of the unfavourable, misogynist context in which these female counsellors must work to provide services to survivors of sexual abuse. The system's emphasis on productivity and efficiency supersedes the needs of the survivors and counsellors. The counsellors' needs for emotional support and opportunities for debriefing within the definitions of their work responsibilities have been rendered invisible. The impact of the system's response to survivors of child sexual abuse and the counsellors who attempt to help them, warrants further study.

The women in my sample worked in mainstream, agency settings. Within the social service system, the agencies selected to post the recruitment notice (VISAC, Family Services of...
Greater Vancouver and Family Services of the North Shore) are relatively well funded in comparison to many other service organizations. As well, the agencies are quite supportive of their staff in comparison with other organizations providing services to survivors of trauma. This support is evident in the funding that is available for staff training, the focus of recent in-service training on vicarious traumatization and self-care, and the availability of on-site clinical consultation and supervision. Even though these agencies provide a supportive environment for their clinical staff, the counsellors who participated in my study reported vicarious trauma reactions. For counsellors and other "grass roots" or front line workers in other less supportive organizational settings I would anticipate that the degree of vicarious traumatization may be significantly higher. Future research with these "grassroots" populations is required.

**Psychological Adaptation to Trauma**

The description in the literature of the ways in which survivors of trauma are impacted by their experiences seems to parallel the findings in this study of ways in which these women, as counsellors, are impacted by their work with survivors. McCann et al. (1988) identified five major categories of response patterns among trauma survivors, including: emotional, cognitive, biological, behavioural, and interpersonal responses. Table 5 provides a summary of each of the five responses categories defined by McCann et al. The responses which reflect the data from this study have been italicized.
Table 5
Response Patterns of Trauma Survivors - Adapted
McCann et al. (1988)

<table>
<thead>
<tr>
<th>Emotional Responses</th>
<th>Behavioural Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• fear, anxiety, and intrusion</td>
<td>• aggressive behaviour</td>
</tr>
<tr>
<td>• depression</td>
<td>• suicidal behaviour</td>
</tr>
<tr>
<td>• self-esteem disturbances</td>
<td>• substance abuse</td>
</tr>
<tr>
<td>• anger</td>
<td>• impaired social functioning</td>
</tr>
<tr>
<td>• guilt and shame</td>
<td>• personality disorders</td>
</tr>
<tr>
<td><strong>Cognitive Responses</strong></td>
<td></td>
</tr>
<tr>
<td>• perceptual disturbances</td>
<td></td>
</tr>
<tr>
<td><strong>Biological Responses</strong></td>
<td></td>
</tr>
<tr>
<td>• physiological hyperarousal</td>
<td></td>
</tr>
<tr>
<td>• somatic disturbances</td>
<td></td>
</tr>
</tbody>
</table>

Cognitive Responses

<table>
<thead>
<tr>
<th>Interpersonal Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• sexuality problems</td>
</tr>
<tr>
<td>• relationship problems</td>
</tr>
<tr>
<td>• revictimization</td>
</tr>
<tr>
<td>• victim becomes victimizer</td>
</tr>
</tbody>
</table>

A number of the response patterns identified by McCann et al. (1988) are consistent with the women’s experiences described in my study. The emotional responses identified are consistent with the women’s reports of their affective responses to both their work and the impact that this work has had on their lives. The elaboration on the cognitive responses of survivors of trauma appear to coincide with the women’s descriptions of their attempts to guard themselves against the impact of their clients’ stories through dissociation. The biological responses or somatic disturbances reflect the range of somatic experiences the women in my study identified. The somatic symptoms of adult survivors identified in the McCann et al. (1988) article, including chronic muscle tension, greater somatic concerns in general, and menstrual problems, were identified as problematic for the women in this study. Finally, the impaired social functioning, sexuality concerns, and relationship problems outlined in the article parallel many of the aspects of the theme of dis/connection with others, in my study. Specifically, survivors are more likely to
feel isolated or alienated from peers, experience some level of difficulty or lack of interest in sexual functioning, and have difficulty trusting others. The study appears to support the notion that both survivors of sexual abuse and the counsellors who attempt to assist them, experience parallel responses or are affected in similar ways.

While the literature on vicarious trauma describes, to a large extent, the experiences of women who work as counsellors with survivors of sexual abuse, it does not go far enough. An integration of McCann and Pearlman’s (1990) theory of vicarious trauma and the McCann et al. (1988) model of psychological adaptation would more accurately reflect the range of experiences described in this study.

