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## The Counselor Experience in Counseling Clients Who Have Been Sexually Assaulted

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THE COUNSELOR EXPERIENCE IN COUNSELING CLIENTS  
WHO HAVE BEEN SEXUALLY ASSAULTED

by

Carrie J. Tremble

A dissertation submitted to the Graduate College  
in partial fulfillment of the requirements  
for the degree of Doctor of Philosophy  
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# THE COUNSELOR EXPERIENCE IN COUNSELING CLIENTS WHO HAVE BEEN SEXUALLY ASSAULTED

Carrie J. Tremble, Ph.D.

Western Michigan University, 2014

Despite sexual assault being the second highest reported violent crime in the United States, the literature regarding the experience of counselors who counsel clients who have been sexually assaulted is limited. This qualitative study explored and described the lived experiences of 9 counselors who, in the last five years, have provided counseling services to at least five clients who had been sexually assaulted when they were at least 18 years of age. The phenomenological data analysis approach of Moustakas (1994) was utilized to guide the data collection and analysis. Through in-depth, semi-structured interviews, the participants were able to share their lived experiences and the meaning of those experiences. Individual interviews were conducted with each participant, either in person or via phone. Follow-up phone interviews were then conducted with each participant. The researcher digitally recorded all interviews, with permission of the participants, and submitted the digital recordings to a professional transcriptionist to be transcribed verbatim.

This process resulted in an understanding of challenges and rewards experienced by counselors who counsel clients who have been sexually assaulted. Five broad areas were identified from the phenomenological data analysis in relation to the experiences of the counselors, including (a) self-care; (b) counseling skills; (c) societal myths about sexual assault; (d) legal issues regarding sexual assault; and (e) the rewards of counseling clients who have been sexually assaulted. These findings may have implications for counselor educators and counseling professionals, and may contribute to the literature on the challenges and rewards experienced by counselors who counsel clients who have been sexually assaulted.

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## CHAPTER I

### INTRODUCTION

Sexual assault is the second most frequent violent crime committed in the United States (Smith & Kelly, 2001). According to the Federal Bureau of Investigation (FBI), one in four women is a survivor of sexual assault (Kress, Tripanny, & Nolan, 2003). Given its high incidence rate, counselors are likely to encounter a client who has been traumatized by sexual assault (Sommer, 2008; Tripanny, Kress, & Wilcoxon, 2004). Ninety-three percent of counselors surveyed by Dye and Roth (1990) reported that they had worked with at least one survivor of sexual assault. Yet, in spite of the prevalence of sexual assault cases in mental health settings, there is a lack of literature regarding the challenges and rewards of working with this specific population of clients. This study examines the lived experiences of counselors who counsel clients who have been sexually assaulted. Specifically, this study focuses on understanding the experiences of counselors in several areas, including: (a) training, (b) myths regarding sexual assault, (c) knowledge of state laws regarding sexual assault, (d) vicarious trauma experienced by counselors who counsel clients who have been sexually assaulted, and (e) rewards of counseling clients who have been sexually assaulted.

#### **Background of the Study**

According to Beckerman (2003), *sexual assault* is clinically and legally defined as “forced or inappropriate sexual activity [including] situations in which there is sexual contact with penetration [rape] or without penetration that occurs because of physical

force or psychological coercion” (p. 101). It is estimated that about one third of sexual assault survivors never tell anyone about the assault, possibly because of shame (Fisher, Cullen, & Turner, 2000; Frazier & Cohen, 1992). Some individuals who have been sexually assaulted may fear seeking counseling services due to the belief that mental health professionals will be unable to meet their treatment needs (Draucker, 1999). Nevertheless, nearly 50% of people who have been sexually assaulted eventually obtain mental health services (Koss & Harvey, 1991). Counseling these clients can be complex, full of both challenges and rewards. The paragraphs below briefly review challenges in counseling survivors of sexual assault examined in this study, which as mentioned include: (a) challenges in counselor training, (b) myths regarding sexual assault, (c) knowledge of state laws regarding sexual assault, and (d) vicarious trauma experienced by counselors who counsel clients who have been sexually assaulted. The section concludes with a brief discussion of rewards associated with counseling clients who have been sexually assaulted. These challenges and rewards are discussed in greater detail in *Chapter II, Review of Literature*.

### **Counselor Training**

Many experts recommend that mental health professionals receive training specific to treating clients who have been sexually assaulted (e.g., Borja, Callahan, & Long, 2006; Frazier & Cohen, 1992; Kelleher & McGilloway, 2009). Frazier and Cohen (1992) found that overall, sexual assault survivors were not satisfied with the treatment provided by mental health professionals. According to Frazier and Cohen, a primary

reason mental health counseling may not be therapeutic to survivors is the lack of knowledge possessed regarding sexual assault. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) requires that all accredited counseling programs include training on crisis response in their curriculum (CACREP, 2009); however, no training specifically for counseling clients who have been sexually assaulted is required. A study conducted by Campbell, Raja, and Grining (1999) revealed that only 29% of students in mental health training programs reported receiving training regarding sexual assault during their graduate training programs. Because of the prevalence of sexual assault and the complexity of treating clients who have been sexually assaulted, it is important for counselor education programs to assess the level of training related to sexual assault students are receiving during their graduate counseling programs (Kitzrow, 2002). A lack of training can lead to counselors being ill-equipped to respond to client disclosures of sexual assault (Alpert & Paulson, 1990).

Kitzrow (2002) suggested that CACREP develop guidelines for working with people who have been abused, and that these guidelines be made available to all counseling programs to ensure consistency and quality of training. As mentioned, because percentages of people who will experience a completed act of sexual aggression in his or her lifetime are so high, it is likely that mental health professionals will see survivors of sexual aggression (Frazier & Cohen, 1992). It is, therefore, important that mental health professionals have an understanding of the dynamics of and consequences an assault has for survivors. Additionally, mental health professionals, including counselors, need a repertoire of strategies for responding to the various manifestations

that clients who are survivors of sexual assault may present (Kress, Trippany, & Nolan, 2003).

The National Board for Certified Counselors (NBCC, 1997) mandates that counselors must only offer services for which they are trained or have clinical supervision. Therefore, counselors have an ethical responsibility to recognize when a clinical issue is beyond their scope of practice and either seek appropriate supervision, or, if not available, refer their clients so as not to inflict harm. In the counseling profession, competence has been defined as the ability to deliver appropriate interventions based on professional training. Competence may be evident when a person is consistently engaging in work that (a) aligns with the standards and guidelines of peer review, (b) is within the ethical guidelines for the profession, and (c) is beneficial to the people served (Rodolfa, 2005). Without training in counseling with survivors of sexual assault, it is difficult for counselors to obtain an adequate amount of competence to treat this population. Furthermore, without training, it may even be difficult for counselors to have an appropriate level of meta-competence, or the ability to know what one knows and does not know (Falender & Shafranske, 2007).

Falender and Shafranske (2007) argued that the responsibility to ensure competent services are being rendered to clients lies with counselor trainees' supervisors. Supervisors must determine counselor trainees' levels of competence, and when trainees are able to provide professional counseling services (ten Cate, 2005). It is vital then, that supervisors act as guides in the development of meta-competence in their supervisees. Beginning counselors must be able to engage in self-reflection and effectively assess their



abilities. Supervisor feedback is critical in this process. Taking the responsibility of the supervisor into account, ethical violations may occur if neither the counselor trainee nor the supervisor has adequate training to address issues of sexual assault (ten Cate, 2005).

### **Myths Regarding Sexual Assault**

Frazier and Cohen (1992) argued that it is important to recognize the myths surrounding sexual assault. The authors suggested that mental health professionals are not immune to believing myths, such as women want to be raped. Kelleher and McGilloway (2009) provided a comprehensive discussion of rape myths, which are prejudicial, stereotypical, or otherwise incorrect views of sexual assault, perpetrators of sexual assault, and those who have been sexually assaulted. Some of these myths are the notion that women want or ask to be raped, or the notion that women are raped by strangers in dark alleys. A more lengthy discussion of these myths can be found in Chapter II.

### **Knowledge of State Laws Regarding Sexual Assault**

Koss (1996) estimates that approximately 90% of sexual assault cases are not reported to the police. Koss (1996) further states that sexual assault has the lowest report rate of any crime. According to Mills and Granoff (1992), one reason a person who has been sexually assaulted does not seek treatment or report the assault is that the person has not labeled the encounter as a sexual assault. Further, a victim may not believe a rape occurred if there is no significant or life-changing physical damage to her body (Du Mont, Miller, & Myhr, 2003). Possessing knowledgeable about state and federal laws

pertaining to sexual assault provides counselors with the opportunity to serve as advocates to clients who have been sexually assaulted (Kress, Trippany, & Nolan, 2003).

### **Vicarious Traumatization**

Due to the high prevalence of sexual assault, counselors are likely to encounter clients who have been traumatized by sexual assault (Sommer, 2008; Trippany, Kress & Wilcoxon, 2004). Kitzrow (2002) stated that while having a solid understanding of counseling theory is beneficial, the techniques used in working with clients who have been sexually assaulted differ greatly from traditional counseling techniques; therefore, training regarding sexual assault is needed in order to effectively serve this population. While current CACREP (2009) standards require counselors to have an understanding of how traumatic events can affect clients of all ages, the CACREP standards do not specifically require training in providing sexual assault counseling.

Students who do not have didactic and supervised clinical experience in the area of sexual assault will not be adequately equipped to effectively counsel clients who have been sexually assaulted (Kitzrow, 2002). Without proper training, counselor trainees may have difficulty in developing therapeutic relationships, treatment plans, and maintaining proper professional boundaries with their clients (CACREP, 2001). Further, studies show that counselors who serve clients who have been sexually assaulted are at risk for experiencing vicarious traumatization (Baird & Jenkins, 2003; Sommer, 2012; Trippany, Kress, & Wilcoxon, 2004).

## **Rewards**

Other than those rewards innately associated with the counseling process, there is no literature that addresses the rewards of working with clients who have been sexually assaulted. Further, there is a dearth of literature that addresses the rewards of being a counselor. Kranen-Kahn & Hansen (1998) mention six general rewards of being a counselor: (a) feeling of assisting clients to better their lives; (b) continuing personal growth; (c) independence in the chosen profession; (d) emotional intimacy; (e) professional and financial gain; and (f) diversity in their careers. One of the purposes of this study is to explore what, if any, rewards exist in counseling clients who have been sexually assaulted.

## **Statement of the Problem**

The literature indicates that mental health professionals need special training in order to effectively work with clients who have been sexually assaulted. However, research shows that counselor education programs provide limited training in dealing with issues related to sexual assault (Campbell, Raja, & Grining, 1999; Kitzrow, 2002). Moreover, a thorough review of the counselor education literature has revealed few articles about sexual assault and effectively treating clients who have been sexually assaulted. Given the high numbers of sexual assault crimes that occur within the general population, it is important that counselors have an adequate understanding of working with this population. Nearly 50% of people who have been sexually assaulted seek

mental health services (Koss & Harvey, 1991), and 93% of counselors report that they have worked with at least one survivor of sexual assault (Dye & Roth, 1990)

### **Purpose of the Study**

As stated above, although there has been some discussion in the counselor education literature addressing challenges such as training, myths, and legal knowledge, the rewards have not been explored. Furthermore, the literature base investigating counselor experiences in working with clients who have been sexually assaulted has been limited to a handful of researchers (Murphy, et al., 2011; Kardatzke & Murray, 2007; Kitrow, 2002; Kress, Trippany, & Nolan, 2003; Priest & Nishimura, 1995; Sommer, 2008). Therefore, the purpose of this study was to gain an understanding of counselor experiences, including challenges and rewards, in serving clients who have been sexually assaulted.

### **Research Questions**

1. What challenges do counselors experience when counseling clients who have been sexually assaulted?
2. What rewards do counselors experience when counseling clients who have been sexually assaulted?

### **Overview of the Study**

This qualitative research study was conducted to gain information about the lived experiences of counselors who counsel clients who have been sexually assaulted. A phenomenological method was utilized in order to conduct in-depth interviews with participants, both in person and by phone. Relevant literature for this study was reviewed and is presented in Chapter II. The research methodology is discussed in Chapter III. Findings are presented in Chapter IV, and the study limitations and strengths, possible implications for mental health professionals, and suggestions for further research on counselors who counsel clients who have been sexually assaulted are discussed in Chapter V.

## CHAPTER II

### REVIEW OF THE LITERATURE

The purpose of this study was to gain an understanding of counselor experiences in serving clients who have been sexually assaulted. This chapter reviews literature relevant to this topic. It is divided into three primary sections. The first section provides definitions related to sexual assault, including *consent*, *coercion*, *rape*, *sexual assault*, *victim*, and *survivor* in order to delineate the definitions of various terms that will be used for purposes of this study. The second section provides a detailed overview of various aspects of sexual assault and rape. The final section reviews literature available regarding the implications of the effects of sexual assault on both clients and the mental health professionals who counsel clients who have been sexually assaulted.

#### Definition of Terms

##### *Consent*

*Consent* is defined as an absolute indication that an act is something both people involved want to do. Consent is the presence of a yes, and not simply the absence of a no. A person cannot legally give consent under the influence of drugs or alcohol, nor can a person legally consent to sexual acts if she or he is under the state legal age of consent (Bachman & Taylor, 1994; Kilpatrick, 2004b; Koss, 1992; Mitchell & Rogers, 2003).

### *Coercion*

Coercion can occur through physical force, psychological intimidation, blackmail or other threats, or taking advantage of a person's inability to consent to sexual acts due to intoxication or mental inability to understand the situation (Campbell, 1989).

### *Rape and Sexual Assault*

Young and Maguire (2003) found that some researchers interpret sexual assault as a broad, overarching term that encompasses all unwanted sexual contact, and interpret *rape* as the term for unwanted penile-vaginal penetration, where force or the threat of force is used. The following sections will provide expanded definitions for the terms rape and sexual assault.

*Rape.* Since 1973, the National Crime Victimization Survey (NCVS) has defined *rape* as non-consensual penile-vaginal penetration by means of force or threats of force (Koss, 1996). Young and Maguire (2003) argued that this definition of rape is problematic because it can be interpreted to mean that penile-vaginal intercourse is the most important act of sexual violence, as this definition of rape may exclude those who were penetrated orally or anally, or with an object other than a penis. Furthermore, this definition of rape may have some influence on the low sexual assault report rates obtained by the General Social Survey of Canada up until the word *rape* was removed from their survey in 1993.

The definition of rape was expanded to include men in 1995 (Koss, 1996). Historically, the definition of rape did not include many of the acts covered in contemporary definitions of rape, such as non-penile-vaginal penetration, intercourse

with girls below the legal age of consent, non-forcible rapes of persons who are not able to consent due to unconsciousness, sleep, intoxication, or mental disability, or rapes that were committed by a legal spouse of the victim (Koss, 1996). The expansion of laws to include anal and oral penetration, cunnilingus, and fellatio in the definition of rape occurred in 1986 (Koss, 1996).

The National Incident-Based Reporting System (NIBRS), ([www.fbi.gov](http://www.fbi.gov)) provides a current definition of rape that encompasses aspects of definitions from other authors. The NIBRS currently defines forcible rape as “the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim,” by engaging in sexual intercourse with a person who is not legally able to provide consent due to a permanent or temporary disability or intoxication or by having sexual intercourse with a person who is under the legal age of consent (Kilpatrick, 2004; Koss, 1992), or through threat of injury (Mitchell & Rogers, 2003) or coercion (Bachman & Taylor, 1994). *Attempted rape* is an unsuccessful attempt to complete an act that would fall under the definition of rape (Bachman & Taylor, 1994; Kilpatrick, 2004). These definitions of rape and attempted rape were used for purposes of this study.

*Sexual assault* has been defined as being coerced or forced to have unwanted sexual contact (Young & Maguire, 2003). Campbell (1989) defined sexual assault as forced sexual acts in order to control, degrade, or demean another individual. According to the public health perspective, sexual assault can occur through coercion, regardless of the relationship between the people involved (Campbell, 1989). Koss (1996) discussed



the ambiguity of the term *psychological coercion*, stating that while the term likely refers to criminal verbal threats of bodily harm or rape, other individuals may interpret the term to include false promises, threats to end a relationship, repeated pressuring, and other strategies to coerce sex. While these acts are undesirable, they do not constitute a crime. The definition of psychological coercion as it applies to the crime of sexual assault is not clear. More information is needed to evaluate how incidences of psychological coercion resulting in sexual intercourse are handled (Koss, 1996).

#### *Competence*

*Competence* has been defined as the ability to deliver appropriate interventions based on professional training. Competence may be evident when a person consistently engages in work that (a) aligns with the standards and guidelines of peer review, (b) is within the ethical guidelines for the profession, and (c) is beneficial to the people served (Rodolfa, 2005).

#### *Victim vs. Survivor*

While people may use the terms *victim* and *survivor* interchangeably, the terms have different connotations. The following is a discussion regarding the use and meaning of the two terms.

The way in which individuals who have been sexually assaulted depict their experience after being assaulted has been described as a *journey metaphor* (Young & Maguire, 2003). In this metaphor, these individuals move from focusing on the sexual assault as something that was done to them (victim), to a focus on regaining control over their lives (survivor). In the 2003 study conducted by Young and Maguire, 10 women

were interviewed for the purposes of learning which terms they use to label their experiences with sexual assault. Examples of terminology included *rape* vs. *sexual assault* and *victim* vs. *survivor*. One participant stated that people start out as victims, but at some point become survivors. Another participant thought the journey does not end even when one can classify him or herself a survivor. She went on to say that the term survivor was a place holder for when something better came along.

Some people use the term victim to define a sexual assault experience, an incident the person had no control over. When people are in the coping phase of a sexual assault experience, the term victim can be perceived as giving the individual a chance to speak of the still raw experience. The person who was sexually assaulted may feel the need to focus and reflect as he or she attempts to make sense of the assault, and using the term victim allows the person to do that (Young & Maguire, 2003).

In contrast, Young and Maguire (2003) stated that the use of the term survivor places less emphasis on the sexual assault, and shifts the focus to the recovery process. Some women reported that the term survivor is empowering, and helps them to continue their journey of moving forward from the assault. In the study mentioned above, one person said that to her, the term survivor means you have reflected on the situation, made meaning of the experience, and moved on with your life (Young & Maguire, 2003). In a similar study conducted by Reich (2002) one participant stated,

I've actually noticed that the client felt more uplifted, or at least his or her voice sounded more uplifted when I pointed out you're a survivor-whatever you've been doing you've survived it and that's a positive thing. I would say that the reason I feel more comfortable with survivor is that I feel it's more positive. And it just seems to be more empowering. (p. 305)

In summary, people typically use two terms to describe themselves after a sexual assault: survivor and victim (Young & Maguire, 2003). The choice of term used depends on where the individual is in the recovery process. People who are able to label their experience as a sexual assault or rape generally labeled themselves as a survivor, while those who have not labeled their experience as a rape or a sexual assault more closely identified with the term victim.

As discussed in the paragraphs above, while the terms rape and sexual assault may be used interchangeably by some people, the literature reveals that the term sexual assault is a more encompassing term than rape, as it includes oral, anal, and vaginal penetration, either by a body part or a foreign object, as well as unwanted sexual contact. Therefore, the term sexual assault will be used in this paper, as opposed to the term rape. For the purposes of this study sexual assault is formally defined as anytime any person, male or female, does anything of a sexual nature, including penetration or contact/ touching, without consent from the other individual(s) involved, and can happen by force, threat, coercion, or by taking advantage of someone's inability to consent. Persons with certain mental or emotional disabilities and those who are under the influence of alcohol or drugs, or someone who is under the legal age of consent, by state law, cannot legally provide consent for sexual activity.

### **Overview of Sexual Assault**

The purpose of the following section is to provide a detailed overview of sexual assault and rape. Specific topics addressed in this section include: (a) sexual assault

report rates and statistics; (b) factors affecting help seeking behaviors; (c) rates of familiar and stranger assault; (d) characteristics of sexual perpetrators; (e) myths regarding sexual assault; and (f) short and long term consequences of sexual assault.

### **Sexual Assault Report Rates and Statistics**

Sexual assault on college and university campuses continues to have a tremendous impact on the lives of students. According to Murray, Paladino, and Wester (2008), approximately one third of college women will experience sexual violence. One in four women on college and university campuses have been the victim of sexual assault (Caruso, Goins, Lee, & Southerland, 2003; Kardatzke & Murray, 2007; Kress, Tripanny, & Nolan, 2003). Eighty-four percent of these women stated that they knew their attacker. This data suggests that rape is not rare; nor is rape primarily committed by strangers “jumping out of the bushes.”

Sexual assault is an act of violence committed against millions of women every year, often by someone known and trusted (Campbell & Wasco, 2005). Beyond their own study, Campbell and Wasco (2005) emphasized that other, similar studies, have been conducted over the past 20 years, and that those studies reveal similar reporting rates, leading them to state that sexual assault is a prevalent act in society. Therapists who work in college counseling centers are likely to see clients who have been sexually assaulted. Research has suggested that 25% of women in college have experienced a completed or attempted rape during college (Fisher, Cullen, & Turner, 2000; Koss, Gidycz, & Wisniewski, 1987; Russell & Davis, 2007). According to Russell’s (1983)

study, 24% of women in San Francisco reported having experienced a completed act of rape, while 44% of women reported having experienced either a completed or attempted act of rape. Koss, Gidycz, and Wisniewski (1987) conducted a national survey of college women, and their findings revealed that one in four women had experienced a completed act of rape. Turchik et al. (2010) reported that between 20 and 25% of college women experience an act of sexual assault. However, Koss (1996) reported that sexual assault has the lowest report rate of any crime, as an estimated 90% of sexual assault cases are not reported to the police. Due to the high prevalence of sexual assault, counselors and other mental health professionals are likely to encounter a client who has experienced sexual assault (Sommer, 2008; Trippany, Kress, & Wilcoxon, 2004).