Limitations of My Study

Although my study reveals important information on the effects on women of working with survivors of child sexual abuse, it is also limited in several respects. First, the qualitative nature of the design of this study and the small sample size limit the generalizability of the data. A limitation of this smaller group size is the degree to which the total range of experiences are circumscribed by the fewer number of participants (Krueger, 1994).

Second, the study only explores the experiences of women working in agency settings, all of whom were Caucasian. Therefore, the findings of this study can only cautiously be generalized to limited populations of female counsellors with similar characteristics to the women in this study. The sample in this research study did not reflect the experiences of:

- women from different ethnic and racial groups
- women over the age of 41 years
- women with disabilities
• social work practitioners
• practitioners who do not have formalized credentials, but who do have years of practical experience
• counsellors with less than two and one half years of experience, who may also be experiencing effects from working with traumatized populations
• private practitioners
• volunteer counsellors
• male counsellors.

These practitioners, identified in the list above, may well experience vicarious trauma or the impact of their work in different ways from the women in this study.

Third, only one focus group was conducted. Additional focus groups may provide distinct data and may balance the idiosyncrasies of this individual session (Krueger, 1994). Therefore, further research which uses this data collection method is needed.

Finally, this study presents data gathered from the women’s self-reported experiences. These reports are affected by the women’s motivation to accurately articulate their experiences within the time limits of the focus group and subsequent transcript review, and their willingness to disclose information about themselves which is personally sensitive and perhaps emotionally difficult. Building trusting relationships takes time. The research may have been impacted by the limited amount of time that the group had to establish a trusting research relationship.

Implications of the Findings for Social Work

Despite these limitations, the findings of this study and the conceptualization of vicarious trauma have important implications for the profession of social work. These implications range from counsellors’ acknowledging and dealing with their own vicarious trauma responses to
implications related to social policy and funding, organizational mandates and service delivery, and training and professional education.

**Counsellors’ Acknowledging Vicarious Trauma Responses**

The study suggests that these female counsellors’ experiences parallel those of the women they work with. While personal sexual abuse histories were highlighted by two women as requiring attention and work toward resolution, the other women who were not survivors of sexual abuse also indicated that the work raised their own awareness of personal emotional issues that they too had to address. The women highlighted the importance of practitioner self-awareness and their own personal openness to continually examining and addressing personal issues and reactions that are triggered by their work. Thus, counsellors who work with survivors of sexual abuse have a professional and ethical responsibility to acknowledge and address their own issues (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995a, 1995b; Schauben & Frazier, 1995).

The responsibility for self-awareness and self-care is not only personal and professional, but political as well. We need to continue to advocate on our own behalves. We need to continue to take the time that we need to seek out and get the emotional support that we require. As more women begin to acknowledge and talk about their own experiences of the impact that their work has had on them, their sense of isolation may be alleviated. We must encourage each other to use opportunities to discuss this impact, whether it be in supervision, in staff meetings, or in training. If we do not define these needs as legitimate, it is unrealistic to expect that the funders and larger systems will. Seemingly individual reactions will be more fully understood within the
political context of this work and our current misogynist culture. By respecting our own and each others’ experiences of the impact, the personal will become political.

Respect for a woman’s own experience would constitute a cultural revolution in itself (Kaschak, 1992, p 223).

Organizational and Service Delivery Issues

The growing body of literature on vicarious traumatization, and the findings of my study, bring into question the rationality of issue-specific, exclusive service mandates for agencies. While organizations and counsellors who work exclusively with survivors of child sexual abuse will develop specialized expertise, the value of this expertise, in light of the increasing understanding of the impact of these exclusive mandates, must be re-examined. The research indicates that counsellors working within agency settings are at greater risk of burnout (Ackerley et al. 1988; Raquepaw & Miller, 1989), and that there is a direct correlation between the percentage of survivors on a practitioner’s caseload and her self-reported experiences of vicarious trauma symptoms (Schauben & Frazier, 1995). As well, the literature points to the importance of diversified caseloads and job descriptions that provide opportunities for a variety of responsibilities in addition to direct client contact (Kahili, 1988). The literature contradicts the practices of the current B.C. system of publicly funded services for survivors of child sexual abuse and other trauma; the same service system that the women in my study work within.

Within B.C., services to survivors of sexual abuse are provided in mandate-specific agency settings. In these settings, the mainly female counsellors have prescribed responsibilities exclusively involving direct client work. This service system has constructed an ineffective,
unjust, and unfavourable climate for these counsellors to work in. This work environment, where women’s roles are undervalued and their needs for support are rendered invisible, reflects and perpetuates the larger societal context of misogyny.

The literature has begun to define institutional environments which are most facilitative for recovery of traumatized personnel. Catherall (1995) recognizes that while exposure to secondary traumatic stress may be unavoidable, institutions can implement preventative strategies to mitigate the negative impact of this exposure. He states that institutions must ensure that the stress is recognized and defined as legitimate, and that exposed employees must have the best possible opportunities to process their experiences in a supportive environment. His description of the institutional environment which is most facilitative of recovery includes environments where:

- the stress that results from working with traumatized populations is defined as real and legitimate
- the problem of secondary traumatic stress is viewed as institutionally-based and not limited to the experience of an individual
- the approach to the problem of secondary traumatic stress is solution-focused, not blaming of the individual who suffers
- support is clearly, directly, and abundantly expressed and available
- communication is open and effective, and there are few sanctions against what can be said
- there is a high degree of cohesion among staff
- attempts are made to increase the flexibility of roles and work focus
- resources (material, social, and financial) are used efficiently to more effectively support staff to do their work.

While the focus in Catherall’s writing is on secondary traumatic stress, the strategies may be equally as relevant for practitioners affected by vicarious traumatization. Some of the recommendations that Catherall makes are consistent with the strategies the women in this study used in their workplace to mitigate the impact of their work with survivors of sexual abuse. As
well, there is consistency between the findings of my study, Catherall’s list, and some of the factors cited in the literature that prevent burnout (Kahill, 1988).

The women’s positive evaluation of their participation in the focus group, and their descriptions about the importance of having opportunities to talk about their experiences of the impact of their work, reflect recommendations made within the current literature. Organizations should provide opportunities for regular supervision, consultation, and case discussions which include time for practitioners to talk personally about their experiences of providing services to survivors of trauma (Catherall, 1995; Lyon, 1993; Pearlman & Maclan, 1995; Pearlman & Saakvitne, 1995a; 1995b). It is noteworthy that in Pearlman & Maclan’s (1995) study, the new therapists with trauma histories who experienced the most vicarious trauma symptoms were not receiving supervision. Pearlman & Saakvitne (1995a, 1995b) define these personal opportunities to explore the impact of the work, whether in individual, group, or organizational settings, as *vicarious traumatization consultations*.

**Training and Professional Education**

The study identifies the responsibility that professional training programs (such as the Bachelor and Master of Social Work Programs) have in providing realistic information on the true, anticipated impact of working with survivor populations. Practitioners in training need specific information on the effects of working with survivors of trauma. This will provide an opportunity for new practitioners to truly make informed choices on their career direction (Pearlman & Saakvitne, 1995a, 1995b). Curricula which addresses vicarious trauma, secondary...
traumatic stress, and burnout in the context of practitioner self-care, must be developed and integrated into existing training and education settings.

In employment and training settings, those who interview applicants, whether for graduate school, internships, postdoctoral fellowships, or staff positions, should inform them of the risks related to doing trauma work. We owe our junior colleagues the respect of informed consent; some may not decide to pursue this work, and those who enter the field must have some idea of the commitment they are making (Pearlman & Saakvitne, 1995a, p 171).

Before graduate programs are able to provide this very important and necessary information on vicarious trauma to their students, faculty must be educated. Faculty who are educated about vicarious traumatization will be better equipped to create opportunities to support interns to process their personal reactions to their clinical placements. As well, faculty who have an increased awareness of vicarious trauma reactions will be able provide a framework to assist students to more fully understanding the issues that their bring to supervision and their responses to the work.

The data in my study support the literature’s contention that counsellors currently providing services to survivors also need information and training in the impact of vicarious trauma (Pearlman & Saakvitne, 1995a, 1995b; Schauben & Frazier, 1995). By providing a framework to conceptualize the impact of working with survivors of trauma, practitioners may experience the permission necessary to acknowledge that they too have been impacted by the work. After acknowledging this impact, counsellors should seek out opportunities to discuss and work through these reactions in order to continue to be effective in this work. Just as many counsellors and women’s activists advocated for improved services for their survivor clients, they
must begin to advocate to have their own needs met and to re-define the structures in which they
work.