### **Factors Affecting Sexual Assault Report Rates and Help Seeking Behaviors**

Mental health professionals state that clients who have been sexually assaulted appear to suffer elevated rates of depression, suicide, sexual dysfunction, post-traumatic stress disorder (PTSD), and substance abuse (Murphy, Moynihan, & Banyard, 2009). However, Frazier and Cohen (1992) stated that clients who have been sexually assaulted often do not seek out the services of a mental health professional until months or years following a reported sexual assault. According to Jackson, Long, and Skinner (1991), one in 20 adults who were sexually assaulted obtained mental health services during the crisis period immediately following the sexual assault. Guerette and Caron (2008) found that a significant number of women who are sexually assaulted do not report the assault within a year for several reasons. These reasons include being embarrassed about the

assault, particularly if she knew the person who assaulted her, and not knowing the state's legal definition of sexual assault or rape. Ahrens, Stansell, and Jennings (2010) reported that up to 75% of women who have been sexually assaulted do not realize their assaults meet the legal definition of rape. Other reasons for not reporting a sexual assault include self-blame, feeling blamed by others, and not wanting to be labeled as a victim of rape, etc. (Geurette & Caron, 2008). According to Mills and Granoff (1992), one reason a person who has been sexually assaulted does not seek treatment is that the person still has not labeled the encounter as a sexual assault. Koss and Harvey (1991) reported that nearly 50% of people who have been sexually assaulted will eventually seek out mental health services when their symptoms become unmanageable. Jackson, Long, and Skinner (1991) reported that inquiring about past sexual abuse is not routine for mental health professionals, and that sexual abuse disclosure rates increase by 12% when psychiatric patients are asked about such abuse.

Mental health professionals report that it is not uncommon for clients to have negative experiences in therapy, leading clients to experience what is known as *secondary victimization* (Murphy, Moynihan, & Banyard, 2009). Jackson, Long, and Skinner (1991), noted that because mental health professionals are socialized in the same environment as the general public, they are exposed to the same rape myths. When seeking out the services of the mental health professional, clients may be subjected to re-victimization by a therapist who lacks knowledge about sexual assault. According to Frazier and Cohen (1992), it is, therefore, important for mental health professionals to be able to explore and debrief the feelings they experience as they work with clients who

have been sexually assaulted. For example, working with clients who have been sexually assaulted may lead mental health professionals to challenge their own sense of personal safety, which can lead to therapists blaming clients for the sexual assault.

### **Rates of Familiar and Stranger Assault**

In a majority of the sexual assault cases, the victim had a familiar relationship with the perpetrator. One of the pertinent findings of a study conducted by Murphy, et al. (2011), was that approximately 71% of clients were sexually assaulted by someone they knew, and that slightly more than 50% of the sexual assault cases occurred while the victim was on a date with the perpetrator (Caruso et al., 2003). In a study conducted by Abbey and McAuslan (2004), 35% of men surveyed reported having perpetrated sexual assault against at least one woman. Of the men who reported sexually assaulting a woman, 100% of them stated they knew the woman; 57% assaulted a woman they were casually dating, while 33% sexually assaulted someone they were dating steadily.

Mills and Granoff (1992) state that people who were sexually assaulted by someone they knew were less likely to report the assault than someone who was assaulted by a stranger. Accordingly, Mills and Granoff (1992) recommended that when working with a client who knew the person who sexually assaulted her, the mental health professional must bear in mind that the client is likely to believe that her personal safety has been compromised. It is also likely that the client will feel she no longer can identify trustworthy people; people she can count on for emotional support and love. This sense

of personal loss can lead to the person shutting herself off from those around her.

Additionally, the client may no longer trust in her ability to make safe choices.

While this section has discussed rates of familiar and stranger assault and the differing ramifications of each for people who have been sexually assaulted, the following section serves to discuss characteristics and profiles of men who perpetrate sexual assault. While men can be and are sexually assaulted, and while women can and do perpetrate sexual assault, this section will specifically focus on men who sexually assault women.

### **Characteristics of Men Who Sexually Assault Women**

Abbey and McAuslan (2004) discussed the important need to understand that there are two main motives that may lead men to perpetrating sexual assault. One of the motives includes a negative, hostile attitude towards women. The other includes sexual promiscuity or sex that is impersonal. The authors further mention that men who are both hostile towards women and promiscuous commit sexual assaults at higher rates. Abbey and McAuslan (2004) cite several studies that identify personal characteristics of men who perpetrate sexual assault. In addition to harboring hostility towards women and sexual promiscuity, some of those characteristics include subscribing to traditional gender roles, and being accepting of utilizing manipulative means to obtaining sex with women. According to Robertiello and Terry (2007), men who perpetrate sexual assault have low self-esteem, feel worthless, may have substance abuse problems, have an inability to manage aggression, and may have experienced anger management issues or



depression. Senn et al. (2000) reported that men who sexually assault women, on average had their first sexual experience at a younger age and have more frequent sexual encounters with many women, giving them more opportunities to perpetrate sexual assault.

Along with personality characteristics, alcohol use plays a significant role in sexual assault; as many as half of the sexual assaults committed are facilitated by alcohol (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004). College men who drink heavily are more likely to become perpetrators of sexual assault, partially because the effects of alcohol make it easier to focus on the immediate benefits of sex rather than on the longer term repercussions of sexual assault (Abbey & McAuslan, 2004). Men who subscribe to the more traditional gender roles regarding sex may believe that if a woman has sexually aroused a man, it is his right to engage in sexual intercourse with that woman, regardless of the woman's wishes. In general, misinterpreting the sexual desires of a woman can also lead to sexual assault (Abbey & McAuslan, 2004).

Abbey and McAuslan (2004) theorized that men who perpetrate sexual assault tend to show signs of aggression and misconduct as children. This behavior can carry over into adolescence, and can lead to continuing antisocial behavior in adulthood. However, Robertiello and Terry (2005) summarized others' research findings, which indicate that when men, particularly on college campuses, are educated about sexual assault, they tend to monitor their behaviors and intervene when they notice women in potentially compromising positions. Additionally, when educated in groups, male

attitudes toward women and sexual assault are more likely to change than when educated individually (Robertiello and Terry, 2005).

Robertiello and Terry (2005) noted that though perpetrators of sexual assault can share some characteristics, the criminal history and motivation for committing sexual assault is different in each perpetrator, making it difficult to profile sex offenders. In their review of literature, Robertiello and Terry (2005), discuss four types of rapists, which are briefly discussed in the following paragraphs. The first type, *power reassurance* (or *compensatory*) rapists are men who have an inability to create or maintain relationships with others their own age, largely due to feeling inadequate and undesirable, and a lack of social skills. Men in this category usually do not use excessive force with their victims, and do not spend a great deal of time with their victims due to their lack of social skill. The second type of rapist identified is the *power assertive rapist*. These men rape to restore their sense of masculinity, and will usually target women in public places such as bars or nightclubs. Often, they will rape their victim on the night he meets her, and will usually use alcohol to facilitate the assault. These men tend to be impulsive, so they usually do not plan their attacks in advance, and rarely, if ever, use a weapon (Robertiello & Terry, 2005).

The third type of offender discussed is the *anger retaliation rapist* (Robertiello & Terry, 2005). These men are motivated by anger, aggression, and the need to have power over others. They are often very violent in their attacks. They look to release pent up anger and rage by getting even with women, using sexual assault as punishment. These men either preselect a woman, or they will “blitz” a woman who may trigger anger.

The fourth and final profile is the *anger excitation (sadistic) rapist*. These men tend to enjoy the pain and fear experienced by victims. Often, they will torture their victims in multiple ways, such as electric shock, inserting foreign objects into their bodies, biting them, etc. Their victims are usually strangers, making these men different from the men in the other three categories, who tend to assault women they are familiar with. Additionally, these men show no remorse for their actions, and will often be repeat offenders (Robertiello & Terry, 2005).

### **Myths about Sexual Assault**

Without adequate training, ethical issues can arise when therapists treat clients outside their scope of practice. Findings from a study conducted by Kassing and Prieto (2003) indicate that male counselor trainees buy into rape myths more extensively than that of their female peers, particularly if they have never worked with a sexual assault survivor before. Awareness of the myths and checking one's own attitudes is imperative in working with survivors, as believing these myths can lead to placing blame on the survivor of the sexual assault (Frazier & Cohen, 1992; Kassing & Prieto, 2003).

As previously stated, mental health professionals are not immune from rape myths. Lonsway and Fitzgerald (1994) described rape myths as false attitudes and beliefs that are widely believed, and used to justify sexual aggression perpetrated by men against women. In general, men are more likely than women to believe the majority of the myths. According to Edwards, Turchik, Dardis, Reynolds, and Gidycz (2011), approximately 25 to 35% of people, both women and men, agree with a majority of rape

myths, however, Edwards et al. (2011) found that 66% of the college students in their study endorsed several rape myths. In their sample of attorneys, Edwards et al. (2011) found that 43% subscribed to rape myths. The endorsement of rape myths by judges can lead to lesser sentences for perpetrators, and endorsement of these myths by police officers can lead to a lower likelihood of police officers believing victims who report sexual assault.

Murphy et al. (2011) stated that a common myth regarding sexual assault is that sexual assaults are almost always violent, leaving the assaulted person injured. Littleton (2011) also discussed in her review of rape myths, that many people believe that in order to qualify as rape, much force and violence must have been used, and that the woman must have bruises or other markings on her body to prove it. If force was not present, a myth exists that the woman was lying about being raped, and may have even ultimately enjoyed the experience. However, the majority of the victims in the study conducted by Murphy et al. (2011) did not have physical or genital trauma. This was also noted by Littleton (2011), who stated that actual cases of rape often do not match a person's rape "script," meaning, what actually happened to a person does not match up to what a person thinks of as rape.

These myths, or false beliefs, can affect victims dramatically. In part because of the mismatch between reality and a person's individual rape script, a victim may not believe that a rape occurred if there is no significant or life-changing physical damage to her body (Du Mont, Miller, & Myhr, 2003). Victims may feel the assault was her fault, or that she should have been able to do something to stop it if she does not have any

significant injuries. Women may also feel that the assault was her fault if she dressed provocatively or consumed alcohol of her own volition, as opposed to having had a date rape drug slipped into her beverage (Littleton, 2011). According to Paul, Gray, Elhal, and Davis (2009), if a person who has been sexually assaulted feels that others will hold her to blame for the assault, she is more likely to cope with the assault in maladaptive ways.

Littleton (2011) discussed societal beliefs about women, their sexuality, and the ties of female sexuality to rape myths. While rates of females who have casual sexual relationships with men are on the rise, women, in general, still prefer committed relationships with men. A societal myth related to this concept is that if men do not follow through on the promised committed relationship following sex, she will label her sexual experience as rape as a way of punishing the man, and as a way of avoiding being labeled promiscuous. Other myths discussed by Littleton (2011) are the beliefs that once men are sexually aroused, they are incapable of controlling their sexual urges and behavior, and the myth that women cannot be raped by their husbands.

Kelleher and McGilloway (2009) also provided a comprehensive discussion of rape myths, which are prejudicial, stereotypical, or otherwise incorrect views of sexual assault, perpetrators of sexual assault, and those who have been sexually assaulted. Some of these myths are the notion that women want or ask to be raped, or the notion that women are raped by strangers in dark alleys. Studies have shown that up to one third of people believe women are partially responsible for being sexually assaulted if they were intoxicated at the time of the assault. More than 20% of people believe that a woman

should be held partially to fully responsible for the sexual assault if she was walking alone at night (Kelleher & McGilloway, 2009). As previously mentioned, mental health professionals who do not examine their potential beliefs surrounding sexual assault may respond to clients in an unhelpful manner (Frazier & Cohen, 1992).

These myths are in significant contrast with studies that have shown that only 24% of assaults are perpetrated in a public place, and that at least 79% of people are sexually assaulted by someone they know (Kelleher & McGilloway, 2009). Turchik et al. (2010) found that sexual assaults typically are perpetrated by a known male with no weapons, and typically do not result in obvious physical harm. The use of alcohol or other substances was frequent. Additionally, Frazier and Cohen (1992) observed that people who have been sexually assaulted by someone they know are no less traumatized than an individual who was sexually assaulted by a stranger.

Littleton (2011) spoke of the need to promote change regarding societal myths. First, she argued that rape prevention must be an ongoing effort, rather than a one-time instance. For example, parents could role model to their children what healthy relationships look like. This education could be continued in school health classes, which would place an emphasis on men and women being equal partners in intimate, sexual relationships. The media could also change their marketing efforts, which often promote sexualized images of women on one hand, and the crucifixion of women who express their sexuality on the other hand. The author also discussed the need to alter the rape scripts of individuals, as opposed to focusing on education about each individual myth, and recommended defining sexual assault as a public health problem which everybody

has a responsibility for preventing, including men. Specific programming for men can help them gain information and become educated about only seeking sex with women who have fully consented to do so, as well as learn how to challenge behavior when they see other men placing women in compromising positions.

Finally, Littleton (2011) also mentioned the importance of including education about sexual assault into other programs, such as alcohol awareness and sexual health programming at varying educational levels. Other ways to change societal myths and to prevent sexual assault include changing the focus of sexual assault victim/survivor services. For example, the previous section discussed women possibly not labeling their experience as rape or sexual assault due to societal myths or their own rape script, and therefore, many women who have been sexually assaulted may not seek services due to believing they do not qualify. To combat this myth, Littleton (2011) recommended marketing services to people who have had unwanted sexual experiences rather than towards women who have been raped. Littleton (2011) further stated that more people may seek services if they can do so anonymously, either over the Internet or by phone.

### **Short and Long-term Consequences of Sexual Assault**

According to Kress, Trippany, and Nolan (2003), typical reactions to sexual assault include intense fear, helplessness, horror, anger, worthlessness, depression, suicidal ideation, and decline in self-esteem. It is estimated that between 30 and 50% of people who have been sexually assaulted will continue to experience post-traumatic stress disorder throughout their lives. Early intervention is critical in preventing long-

term reactions to assault. However, the majority of people who have experienced sexual assault will not seek treatment within a year of the sexual assault (Kress, Trippany, & Nolan, 2003). Kardatzke and Murray (2007) noted several reasons why those who may have been assaulted refrain from reporting the assault to people such as counselors and police officers. Those reasons include fear of retaliation from the perpetrator, feelings of isolation, shame, and fear of rejection. Kardatzke and Murray (2007) reported that only 6% of survivors speak of the assault with a mental health professional.

Those who blame themselves for the sexual assault are at a significantly increased risk for depression (Frazier & Cohen, 1992) and suicide (Kelleher & McGilloway, 2008). Mental health professionals have found that clients who have been sexually assaulted appear to suffer elevated rates of suicide, sexual dysfunction, post-traumatic stress disorder (PTSD), and substance abuse (Murphy, Moynihan, & Banyard, 2009). Four months post assault, 47% of women who have been assaulted met the diagnostic criteria for PTSD, yet a majority of these women did not seek treatment (Murphy, Moynihan, & Banyard, 2009). Furthermore, Foa and Rothbaum (1998) reported that survivors of sexual assault are the largest population of individuals diagnosed with post-traumatic stress disorder (PTSD).

Campbell and Wasco (2005) argued that the 1980 inclusion of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* was a step forward in demonstrating the link between trauma and sexual assault. In addition to physical injuries that may be sustained during a sexual assault, Guerette and Caron (2008) noted that survivors may contract a sexually transmitted infection or become pregnant as a



result of the assault. Additionally, people who have been sexually assaulted may experience changes in their relationships with friends and family members (Gurette & Caron, 2008), including marital problems or difficulties with intimacy and sexual relations with her spouse (Billette, Guay, & Marchand, 2008). According to Connop and Petrak (2004), nearly 60% of women who are sexually assaulted experience sexual dysfunction; 71% of those individuals attribute her sexual assault for the sexual dysfunction. Additionally, between 50 and 80% of women who are sexually assaulted experience the end of her relationship with her current partner. Frazier and Cohen (1992) relayed the importance, then, for mental health professionals to have an understanding of the long-term effects of sexual assault, including elevated rates of anger management issues, sexual function problems, alcohol and other drug abuse, eating disorders, self-mutilation, and anxiety.

### **Counseling and Sexual Assault**

The sections above provided a review literature concerning issues generally related to sexual assault. The following sections offer a review of literature concerning implications of sexual assault on both clients who have been sexually assaulted and on the therapists who provide counseling services to clients with a history of sexual assault. Specifically, the following sections discuss: (a) outcome findings on clients who receive counseling services following a sexual assault; (b) information about the training provided to mental health professionals in relation to providing services to clients who

have been sexually assaulted; and (c) vicarious trauma and other effects on therapists who provide services to clients who have been sexually assaulted.

### **Outcome Findings on Clients Receiving Sexual Assault Counseling Services**

According to Kress, Trippany, and Nolan (2003), those who present for treatment soon after experiencing a sexual assault often are not ready to engage in treatment that requires an intense level of involvement. In the acute phase (Phase 1) of trauma, victims of sexual assault are often unable to answer detailed questions about the assault or make meaning of the incident. This phase lasts until the person reaches the reorganization phase (Phase 2), in which survivors experience some level of psychological readjustment, integration of the experience, and ultimately, recovery from the assault. While in the acute phase, it is helpful for the counselor to be active, directive, and supportive of the client, in addition to educating the client about possible sexual assault symptoms (Kress, Trippany, & Nolan, 2003).

Research has shown that providing sexual assault survivors with education soon after the assault occurred can lower levels of PTSD symptoms at three months post assault. Educating clients about rape myths can also reduce symptoms of PTSD (Kress, Trippany, & Nolan, 2003). Another way to reduce symptoms in clients who have been sexually assaulted is to validate the courage of survivors who do come forward to discuss the assault with a counselor (Kardatzke & Murray, 2007). Empowering clients to make their own decisions can also be beneficial to clients, as it leads to increased self-confidence (Kardatzke & Murray, 2007).

In a study conducted by Kelleher and McGilloway (2009), 47% of sexual assault survivors had not disclosed the assault to anyone until becoming research participants. People who subscribe to rape myths are not likely to label their experience as a sexual assault; even if they do label it as such, they are not likely to disclose the assault to anyone. Of those who had disclosed, a negative experience with a mental health professional resulted in these individuals questioning whether they had actually been sexually assaulted (Kelleher & McGilloway, 2009). According to Borja, Callahan, and Long (2006), professionals who respond in inappropriate ways, such as blaming the victim/ survivor, taking control of the situation, or telling the victim/survivor to move on can cause the individual additional psychological distress, and can preclude the person's ability to recover from the assault.

Survivors of sexual assault often experience additional trauma post-assault. Campbell (2008) discussed the obstacles that clients who have been sexually assaulted face in the legal system. On average, approximately 33 out of 100 sexual assault cases are referred on to prosecutors, with 16 of the cases going to court. Of the 16 court cases, roughly 12 will end in a conviction, and seven will result in a prison sentence. According to Campbell (2008), clients who have a sexual assault victim advocate with them when presenting to the police station have a significantly lower chance of being treated poorly by police, and a significantly higher chance of the police taking a report. Victim advocates, a function that counselors may serve with adequate education and training, are also shown to greatly reduce the level of trauma experienced by individuals who have been sexually assaulted (Campbell, 2008).

### **Training to Provide Sexual Assault Prevention, Education, and Counseling**

Mental health professionals need special training in order to work with clients who have been sexually assaulted; however, there is limited training in dealing with issues related to sexual assault included in most counselor education programs (Kitzrow, 2002). A thorough review of the counselor education literature revealed few articles about sexual assault and effectively treating clients who have been sexually assaulted. Some of the specific issues for assessment and intervention with this population include grief, fear for personal safety, anxiety, anger, depression, and trauma. This section of this review addresses the literature that is available regarding the training mental health professionals receive in preparation for working with clients who have been sexually assaulted.

As mentioned above, some individuals are reluctant to receive counseling services after being sexually assaulted. Murphy, Moynihan, and Banyard (2009) indicated that one reason for the reluctance to seek services is the notion that mental health providers are not knowledgeable about sexual assault, and may provide insensitive services as a result. According to Campbell (2008), 25% of clients who have been sexually assaulted identified their experiences with mental health professionals as hurtful. Moreover, nearly 58% of mental health professionals feel that providers conduct practices that would be harmful to clients, and were unsure of the levels to which clients benefit from seeking mental health services after a sexual assault (Campbell, 2008). One of the issues surrounding competent services in the area of sexual assault is training (Kitzrow, 2002).

While no published studies have been conducted regarding the rates of sexual assault training received by trainees in CACREP programs, one study did assess the level of childhood sexual abuse training in these programs (Kitzrow, 2002). Kitzrow (2002) administered a survey on training in childhood sexual abuse to 64 CACREP-accredited programs. Sixteen of the programs reported offering a course that concentrated on child sexual abuse. Forty-seven, or 69%, reported that their program offered neither a required course nor an elective on child sexual abuse. Reasons for this included not having the room or flexibility in the counselor education program to add such a course, that the material was covered in other courses throughout the curriculum, and that child sexual abuse was too specialized or not relevant. Some respondents were quoted as saying,

While this is an important issue, there are many more important issues. If we cover this problem, how many more should be covered in a similar manner? The basic goal of any master's degree program is to prepare individuals to be minimally qualified. The struggle is to determine what that means. (Kitzrow, 2002, p. 113)

Based on the results of the study, Kitzrow (2002) argued that further research is needed to determine the most effective format for delivering training in the treatment of sexual abuse. Kitzrow further argued that because of the prevalence of sexual assault and the complexity of treating sexual assault survivors, it is important for counselor education programs to assess the level of training students receive about sexual assault. Likewise, many experts in other mental health professions have recommended that therapists receive training specific to treating clients who have been sexually assaulted (Borja, Callahan, & Long, 2006; Frazier & Cohen, 1992; Kelleher & McGilloway, 2008).

Kitzrow (2002) stated that while having a solid understanding of counseling theory is beneficial, the techniques used in working with clients who have been sexually assaulted differ greatly from traditional counseling techniques, so training regarding sexual assault is needed in order to effectively serve this population. While current CACREP standards (CACREP, 2009) require counselors to have an understanding of how traumatic events can affect clients of all ages, the CACREP standards do not specifically require training in providing sexual assault counseling. Students who do not have didactic and supervised clinical experience in the area of sexual assault will not be adequately equipped to effectively counsel clients who have been sexually assaulted (Kitzrow, 2002). Without proper training, counselor trainees may have difficulty in developing therapeutic relationships, treatment plans, and maintaining proper professional boundaries with their clients (CACREP, 2009).

Borja, Callahan, and Long, (2006), reported that educating people about sexual assault leads to decreased rates of blaming those who have been sexually assaulted for the assault. Kelleher and McGilloway (2008) recommended that mental health professionals should be educated about sexual assault, sexual assault myths, PTSD as a result of sexual assault, and about sexual assault perpetrators. According to Borja, Callahan, and Long, (2006), many clients who have been sexually assaulted present to therapy for reasons other than the sexual assault. In their 2006 study, it was discovered that mental health professionals who have training regarding sexual assault experience higher report rates of sexual assault in their clinical work. Borja, Callahan, and Long, (2006) attributed this to

the ability of the specifically trained mental health professional to recognize the symptoms associated with sexual assault.

Borja, Callahan, and Long, (2006) also discovered that presenting facts alone to trainees is not sufficient. In contrast, supervised experience is necessary to provide appropriate services to survivors of sexual assault. The authors' preference was for the training to be included during graduate education. This preference is similar to a recommendation made by Frazier and Cohen (1992), which stated that mental health professionals who work with clients who have been sexually assaulted need the opportunity to explore their beliefs of rape myths and to debrief their feelings regarding working with clients who have been sexually assaulted. Supervised sessions with seasoned mental health professionals provide this opportunity. Overall, many federal research efforts on sexual violence have led to recommendations for mental health professionals to receive more training on treating clients who have been sexually assaulted (Campbell, 2008). These recommendations state that mental health providers should become educated in being able to treat the core issues of trauma, rather than simply addressing symptoms of trauma. More extensive training would help to ensure that mental health providers are responding to and treating clients who have been sexually assaulted in an appropriate, therapeutic manner (Campbell, 2008).

Finally, training is also needed to provide what Campbell (2008) described as *psychological first aide*. Psychological first aide consists of services that are available in times of natural disaster, terrorist attacks, and other traumatic situations during the time

period immediately following the disaster. Campbell (2008) provided a summary of the eight goals of psychological first aide in her review. These eight goals are as follows:

1. Initiate contact in a non-intrusive, helpful manner;
2. Enhance safety and provide physical and emotional comfort;
3. Calm and orient emotionally distraught survivors;
4. Identify immediate needs and concerns and gather information;
5. Offer practical help to address immediate needs and concerns;
6. Reduce stress by connecting to primary support persons;
7. Provide individuals with information about stress reactions and coping; and
8. Link individuals to services and inform them about services they may need in the future. (Campbell, 2008, p. 711)

The above goals are designed to reduce the likelihood of a person developing post- traumatic stress disorder, anxiety, and depression after experiencing an act of violence, and to increase the quality of a person's life on a long term basis. Because these techniques have been successful in assisting people in traumatic situations, Campbell (2008) suggested that these techniques also be used with people in the immediate aftermath of a sexual assault. Rape crisis centers often serve this function for victims of sexual assault, however, mental health professionals do not tend to be involved in rape crisis centers. Instead, such centers are generally staffed by paraprofessional advocates. Mental health professionals could ensure that sexual assault crisis advocates are trained in these psychological first aide techniques in order to enhance their crisis intervention services.



### **Vicarious Traumatization of Therapists Providing Services to Trauma Clients**

The concept of vicarious trauma was first described by McCann and Pearlman (1990). Defined as “the cumulative transformative effects on therapists resulting from empathic engagement with traumatized clients” (p. 203), vicarious trauma may lead to physical, mental, and emotional symptoms that are similar in nature to the traumatized clients that counselors work with. Pearlman and Saakvitne (1995) noted that the cumulative, interactive process of vicarious trauma is distinctly different from the concept of countertransference. Whereas vicarious trauma is a cumulative response that can build across work with several clients, countertransference refers to the feelings and responses counselors have to individual clients (Adams & Riggs, 2008; Latts & Gelso, 1995). Additionally, vicarious trauma continues to affect the therapists outside the therapy hour, and can influence their worldview, resulting in long-term negative effects on both the personal and professional aspects of therapists’ lives (Harrison & Westwood, 2009; Adams & Riggs, 2008).

According to Harrison and Westwood (2009), there is not enough research to identify specific factors that may lead to vicarious traumatization, nor have definitive practices that may eliminate vicarious trauma been identified. However, it has been suggested that therapists who have a personal history of traumatization may be more susceptible to experiencing vicarious trauma when working with traumatized clients (Pearlman & Saakvitne, 1995). Additionally, therapists who have provided trauma services for shorter lengths of time are also at an increased risk for experiencing vicarious trauma. Some of the symptoms of trauma can include avoidance, anxiety, dissociation,

etc. (Pearlman & Saakvitne, 1995). Neumann and Gamble (1995), and Pearlman and MacIan (1995) discovered that therapists who experience vicarious trauma may feel shameful, anxious, and also experience feeling incompetent. This can lead to therapists not seeking supervision and support when needed (Adams & Riggs, 2008). Risks of unresolved vicarious trauma include becoming emotionally distant from clients, rendering the therapist unable to provide continuing empathy and objectiveness to clients, which can in turn lead to attrition from the field (Pearlman & Mac Ian, 1995). Adams and Riggs (1995) point out that because vicarious trauma tends to affect new therapists more than seasoned practitioners, rates of vicarious trauma to graduate students in mental health professions should be studied.

Pearlman and Saakvitne (1995) also argued that training on trauma should be included in graduate programs. While the 2009 CACREP standards do mandate that counseling programs include training regarding crisis intervention and suicide prevention models, including psychological first aid strategies, training specifically educating counselors about vicarious trauma is not required. The purpose of a 2008 study conducted by Adams and Riggs was to determine whether students were getting training regarding vicarious trauma in their graduate programs, and if that training had any influence on whether the students experienced vicarious trauma. Their study included 134 doctoral students enrolled in clinical or counseling psychology doctoral programs. Nearly 40% of the sample identified as having experienced personal trauma. Most of the students (approximately 75%) reported having had at least some training regarding vicarious trauma; nearly half of those students stated that their training was minimal,

while the other half reported that their training was substantial. Twenty-five percent of the students, however, reported having worked with trauma clients without having received any formal training regarding trauma.

Adams and Riggs (2008) also discovered that students who received minimal trauma training did not have a significant reduction in their risk of experiencing vicarious trauma when compared to those students who received no training. Therefore, the authors argued that class discussions or one-time lectures are not sufficient. Rather, mental health training programs should include a full semester course specific to dealing with trauma, or should include several intensive workshops (Adams & Riggs, 2008).

As previously mentioned, in addition to training, Harrison and Westwood (2009) recommended that therapists who serve trauma clients regularly engage in supervision or consultation to prevent harm to themselves or clients. Harrison and Westwood conducted a qualitative study in 2009 with the purpose of gaining an understanding of the vicarious trauma that is experienced by mental health professionals who provide services to clients who have been traumatized. Their study included conducting multiple in-depth interviews with six participants who had provided trauma counseling services for a minimum of 10 years. In addition to gaining an understanding of what therapists experience when counseling traumatized clients, the study also produced several recommendations that are likely to result in reduced levels of vicarious trauma in mental health professionals. First, as previously mentioned, counselors should engage with other counselors, be it through formal supervision, informal peer supervision, or consultation. Second, counselors should participate in ongoing professional development and training,

and should actively engage in self-reflection to increase self-awareness. Third, the counselors should seek to engage in a variety of professional roles. For example, a counselor may work in private practice full time, but also as a supervisor, administrator, or part time faculty member, which allows mental health professionals to expand their professional network. Fourth, the authors recommended that counselors develop personal connections with others. Mental health professionals who have a solid support system outside of work are less likely to feel as depleted or overwhelmed in their professional role due to being able to balance the pressures and challenges of work with experiencing joy with their loved ones. Spiritual connections, such as time spent with nature, was also discussed in improving positive dispositions in mental health professionals.

In addition to a need for reducing isolation in mental health professionals in the areas of their personal, professional, and spiritual lives, Harrison and Westwood (2009), also discussed the need for counselors and other mental health professionals to develop mindfulness. As described by the participants in the study, mindfulness involves “curiosity and holistic awareness of one’s experiences in relation to both external and internal environment” (Harrison & Westwood, 2009, p. 209). Mindfulness creates connections between body, mind, and spirit, allowing the clinician to attain satisfaction from his or her work and to feel as though positive contributions to others are made. Maintaining optimism that people can change and heal was mentioned as imperative, as was maintaining holistic self-care. Having one’s physical, emotional, and spiritual needs met, such as diet, exercise, getting enough sleep, touch from others, strong relationships with others, getting personal therapy, spending time in nature, etc. were all discussed as

they relate to being an effective therapist, especially for clients who have experienced trauma. Lastly, Harrison and Westwood (2009) discussed the difference between empathy and sympathy, and the importance of clinicians maintaining a boundary between the two. The difference between empathy and sympathy was described as being able to be in tune with the emotions and needs of the client (empathy) without intertwining the feelings and experiences of the client with his or her own (sympathy). A therapist must maintain a clear boundary between empathy and sympathy so as to be able to maintain objectivity in working with the client.

Harrison and Westwood (2009) concluded their article by discussing implications for professional practice and for the training of mental health clinicians. The authors noted the importance of balance in the caseloads of a professional, and mentioned the possible drawbacks of organizations that separate services for clients who have been traumatized from clients who have not. Clinicians who see one type of traumatized client, such as those who have been sexually assaulted, lack diversity of clientele and may be at higher risk of not managing as well in their professional role when compared to those clinicians who have a more balanced caseload.

### **Other Effects on Therapists of Clients Who Have Been Sexually Assaulted**

Beyond vicarious trauma, treating clients who have been sexually assaulted can affect how counselors view themselves and the world around them (Trippany, Kress, & Wilcoxon, 2004), and can lead to symptoms of PTSD (Baird & Jenkins, 2003; Sommer, 2012). These symptoms can include re-experiencing the trauma experienced by the

client, avoidance of emotions (Baird & Jenkins, 2003), nausea, headaches, exhaustion, and psychological distress (Sommer, 2012). As mentioned, appropriate education, training, and supervised experience prior to practicing is vital in mitigating the negative effects associated with working with sexual assault clients (Sommer, 2012). According to Trippany, Kress, and Wilcoxon (2004), 96% of mental health professionals surveyed reported that education about sexual assault was vital to dealing with difficult cases. Sommer (2012) listed supervision as a key factor in preventing vicarious trauma in counselors who serve clients who have been sexually assaulted or experienced other traumatic events. Trippany, Kress, and Wilcoxon (2004) reported that 85% of counselors state that conversing with other mental health professionals is their most common method of coping with vicarious trauma. It is therefore likely that education, supervision, and the support of other professionals is likely to assist counselors in dealing with other effects of working with sexual assault clients. Supervision in particular should focus on key areas, such as developing a sound theoretical grounding in trauma counseling and conscious and unconscious facets of counseling. It should also provide a respectful and safe climate. The supervisor should be adept at identifying symptoms of vicarious trauma in the supervisee, and should allow the counselor to discuss the effects of the work with traumatized clients and other personal feelings. Of note, supervision should be continuous, as opposed to restricted to pre-licensure training (Sommer, 2012).

To conclude, managing the effects of working with survivors of sexual assault is important, as responding inappropriately can lead to a counselor unintentionally re-victimizing a client (Kitzrow, 2002). Further, counselors who are experiencing trauma

themselves may harm clients by unknowingly teaching them to avoid dealing with traumatic material, or counselors may not be able to be present with clients due to exhaustion (Sommer, 2012; Trippany, Kress, & Wilcoxon, 2004). Counselors may also compromise professional boundaries with their clients, such as forgetting appointments, abandonment, inappropriate sexual attraction, etc. Additionally, clients may also feel a duty to protect the counselor from symptoms of traumatization (Trippany, Kress, & Wilcoxon, 2004). It is therefore vital that counselors receive training, education, and support to manage these aspects of working with sexual assault clients.

### **Summary**

Kardatzke and Murray (2007) identified a need for more research in the area of understanding the dynamics, risk factors, treatment, and prevention of sexual assault among college students. The authors spoke of several gaps in the literature, including learning more about effective assessment strategies, identifying strategies that increase the likelihood that clients who have experienced sexual assault will report those experiences to counselors, and identifying effective techniques to treat the psychological symptoms that occur as a result of sexual assault. The previous sections provided reviews of sexual assault literature available in the various mental health fields. The purpose of this section is to summarize the available information and to identify common important findings.

The first finding to be discussed is the frequency of sexual assault. Research has suggested that 25% of women in college have experienced a completed or attempted rape

during college (Fisher, Cullen, & Turner, 2000; Koss, Gidycz, & Wisniewski, 1987).

Likewise, other studies reveal that one in four women on college and university campuses have been the victim of sexual assault (Caruso, Goins, Lee, & Southerland, 2003; Kardatzke & Murray, 2007; Kress, Tripanny, & Nolan, 2003).

The second pattern identified in the literature was that few clients who have been sexually assaulted seek therapy during the one year immediately following the assault. Many clients who have been sexually assaulted often do not seek out the services of a mental health professional until months or years following a reported sexual assault (Frazier & Cohen, 1992; Kress, Tripanny, & Nolan, 2003). According to Jackson, Long, and Skinner (1991), one in 20 adults who were sexually assaulted obtained mental health services during the crisis period immediately following the sexual assault.

The third important finding identified is the level of client satisfaction with mental health services following an assault. It is not uncommon for individuals to report an unsatisfactory experience with mental health professionals (Frazier & Cohen, 1992). When seeking out mental health services, clients may be subjected to re-victimization by mental health professionals who lack knowledge about sexual assault (Jackson, Long, & Skinner, 1991; Kitzrow, 2002; Murphy, Moynihan, & Banyard, 2009).

Fourth, vicarious trauma for counselors and other mental health professionals who provide services to clients who have been sexually assaulted is a concern. Vicarious trauma affects therapists outside the therapy hour, possibly resulting in long-term negative effects on both the personal and professional aspects of therapists' lives (Adams & Riggs, 2008; Harrison & Westwood, 2009). To reduce the likelihood of experiencing



vicarious trauma, counselors should receive appropriate education, training, and supervised experience prior to and during work with clients who have been sexually assaulted (Sommer, 2012).

The fifth identified pattern throughout the literature is training and its importance. Kitzrow (2002) stated that because of the prevalence of sexual assault and the complexity of treating sexual assault survivors, it is important for counselor education programs to assess the level of training students receive about sexual assault. Many mental health experts have also recommended that therapists receive training specific to treating clients who have been sexually assaulted (Borja, Callahan, & Long, 2006; Frazier & Cohen, 1992; Kelleher & McGilloway, 2008). However, a thorough review of the counselor education literature has revealed few articles about effectively treating clients who have been sexually assaulted.

While this chapter has revealed five common themes that are present in the literature, including the frequency of sexual assault, the percentage of sexual assault survivors seeking treatment, client satisfaction with treatment, vicarious trauma of counselors who treat clients who have been sexually assaulted, and counselor training, there is an absence in the literature of qualitative studies on the lived experiences of the counselors and other mental health professionals who treat clients who have been sexually assaulted. Therefore, the purpose of this study was to gain an understanding of counselor experiences in serving clients who have been sexually assaulted. The lived experiences of nine counselors who work with clients who have been sexually assaulted are presented in Chapter IV.

## **CHAPTER III**

### **METHODOLOGY**

#### **Introduction**

One of the advantages to conducting qualitative research is the ability for participants to share their experiences and apply their individual meanings of these experiences (Marshall & Rossman, 2006). The process of in-depth phenomenological interviewing can help researchers gain an understanding of the common experiences people share and of the meaning people attach to these experiences (Creswell, 2007; Kavale, 1996). Moustakas (1994b) stated that phenomenology allows a researcher to gain insight into the experiences a small number of participants share. According to Moustakas (1994b), a small participant pool allows for a greater chance of receiving a clearer picture of the phenomenon than if a large number of participants are included.

The purpose of this study was to gain an understanding of counselor experiences in serving clients who have been sexually assaulted. This study involved in depth, semi structured interviews with each participant. The goal of conducting these interviews was to have a better understanding of the challenges and rewards counselors experience in working with clients who have been sexually assaulted. The purpose of this chapter is to discuss the research design, sampling methods, methods of data collection and analysis, and the role of the researcher.

## **Research Design**

Patton (1990) stated that three items need to be included in order for a qualitative study to be credible. The first item is an overview of what the researcher contributes to the study (qualifications, experience, perspective); second, the paradigm orientation and assumptions the researcher brings to the study; and third, the techniques and methods of the study. The first two items will be discussed in the role of the researcher section. The techniques and methods of this study will be addressed throughout this chapter.

Leedy and Ormrod (2005) stated that phenomenology refers to how individuals interpret the meaning of events. Patton (2002) reported that phenomenology refers to the ways in which people make sense of experiences. Further, a phenomenological researcher seeks to learn the commonalities the participants have when describing their experiences (Cresswell, 2007). Because the goal of this study was to gain insight into how counselors interpret their experiences of working with clients who have been sexually assaulted, the method of phenomenology is an appropriate fit.

The transcendental phenomenological approach was used for this study. The goal in this approach is to identify a phenomenon to study and gather data from multiple participants who have experienced the phenomenon (Creswell, 2007). After gathering the data, it is the job of the researcher to analyze the data and draw out the common, significant statements made by the participants. Following a process of identifying what the participants experienced and how they experienced it, the researcher may be able to draw conclusions about themes. In this study, it was the goal of the researcher to identify

existing themes regarding what counselors experience when working with clients who have been sexually assaulted.

### **Sampling, Subjects, Access, and Setting**

The sampling selection method for this study was largely criterion based, meaning all participants met the criteria of working with clients who have been sexually assaulted (Creswell, 2007). Before recruiting any participants, an HSIRB proposal was submitted and approved. A copy of the HSIRB approval form can be found in Appendix J. A requirement for all participants of this study was agreeing to be digitally recorded during their interview. As this is a phenomenological study, all participants recruited for the study shared the common experience (Creswell, 2007) of holding at least a master's degree in counseling and had experience counseling a minimum of 5 clients in the last five years who had been sexually assaulted when they were age 18 or older. To assist in identifying persons who meet the criteria for inclusion in the study, the researcher used snow ball sampling (Creswell, 2007). The following describes how the combination of criterion and snowball sampling approaches was implemented.

As previously stated, the purpose of this study was to gain an understanding of counselor experiences in serving clients who have been sexually assaulted. To recruit participants, the researcher identified, through networking and website examination, names of counselors who provide services to clients who have been sexually assaulted. Because college students are one of the populations at the highest risk of being sexually assaulted (Carmody, D., Ekhomu, J., & Payne, B.), counselors in college counseling

centers were heavily recruited for this study. In addition, the researcher queried colleagues working in the field regarding their interest in participating in the study. In order to participate in the study, interested individuals needed to meet the participant requirements of holding at least a master's degree in counseling and must, in the past five years, have counseled at least five clients who were sexually assaulted when they were over the age of 18. Additionally, the researcher asked these colleagues to refer counselors they thought might be appropriate participants for the study, based on their work with counseling clients who have been sexually assaulted. These potential subjects were invited to contact the researcher either by phone or by email to receive additional information about the study. The initial email notifying potential participants about the study can be found in Appendix A. If the researcher only had a phone number for a potential participant, the researcher called that individual. A copy of the telephone recruitment script can be found in Appendix A1.

Upon request for additional information, the researcher provided individuals the consent form (Appendix C) and professional background questionnaire (Appendix B) either in person if local, or via postal mail. After receiving the additional information, the researcher called individuals to give them an opportunity to discuss the professional background questionnaire and consent documents. This phone call allowed for potential participants to ask the researcher questions about the study. The script for this phone call can be found in Appendix D. After answering questions, the individual was able to return the signed informed consent document and completed professional background

questionnaire via postal mail (or in person if local) in the provided self- addressed stamped envelope to the researcher if they chose to pursue participation in the study.

As part of the informed consent process, participants were made aware that a condition of their participation in the study was agreeing to have their interviews digitally recorded. The researcher informed potential participants that participation was entirely voluntary, and individuals could withdraw from the study at any time, for any reason, without penalty. In addition, each participant was given a copy of their signed informed consent document to refer to at any time. Participants were informed that a signed copy of their informed consent document would also be retained by the researcher in a secure location for a minimum of seven years. A copy of the informed consent document for this study can be found in Appendix C.

If, after receiving the completed professional background questionnaire and signed consent document it was determined that the person was eligible and selected for the study, an appointment to conduct the interview protocol was then scheduled. If the individual was local, appointments took place in person. If the individual was located more than 60 miles away, the appointment took place via phone. Participants were made aware that even if they completed the participant demographics and eligibility protocol that they may not be selected for the study. Participants who were selected for the study and scheduled for an interview were sent appointment confirmation emails. A copy of this communication can be found in Appendix E. Participants not selected for the study were notified via email. A copy of this communication can be found in Appendix I.

All individuals who met the inclusionary criteria and who wished to proceed with participation were asked to engage in an approximately 50 minute interview, in which they were able to discuss their experiences in working with clients who have been sexually assaulted. The individual, in-depth interviews were conducted and took place in a quiet, confidential setting with minimal distractions (Creswell, 2007). All interviews were transcribed by a professional transcriptionist. A copy of the interview protocol can be found in Appendix F. Participants were provided copies of their interview transcripts. A copy of the message sent to participants along with their transcripts can be found in Appendix G.

Approximately seven - ten days after receipt of the interview transcript, the researcher called each participant to give the participant the opportunity to discuss the transcript (Appendix H), to make any necessary changes to the transcript and to give any additional input they wished to provide that they did not discuss during the interview. This phone call was digitally recorded. If the participant had handwritten feedback on the transcript, the researcher requested that the participant mail the transcript back to the researcher in the provided self-addressed, stamped envelope. If the researcher could not reach the participant via phone, a second call was attempted. If the researcher was unable to reach a participant after two phone call attempts for the member check, the researcher then sent a second email to the participant in order to gain feedback on the transcript. If, after two phone calls and two emails the participant had not responded to the researcher's request for feedback, the researcher then proceeded with the participant's data as

collected and transcribed from the initial interview, as noted in the participant consent document.

In 2010, the American Counseling Association reported that 27% of their members were male (Evans, 2010). Given the demographic paucity of men in the counseling profession, every attempt was made to include men in the study sample. The following recruitment steps were taken: snowball sampling included querying colleagues regarding any males who may be potential participants. CESNET, a listserv of counselor educators, was notified regarding this study and the need for participants, including males. Additionally, literature in the field of counseling was searched in order to identify male authors who may have been qualified participants. In short, every intentional effort was made through convenience and snowball sampling to obtain a gender balanced sample.