Social Policy and Funding Issues

Social welfare policies and services, the cornerstones of a welfare state, are supposed to
reflect principles of social justice, fairness, and equity. These concepts, as currently
defined and operationalized, have not incorporated gender and thus do not reflect the
priorities and experience of women (Baines, Evans & Neysmith, 1991, p 24).

The findings in my study indicate that the system’s response to survivors of sexual abuse
and to the counsellors attempting to help them actually creates unnecessary stress and possibly
vicarious trauma responses. Vicarious traumatization has become an unintended consequence of
providing services to survivors of sexual abuse and other traumas. The current social policy and
service delivery structure is ill-equipped to deal with the emerging needs of female practitioners.
Funders and policy makers who work in ministries responsible for providing funding to services
for survivors of child sexual abuse and other trauma need information and training related to
vicarious trauma. This information could increase policy makers’ sensitivity to the realities that
counsellors and service providers face in their day-to-day fulfillment of job responsibilities. This
increased sensitivity may provide an additional variable for policy makers to consider when
funding services. In an examination of strategies to prevent secondary traumatic stress, Catherall
(1995) suggests that policy makers clearly define the mission of an organization and, if that
mission requires personnel to be exposed to traumatic stress (by working with trauma survivors,
etc.), that this stress to the worker can be effectively anticipated and prevention/intervention
efforts implemented.
Practitioners also need opportunities to acknowledge, address, and work through their experiences of working with traumatized populations. Most social service agencies have extended health benefit provisions which cover the costs of employee assistance counselling programs (EAP) (to a maximum annual $ amount). In most cases, these benefits specify the counselling resources that are eligible within a particular EAP plan. In order to be beneficial to vicariously traumatized counsellors accessing service, the EAP practitioner would need to understand the particular impact of vicarious trauma and the interplay between this impact and specific aspects of the counsellor's personal and professional life (Pearlman & Saakvitne, 1995a).

While access to EAP is one strategy to ameliorate the impact of this work, it may individualize, personalize, and decontextualize the problem of vicarious trauma. If all practitioners who work with survivors of trauma are at risk of being profoundly changed by their work (McCann & Pearlman, 1990, Pearlman & Saakvitne, 1995a, 1995b), then perhaps individualistic responses and/or solutions to address this impact may be insufficient and misguided.

Once the personal phenomenology is elicited, it becomes important to understand the various influences on and meanings of a particular experience. Points of tension or conflict lead us to overlapping or differing meanings, but in any meaningful situation or experience one must ask which perspectives and values contribute to the experience of the individual being described. If this is not done, they remain invisible, embedded in the individual's psychology to be defined and experienced as individual problems or even as women's problems (Kaschak, 1992, p 53).

The reality of vicarious trauma also reinforces the need to establish networks among service providers to address the isolation that is so commonly felt in service delivery. The women
in this study valued opportunities to talk with other practitioners about their work, particularly since the work was often a source of emotional isolation within personal social networks.

In order to address the sense of disconnection that is characteristic of vicarious traumatization, we need to reconnect with others in both our personal and professional lives...The work is too difficult to do alone. Remaining connected to the community of trauma therapists helps to affirm one's commitment (Pearlman & Saakvitne, 1995a, p 168).

The findings of my study, and other anecdotal evidence, indicate that counsellors working with survivors of sexual abuse and trauma in agency settings are often not supported by their employers to attend networking meetings, community forums, or other opportunities to connect with colleagues during work time. This leaves counsellors in a difficult position: they must either use their personal time to get this necessary connection and support, or forego the connection altogether. This lack of flexibility in schedule affects those who most need these opportunities: the staff who are doing the direct client contact work.

In my capacity as a training coordinator at the Justice Institute of B.C., I have had the opportunity to hear from many practitioners in this field about the ways in which their work has affected them. I have integrated the issue of vicarious trauma into the training programs that we offer. As well, we have offered courses for practitioners which focus specifically on vicarious trauma. The response of the community has been mixed. When the material is integrated into the context of another course, the feedback from participants is always positive, indicating that they “want more.” Separate vicarious trauma workshops have not met with such favourable reactions. While some counsellors have expressed an interest in attending these programs, they have
indicated that their employers do not support their attendance. It appears that practitioner self-care is not yet defined as a legitimate training issue or need.

Preliminary research into the effects of providing services to female survivors of child sexual abuse, and the findings of my study, have indicated that counsellors experience the response of the larger mental health and legal systems as one of the most difficult aspects of their jobs (Schauben & Frazier, 1995). "Thus, counsellors, like clients, can be traumatized by the victimization itself as well as by the systems purported to assist survivors" (p 62).