Participants were informed that their confidentiality would be protected by providing a pseudonym; their real identity was not attached to any data they provided. The researcher maintained a master list of names and the matching pseudonym that was kept locked in a secure location. At the conclusion of data analysis, the master list was destroyed (Creswell, 2007; Marshall and Rossman, 2006, Rubin and Rubin, 1995).

### **Data Collection and Management Methods**

Because the goal of this study was to gain information regarding the experiences of counselors who work with clients who have been sexually assaulted, it was appropriate for the data collection method to focus primarily on in-depth interviewing. As stated by



Marshall & Rossman (2006), an in-depth interview is more like a casual conversation between the researcher and participant(s) than a formal affair in which there are structured, predetermined response categories. In this way, the researcher is able to facilitate a process in which the participants are afforded the opportunity to guide the discussion. The root of in-depth interviewing is that the perspective, thoughts, and feelings of the participant are revealed as the participant views it, and not how the researcher views it (Marshall & Rossman, 2006). The researcher asked, as a requirement for participating in this study, for each participant to give the researcher permission to digitally record interviews. A consent form, which can be viewed in Appendix C, was utilized in order to obtain participation agreement.

The data for this study was collected through individual interviews. In this way, each participant had the opportunity to share their thoughts, feelings, and experiences in an un-interrupted and undistracted manner (Creswell, 2007, Leedy and Omrod, 2005). The individual interviews allow each person time to share their information, without having to give other participants a chance to speak. Interviewing every participant alone also prevented participants from influencing each other during the interview process. In addition, interviewing only one person at a time yielded a conversation that largely focused on a limited number of subjects in-depth, as opposed to group interviews, which may yield more quantity of subjects rather than quality (Marshall & Rossman, 2006). The interviews consisted of participants discussing their experiences, both positive and challenging, in working with clients who have been sexually assaulted.

The interview structure was based on the work of Kvale (1996), who introduced a seven stage model for collecting and analyzing data in phenomenological research. The first step is thematizing, in which the researcher clarifies the purpose and scope of the project before considering research methods. The second stage of the process, designing, involves focusing on the knowledge and information to be gathered by conducting the research. During the third stage, interviewing, the researcher must develop a rapport with the participants to be interviewed. This stage includes conducting interviews and reflecting upon information gained.

Kvale (1996) states that the “what” and “why” questions should be asked before the “how” questions. Kvale (1996) discusses several different types of questions. Questions used in this study included introductory, follow-up, and probing. Together, these types of questions allowed the researcher to obtain rich descriptions of the participants’ experiences, to learn about what was important to the participants while keeping in mind the research questions, and to further pursue participant experiences (Kvale, 1996). Interview questions for this study began by asking the participants to discuss their general backgrounds as counselors, including discussing their training as counselors and professional counseling positions held. Participants were then asked to discuss their background in working specifically with clients who had been sexually assaulted. The information gathered from these first general questions helped to place information from subsequent questions in context. The interview then segued into inquiring about the participant’s experiences in counseling clients who had been sexually assaulted. These questions included how they had been personally and professionally

influenced by working with this population of clients. Participants were also asked about the training they had received specifically in working with clients who had been sexually assaulted, and on the various challenges and rewards they experienced in working with this client population. Lastly, the researcher inquired about what each counselor had learned and what she would share with other counselors regarding working with clients who had been sexually assaulted. The interview protocol for this study can be found in Appendix F.

The fourth step included transcribing all interviews. Interviews were conducted within a three month time frame. After interviews were completed, a professional transcriptionist transcribed each interview to help with the process of interpretation. Because interpretation of data is a difficult process in which what is typed on paper by the researcher may not match what the participant meant, the researcher employed the process of member checking (Creswell, 2007, Marshall and Rossman, 2006) to ensure all data was confirmed by the participants. The goal of member checking is as follows: the process allows the participant to view the transcript of his or her interview in order to verify that the transcribed words are correct. Additionally, the process allows the participant to indicate whether he or she was misinterpreted in any way and to add additional perspectives to the interview if necessary (Creswell, 2007, Marshall and Rossman, 2006). As previously noted in this chapter, transcripts were exchanged via postal mail and email. Approximately seven - ten days after participants received their transcripts, the researcher called the participant to discuss the transcript. The follow up interview were digitally recorded. Participants were invited to share any feedback

regarding their transcript at this time. Participants were also invited to provide additional comments and clarifications. If the participant had written feedback on their transcript, the researcher requested the participant mail the transcript back to the researcher in the provided self-addressed stamped envelope.

### **Data Analysis Processes and Procedures**

The fifth stage of Kvale's (1996) interview structure involves data analysis. The data analysis approach to be utilized for this research was the Moustakas approach (Creswell, 2007). This approach follows a logical sequence: first, the researcher recorded her own experiences in full regarding working with clients who have been sexually assaulted in order to set aside personal experiences and biases. This process is referred to as *epoche* (Moustakas, 1994b). This researcher's disclosure can be found at the end of this chapter. While the researcher was not able to fully exclude personal viewpoints, it is important for the focus of the study to be on the participants and not the researcher. The process of *epoche* was documented in a journal kept by the researcher. The researcher maintained a journal while conducting interviews and analyzing data in order to continue setting aside personal experiences with the phenomenon (Moustakas, 1994b). Next, it was important for the researcher to create a list of relevant quotes from the conducted individual interviews which relate to the counselors' experience in working with the target population. Then, the researcher grouped related statements into themes. The researcher used the software package Atlas.ti to assist with the process of coding and analyzing data.

Following this process, the researcher described “what” the participants have experienced in working with the population. This is also known as a “textural” description (Creswell, 2007). The researcher then described the “how” of the experience. Also known as the “structural description (Creswell, 2007),” the researcher reflects on the setting in which the phenomenon occurred. In this study, that meant speaking with participants about their counseling setting (school, university, community agency, private practice, etc). Finally, a comprehensive report was written, combining the elements from the textural and structural writings. This report resulted in providing the essence of what the counselors have experienced in working with clients who have been sexually assaulted and “represents the culminating aspects of a phenomenological study. It is typically a long writing that tells the reader “what” the participants experienced with the phenomenon and “how” they experienced it (Creswell, 2007, p. 159).”

The sixth step included verification procedures. In addition to member checking, in which complete transcripts were returned to participants for verification and possible additions (Creswell, 2007) Denzin (1978) and Thurmond (2001) state that triangulation is a method in which the researcher can defend against the notion that specific findings of a study are an artifact of a single method or source, or the result of the biases of the investigator. According to Leech & Onwuegbuzie (2007), triangulation procedures should be utilized in order to reduce researcher bias and to increase the value of the research findings.

In this study, triangulation served the purpose of allowing one outside researcher to review the data and draw his or her own conclusions about themes which may be

gleaned from the data. After the researcher came up with the initial textural – structural description, the outside researcher, who was familiar with qualitative research methods, was given access to the research methods, de-identified participant transcripts, analysis notes, and the initial textural - structural description of the data. Feedback from the outside researcher was included in identifying the themes presented in chapter IV. This process of investigator triangulation allowed for the potential reduction of researcher bias in presented themes gleaned from the data. Banik (1993) states that “analysis of data (particularly qualitative) by multiple analysts serves not only to amplify the findings and increase validity but also adds to the reliability (of the study) (p. 49).” Verifying the findings and interpretations of the researcher adds to the credibility and value of the findings (Thurmond, 2001).

The final stage involved the writing and reporting of the findings in a way that was easy for the reader to understand, and follows the ethical guidelines required for conducting research, such as protecting the confidentiality of participants. The report of findings are included in chapter IV.

### **Role of the Researcher**

As previously discussed in this chapter, Patton (1990) stated that three items need to be included in order for a qualitative study to be credible. As previously stated, the first item is an overview of what the researcher contributes to the study; second, the paradigm orientation and assumptions the researcher brings to the study; and third, the

techniques and methods of the study. The third item was addressed above, and the first two items will be discussed in the sections to follow.

The first item is an overview of what the researcher contributes to the study, such as qualifications, experience, and perspective. My interest in the area of counseling clients who were sexually assaulted began to develop as an undergraduate student, when I served for four years as a sexual aggression peer advocate at a large, Midwestern university. Advocates received 40 hours of sexual assault and crisis intervention training each fall before working on the 24/7 crisis line phones and educating the university about sexual aggression issues. It is through working with this program that I realized just how big of an issue sexual assault is, especially on college campuses.

After completing my undergraduate degree, I pursued a master's degree in college counseling from a CACREP accredited program in the Midwest. In addition to attending graduate school, I also served as a graduate assistant hall director. Since other professional, graduate, and undergraduate staff members were aware of my history of working in sexual assault services, I was often asked to assist staff members in working with residence life students who had been sexually assaulted.

After finishing my master's degree, I accepted a fulltime hall director position at another Midwest university. Upon learning of my undergraduate experience, I was asked to serve on the university's sexual assault task force, sponsored primarily by the counseling center. I was happy to see the university acknowledging that sexual assault is a serious issue on campus, and that they were trying to do something about it. As a doctoral student, I continued to build on my knowledge and expertise regarding sexual

assault, particularly on college campuses through writing and presenting at professional conferences, conducting this doctoral dissertation, and continuing to work with clients who have been sexually assaulted as a counselor in private practice.

The second item discussed by Patton (1990) is the paradigm orientation and the assumptions the researcher brings to the study. As previously stated, a qualitative researcher must identify personal assumptions so that the focus of the study may be solely on the participants and not on researcher bias. As a researcher, I expected to learn that participants lack training in service provision to persons who have been sexually assaulted, thereby creating a barrier in providing quality services to clients who have been sexually assaulted. I also anticipated that some participants may feel burned out at times with counseling clients who have been sexually assaulted. I find the lack of literature regarding counseling clients who have been sexually assaulted, particularly from the perspective of the counselor rather than the client, to be disheartening and frustrating, and I assume other professionals may feel the same. On the other hand, I thought participants would find some aspects of counseling people who have been sexually assaulted to be rewarding, such as helping people who have been sexually assaulted with the process of piecing their lives back together.

Through my training as a sexual assault crisis advocate and my observations as a counselor educator in training, I do not see how the issues surrounding sexual assault can be excluded from the training of counseling/counselor education students. This issue is too prevalent in society for counselors to not know how to work with clients who have been sexually assaulted. The literature reveals that society often subscribes to myths such



as: women want to be raped; men cannot control their urges; if she was drunk, it is not rape; men cannot be sexually assaulted; etc. As counselors are real people who are not immune to believing these myths, a lack of training regarding sexual assault could lead to further harm for the client. It was my hope that this study would shed light on the challenges and rewards of counseling clients who have been sexually assaulted. To further support recognition of this researcher's assumptions, a journal was maintained as a reminder of my experiences and biases. The processes of writing these assumptions allowed me to bracket personal experiences and make the study be about the participants.

## **CHAPTER IV**

### **RESULTS**

The purpose of this study was to gain an understanding of the counselor experience in counseling clients who have been sexually assaulted. Specifically, this study aimed to explore the challenges and rewards of counseling clients who have been sexually assaulted. To accomplish this, the researcher conducted an initial 50 minute interview, either in person or via telephone, and a 20 minute follow-up phone interview with each participant. The researcher utilized a phenomenological approach to analyze the data. The interviews with the participants allowed the researcher to gain a better understanding of the perspectives of counselors who provide counseling services to clients who have experienced sexual assault. This chapter discusses both the demographic make-up of the participants and the themes gleaned from the data. The quotes and examples provided best portray the themes that emerged from the data. To ensure participant confidentiality, pseudonyms were used in place of actual client names.

The first section in this chapter includes a demographic profile of the participants. The second section focuses on the participants' perceptions of the challenges of counseling clients who have been sexually assaulted. The third section focuses on the participants' perceptions of the rewards of counseling clients who have been sexually assaulted. The final section provides a composite case narrative of one participant's lived experiences with counseling clients who have been sexually assaulted.

### **Description of Sample**

The nine participants were all female, despite efforts to recruit male participants. All participants had a minimum of a master's degree in counseling, and provided professional counseling services to at least five clients in the past five years who were sexually assaulted when they were over the age of 18. Three participants had master's degrees, two participants were currently working on doctoral degrees, and four participants had doctoral degrees. One participant had a master's degree in college counseling and one had a master's degree in professional counseling, while seven had master's degrees in clinical mental health counseling. Seven participants had master's degrees from CACREP accredited programs, while two participants had master's degrees from programs that were not CACREP accredited. Five participants considered working with clients who had been sexually assaulted as a specialty area for them, one participant was considering working with clients who had been sexually assaulted as a specialty area, and three participants did not consider working with clients who had been sexually assaulted as a specialty area. Finally, four participants indicated that they received training in working with clients who had been sexually assaulted as a part of their graduate programs, while five participants indicated training in working with clients who had been sexually assaulted was not included in their graduate programs. The five participants who did not have training regarding working with clients who had been sexually assaulted during their graduate training programs all indicated that they received training after they had graduated, either through professional conferences or professional employment training.

## **Challenges**

A careful analysis of participant transcripts was conducted. Through the analysis of participant stories of working with clients who had been sexually assaulted, several themes emerged regarding the challenges counselors encounter when working with clients who have been sexually assaulted. Those challenges include (a) thinking about clients after termination of the counseling relationship; (b) exposure to people in emotional pain; (c) gaining client trust; (d) difficulty with appropriately challenging clients; (e) consulting and self-care; (f) personalization; (g) knowledge of laws/ legal issues, (h) men and sexual assault; (i) defining sexual assault and myths; (j) supervision and training; and (k) victim vs survivor.

### **Thinking about Clients after Termination of the Counseling Relationship**

Through analysis of participant stories, one theme that emerged was the emotion involved in counseling clients who had been sexually assaulted. Several participants indicated that though the professional counseling relationship with the client may have been terminated, it was difficult to cease thinking about their clients who had been sexually assaulted. In discussing whether participants thought about former clients, Alissa stated that “I always wonder where they’ve gone from there, if they’ve continued in counseling, all those things that continue to impact their lives, if they’ve found ways to cope with those things effectively.” Michelle said that “I can think back to clients I worked with and wonder how they are doing, and I wonder if they achieved some of their goals they were thinking about,” and Tessa said that “there have been certain clients I

have wondered about.” Gracie said “sometimes I will (think about the client), especially if I have referred them on to somebody else. I will hope things are going well for them.”

Tanith also said former clients stayed in her mind after the conclusion of the counseling relationship:

There are still people ... I still think about. There are just these couple of folks here and there, but, yes, absolutely. Something will remind me of them, or another client will remind me of them, and so I wonder how they are doing, and hoping they are doing well, and the work we did together helped plant some seeds for them. Clients don't disappear from my awareness because I don't see them anymore.

Maia states that she often thinks of clients after or between sessions, and speaks of the emotional toll this takes on her:

Sometimes it can be hard....We talk a lot in our profession about having to leave work at work, but there are so many times where I will think of a client or what we were discussing and then, after the fact, I will think of different things I could have said or done or different avenues that I could have tried.... how I could have done things differently to support them, and then hope that I have another chance to see them. Sometimes I can schedule them again to try to facilitate some additional support, but then again it is not always possible because they might have been released, or transferred to a different unit. I think it just comes with the counseling profession in general, that there might be times when we think there is something we could have done differently or better.

### **Exposure to People in Emotional Pain**

Throughout the interviews, several participants discussed the difficulty of seeing people in emotional pain. While nearly any client can experience emotional pain, several participants noted that clients who have been sexually assaulted can be particularly challenging to work with because hearing the stories of hurt, assault, and betrayal can elicit similar feelings of hurt for the counselor. Additionally, counseling clients who

have been sexually assaulted can be particularly challenging due to the fluid nature of the recovery process; clients may make progress, and then revert to former coping methods.

Alissa said “I think any sexual assault is difficult to deal with, dealing with the stress and reality of what’s happened to them,” while Gracie spoke of the difficulty of seeing people relapse: “[people] do go back to their negative coping as they get triggered. Be ready for two steps forward, one step back.” Gracie also talked more extensively about the hurt expressed by people who have been sexually assaulted:

Sometimes just hearing that kind of emotion, that kind of trauma day in and day out was a bit easier when I had sort of a break in between survivor clients when I was just a general counselor. But everything on my schedule counts as a crisis appointment in those categories. If I have had a very rough session with somebody and they have shared a lot of really emotional pain, a lot of catharsis, it can be tough to get through the rest of the day with clients. I care about my clients, and it is hard to see people in pain in general. I was getting burned out quickly, and that made it very difficult to want to come in to work. It made it harder to work with my clients who were survivors and who were not survivors because I just was done.

Like Gracie, several others also spoke of the emotional difficulty of working with clients who had been sexually assaulted:

(Tessa) I feel dread seeing somebody on my schedule who has been sexually assaulted and knowing that it is going to be a lot of hard work that goes into that. It’s really hard to ever be prepared for something like that. I would definitely say the sexual assault cases I have worked with have been the hardest cases. Is it normal for me to feel upset or hurt at hearing what this person is telling me? Those seem to hit me in a way that is hard to let go of and I really have to spend some time debriefing. Stranger rape and instances where it has been very manipulative and conniving; hearing that those things actually happen in real life, then it ended up turning into a situation where he used a date rape drug on her, and hearing something like that, it is hard to believe that someone would go to that extent to have sex with somebody.

(Meryl) I am aware always of being able to provide comfort, and I’m aware of the personal toll that takes. She knows she feels horrible, but she thinks, again, that there is something wrong with her in that she is feeling horrible. Some folks will

come in and talk in terms of, I talked to a friend and she said is just the way that it is. I think I am aware of and sometimes overwhelmed by things people have had to deal with and my sort of caring for them often takes the form of thinking about their experience between sessions. In particular, when I first met someone and have heard whatever details they are willing to share with me, and then watching the broken place they are in right then, and just wishing there was sort of a magic potion they could have or the flick of a magic wand that would take away the pain. I am really diligent about when I am home I don't do things like check emails. I think an expectation I might have had when I first began doing this work was that I wouldn't be able to do it for a long period of time because of the toll that it does take.

(Tanith) Initially I think that was challenging. I work with college students who were raped or had some sort of childhood sexual trauma; I see it all of the time, unfortunately. It is present everywhere in all those different environments, whether I was working in a rural environment or an urban environment. It was a lot of folks for a long period of time. Having to cope with the emotional reactions (was difficult). I am a really visual person, which is not always helpful, so I think part of it was sitting with those tough emotions, and then allowing myself at some point to also have those emotions and to be pissed off and to be sad, and to be frustrated that this is part of the larger system of violence against women, or violence in general. Being able to deal with a difficult emotion was a big piece of it, and then figuring out how do I deal with this on my own? I think there are still times I am still really affected by people and their stories. I think part of it was that I learned how to cope. Those stories are not easy to listen to. Honestly I think when I hear the stories about kids, that is really hard. Even when it is an adult who is now sitting there, their experiences as a child.....

### **Gaining Client Trust**

Many participants spoke of the nature in which clients would disclose cases of sexual assault. A theme that arose regarding confiding in counselors about sexual assault was a sense of trust, and allowing clients to disclose of the assault on their own terms. Several participants noted that many clients may not initially disclose the assault to a counselor, but may wait until he or she feels the counselor can be trusted, and will be supportive. Ashley speaks of the importance of not asking clients questions as they are

telling their story: “It does not matter. You don’t need to know what happened; you just need to support them. It can be a dangerous situation if the counselor does not know these things and they are working with survivors.” Ashley further stated that out of 12 counselors at the campus, she refers clients who have been sexually assaulted to two of them, feeling the others are not suitable for clients who have been sexually assaulted. Mirai states it is “important to meet them where they are at.....to be very, very patient.” She notes the importance of allowing a client to become comfortable with the counselor in order to allow him or her to “share certain things.” Mirai expands upon this:

I almost found that they will test you....with one situation. Depending on how we resolve that, I will give you one that is a bit bigger, then depending on how we resolve that, then I’ll actually start revealing stuff to you that is central to what my issue is, what my core belief is.....to have patience and really let them guide their treatment.....to respect their boundaries and let them disclose to you and they feel comfortable doing.

Meryl also speaks of the importance of not questioning clients and letting clients guide their sessions, stating “you need to know that you get to decide what it is that you want to share with me.....I have to earn their trust and create an atmosphere of safety....that sometimes when you (counselor) are asking the questions for details.....(you are) trying to remove yourself (counselor) away from the pain that is there.” Meryl also stresses to her clients that they always have the right to decline to answer any questions. Tanith speaks of the importance of the therapeutic journey “it is a process and a journey.....what helped me through was hope, patience, connection....knowing that we have a connection is half the battle for help....the hope that it is going to get better.



Maia discusses clients coming to counseling and originally not presenting sexual assault as a concern:

A lot of the time it is anger issues or stress issues or interpersonal issues that are ongoing, and then through talking with them we can really assess...where this anger comes from.....I definitely have to be aware of my presentation....how I am asking questions and how I'm prompting clients and how I'm spending my time with them....I have to be cognizant of making them comfortable....Being in tune with their nonverbal behaviors, to see if they are willing to go there, or if it is too much too soon.

Alissa talks about the need to be able to understand where clients are coming from: "as a counselor I need to meet them where they are, and still provide that support and that sense of unconditional positive regard." Alissa also gives insight into how clients might feel about having been sexually assaulted "[they may be] still carrying around some issues of guilt..... [it is important not to take] for granted that because the assault is in their past that it is not impacting them anymore..." Alissa expands up on her experience of counseling clients who have been sexually assaulted.

I am more aware that there is a grieving process in itself for someone who has been sexually assaulted. I think it was maybe in some ways a relief to understand more what their needs are, that there is a grieving process and that it looks different for everybody; it still can look very different for everyone in terms of how long in each stage, and that they may go back to any of those early stages at any time. That's kind of helped me in even if someone's been in counseling for a year and they make significant process and they come in a year and a week later and they were still going through some feelings of guilt or dissociation or any of those things they may have felt early on, I would now recognize that as being okay, as part of that cycle or that fluidity between the different stages. I would say unconditional positive regard is necessary and that support, sometimes that support might be just sitting with them and letting them cry, sometimes that support might be letting them know that it wasn't their fault, or that support might be that psycho-education. Maybe they are not as trusting as someone who has not experienced sexual assault.

Michelle also discusses the level of trust clients who have been sexually assaulted may have in others “..... seeing that the world has some unsafe people and unsafe places but that it is not a "you can't trust anyone”.....the sexual assault affected their beliefs about themselves and the world.” Ashley talks about the difficulty in gaining clients’ trust:

I think the biggest challenge is just waiting for them to trust you. You just really have to have that patience and understanding that you have not earned the understanding for them to open up to you right away, so it can be kind of frustrating because you can get stuck. It is just recognizing that you have to wait for them to trust you as well to start to uncover and to start to implement coping skills to manage some of the aftermath. There are times though, in the setting, where I work that I do get the emergency cases where someone has been sexually assaulted on the unit where I work, whether it is by another offender, sometimes by another staff member, and so we will have to do the initial triage for the acute crisis needs at that point in time, and then I will follow up with them to see how they are doing.

### **Difficulty with Appropriately Challenging Clients**

An additional theme that arose when discussing the counseling needs of clients who have been sexually assaulted is the need to appropriately challenge clients. Some participants spoke of how the emotions involved in counseling this population can make it difficult to challenge them. Michelle said that while the counselor must have compassion for clients, “they are not fragile. They are not broken. They can handle it. You don't have to sugarcoat anything, because sometimes I have seen counselors who it is such a hot button for them that they don't challenge the person.....don't underestimate and continue to be there for them and set goals....a balance of that supportive, therapeutic

relationship.....not being too flexible because you are afraid that they are fragile or something.”

Tessa also spoke of the need to challenge clients “if it is really getting to you emotionally, it could cause you to be too cautious with the client, not challenging them or pushing them when you might need to because you are having feelings of pity for them....just being aware of how it is affecting you as a clinician.” Similarly, Maia suggests helping them with (re)discovering their identity and purpose “which usually tends to be so shattered and broken after such an incident.....getting them back to having a sense of meaning and purpose and security in knowing that they aren’t defined by what happened to them.”

Tanith discusses the importance of challenging clients as it relates to helping them find positive ways of coping with the assault “Part of that was getting at....how you deal with this in your relationships now, because it shows up. It is there still, so helping them find ways to cope with that, to cope with the emotional piece, and then coping with....this is going to show up at times when you might not expect it to show up, and so how do you deal with it in the moment and helping them find ways to do that whenever it showed up.”

### **Self-Care**

A theme that arose through analysis of participant interviews was the need for self-care. Participants noted the emotional toll it takes to counsel clients who have been sexually assaulted, and stated that in order to be a healing presence for clients, they must

take care of themselves. Methods of self-care included getting exercise, eating a healthy diet, getting enough sleep, leaving the office when necessary, etc. Additionally, the importance of consulting with other counseling professionals while working with clients who had been sexually assaulted was spoken of by nearly every participant as a method of self-care. Michelle said that speaking with her colleagues is very important to her. Meryl said that (she is) “aware always of being able to provide comfort, and I'm aware of the personal toll that takes.” Gracie spoke of how the times when she was not conferring with others affected her “I know that that kind of took the toll emotionally on me from taking on a lot of other people's stuff.” Gracie and others further explain their viewpoints on self-care:

(Gracie) I learned to go to someone else's office to get out of my space a little bit after a tough session and just kind of say hi, distract me, and make me giggle or something like that, it is very helpful for kind of processing that and letting that go and being able to move on to the next person. I will even just do a lap around the building. I will go and talk to somebody else and just have a break in between people. Once I started realizing the importance of debriefing, consulting, even doing things watching a funny video in between sessions if no one is available and I feel like I need to kind of blow off steam, just finding those little things in between has made it so much easier to really be there for my clients and to be an effective counselor with them because I am taking better care of myself.

(Tessa) I really have to spend some time debriefing. I have coworkers who, after I hear things like that, and I need to debrief, whom I can speak with about it. That is where I might take it home if I don't get a chance to really debrief with somebody. If it is something that I felt traumatized by hearing, I am definitely going to find somebody to debrief with before I go home. I am not going to carry that home with me. So I just have to talk and get it out with somebody and share how it felt hearing it and what I heard. I think there is something to be said for sharing that traumatic experience with somebody else. It kind of takes a little of the weight off from your shoulders. So, yeah, I just have to talk to somebody and get it out. I think the benefit of working with the organization that I work with is that the counselors are well aware of the difficulties, I think in some ways, of working with clients dealing with trauma, such as sexual assault.

(Alissa) Speaking with the staff I worked with at the time, we discuss cases, and I think that was definitely a helpful process for me, whether it be one-to-one or when we had our staff meetings processing cases. It didn't always have to be that way but there are definitely tough times where those cases can be completely overwhelming and just needing to process, after having shared some of those thoughts and feelings that they're going through and sometimes just hearing that kind of emotion, that kind of trauma day in and day out. I have to really take good care of myself and debrief with other people and do those things to keep myself in a good place so that I can be there for my clients.

(Tanith) Those stories are not easy to listen to. I think I have really used supervisors in that aspect. I feel like I have always tried to choose supervisors that I can go in there and be like this really f-ed with me, and I need to be able to talk about that. I need to cry about it. I need to let it out. I think some of the ways I have coped with hearing about other people's trauma (is debriefing with) colleagues, people I trust, and people who are friends in the same field. I think that helps. I am a really verbal processor, so that has been very helpful for me. I think maybe another challenge would be if I was in a place where I did not feel I could talk to my colleagues about what was going on, and there are not that many cases where I felt that way, but that would have been something challenging. If I was needing some in-the-moment processing, and if people were not on board for that, which is fine, they don't need to stop and do everything for me, but if it was not a supportive work environment, then that would be challenging. And there were times when that happened toward the end of my work, there was some political stuff going on, and so that made it challenging.

Many of the participants disclose that they find working with clients who have been sexually assaulted to be physically, mentally, and emotionally draining. The participants discuss the importance of maintaining balance in their lives. Alissa said she does have people in her support system with whom she speaks about difficult cases when she needs support. Michelle describes self-care when working with clients who have been sexually assaulted as "it is breathing exercises, or just leaving the situation. I was grateful to be reminded of how important self-care is." Gracie discloses that "it is very draining emotionally, and then I go home and I don't want to talk to anybody else...I have to really take good care of myself and do those things to keep myself in a good place so I

can be there for my clients.” Gracie further discusses the importance of compartmentalizing her personal and professional lives:

I have gotten a lot better about leaving my work at work. It was more of an issue when I would leave here and have people running through my mind when I first started out, where all I saw were survivors.

Tessa speaks of the importance of self-care to her “if I don't have something to distract me immediately after having a really intense session with somebody, then I will kind of sit and dwell on that.....the next person I see may not get my full, full attention like they would on a day if I hadn't had a really intense session before that.” Meryl feels self-care is important for her, as well, stating that “I am just aware of the importance for anybody who is doing this work to really feel grounded personally. I think it takes a toll because you cannot hear horror stories on a daily basis and not be impacted by them, so I think it is really important to do self-care.” Meryl gives a specific example of what self-care activities she engages in “I am really diligent about getting exercise....really diligent about doing things I enjoy....diligent about when I am home I don't do things like check emails from home. Several other participants also describe what self-care means to them:

(Tanith) I tend to be somebody who is pretty sensitive and pretty emotional, and so especially those first couple jobs were really about how do I not take this home with me? I think there are still times I am still really affected by people and their stories. So I think part of it was that I learned how to cope. I have my own stuff going on, and then I have the client's stuff, so how do I hold that space for them and not be overwhelmed by their story and then still be able to cope with the things in my life while helping other people cope? I think it feels really unique to be talking about sexual assault, because I think the piece about empathy and empathetic listening and understanding is hard to put yourself in that and in the other person's shoes, and so I think that making sure that boundary is there. Where I am doing that but not to the extent where it is impacting me more than it should, if that makes sense. I think other self-care. I obviously am using my supervisors. That has always been very helpful because they can use their experience and their guidance to help me help myself. In terms of taking care of

myself, I think, for me, I have to have a defined, clear break in my week. I need time away. I need time to do stuff for myself. But that did not happen (in the beginning). That is something I have developed over time. My role was to help empower them, and so that early behavior and more enabling behavior was not helpful. Why am I doing more work than they are? So over time I have learned how to better take care of myself, but initially that was not very pleasant.

(Ashley) After a sexual assault case, I was not sleeping that night, and it definitely would impact my days going forward. I was really aware of my own wellness and self-care and the importance of that because working with survivors definitely can be overwhelming, and that whole compassionate fatigue thing sets in pretty quickly, so it certainly is important to take care of yourself; just being aware of sad things. All of the stories were so heartbreaking. I found myself less able to watch "Law and Order", or things that you do in your regular life. I would just stay away from things that also included violence, just because it was too much. Watching funny shows, spending time with my dog, doing things with my partner, just needing to you know be gentle with yourself particularly after some of the more traumatizing cases, secondary traumatizing cases.

(Mirai) I make sure that I have a life outside of work and that I have fun in my downtime at work. I think when you do the type of work we are talking about, if you don't work in an environment that is both professionally and personally supportive, you cannot survive in that. So I'm really blessed. I work with a great group of people, and a lot of these individuals I work with have become very close personal friends, and so we laugh a lot at work. We goof around a lot at work. Of course, not in front of clients, just in our own, personal downtime. Then when I come home, it is kind of nice, because I cannot talk about my job at home. My husband knows not to ask. He will ask did you have a good day, did you have a bad day, and he will ask about my administrative stuff, but he does not ask about anything else. I don't have to relive that once I get home. I make sure I have a life outside of work, and that is a really good outlet to explore, a different side of my counseling profession and share information in a different way, but I just make sure that, when I leave work, I am leaving to do something else. There is something more. I leave work, go home, routine clean, take care of kids, husband, etc., get up and start over again. There is my work life, and then I make sure I keep a balanced personal life on top of that.

## **Personalization**

Several of the participants spoke of being survivors of sexual assault, and discussed how being a survivor impacted the counseling process with their clients who

had been sexually assaulted. Additionally, other participants spoke of the realization that if sexual assault could happen to someone else, it could happen to her. Gracie stated that “I am a survivor myself, so it is something that can be difficult at times (working with clients who have been sexually assaulted)....being able to put a little bit of self-disclosure is very helpful for clients.....to talk about knowing survivors and working with survivors. Michelle felt similarly, stating “I guess because I know so many people in my personal life who have experienced sexual assault.....one thing that came up for me when I was participating in this study was my own experience of being sexually assaulted.” Tessa stated that working with clients who have been sexually assaulted really hits home for her, as “because I’m a female, and you know that something like this could have happened to me.” Meryl reinforces what Tessa states in saying that “there is a real risk there for sexual assault to be a part of any of their lives.” Tanith discusses what it has been like for her to counsel clients who have been sexually assaulted:

I remember one case in particular, it was a graduate student on internship, he had a lot of stuff going on, but he had a long history of sexual trauma as a kid, multiple people, and that was really hard. That was hard for me just, not only to hear the stories, but then to put myself in their place of what they went through. I think it is scary to admit that, maybe I was raped. I think that is scary for some folks. I think that was probably part of it for them, too. They didn't want to see it as something different because then that would mean they would have to admit that happened. And what does that mean for them?

### **The Importance of Awareness of State Laws Regarding Sexual Assault**

The issue of knowledge regarding laws about sexual assault was discussed in several interviews. While some participants stated awareness of the laws regarding sexual assault in her particular state, other participants acknowledged that they were not



familiar with the laws. A theme that arose was the realization that possessing knowledge of state laws both helped counselors to assist clients in determining what happened to them was against the law, and it also aided counselors in advocating for clients who chose to pursue legal action as a result of the sexual assault. Some participants, including Alissa, stated that “in terms of being able to talk with a client about sexual assault and their right as a victim of sexual assault.... A legal advocate would be the person I would call to talk to if I was unsure of something.” Mirai also talked of referring clients with legal questions she couldn’t answer:

I try to not counsel or really discuss the law piece, because I view that really as outside of my scope of practice, because I'm not really well versed in the law. But I do try to do some empowerment and encouragement of them taking ownership of any right they might have as a human being in pursuing them to the extent they feel comfortable. I might refer them to the local free legal advice night at the library or to go to the sheriff's department to see what their options are. I am not really well versed in the laws and if you are within the statute of limitations for this. Clients ask, and that is typically when I make those outside referrals because that is not something I can advocate for them. If I'm not sure, I always ask did this person do this without your consent. Once they said no and they did not feel comfortable going to the next step, did the person continue despite their voicing it was a no? If the person said yes, then I say, well, that is assault. If you said no and the person you know coerced you or forced themselves, then it is not okay. Now if you went along with it and you did not say no because you feared for your life in some way, or you felt that they would hurt you in some way, or you felt like you did not even have the opportunity to say no, that is also not consenting. And I would recommend they consult with someone to see what their options are.

Michelle also discussed how having knowledge of state laws regarding sexual assault has played a role in her work with clients: “I can help them to better understand what the laws state because usually people don't realize what sexual assault is, and that it is not always being raped forcefully.....some clients state things like, well I was drunk.... That doesn't matter.....it doesn't matter if it is not sexual intercourse...it does

not have to be this specific thing to mean the person was violated.” Michelle states a realization that having knowledge about sexual assault laws is important “I am realizing I need to be more knowledgeable about laws regarding sexual assault. It is important to know what happens in the legal system to be able to offer the client ideas about what she/he can expect when filing charges and what the law says in general.” Tessa confers with this, stating that “I guess that has maybe come up a couple of times, where the person has questioned, was this actually a sexual assault, and I have definitely done some education on that (with the client).”

Maia further discusses not knowing the laws regarding sexual assault as well as she would like: “I am embarrassed to say that I don't know of the state laws.... I know that if they are in immediate danger, then supplying them support, but if it is an after-the-fact thing....” Without specific knowledge about state sexual assault laws, Maia speaks about talking with her clients about their perceptions, stating that “I resort mainly to the client's perception and how they felt about it, and how that incident made them feel and what it has done for them since. I rely a lot specifically on their perception of it, because how I think and feel about something might be different, and if I don't have a full understanding of what our state laws say is, you know, sexual assault is the perception of the client and work from there.” Ashley has a similar opinion:

I would take the updated FBI definition of rape, penetration, consent. First and foremost, in talking to the survivor, to make sure that you are clear about, regardless of what the specific state law is, what happened to you is not okay, it is not your fault, and it is indeed illegal, and giving them words to their experiences I found to be very empowering for the survivor. In doing that first and then if they wanted to move forward, then looking into how this would play out in the state that we are in, but never starting with that because some of the state definitions are unfortunately very limiting, especially if it is a male survivor in

terms of what could be considered rape legally, such as anal penetration. I would always start first from the very broad, this is not okay, this is not your fault, this is what happened to you, and then, if they wanted to report and get into the state, but not start with that because that tends to really disempower if you say that this is so awful but actually it is not considered rape in your state. I think that that is a challenge for sure.

While many participants have discussed a lack of awareness of the laws regarding sexual assault, two participants discussed how their knowledge of sexual assault laws has assisted them in their work with clients who have been sexually assaulted. Gracie spoke of both knowing the laws in her state thoroughly, and how the strict laws in those states can benefit clients:

I am very lucky to be working in my state, because being a consent state, (it is) the presence of a yes, not the absence of a no being consent. Those are things I can explain to my clients when they are questioning things of was I really sexually assaulted, did I ask for this, and some of those types of things, discussing the different levels of criminal sexual conduct, etc. Having that knowledge background is very helpful. To be able to explain it to a client in a very basic way so that they can really see that what happened to them is real, that really was a criminal thing that happened, that it was not their fault.

In addition to assisting clients in labeling their experience in a legal fashion, some clients inquire about the legal system. Meryl speaks of educating clients on what it might be like to press charges and try their case in court:

I am aware of situations where defense attorneys have been really skilled at turning events into something that they weren't and really watching juries believe myths. Basically the law in my state is pretty clear that sexual assault is anytime intercourse happens without consent. So we go into the nuances of that, but I always want to make sure that people understand that this is what the law says. So my understanding of the law and my experience of the criminal justice system leads me to understand why I am surprised that anybody ever wants to go forward with charging someone and going through that process because I think that process is brutal, so just being aware of the realities of both what the law says and then what that looks like as it goes into practice are really important pieces, because I would never want to mislead someone into believing that I can guarantee that there will be justice.

### **Knowledge of Myths Regarding Sexual Assault**

The knowledge of myths regarding sexual assault was a theme that emerged through analysis of participant stories. Participants discussed the myths society subscribe to, such as people who were intoxicated or walking alone at night or wearing provocative clothing at the time of being sexually assaulted are to be held at least partially responsible for the assault. Another myth that was discussed is the notion that men cannot be sexually assaulted. Participants also discussed the realization that counselors are not immune from believing myths about sexual assault, and that believing the myths as a counselor can lead to further harming clients who have been sexually assaulted. Additionally, several participants acknowledged learning about the prevalence of sexual assault from their clients. Michelle states that she “thinks she has learned a lot from clients, because I did not realize how prevalent it was until I started doing research about individual treatment and planning for patients. Gracie said that from her observation “a lot of people don't understand (sexual assault).” Tanith talks about the difference between statistical facts and the emotions “knowing about sexual abuse or sexual trauma, rape, from an intellectual perspective was one thing, but then I actually got to see it in front of me.....it taught me a lot of lessons about how to be present for somebody and not let my reactions kind of take over and be overly present.” Michelle further discusses the need to educate people about sexual assault:

I have learned from my experiences to speak out about it and that there are people who just need to know that this is not something that just happens to certain people, certain groups, classes, or anything like that. People don't always know

even what to call it and the definitions are not even clear to most people. Knowing this is really important to know in my work. Sexual assault is any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities such as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape.

The purpose of the following section is to describe the myths discussed by the participants. While much of this study focused on women as clients who have been sexually assaulted, several participants discussed their experiences with counseling men who had been sexually assaulted. One myth is that men cannot be sexually assaulted. The participants state that they had not had a prior realization that men can be and are sexually assaulted until presented with male clients who had been sexually assaulted, and speak of their experiences working with these men:

Michelle: I think it has shaped me (working with men who have been sexually assaulted) because I realize it is not just with females that this occurs. Men don't think it will happen to them. They question their sexuality, and they question a lot about themselves. Even now that I know more about sexual assault in men, you know it is something that I didn't know, so if anything it is something that has gotten a more positive viewpoint whereas before I just didn't know. Then going through, when I was working with men, in particular, it was an interesting switch in some ways, or an interesting experience, hearing it from a male perspective, men that had been survivors or who were survivors of sexual abuse or rape. So that allowed me to see a different perspective that I had not gotten just in working with women, but that certainly showed up quite a bit when I was working with clients.

Ashley: One challenge I think was that where I worked was called the Women's Center, but that didn't mean we didn't work with men, it was kind of a misnomer. Just being able to educate the community we served that we worked with anyone but the perpetrator, and just because it was called the Women's Center does not meant you have to be a woman to come in and get services. So just in terms of our programming, we wanted to make sure we reached out to the men as well.

Further, Maia speaks of her experience in realizing that not only can men be sexually assaulted, but that women can also perpetrate sexual assault against men:

I think that I was not really aware of it, and I guess that I might not have even been, and this sounds awful, but not as sensitive to the fact that women can be assaultive to other women and/or to men. I think that when we think of sexual assault, you know, my initial reaction is a woman that is raped by a stranger, you know, or assaulted by a complete stranger. So challenging some of those myths, so to speak, that it can be someone that they know (is important) It could be a husband, (for example).

Maia addressed the myth that men cannot be sexually assaulted, particularly by women, while she was speaking about her experiences with counseling clients who had been sexually assaulted. While interviewing participants, many other myths surrounding sexual assault were discussed. The following section addresses these myths. An identified theme was that both mental health professionals and clients subscribe to sexual assault myths. Alissa speaks of the challenges she faces in working with other mental health professionals who, in her perspective, subscribe to one or more myths. She states that peers who do not have training specifically about sexual assault are more likely to subscribe to the myths:

Challenges in the area of myths come more from working with other professionals than in helping clients. I have worked with other professionals who collaborate or coordinate with other professionals who tend to sometimes have a tendency to believe those myths, whether it's law enforcement and even medical professionals who make remarks about peoples' actions in relation to a sexual assault. I think a struggle would definitely be with professionals who don't have training about sexual assault and maybe have a mentality that everyone is a victim of sexual assault because they went to a certain place or wore a certain outfit, like they are saying because I went there or wore that I am giving permission to "sexually assault me," so that's been my biggest challenge.

Alissa goes on to speak of specific examples in which other mental health professionals seem to endorse sexual assault myths:

I have encountered counselors who come in (to the prisons) to work with women who, they either have substance abuse issues or may have even been on the streets prostituting themselves for money and the counselors say things along the lines of

“she made that choice to put herself in that situation, and so, is it surprising that she was sexually assaulted?” and those kinds of comments, and so they’re really looking at it as the woman being victimized, but looking at it as she made the choice to be victimized. It’s just the fact that someone would victimize someone and we could, even as counselors, still blame the victim for being victimized. That’s troubling to me. Very troubling.

Gracie speaks of her experiences as a sexual assault advocate, and how that training challenged her beliefs regarding sexual assault:

Myths were shattered for me at sexual assault advocate training. I (now) know about judgment versus responsibility, that it is not the client's fault. What they wear doesn't matter. One of the challenges is helping my client get to the point where they can see that and believe that for themselves that it was not their fault, that maybe it wasn't great judgment that I did these things, or that I put myself into this situation, but not my fault that someone took advantage of it. That is a pretty big challenge I would say with 95% of the people I work with. It is difficult for me when my clients get stuck in that place where they are really hard on themselves or blaming themselves and they cannot seem to pull out of that. I did buy into some of the myths of they put themselves in that situation. I thought maybe they could have stopped it, prevented it, maybe it was kind of their fault. Learning about sexual assault in advocate training was a pretty cathartic experience for me personally. I had a few friends who have been survivors in similar situations as my own, and it really just let me see that it is not our fault. It is something that I have also been able to have conversations with colleagues about....having that realization for myself makes it easier to explain it, to be able to say that this is something that I used to believe but then once I learned this, this is how it changed my views on things.