A review of the larger social service, mental health, medical, and legal systems' responses to survivors of child sexual abuse is necessary. Interdisciplinary approaches and interagency protocols to treatment may lessen the trauma that survivors and practitioners experience in working systemically with survivors. As well, the need for specific training related to working with survivors of child sexual abuse, across disciplines, may address the system-induced trauma that survivors and service providers experience.
Summary

While the other conceptualizations of the impact on counsellors of working with traumatized clients is relevant to the current service delivery system in B.C., the concept of vicarious trauma has most accurately defined these experiences. The implications of the findings of my study, and the conceptualization of vicarious trauma, are far reaching. Current social policy, service delivery mandates and structures, and professional training and education must all be examined in the context of our present understanding of vicarious trauma.

A more “women centered”, supportive social service system would not require significant reorganization and reallocation of resources. The mandate specific agencies that currently exist could be modified to incorporate diversification of counsellors’ job responsibilities beyond exclusive direct client contact. These responsibilities could include administrative functions, training, and public education, in addition to their direct counselling roles. Opportunities for counsellors to acknowledge, discuss, and process their reactions to their work could become routinized into weekly supervision or debriefing sessions. As well, counsellors could be supported to attend networking and interagency meetings with other practitioners. These modifications may create work environments where these mainly female counsellors are more adequately supported to do their counselling work.

The conceptualization of vicarious trauma is quite paradoxical, in that it blurs the particular experiences of women in an attempt to name them. While the theory begins to identify the impact that work with survivors of child sexual abuse has had on practitioners (who are largely female), it does not name the particular significance of this work for women.
The act of naming gives validity to experience, and as we begin to incorporate female reality and experience into our concepts, our work will take new directions (McCannell, 1986, p 62).

We must continue to examine and challenge theory, practice, and policy that do not reflect or name the particular experiences of women. Perhaps vicarious trauma theory and BC’s current policy and service delivery practices of caring for survivors of sexual abuse will advance to this next necessary step.
BIBLIOGRAPHY


Herman, J.L. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror.* New York: Basic Books.


Appendix B: Unstructured Interview Guide and Probes

Ice- Breaker

Describe your initial reactions, thoughts, or feelings in response to seeing the recruitment notice/topic of the focus group discussion

Guiding or “Grand” Question

What impact has your counselling work with survivors of child sexual abuse had on you as a woman?

Additional Probes

• What specific aspects of your life have been affected by this work?
• Have your feelings about this work changed?
• Have your feelings about being female changed as a result of doing this work?
Appendix F: Focus Group Interview Guide

Welcome and Introductions:

- introduce self and briefly summarize professional experience
- share my personal experience in working with survivors of child sexual abuse - connected with interest in this research
- ask participants to introduce themselves by first name and by responding to the following:

  describe your initial reactions to the recruitment notice and/or the topic of this focus group

Overview of the Research Topic and Review of Ground Rules:

- review of purpose of research, process of member recruitment and selection, planned use of data, and rules for session (including confidentiality, all experiences are valid, etc.)
- focus of discussion affects all participants - each will bring a unique perspective and experiences - intent of discussion is to give each an opportunity to share their thoughts
- caution that discussion can raise strong feelings (sometimes unexpected), debriefing time at end, group not therapy, people interested in follow-up resources speak to me after the session
- request that people speak up and that only one person speaks at a time
- my role is to ensure that each person has an opportunity to participate in the discussion
- encouragement to say exactly what they think (not to worry about the reactions of the others or myself)
- purpose of the discussion is to exchange ideas - success of the focus group is dependent upon peoples’ participation

Focus of Discussion:

- remind group of the question: what impact has your counselling work with survivors of child sexual abuse had on you as a woman?
- ask participants: who would like to start?
- probe for clarification, elaboration, participation of others, similarities and differences in experience

Summary and Closure

- overview of next steps in the process
- optional follow-up session to review preliminary report of findings (determine interest)
Appendix F: Focus Group Interview Guide
(continued)

- copy of report of findings available if unable to attend - opportunity to provide written feedback
- description of approximate timeline
- reminder re: emotional support and follow-up - resources and referral
- closing round - opportunity for each participant to talk about the experience of participating in the focus group
- identification and response to outstanding issues or questions
- thank you and closing