Michelle also spoke of her experience with people believing myths “people blame the person who has been assaulted...they say people have asked for it. In the military....it happens, and it is really, really confusing for men (when they are assaulted). Meryl discusses myths “so I really do hear licensed professionals still not understanding what we are talking about...people believing the myths. I certainly have worked with family members of victims who have believed you cannot be sexually assaulted, that everything about you would fight it so it would never be completed, so if you have been a victim you

must have wanted it to happen.” Additionally, Tanith also speaks of people blaming those who have been sexually assaulted for the assault “maybe some of it came from clients who hadn't been abused but knew somebody who had been raped or had been sexually assaulted. ‘Well, you know, she was out drinking, or she was doing this.’ Or if I have stereotyped somebody, and their story challenges that stereotype, than that has been really, really powerful, and that has helped shift my thinking.” Ashley and Mirai both also spoke extensively about their experiences with sexual assault myths:

Ashley: Some counselors are part of the rape culture too...and they can be doing more harm than good by perpetuating some of the victim blaming, and that I think has really sparked my own research interest of how important it is to talk about this in all of the classes because this counselor somebody goes to is not safe...the chances of them going for help ever again are just slim to none. So challenging the rape myths that counselors themselves hold is a crucial piece of this. I definitely think just the whole (perspective) of what women are supposed to do not to get raped, the whole, take a self-defense class, to wear a ponytail or not wear a ponytail, the list of things that women are supposed to do, and all of that is set up so that if something happens you must have not done this or that versus the reaction that should be why are men raping in the first place? Just offering a self-defense class is ridiculous...that is certainly not going to stop rape from happening because the majority of rapists are acquaintances....So if our culture says there are always things survivors can be doing, I think it is really an unnatural consequence that whoever a survivor is talking to, whether it is a friend or a counselor will ask the why questions.....and that is victim blaming. I think if counselors are taught to ask these probing questions, some of the techniques counselors use can actually be so harmful to survivors, be it confrontation or clarification questions that may actually be very victim blaming or forcing the survivor to relive the experience when really it does not help her. It is important to validate their self-worth, and challenge the rape myths they are inevitably hearing.

Mirai: We do have someone on staff who used to be an administrator and now is just on staff in terms of monitoring the interns. They have pretty strong, old-school beliefs (about sexual assault) and that is pretty difficult. He does not talk about it when he does his supervision, it is more passive comments he has made, once the clinical case reviews have resolved.....you learn when this individual is going to be in the room, these are not the cases you present to him. It is just one of those things, he has the Ph.D., and we are community mental health, so he is the one who can sign the paperwork. Really, the most I hear are from the clients



themselves. They should have known better, I shouldn't have put myself in that circumstance, I shouldn't have agreed to go in their car. I hear it from them more than I hear it from anyplace else.

Meryl wraps up the discussion about sexual assault myths by speaking about prevention “so how can we stop this from happening in the first place? That is something I think has really been useful to talk with my own students and in my own life of how can I challenge group culture....challenge victim blaming....is the only way to end violence against women, not to just respond to women who have been assaulted.”

### **Supervision and Training**

Throughout interviews, participants discussed how having been trained to work with clients who had been sexually assaulted influenced their work. Participants also discussed the importance of receiving supervision and consulting with other mental health professionals. Michelle spoke of the importance of supervision or consultation as it relates to her personal feelings about clients “I think sometimes it is difficult for me to not feel so much countertransference because I really feel for these individuals. You want to make sure that you are monitoring yourself and not getting too close.” Similarly, Tessa said “I guess I would want to say I hope other professionals feel comfortable saying they are not always comfortable dealing with these situations, and if they are not, that they are seeking supervision for that.” Gracie spoke of how her training impacted her “It makes me even more passionate about working with survivors and educating on sexual aggression issues and things like that. It can be a very frustrating conversation if people are not open to it.” She further expands:

I think it was something that just kind of happened naturally, learning to be more supportive. I know I talked to my supervisor in my internship about it. I think I have learned a lot about myself through my work, which can be good and bad at times if things are triggering for me personally. I do have people that I talk to in my own support system. I have learned a lot about myself, a lot about having more patience with people. Judgment versus responsibility is something I very strongly believe in that I was not really aware of before becoming an advocate.

Michelle spoke of realizing during her clinical cases that sexual assault can happen to anybody “I have learned from my experiences to speak out about it and that there are people who just need to know that this is not something that just happens to certain people, certain groups, or classes. I'm more comfortable with it, because when I first started it was really hard for me. Similarly, Tessa speaks of the difficulty in preparing to work with clients who have been sexually assaulted “The advocate training I had was good. It was scary. It's really hard to ever be prepared for something like that. Sexual assault cases are definitely the cases that make me feel like I'm unprepared.” Tanith discusses the uniqueness of each client who has been sexually assaulted “I have learned along the way is to not put people in a box around what it means to be a sexual assault survivor. Everybody's experiences are going to be different in how they get to the other side, the surviving side.” Alissa concurs with this sentiment, stating:

Personally, even though I had this wonderful training of working with clients (who had been) sexually assaulted, for me it was recognizing that though I could use that training, I still had to be mindful of what the client was coming in with because even though maybe it seemed like it looked similar to the sexual assault training I received, they can also have needs that look completely different, and that may cause me to need to meet them in a completely different place of their life, so I think for me as a counselor, always being mindful and always being prepared to go with what the client has, what the client is presenting or bringing to the table. I think a struggle would definitely be with professionals who don't have training about sexual assault and maybe have a mentality that everyone is a victim of sexual assault because they went to a certain place or wore a certain outfit, like

they are saying because I went there or wore that I am giving permission to “sexually assault me,” so that’s been my biggest challenge.

Though many participants acknowledge the challenge of working with clients who have been sexually assaulted and their unique needs, Mirai says working with clients who have been sexually assaulted no longer scares her, in part due to experience “At first, I was uncomfortable.....because I felt...how was I supposed to help somebody? Technically I know what to do, but how was I supposed to do it? Now it doesn't scare me. It's....here is another thing we need to address....I feel I have the confidence to help someone deal with (sexual assault) and to help them on their path and feel healthy.” Maia also identifies with feeling more comfortable working with clients who have been sexually assaulted “I think.....the longer I have worked and the more I have been exposed to a wide range of issues and presenting concerns, I am feeling more comfortable...to work with that sort of population....when I first started out that would be something that I would be really nervous about.... I'd never experienced this....now I think that the more exposure that I have had, I am a little bit more comfortable and confident with my ability to work with them (clients who have been sexually assaulted).

Many participants spoke of learning about sexual assault from working with clients who had been sexually assaulted. This was also the case for Meryl, who spoke of the journey it was for her:

I made lots of assumptions that this could not possibly be true, because look at who this person is saying is the perpetrator. Part of it I think is because we do not get lots of training, if any training, on victimization or addiction. So I really do hear licensed professionals still not understanding what we are talking about. Now I will say that many of them are really open to learning more when I raise my concerns about what we don't get. There are real reasons that this work (about sexual assault) isn't in the literature yet.

Ashley also discusses her experience as an educator: “it really comes up no matter what class I am teaching.....ideas about gender, rape culture, and rape myths that permeate our culture....Every class that comes up, the students seem to want more and more of it, because it is not traditionally brought up in all of our classes....One in four women will be a survivor of rape or attempted rape....majority of clients who come to counseling are women.....there is a hole that counseling students are interested in, but it is not traditionally in a lot of our materials.”

Ashley expands upon the experiences of her students who have counseled clients who have been sexually assaulted:

I got feedback from students that there is just this lost area of (not knowing what to do) when they don't have to report it (the sexual assault), and if they don't want to talk about it, what do I do....needing some information about the importance of empowering clients, not pushing them one way but just to let them make their decisions.....That you can still work with them, even someone who is currently being abused, who is over 18, and it is okay if they don't want to report it, and it is okay if they don't want to leave the relationship, because it is their choice, and it needs to be on their terms....it certainly came up a lot in class, and then in teaching practicum. I have seven masters' students that I do live supervision with in our counseling clinic, and five of them all have at least one client who reported a history of sexual assault....To me that was not surprising because I know the statistics, but for them they all sort of unprepared to deal with that, so I have been able to find special articles for them to read and focus on.

Ashley acknowledges that without training specific to sexual assault, mental health professional could be more damaging than helpful to a client.

There were a lot of the challenges of just having other professionals understand some of the needs survivors have. That is why I only refer to two out of 12 counselors (at the college counseling center)....because I have just heard stories of the other ones, perfectly wonderful counselors and psychologists, but not safe for that specific population. It is definitely on them to get the training to be an actual safe person (to work with clients who have been sexually assaulted). Just because you are a counselor does not mean you are safe to work with that

population, so I think it is important for counselors themselves, and then also people who are training counselors, to acknowledge that. That there is some specific training that needs to happen, and if it has not happened then that is not a safe practice. They can be doing damage. I cannot tell you how many survivors I worked with that had a bad experience with a counselor before I saw them, and that is just heartbreaking.

### **Victim vs Survivor**

Literature regarding sexual assault often uses the terms “victim” and “survivor” interchangeably. Throughout interviews, several participants spoke of their struggle with which word to use, and what the words mean to them. Ashley stated that for her, word use depends on the situation “when I’m referring to a person, I use survivor, but if I’m referring to the situation, as not a personal situation, but more from like a legal framework (perpetrator vs victim), I say victim. But when I’m ever thinking of an actual client or talking about working with an actual client, I use the word survivor. Meryl and Tanith stated that the word use is difficult for them:

(Meryl) That is an ongoing kind of struggle and dilemma for me, because I can see so many perspectives about the words that we use. I think that words are really, really important. I wish we had different words for both victim and survivor, because neither of them really ever satisfies me....I still use victim a lot, but I am really always aware of how that terminology can really be scary to someone who has had the experience of being sexually assaulted, and so I really try to be in touch with where they are. To talk about having been victimized much more than saying that you are a victim, but just that somebody did this to you, and then really talking about how do we move on from there so that you feel like you can get your life back and to have a sense of not being trapped in what has happened to you but having survived the experience. I often will use survivor in that context. Then really talking about moving on from sort of simply existing and surviving but honoring the survival to looking at how you thrive and feel like you get to be yourself again in a way that, even though you are forever changed, that you are not damaged for the rest of your life by something horrible that has happened to you. And I think that is a good way to sort of delineate it. And when I’m talking to people, I’m really clear then that I talk in terms of when somebody

has been the victim of a sexual assault, because I want people to get that it is something that has happened to you, as people move through their healing and get to survivorship.....typically victim would be something that is early on, and then survivor would be later than that, and having moved through the process. Not wanting to minimize the feelings immediately after it has happened, and also wanting to kind of honor that this happened and it was horrible, and there is no way that you could feel a sense of strength and wholeness at this point, because that is something that someone has tried to rob you of.....intellectually I know the victim versus survivor kind of mentality. I think that there have been times that I have maybe played into the victim piece of things, and that person has showed me that they are a survivor and no longer a victim and not in a victimized place.

(Tanith) I think that when someone is in a place of being a victim there is a lot of helplessness, and maybe a lot of hopelessness, and wondering why it happened. That is part of the process, so I don't think that that is a negative thing. I think that people sometimes need to go through that piece to get to the survivor part.....I think that that is them not knowing how to help themselves (at that time). I think the shift to survivor is this claiming of the experience, and I have had this experience, it is a part of who I am, but it no longer rules my existence. I can talk about it with other people. I can feel empowered. I can cope with this in a different way, and it does not define who I am. That feels like a really big difference there (between victim and survivor). I think people need time to process what happened before they can get to the place where they realize that they survived something. Whether I say victim or not, that person was perpetrated on. I don't think that all of a sudden you feel empowered the next day and are, well, I survived that. I think that there is that time of I don't know how I am going to get through this. I think that that is part of the getting through this. So whether that is them being a victim, or that is just them processing.....I think in the lived experience of clients that they don't always feel like survivors yet. I think that that is a real state of mind. but I think in the lived experience of clients that they don't always feel like survivors yet.

### **Rewards**

This chapter has presented the findings of the various challenges counselors face when working with clients who have been sexually assaulted. Largely absent from the literature is a discussion of the rewards counselors experience when counseling clients who have been sexually assaulted. The purpose of the next section of this chapter is to present the rewards experienced by the nine participants of working with clients who

have been sexually assaulted. Rewards to be discussed include (a) client progress; (b) increased self-efficacy; (c) increased empathy; and (d) thoughts about sexual assault changed. Before the discussion of specific rewards commences, it is important to note Gracie's general reward of counseling clients who have been sexually assaulted: "I just find it to be an incredibly rewarding experience. Having worked as a general counselor and working exclusively with survivors, I have found that I prefer working with survivors. I find that it is more challenging, but it is also more rewarding at the same time."

### **Client Progress**

One pertinent theme that emerged when discussing rewards was the feeling of seeing people start to feel better throughout the counseling process. Participants noted that clients experienced an array of emotions upon presenting to counseling; some of these emotions included feeling powerless, hopeless, increased feelings of depression, and a miss-trust of others. Several participants noted the changes and progress clients experienced as a result of counseling, which the participants experienced as rewarding. Alissa said that "it can be a very fulfilling role. It makes me even more passionate about working with survivors and educating on sexual aggression issues and things like that. When I see them doing well, having epiphanies where suddenly they are feeling better, they are being more social again, that is a great thing. It can be a very rewarding conversation if people are open to it." Michelle shared her thoughts:

Just helping a couple of clients I can think of with knowing that it was a sexual assault, like validating that, validating what happened to them, and that it was not

their fault, that it was a big burden lifted off of them. I think [it is great] when a person has been able to talk about it, because for some people they have been so afraid.

Gracie also discussed what her meant to her to both become more patient with clients and to see them make progress:

I think that, as a professional, I have developed more patience with clients. I have become more nondirective in my sessions and letting them come in and tell them what would be helpful to talk about, and I normally start my sessions with, "What would be helpful to talk about today", regardless of what we sort of worked on last week, to sort of see where they want to go during that session. In my opinion, it is very important that the client is ready for that and that they need to be in charge of that session and that they need to be able to share what they are comfortable sharing without a lot of questions.

### **Increased Self-Efficacy**

Another theme that emerged was gaining confidence in one's ability to provide effective counseling services to clients who had been sexually assaulted. While several participants had noted minimal training regarding counseling clients who had been sexually assaulted, and initially felt uneasy working with clients who had been sexually assaulted, some participants noted gaining increased confidence in working with clients who had been sexually assaulted over time as a result of experience. Michelle states that she is "more comfortable with it, because when I first started it was really hard for me. Now I have a little bit more comfort, and I guess feel more confident in that area." Tessa said "it makes me feel good that they are willing to put their trust in me when their trust has obviously been broken by someone else. I just feel more confident in those situations. Mirai and Maia found that they became more comfortable working with clients who were sexually assaulted over time:



(Mirai) It does not scare me. At first, I was uncomfortable. Because I felt like, how was I supposed to help somebody? Technically I know what to do, but how was I supposed to do it? Now it doesn't scare me; here is another thing we need to address. Through my work and doing it kind of let's guide through this, let's work through this, let's work on the paths of people with similar situations. I feel that I have the confidence to help someone deal with them and to help them on their path and feel healthy. I don't know if it is necessary just with clients who have been sexually assaulted, but I think that it is the longer I have worked and the more I have been exposed to a wide range of issues and presenting concerns, I am feeling more comfortable, I guess, to work with that sort of population and to address some of those things. Whereas I think that when I first started out that would be something that I would be really nervous about, being I'd never experienced this. Now I think the more exposure that I have had, I am a little bit more comfortable and confident with my ability to work with them (clients who have been sexually assaulted).

### **Increased Empathy**

Several participants noted that it was rewarding to them to gain more care and concern for people throughout their time working with clients who had been sexually assaulted. Participants also noted that they had become more sensitive and patient with clients who had been sexually assaulted, as well as more aware of how sexual assault is portrayed in everyday life. Michelle noted that “I think I have more care and concern for people then when I didn't know as much about this area, like when I first entered.” Tessa said “I think it it just made me so much aware in my everyday life [about sexual assault] all the time.” Meryl stated the following:

I think it has really strengthened my empathic responses enormously. I am in awe of and have such respect for anyone who has had lived this experience. I am more aware, more honoring of the skills that come when you have had a traumatic episode in your life, and so I think it has really made me a better clinician, and it has also made me tune in to listening for cues when somebody comes to me for reasons other than a sexual assault. I'm sure hundreds and maybe thousands of people have had this lived experience. I'm aware of the cumulative gift that is for me, and it doesn't feel like a burden.

Ashley also felt she became more sensitive to the feelings of clients who had been sexually assaulted, noting:

I am definitely much more sensitive to sharing rape jokes in pop culture, or the way women are portrayed, or in the news how there will be stories about rape or sexual assault, but they are using words that imply victim blaming. All of the little ways that working with survivors and hearing how impacted they are by the effects of rape cultures and victim blaming.

### **Changes in Thinking about Sexual Assault**

Throughout the interviews, several participants discussed how her thoughts about sexual assault had changed as a result of counseling clients who had been sexually assaulted. Some participants discussed their realization that not all people cope with sexual assault in the same manner, and that counselors must be careful in not conceptualizing all clients who have been sexually assaulted the same way. Gracie said that “my thoughts about sexual assault changed, especially when I started really getting contacts and hearing those voices and meeting those people; that [thoughts about sexual assault] did change significantly.” Ashley concurred, stating “yeah, it [working with clients who have been sexually assaulted] has given me a much larger awareness of the impact of rape culture in my everyday life.” Meryl and Tanith also discussed how their views on sexual assault changed throughout their careers:

(Meryl) First of all, I love what I do. I love being a counselor. For me, it is a calling, but I am stronger in my beliefs now than I was when I began, that it taught me a lot of lessons about how to be present for somebody and not let my reactions kind of take over and be overly present. You know, I think something that really stood out for me and from those experiences was the resiliency of human beings and what people can get through and still be able to wake up in the morning.

(Tanith) I think clients' experiences have enriched my thinking and maybe pushed me to think about things in a different way. I think lessons I have learned along the way is to not put people in a box around what it means to be a sexual assault survivor. Everybody's experiences are going to be different in how they get to the other side, the surviving side.

To further illustrate and describe key themes, a composite case narrative of one participant's lived experiences with counseling clients who have been sexually assaulted is presented in the following section.

### **Composite Case Narrative**

#### **Case of Michelle**

Michelle attended a large university to obtain her master's degree in counseling. Upon completion of her master's degree, she entered a Ph.D. program at another university. Throughout her graduate training, she held several clinical positions, working with a wide range of clients in several settings. During her doctoral program, Michelle interned at a Veteran's Affairs hospital. Michelle discusses some of the experiences that shaped her as a counseling professional in this section. While in her master's degree program, she worked as a volunteer with the sexual assault prevention program, and had several clients who had been sexually assaulted on her caseload. While interning at the VA, she worked with military sexual trauma. Michelle did not realize how prevalent sexual assault was until she started doing research to develop individual treatment plans for clients. Further, she states that her experiences helped her realize it is not just females who are sexually assaulted; that men are sexually assaulted and that it is a "hush-hush"

topic in the military. Michelle said it was sad and overwhelming for her to learn about sexual assault and the number of people it affects.

Michelle also discussed that people do not always know what sexual assault is, leading them to blame the person who has been assaulted. Particularly in the military, Michelle discussed that while a higher percentage of women in the military are survivors of sexual assault, because there are significantly more men in the military, the numbers of male and female sexual assault survivors are similar. Michelle says sexual assault can be confusing for men because they do not think it will happen to them, leading them to question their sexuality. Michelle admitted to not knowing how prevalent military sexual trauma in men is until she began working at the Veteran's Affairs Hospital.

A personal challenge for Michelle was difficulty in avoiding significant countertransference because of the empathy she feels for individuals. She also knows many people in her personal life who have experienced sexual assault, which can contribute to countertransference for her. Michelle has realized the importance of engaging in self-care more often when working with clients who have been sexually assaulted. Her self-care includes leaving the office when necessary, seeking supervision, and consulting with colleagues. Michelle finds it challenging when colleagues are judgmental towards clients who have been sexually assaulted, particularly when they believe sexual assault myths. Michelle also discussed the challenge of working with clients who may not understand that what happened to them may meet the definition of sexual assault, so Michelle tries to help clients better understand what the laws state. Through her experiences, Michelle realized she wishes to be more knowledgeable about

laws regarding sexual assault, so as to be able to educate clients about what happens in the legal system. Another challenge Michelle encounters at times is thinking about clients after the therapy relationship terminates; wondering how they are doing.

In addition to experiencing challenges while working with clients who have been sexually assaulted, Michelle also experienced a number of rewards. She feels a sense of accomplishment in validating for people what happened to them, that it was not their fault, that it was a big burden lifted off of them, and to help them stop blaming themselves. Michelle conducted exposure therapy with clients, which allowed them to feel freedom from the assault, to reclaim their lives, and to be able to open themselves up to a relationship again.

Michelle's experience in working with clients who have been sexually assaulted has allowed her to become more comfortable over time. Her viewpoint regarding clients who have been sexually assaulted has broadened, and she continues to have more empathy, care, and concern for people. Michelle feels she has more self-awareness regarding men and sexual assault, which she believes helps prevent judgment of men who have been sexually assaulted.

Lastly, Michelle speaks of what participating in the study meant to her. One thing that came up for Michelle when she was participating in this study was her own experience of being sexually assaulted. She had some flashbacks about what happened to her and was reminded of her journey back from being sexually assaulted. She feels this is a very important topic to be studied and was grateful to be asked to be a participant. She learned about areas where she would like to do more research, such as state laws, and

was grateful to be reminded of how important self-care is in being a healing presence to her clients.

### **Summary**

Through data analysis, several themes emerged regarding the lived experiences of counselors who counsel clients who have been sexually assaulted. Two categories of themes emerged, which were directly related to the research questions: (a) challenges and (b) rewards. Several subthemes from each category were identified. They include (a) thinking about clients after termination of the counseling relationship; (b) exposure to people in emotional pain; (c) gaining client trust; (d) difficulty with appropriately challenging clients; (e) consulting and self-care; (f) personalization; (g) knowledge of laws/ legal issues, (h) men and sexual assault; (i) defining sexual assault and myths; (j) supervision and training; (k) victim vs survivor; (l) client progress; (m) increased self-efficacy; (n) increased empathy; and (o) thoughts about sexual assault changed. A discussion of the findings can be found in Chapter V.

## **CHAPTER V**

### **DISCUSSION**

A phenomenological approach was utilized in this study to analyze the data. The researcher sought to understand the lived experiences of counselors who work with clients who have been sexually assaulted. The researcher included counselors who had at least a master's degree in counseling, and had counseled a minimum of five clients who had been sexually assaulted in the past five years, and who were over the age of 18 at the time of the assault. As the researcher begins to present and analyze the results from this study and discuss possible similarities and differences to other research findings, it is important to note that the literature base investigating counselor experiences in working with clients who have been sexually assaulted has been limited to a handful of researchers (Murphy, et al., 2011; Kardatzke & Murray, 2007; Kitzrow, 2002; Kress, Trippany, & Nolan, 2003; Priest & Nishimura, 1995; Sommer, 2008). Thus, this study contributes to the literature by sharing the experiences of a group of counselors who provide counseling services to clients who have been sexually assaulted.

Because the purpose of this chapter is to discuss, synthesize, and interpret some of the key findings and themes from the participants' lived experiences, this chapter begins with an analysis and discussion of the findings. Important to keep in mind are the original two research questions of the study:

(1) What challenges do counselors experience when counseling clients who have been sexually assaulted?

(2) What rewards do counselors experience when counseling clients who have been sexually assaulted?

The purpose of the following section is to discuss the findings in context with the literature base. The second section of the chapter presents a discussion of possible implications for counselors and counselor educators. The third section presents a critique and includes a discussion of both the strengths and limitations of the study. The last section of this chapter considers possible future directions for research on counselors who counsel clients who have been sexually assaulted.

### **Summary and Discussion of Five Broad Areas**

#### **Challenges and Rewards of Counseling Clients Who Have Been Sexually Assaulted**

In-depth interviews with the nine participants revealed many challenges and rewards faced by counselors who provide counseling services to clients who have been sexually assaulted. The challenges of counseling this client population revealed 11 themes which may be organized into five broad areas to be discussed, including (a) self-care; (b) counseling skills; (c) societal myths about sexual assault; and (d) legal issues regarding sexual assault. The fifth broad area (e) the rewards of counseling clients who have been sexually assaulted, will also be discussed. The following is a discussion of the challenges and rewards of counseling clients who have been sexually assaulted.



## **Challenges of Counseling Clients Who Have Been Sexually Assaulted**

An overarching theme for each of the discussions included below is that of counselor training. Participants noted throughout interviews how the training they had (or had not) received either during or after their graduate programs influenced the challenges and rewards they encountered while counseling clients who had been sexually assaulted. A thorough examination of data revealed that the concept of training was directly related to several areas of providing effective counseling services to clients who have been sexually assaulted. These areas include appropriate self-care for counselors, gaining client trust, developing treatment plans and appropriately challenging clients, knowledge of societal myths about sexual assault, and gaining an understanding of the laws regarding sexual assault. Participants discussed the importance of training throughout their interviews and tied it in to multiple aspects of providing counseling to clients who have been sexually assaulted. As such, the issue of training, supervision, and consultation will be included throughout each of the sections presented below.

### **Self-Care**

This study revealed that it is not uncommon for counselors to have challenges in counseling clients who have been sexually assaulted. Several participants stated that they often think of their clients between sessions or after the termination of the counseling relationship. Additionally, participants spoke of the challenges associated with prolonged exposure to people in emotional pain, and several of the participants spoke of the difficulty in having to cope with the emotional reactions of their clients. These findings

can be related to the findings of Harrison & Westwood (2009) and Adams & Riggs, (2008), who state that counselors who are exposed to clients in pain on a prolonged basis are at risk for vicarious trauma. Vicarious trauma can continue to affect the therapists outside the therapy hour, and can influence their worldview, resulting in long-term negative effects on both the personal and professional aspects of therapists' lives. While participants of this study spoke of the stress of counseling clients who have been sexually assaulted, it is important to note this study did not seek to establish the presence of long-term vicarious trauma in these participants. Many participants discussed the importance of engaging in self-care activities in order to cope with the stress of counseling clients who have been sexually assaulted. These self-care activities included proper diet, exercise, relationships with family and friends, etc. This is consistent with the literature, which discusses the importance of having one's physical, emotional, and spiritual needs met as they relate to being an effective therapist (Harrison and Westwood, 2009).

Several participants spoke of the importance of getting consultation or supervision as appropriate, both in an effort to provide effective services to clients and to prevent vicarious trauma and burnout. Participants who had a personal history of sexual assault, those who were new to counseling clients who had been sexually assaulted, and those with several clients who had been sexually assaulted, especially noted the importance of supervision and self-care. Specifically, participants with a personal history of sexual assault stated that the separation of their own stories from that of the stories of clients can be difficult. Additionally, some participants observed that if sexual assault happens to others, it can happen to them, as well. This realization made it difficult at times for

participants to work with their clients who had been sexually assaulted. Participants spoke of the importance of supervision and consultation with respect to the aforementioned instances.

While the above participant experiences are not to be equated with vicarious traumatization, these descriptions of participant stories are consistent with information presented in the literature. Pearlman & Saakvine (1995) state that those therapists at particular risk of developing vicarious traumatization as a result of their work with clients who have been sexually assaulted include those with a personal history of sexual assault. Additionally, Harrison and Westwood (2009) report that those who have not been counseling clients who have been sexually assaulted for a significant length of time are at an increased risk for developing vicarious traumatization. Adams and Riggs (1995) pointed out that because vicarious trauma tends to affect new therapists more than seasoned practitioners, rates of vicarious trauma to graduate students in mental health professions should be studied. Participants' experiences were consistent with this literature, stating that, especially early in their time serving clients who had been sexually assaulted, that they often felt burned out and had a difficult time coming to work.

Due to the risk of experiencing vicarious trauma as a result of counseling clients who have been sexually assaulted, Adams & Riggs (2008) recommended that counselor training programs include either a full semester course on dealing with trauma, or a series of trauma intensive workshops. Likewise, Harrison and Westwood (2009) recommended that therapists who serve trauma clients regularly engage in supervision or consultation to prevent harm to themselves or clients. Participants in the study support these

recommendations, sharing that they sought supervision in order to prevent countertransference and to gain assistance in working in situations in which they are not always comfortable. Several participants stated that while they may have first felt apprehensive about working with clients who had been sexually assaulted, they eventually gained comfort, partially due to consultation and supervision. The development of comfort in working with clients who have been sexually assaulted also seems to be part of the development of appropriate counseling skills to appropriately treat these clients, which is discussed in the next section.

### **Counseling Skills**

In the current study, several participants spoke of the importance of possessing specific counseling skills in order to effectively counsel clients who have experienced sexual assault. In particular, the participants discussed the necessity of gaining the trust of clients if clients were to open up and discuss their sexual assault. Further, participants discussed that in order to gain that trust, counselors must allow clients to speak of the assault on their own terms; not to ask probing questions. The participants also spoke of the need to support the clients and to meet them where they are in a patient manner, and to forget the notion of needing to know exactly what happened. The participants shared that it is the connection with clients that is the most important. Participants elaborated on this by stating that questioning clients or not supporting them can be damaging, and that training and education are needed to equip counselors with these skills.

The participant experiences presented above are consistent with findings in the literature. Kitzrow (2002) agrees that while having a solid understanding of counseling theory is beneficial, the techniques used in working with clients who have been sexually assaulted differ greatly from traditional counseling techniques, so training regarding sexual assault is needed in order to effectively serve this population. The training needed for counselors to be prepared is two-fold. First, counselors need didactic training regarding the effects sexual assault has on people, in addition to the need to acquire information about legal issues and societal myths. Secondly, counselors need supervised experience in working with clients who have been sexually assaulted, as the techniques used with this specific client population are not the same as those techniques used with other clients (Kitzrow, 2002).

Another important aspect of counseling clients who have been sexually assaulted is recognizing the signs and symptoms. Participants noted that clients sometimes present to counseling and do not disclose that they have been sexually assaulted, perhaps because they are first waiting to feel as though the counselor can be trusted. As stated by Kress, Trippany, & Nolan (2003) it is estimated that between 30 and 50% of people who have been sexually assaulted will continue to experience post-traumatic stress disorder throughout their lives, especially if they do not receive treatment following the assault. As such, early intervention is critical in preventing long-term reactions to assault. However, the majority of people who have experienced sexual assault will not seek treatment within a year of the sexual assault (Kress, Trippany, & Nolan, 2003). Murphy, Moynihan, and Banyard (2009) indicated that one reason for the reluctance to seek

services is the notion that mental health providers are not knowledgeable about sexual assault, and may provide insensitive services as a result. Koss and Harvey (1991), discussed the reluctance of people who have been sexually assaulted to seek professional counseling, and reported that nearly 50% of people who have been sexually assaulted will eventually seek out mental health services when their symptoms become unmanageable. While clients may discuss their symptoms, they may not necessarily disclose their sexual assault. It is, therefore, important for counselors to recognize these symptoms. The notion that clients do not disclose their history of sexual assault until they feel they can trust the counselor was a theme gleaned from data analysis. However, while literature states some reasons as to why clients do not disclose their assault, reasons that are thoroughly discussed in chapter II (Frazier and Cohen, 1992; Guerette and Caron, 2008; Ahrens, Stansell, and Jennings 2010), and again briefly in this chapter, none of the literature reviewed seems to specifically discuss clients not disclosing the assault history until they feel they can trust the counselor. It may be that some clients do not readily discuss their sexual assault history upon initial presentation, and do not readily volunteer a history of sexual assault upon intake. Clients may delay discussing their sexual assault history until they work with a counselor for a period of time and develop a working alliance with a foundation of trust between the client and counselor.

Clients who have been sexually assaulted are at risk for suffering from elevated rates of depression, suicide, sexual dysfunction, post-traumatic stress disorder (PTSD), and substance abuse (Murphy, Moynihan, & Banyard, 2009). Additionally, they are at risk for suffering from marital problems or difficulties with intimacy and sexual relations

with their spouse (Billette, Guay, & Marchand, 2008). Because of these long term risks, it is important that counselors are able to both recognize the signs and symptoms of sexual assault in their clients, and also be able to form trusting, supportive relationships with them. This is consistent with the findings of Borja, Callahan, and Long (2006), who discovered that mental health professionals who have training regarding sexual assault experience higher report rates of sexual assault by clients in their clinical work, and attributed this to the ability of the specifically trained mental health professional to recognize the symptoms associated with sexual assault. Additionally, Jackson, Long, and Skinner (1991) reported that inquiring about past sexual abuse is not routine for mental health professionals, and that sexual abuse disclosure rates increase by 12% when psychiatric patients are asked about such abuse. In addition to recognizing symptoms, those with specific training about sexual assault may also be more comfortable with these clients and more able to develop a trusting relationship which leads to the higher report rates. This section outlined the importance of specific counseling skills when counseling clients who have been sexually assaulted. Both the results of the current study and the available literature indicate that these counseling skills are important for the well-being of both clients and counselors; as such, counselors need both didactic information and supervised training in order to provide effective services to clients who have been sexually assaulted.

### **Societal Myths Regarding Sexual Assault**

The following section will address the societal myths regarding sexual assault, and how these myths relate to counseling clients who have been sexually assaulted. Awareness of the myths and checking one's own attitudes is imperative in working with survivors, as believing these myths can lead to placing blame on the survivor of the sexual assault (Frazier & Cohen, 1992; Kassing & Prieto, 2003). Kassing and Prieto (2003) observed that men are more at risk for buying into sexual assault myths than women are, particularly if they have never worked with a client who has been sexually assaulted. Believing these myths can lead to blaming the survivor for the sexual assault. Several participants spoke of their experience in working with professional mental health colleagues who subscribed to rape myths. One participant in particular discussed her experience with a supervisor who subscribed to rape myths. She further elaborated that this particular supervisor was not the one counselors would discuss sexual assault cases with due to the manner in which he responded to those cases.

Participants stated that through their work with clients, they learned that anybody can be sexually assaulted, not just certain people. Several participants further noted their work with male clients, and the realization that men can be sexually assaulted, and that women can be perpetrators of sexual assault against men. There was a dearth of literature regarding sexual assault and men, and this is an area for further study.

Several participants discussed how some of their clients felt they were to blame or at fault for their assault, either because they had been consuming alcohol, wearing provocative clothing, or placing herself in an otherwise compromising position. The



participants discussed the challenge in getting clients to accept that the responsibility and blame for the assault should be directed towards the perpetrator, not the survivor. This is consistent with how Lonsway and Fitzgerald (1994) described rape myths as false attitudes and beliefs that are widely believed, and used to justify sexual aggression perpetrated by men against women. These myths lead society to believe that women are largely responsible for preventing sexual assault, not men. Training programs regarding sexual assault for people such as incoming college students focus on how not to be assaulted, rather than on not assaulting people (Lonsway and Fitzgerald, 1994).

Several participants discussed a desire to prevent sexual assaults from happening, possibly by changing group culture and encouraging people to put a stop to violence against others. This is similar to the insight of Littleton (2011), who discussed the importance of having ongoing training about healthy sexual relationships and sexual assault, and also emphasizes the need for training programs geared specifically for men. She proposes that men could learn what it means to ask for consent, and to only engage in sexual activity with women who have fully consented, and for men to confront inappropriate sexual behavior of other men. Littleton (2011) also discussed having training about sexual assault incorporated into other programs, such as alcohol awareness programs. Since approximately 50% of sexual assault cases involve alcohol, it seems logical to incorporate sexual assault awareness into alcohol awareness programs. Additionally, Littleton (2011) discussed that because of societal myths about sexual assault, many women may not have labeled their experience a sexual assault. This is a factor that leads to people not seeking assistance post assault. To mitigate this, Littleton

(2001) recommended strategically marketing services to people who have had unwanted sexual experiences. Not only might such a program be inclusive of a wider array of females, it may also better serve men who have been sexually assaulted.

### **Legal Issues Regarding Sexual Assault**

A theme discovered after thorough data analysis involved the need to understand the state and federal laws regarding sexual assault. Some participants indicated not possessing an understanding of her state's laws, and the need to refer clients to legal advocates if the client had questions about the legal system as it related to sexual assault. Several participants were unsure of the definition of sexual assault in her particular state, and so used a more general description of sexual assault with their clients, such as any penetration or contact that took place after a client said no, was sexual assault. Further, several participants stated a reliance on the perceptions of participants in determining if a sexual assault occurred. Participants indicated a desire to learn more about state laws about sexual assault, both to better assist clients in understanding what sexual assault is, and so that they can be better able to advocate for patients when pursuing legal options. Several counselors discussed the challenge in not being able to educate clients regarding what they can expect if they choose to file legal charges. Two participants disclosed having a thorough understanding of the laws regarding sexual assault in their states, and indicated this understanding has helped them in allowing their clients to define their experience as sexual assault. Further, this knowledge also assisted the counselor in providing a clearer picture of the legal system to their clients.

This information is consistent with information presented by Ahrens, Stansell, and Jennings (2010), who report that up to 75% of women who have been sexually assaulted do not realize their assaults meet the legal definition of rape. Additionally, a client may not believe a rape or sexual assault occurred if there is no significant or life-changing physical damage to her body (Du Mont, Miller, & Myhr, 2003). Therefore, it is important for the counselor to have an understanding of the state law, in order to identify that what happened to the client fits the legal definition of sexual assault, particularly if the client wishes to pursue legal options. Further, possessing knowledge about state and federal laws pertaining to sexual assault provides counselors with the opportunity to serve as advocates to clients who have been sexually assaulted (Kress, Trippany, & Nolan, 2003).

### **Rewards of Counseling Clients Who Have Been Sexually Assaulted**

One of the purposes of this study was to discover what, if any, the rewards are of counseling clients who have been sexually assaulted. Participants of this study noted several rewards of providing professional counseling services to survivors of sexual assault. One of those rewards was to see clients be able to go from feeling helpless and powerless to regaining a feeling of empowerment and control. Participants noted clients presented to counseling with many emotions, and seeing them make progress was very rewarding. Participants noted their passion for counseling clients grew as they witnessed clients have breakthrough moments, perhaps from realizing the sexual assault was not his or her fault. Being able to validate the client's experience and seeing progress as a result was an additional reward for participants.

Participants also disclosed having become more patient with clients as a result of working with clients who had been sexually assaulted. Participants realized this patience was critical in allowing them to meet clients where they were, and allowing clients to share information as they are comfortable, rather than having the counselor ask questions or probe for information. Along with the increased patience came increased empathy for clients. Several participants noted they had not been aware of the prevalence of sexual assault until they began counseling clients who had been sexually assaulted; their experiences in counseling survivors of sexual assault led to an increased empathy of the experiences of these clients. Participants also stated they became increasingly more aware of sexual assault in their everyday lives. Further, some participants noted an increased sensitivity to the role of myths and rape jokes, and how these can affect clients who have been sexually assaulted. Being able to utilize this knowledge to advocate for clients and to educate others was reported as rewarding by participants.

Several participants noted having received minimal training regarding working with clients who had been sexually assaulted. Due to the minimal training, participants noted fear when beginning to work with clients who had been sexually assaulted. However, over time, counselors realized their increased patience and empathy towards clients enabled them to more effectively counsel clients who had been sexually assaulted. Through counseling clients who had been sexually assaulted, participants noted that their view towards sexual assault had changed. Participants shared a realization that not all survivors of sexual assault will present in the same manner, nor will all survivors cope in the same manner. Participants discussed their awareness that the resiliency they see in

clients who have been sexually assaulted is particularly rewarding. Further, participants felt learning to think about things in different ways and to think outside the box when working with clients who have been sexually assaulted was also a rewarding experience.

The discussion provided above is consistent with the limited available literature rewarding rewards. While no literature specifically addressing the rewards of counseling clients who have been sexually assaulted was identified, Kranen-Kahn & Hansen (1998) briefly discuss the general rewards of being a counselor. They note that counselors enjoy the feeling of assisting clients to make positive changes in their lives. They also report that continuing to grow as a counseling professional is rewarding, along with the rewards associated with intimate professional relationships with counselors. While there was an absence of literature regarding the rewards of counseling clients who have been sexually assaulted, and very limited literature regarding the general rewards of being a counselor, this study served to identify the rewards of the current participants in counseling clients who have been sexually assaulted.

### **Implications for Counselors and Counselor Educators**

To provide effective services for clients who have been sexually assaulted, counselors and counselor educators may find it helpful to be aware of the lived experiences shared by the counselors in this study. It is also pertinent to understand what is experienced by clients who have been sexually assaulted. To understand the experiences of both counselors and clients, it is advisable to understand the societal and cultural view of sexual assault in the United States. Definitions of sexual assault and

legal issues are not widely understood; myths about sexual assault further complicate the issue. Additionally, counselors and counselor educators are not immune from societal myths about sexual assault. Therefore, counselors need to be aware of the legal definition of sexual assault in their state, and need to be educated about the myths regarding sexual assault before counseling clients who have been sexually assaulted.

In addition to receiving didactic information about sexual assault, it is essential for counselor trainees to receive supervised experience in providing counseling services to clients who have been sexually assaulted. It is important for counselors to be aware of the symptoms survivors of sexual assault may display, including depression, decreased self-confidence, substance abuse, increased sexual activity, and an increased risk for suffering from post-traumatic stress disorder. It is also vital that counselors understand the critical need to develop strong rapport with their clients, as many clients who have been sexually assaulted are not always forthcoming about the history of sexual assault until they feel they have a safe, trusting connection with their counselors. Additionally, counselors need to be able to meet their clients where they are, and let them tell their story as they are comfortable; counselors should be patient rather than asking probing questions. It is also of importance for counselors to be able to appropriately challenge their clients to regain meaning in their lives and to practice healthy coping methods throughout the therapeutic process. Lastly, counselors need to appropriately seek supervision and consultation, both to provide appropriate services to clients and to prevent counselor countertransference, vicarious traumatization, and counselor burnout. In order for counselors to be appropriately prepared to provide services to clients who

have been sexually assaulted, counselor educators need to be aware of the ramifications of sexual assault on clients, the client experience with mental health professionals, and the counselor experience on counseling clients who have been sexually assaulted.

It is vital to have an understanding and appreciation of the significance of sexual assault in the United States. As nearly 25% of women in the United States will be sexually assaulted, there is a high probability that counselors will see clients on their professional case-loads who have been sexually assaulted. These experiences counselors shared in the current study may provide counselors and counselor educators with insights into some of the challenges and rewards experienced by counselors who provide professional counseling services to clients who have been sexually assaulted. In addition, these findings provide possible directions for enhancing the services provided to clients who have been sexually assaulted.

### **Strengths and Limitations**

The qualitative nature of this study involved in-depth interviews that allowed the researcher to capture descriptions of the challenges and rewards encountered by counselors who provide services to clients who have been sexually assaulted in their own words. Thus, the study adds to the limited information available about the lived experiences of counselors who provide counseling to clients who have been sexually assaulted. The in-person interviews and the time spent by the researcher with the participants allowed the researcher to build a trusting working relationship, which appeared to create an atmosphere where participants felt comfortable sharing their

experiences with the interviewer. The in-depth qualitative interviewing method was a particular strength of the study. The researcher conducted initial and follow-up interviews with participants who had provided counseling services to at least five clients who had been sexually assaulted when they were at least 18 years of age in the last five years. This approach allowed the researcher to obtain rich data from the participants' stories. In addition, the follow-up interviews provided participants the opportunity to read over and reflect upon their individual summaries that the researcher wrote and sent to them. The participants were then able to discuss their experiences again and to make any additions or changes.

While qualitative methods are a strength of this study, the nature of qualitative research is that findings may not be generalizable to a larger population. Thus, though the results of this study of a small sample of nine counselors who provide services to clients who have been sexually assaulted may be descriptive of the experiences of this group of counselors, they may not necessarily be descriptive of other counselors who work with clients who have been sexually assaulted. The findings also may not be descriptive of the challenges and rewards that may be described by counselors who do not have extensive experience in providing counseling services to clients who have been sexually assaulted. The criterion to participate in the current study was that a participant must have counseled at least five clients in the past five years who had been sexually assaulted when they were over the age of 18, but many counselors who expressed an interest in participating in the study did not meet this criterion. It is possible that their perspectives could have provided additional insight into the challenges and rewards of



counseling clients who have been sexually assaulted. The researcher recruited volunteers to participate and those counselors who volunteered may have differed in ways that are not known from counselors who chose not to volunteer. Also important to note is that all participants in the current study were female. Inclusion and the study of male counselors may indicate very different perspectives on the challenges and rewards of counseling clients who have been sexually assaulted.

### **Possible Directions for Future Research**

This dissertation highlighted the very limited research on the counselor experience of counseling clients who have been sexually assaulted, and thus the importance of continued research on the experiences of counseling clients who have been sexually assaulted. Exploration of the lived experiences of counselors who serve this population is in its early stages, which leaves the possibilities for future research. Additional research on the counselor experience of counseling clients who have been sexually assaulted is needed. Future research, inclusive of the perspectives of counselors who do not have extensive professional counseling experience serving clients who have been sexually assaulted, seems important in fully understanding the challenges and rewards of counseling clients who have been sexually assaulted. This research may be enhanced by also including the perspectives of psychologists, social workers, and marriage and family therapists. In addition, mixed methods research using both qualitative and quantitative approaches with larger samples of counselors and counselor educators who counsel clients who have been sexually assaulted may reveal additional

perspectives. Lastly, more research regarding the effects of sexual assault on men is needed; increased knowledge of how sexual assault affects men may assist counselors in providing effective counseling services to them. This researcher hopes this study will contribute to a larger body of research that eventually will enhance the counseling experience for clients who have been sexually assaulted.

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## **APPENDIX A**

### **Recruitment Email**

### Recruitment Email

Hello! My name is Carrie Tremble, and I am a doctoral candidate in the Counselor Education and Supervision program in the department of Counselor Education and Counseling Psychology at Western Michigan University. For my dissertation, I am conducting a study on counselors who work with clients who have been sexually assaulted. This dissertation is being conducted under the supervision of Dr. Patrick Munley at Western Michigan University. The purpose of this study is to gain an understanding of the challenges and rewards counselors experience in serving clients who have been sexually assaulted.

For the purposes of this study, sexual assault is defined as: anytime any person, male or female, does anything of a sexual nature, including penetration or contact/ touching, without consent from the other individual(s) involved, and can happen by force, threat, coercion, or by taking advantage of someone's inability to consent. Persons with certain mental or emotional disabilities and those who are under the influence of alcohol or drugs, or someone who is under the legal age of consent, by state law, cannot legally provide consent for sexual activity.

To be eligible to participate in this study, you must have a master's degree in counseling. Additionally, within the last ten years, you must have provided professional counseling to at least 5 clients who have been sexually assaulted when they were age 18 or over.

If you are interested in learning more about this study, please email me your mailing address and phone number at [carrie.tremble@wmich.edu](mailto:carrie.tremble@wmich.edu) so I may send you additional information. The additional information will include an informed consent form and a professional background questionnaire. After you have received this information about the study I will contact you by phone to answer any questions you may have about the study and the informed consent. If you are interested in participating you will then have the opportunity to sign and return the informed consent form along with the professional background questionnaire by mailing them back to me in the provided self-addressed, stamped envelope. Once the material is returned I will be able to let you know if you are eligible for and invited for participation in the study. Participation in the study will involve one individual interview that is expected to last about 50 minutes. The interview will be recorded. Following the interview participants will receive a transcript of the interview to review for accuracy and to make any necessary corrections or additions. Participants will also receive a post interview phone call from the researcher, during which they may provide feedback regarding their transcript and make additional comments. Participation in the study is expected to take about two hours. If you have any questions about the study please contact me at: [carrie.tremble@wmich.edu](mailto:carrie.tremble@wmich.edu).

Sincerely,  
Carrie Tremble, MA, LPC, Doctoral Candidate

## **APPENDIX A. 1**

### **Recruitment Phone Call Script**



### Recruitment Phone Call Script

This script is to be used if I have only a phone number for a potential participant. The purpose of the phone call would be to give the person more information about the study and to obtain the person's contact information if they are interested in receiving further information.

Hello! My name is Carrie Tremble, and I am a doctoral candidate in the Counselor Education and Supervision program in the department of Counselor Education and Counseling Psychology at Western Michigan University. For my dissertation, I am conducting a study on counselors who work with clients who have been sexually assaulted. This dissertation is being conducted under the supervision of Dr. Patrick Munley at Western Michigan University. The purpose of this study is to gain an understanding of the challenges and rewards counselors experience in serving clients who have been sexually assaulted.

For the purposes of this study, sexual assault is defined as: anytime any person, male or female, does anything of a sexual nature, including penetration or contact/ touching, without consent from the other individual(s) involved, and can happen by force, threat, coercion, or by taking advantage of someone's inability to consent. Persons with certain mental or emotional disabilities and those who are under the influence of alcohol or drugs, or someone who is under the legal age of consent, by state law, cannot legally provide consent for sexual activity.

To be eligible to participate in this study, you must have a master's degree in counseling. Additionally, within the last ten years, you must have provided professional counseling to at least 5 clients who have been sexually assaulted when they were age 18 or over. I was wondering if you would be interested in learning more about this study?

If the person says no, I will say "Thank you for your time today. Have a wonderful day."

If the person says yes, I will say "Thank you for your continued interest in my study. May I have your phone number, email address and mailing address so I may send you additional information about the study"? The additional information will include an informed consent form and a professional background questionnaire. After you have received this information about the study I will contact you by phone to answer any questions you may have about the study and the informed consent. If you are interested in participating you will then have the opportunity to sign and return the informed consent form along with the professional background questionnaire by mailing them back to me in the provided self-addressed, stamped envelope. Once the material is returned I will be able to let you know if you are eligible for and invited for participation in the in

the study. Participation in the study will involve one individual interview that is expected to last about 50 minutes. The interview will be recorded. Following the interview participants will receive a transcript of the interview to review for accuracy and to make any necessary corrections or additions. Participants will also receive a post interview phone call from the researcher, during which they may provide feedback regarding their transcript and make additional comments. Participation in the study is expected to take about two hours. If you have any questions about the study please contact me at: [carrie.tremble@wmich.edu](mailto:carrie.tremble@wmich.edu).

## **APPENDIX B**

### **Professional Background Questionnaire**

### Professional Background Questionnaire

When contacted by a prospective participant, the researcher will mail this protocol to assure eligibility for inclusion in the study, along with the consent document.

1. What is your gender?

M\_\_\_\_\_ F\_\_\_\_\_

2. What is your age (please circle)?

20-30    31-40    41-50    50-60    60+

3. Do you have a master's degree in counseling?

Y\_\_\_\_\_ N\_\_\_\_\_

4. Which program did you get your master's degree in?

Clinical Mental Health Counseling   College Counseling   School Counseling

Marriage, Couple and Family Counseling   Rehabilitation Counseling

Other (please specify) \_\_\_\_\_

5. Was your master's degree from CACREP accredited program?

Y\_\_\_\_\_ N\_\_\_\_\_

6. Was your master's degree from a CORE accredited program?

Y\_\_\_\_\_ N\_\_\_\_\_

7. For the purposes of this study, sexual assault is defined as: "anytime any person, male or female, does anything of a sexual nature, including penetration or contact/touching, without the consent from the other individual(s) involved, and can happen by force, threat, coercion, or by taking advantage of someone's inability to consent. Persons with certain mental or emotional disabilities and those who are under the influence of alcohol or drugs, or someone who is under the legal age of consent, by state law, cannot legally provide consent for sexual activity".

In the past five years, have you had an opportunity to work with at least 5 clients who have been sexually assaulted as adults age 18 or over?

Y\_\_\_\_\_ N\_\_\_\_\_

8. Is working with clients who have been sexually assaulted an area of specialization for you?

Y\_\_\_\_\_ N\_\_\_\_\_

- 9a. How long have you been working with clients who have been sexually assaulted (please circle)?

1-5 years    6-10 years    11-15 years    16-20 years    21-25 years    26+ years

- 9b. Please estimate how many clients you have worked with who have been sexually assaulted.

1-5 clients    6-10 clients    11-15 clients    16-20 clients    21-25 clients

26+ clients

10. In what setting do you counsel clients?

School    Individual or Group Private Practice    Community Agency

College/University    Other (please specify) \_\_\_\_\_

11. In what setting(s) have you received training to work with clients who have been sexually assaulted?

As part of undergraduate coursework

As part of graduate coursework

As part of a graduate practicum

As part of a graduate internship

At a professional conference

As part of professional employment

As a sexual assault crisis advocate

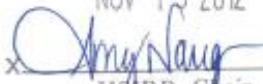
Other \_\_\_\_\_

## **APPENDIX C**

### **Consent Document**

WESTERN MICHIGAN UNIVERSITY  
H. S. I. R. B.  
Approved for use for one year from this date:

NOV 13 2012

  
HSIRB Chair

**Western Michigan University  
Counselor Education and Counseling Psychology**

**Principal Investigator:** Patrick Munley, Ph.D., LP, LPC  
**Student Investigator:** Carrie Tremble, MA, LPC  
**Title of Study:** The Counselor Experience in Counseling Clients Who Have Been Sexually Assaulted

You have been invited to participate in a research project titled "*The Counselor Experience in Counseling Clients Who Have Been Sexually Assaulted*." This project will serve as Carrie Tremble's dissertation for the requirements of the Doctor of Philosophy degree in Counselor Education and Supervision, under the supervision of her doctoral program chair, Dr. Patrick Munley. This consent document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks and benefits of participating in this research project. Please read this consent form carefully and completely and please ask any questions if you need more clarification.

**What are we trying to find out in this study?**

While there is a large body of literature that reports on sexual assault from the perspective of the client, there is a limited literature base that reports on sexual assault from the perspective of the counselor. The purpose of this study is to investigate the challenges and rewards of counseling clients who have been sexually assaulted.

**Who can participate in this study?**

In order to be eligible to participate in this study, an individual must have a master's degree in counseling and have, in the last five years, counseled a minimum of 5 clients who were sexually assaulted when they were over age 18. Not meeting these criteria will exclude an individual from participating in this study.

**Where will this study take place?**

The interviews for this study will take place in a quiet, secure location. The interview can either take place in the client's home or place of work, or in the office of the researcher. For participants who cannot be interviewed in person, phone interviews will be arranged.

**What is the time commitment for participating in this study?**

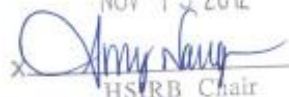
Participating in this study is not expected to exceed two hours.

**What will you be asked to do if you choose to participate in this study?**

You will be asked to provide general information about yourself, such as age, level of education, and employment status. You will be invited to participate in a one to one interview with the researcher; the interview will last approximately 50 minutes. During the interview, you will be

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HSIRB Chair

asked to discuss the challenges and rewards of working with clients who have been sexually assaulted. For purposes of data collection and analysis, the interviews will be digitally recorded. After the interview, you will receive a transcript of your interview via email and postal mail. You will be asked to examine the transcript of your interview for accuracy. After receiving the transcript, you will receive a follow up call from the researcher. The purpose of this phone call is to allow you the chance to provide any necessary feedback/corrections regarding your interview transcript to the researcher and to afford you the opportunity to make any additional comments you may wish to make. This follow up phone call is not expected to exceed 15-20 minutes. The follow up phone call will be digitally recorded. After the follow up phone call, the participant may send the transcript back to the researcher if the participant has made any handwritten feedback/corrections on it in the provided self-addressed, stamped envelope. The process of reviewing your transcript and completing the follow-up phone call with the researcher may take up to one hour. The researcher will proceed with data analysis with transcripts as they are if the researcher is not able to receive feedback/corrections/additional comments from the participant after two email and 2 phone call attempts.

**What information is being measured during the study?**

As a counselor who has provided counseling services to clients who have been sexually assaulted you will be asked to discuss and describe the challenges and rewards of working with clients who have been sexually assaulted

**What are the risks of participating in this study and how will these risks be minimized?**

The potential risks of participating in this study are minimal. It is possible you may experience some degree of discomfort when discussing the dynamics of working with clients who have been sexually assaulted. Further, there is a risk of inconvenience in participating in this study, as the interview could take up to approximately 50 minutes. Additionally, verifying the accuracy of the transcripts and participating in the follow up call could take up to one hour of your time.

**What are the benefits of participating in this study?**

One way in which you may benefit from participating in this study is being able to provide pertinent information about the challenges and rewards of working with clients who have been sexually assaulted. Other counselors and counselor educators may benefit from this knowledge. Additionally, your information and input will contribute to the profession by means of expanding the literature base in this area of study.

**Are there any costs associated with participating in this study?**

There are no costs associated with participating in this study.

**Is there any compensation for participating in this study?**

There is no compensation for participating in this study.



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**Who will have access to the information collected during this study?**

All information collected from you is confidential, and your name will not be included on any papers on which information is recorded. Rather, each interview transcript will be labeled with a code. This number code is what will be used to label any materials gained from you for identification and organization of data purposes. A master list of participant names and codes will be maintained by **Carrie Tremble** in a secure, locked storage space. Once all data have been collected and analyzed, the master list will be destroyed. Consent documents and other materials related to the study will be retained by the principal investigator in a locked and secure file in University archives for a minimum of seven years. All interviews will take place in a private, secure location to ensure confidentiality. Also, while participants will be invited to share their experiences in working with clients who have been sexually assaulted, they will not be required nor asked to share specific information about any particular client.

**What if you want to stop participating in this study?**

You may refuse to participate; stop participating at any time; or refuse to answer any question without penalty.

The investigator can also decide to stop your participation in the study without your consent.]

Should you have any questions prior to or during the study, you can contact the student investigator, Carrie Tremble, MA, LPC at (269) 598-2748 or the primary investigator, Patrick Munley, Ph.D., LP, LPC, at (269) 387-5120 or [patrick.munley@wmich.edu](mailto:patrick.munley@wmich.edu); you may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.

I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study.

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

## **APPENDIX D**

### **Telephone Script for Potential Study Participants**

### Telephone Script for Potential Study Participants

Upon request for additional information, the researcher provided individuals the consent form (Appendix C) and professional background questionnaire (Appendix B) either in person if local, or via postal mail. After receiving the additional information, the researcher called individuals to give them an opportunity to discuss the professional background questionnaire and consent documents. This phone call allowed for potential participants to ask the researcher questions about the study. After answering questions, the individual was able to return the signed informed consent document and completed professional background questionnaire via postal mail (or in person if local) in the provided self-addressed stamped envelope to the researcher if they chose to pursue participation in the study.

Hello (participant's name), this is Carrie Tremble from Western Michigan University. I am calling you in regards to the study on The Counselor Experience in Counseling Clients Who Have Been Sexually Assaulted. Thank you for completing and returning professional background questionnaire and consent documents. Based on your provided information, I would like to invite you to participate in the study. Are you still interested in participating?

If yes,

I would like to set up a time that is convenient for you for our interview. This interview will last approximately 50 minutes. Do you have any questions about the study at this time? Thank you for agreeing to participate in this study.

If no,

Thank you for your time and participation to this point.

## **APPENDIX E**

### **Appointment Confirmation Email**

### Appointment Confirmation Email

Dear (Participant's name),

Thank you for agreeing to participate in an interview for the study entitled "The Counselor Experience in Counseling Clients Who Have Been Sexually Assaulted." I am writing to confirm our appointment on (date)\_\_\_\_\_ at (time)\_\_\_\_\_. I am looking forward to speaking with you.

Should you have any questions or concerns about participating, or have a need to change your appointment date or time, please do not hesitate to call me at (269) 598-2758 or email me at [carrie.tremble@wmich.edu](mailto:carrie.tremble@wmich.edu).

Thank you,

Carrie Tremble, MA, LPC

## **APPENDIX F**

### **Interview Script and Protocol**

### Interview Script and Protocol

Hello (participant name), this is Carrie Tremble, and as previously arranged, I am calling to speak with you about your experiences with counseling clients who have been sexually assaulted. The purpose of this study is to gain understanding of the challenges and rewards of counseling clients who have been sexually assaulted.

I would like to tell you a little about myself. I am a licensed professional counselor who served as a sexual assault crisis counselor throughout college. This is when my interest in working with clients who have been sexually assaulted began. While there is literature addressing the therapeutic relationship from the viewpoint of the client, little literature exists that discusses the therapeutic relationship from the viewpoint of the counselor. During this interview, I will be asking you open-ended questions about your experience as a counselor who has worked with clients who have been sexually assaulted. Before we begin, do you have any questions for me? (If yes, answer questions, if no “than shall we get started?”

1. Please briefly tell me about your background and experience as a counseling professional.
2. Please tell me about the kinds of experiences you have had working with clients who have been sexually assaulted?

Possible probes:

How long have you worked with clients who have been sexually assaulted?

How many clients have you worked with who have been sexually assaulted?

3. How has the experience of working with clients who have been sexually assaulted shaped or influenced you professionally?

Possible probes:

Please tell me more about that.

Can you tell me more about or describe what that experience was like for you?

Please tell me more about how that particular experience with the client impacted you.

4. How has the experience of working with clients who have been sexually assaulted shaped or influenced you personally?

Possible Probes:

Please tell me more about that.

Please tell me more about what that experience was like for you.

Please tell me more about how that particular experience with the client impacted you.

5. Would you tell me a little about any professional practice challenges you may have experienced in working with clients who have been sexually assaulted?

Probe:

Are there particular or certain experiences in working with clients who have been sexually assaulted that you experience as the most challenging?

Possible Probes:

Please tell me more about that.

Please tell me more about what that experience was like for you.

Please tell me more about how that particular experience with the client impacted you.

6. There is mention in the literature that people may believe myths about sexual assault. What have you experienced with respect to myths and sexual assault in your work with clients?

Possible Probes:

Please tell me more about that.

Please tell me more about what that experience was like for you.

Please tell me more about how that particular experience with the client impacted you.



7. Can you tell me how your knowledge of state laws regarding sexual assault have influenced your work with clients?

Possible Probes:

Please tell me more about that.

Please tell me more about what that experience was like for you.

Please tell me more about how that particular experience with the client impacted you.

8. Do you ever find yourself thinking about your clients who have been sexually assaulted after or between sessions?

Possible Probes:

Please tell me more about that.

Please tell me more about what that experience was like for you.

Please tell me more about how that particular experience with the client impacted you.

9. Do you ever find yourself thinking about your clients who have been sexually assaulted after you completed your counseling with them?

Possible Probes:

Please tell me more about that.

Please tell me more about what that experience was like for you.

Please tell me more about how that particular experience with the client impacted you.

10. Would you tell me about any rewards you may have experienced in working with clients who have been sexually assaulted?

Possible probes:

Are there particular times or moments in working with clients who have been sexually assaulted that you experience as rewarding?

Tell me a little more about what was rewarding about that for you personally?

11. In looking back over the period of time you have been working with clients who have been sexually assaulted, have you experienced changes in your thinking or in your feelings about working with clients with these life experiences.

Possible Probes:

Please tell me more about that.

Please tell me more about what that experience was like for you.

12. What is the most important thing you would like to share, from your experience of working with clients who have been sexually assaulted, with other counseling professionals?

Possible Probes:

Please tell me more about that.

Please tell me more about what that experience was like for you.

## **APPENDIX G**

### **Transcript Verification**

### Transcript Verification

This message was emailed to participants along with a copy of their transcript. Transcripts and the following message were also mailed to participants, so a hard copy was available for those who preferred one.

Dear Participant,

Thank you for participating in an interview for the study “The Counselor Experience in Counseling Clients Who Have Been Sexually Assaulted.” At this time, I am attaching a copy of your interview transcript. Please look over this document and make any necessary corrections. In approximately seven days, I will be calling you. The purpose of this phone call is for you to give any necessary feedback and corrections to your transcript; and to discuss any additional thoughts you have that were not discussed during the interview. Additionally, the researcher may ask you a few questions if needed for clarification of your initial interview. After our phone call, if you have written feedback on your transcript, I do request that this transcript be returned to me with any corrections within 7 days in the provided self-addressed, stamped envelope.

Carrie Tremble, MA, LPC

Ph.D. Candidate  
Counselor Education and Supervision  
Western Michigan University  
carrie.tremble@wmich.edu

## **APPENDIX H**

### **Post Interview Follow Up Phone Call Script**

### Post Interview Follow Up Phone Call Script

After the participants had a copy of their interview transcript for approximately seven - ten days, they received a follow up phone call in which they provided any necessary clarification or feedback regarding their transcript.

Hello, my name is Carrie Tremble and I am from Western Michigan University. May I please speak with (participant's name)?

Hello (participant's name). Thank you for participating in an interview for the study "The Counselor Experience in Counseling Clients Who Have Been Sexually Assaulted." At this time, I am calling to discuss your interview transcript. As a reminder, this phone call will be digitally recorded so I may best capture your feedback regarding your transcript. After looking over this document I am wondering if you have anything you would like to add or change to your transcript? Would you like to discuss any changes at this time? Do you have any additional comments or thoughts after reviewing your transcript that you did not mention during the interview? I do request that if you have handwritten feedback on your transcript that it be returned to me in the provided self-addressed, stamped envelope within 7 days, or as soon as possible. Please do not hesitate to contact me with any questions about your participation in the study, including your interview and the transcript of your interview.

Thank you.

## **APPENDIX I**

### **Email Script to Respondents Not Selected for Interviews**

### Email Script to Respondents Not Selected for Interviews

Dear (name),

I would first like to thank you for your interest in my study, “The Counselor Experience in Counseling Clients Who Have Been Sexually Assaulted.” I would also like to thank you for taking the time fill out the professional background questionnaire and consent document. Unfortunately, I will not be able to include you in the interview process for this study. This study involves a very small number of participants, and unfortunately I am not able to include all those who expressed interest in participating in the study.

If a participant is excluded from the study because they do not meet one or more selection criteria, they will be informed of this specific reason. For example, if a participant indicates on their questionnaire that they have only counseled 4 clients who have been sexually assaulted, they will be informed that: One of the criteria for participating in this study is having counseled a minimum of 5 clients who were sexually assaulted when they were over the age of 18. You indicated that you have worked with 4 clients who have been sexually assaulted, so I could not invite you to participate in an interview for this study.

Thank you for your interest in this project,

Carrie Tremble, MA, LPC  
Ph.D. Candidate  
Counselor Education and Supervision  
Western Michigan University  
carrie.tremble@wmich.edu



## **APPENDIX J**

### **Human Subjects Institutional Review Board Approval Letter**

# WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: November 13, 2012

To: Patrick Munley, Principal Investigator  
Carrie Tremble, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project 12-11-08

This letter will serve as confirmation that your research project titled "The Counselor Experience in Counseling Clients Who Have Been Sexually Assaulted" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., ***you must request a post approval change to enroll subjects beyond the number stated in your application under "Number of subjects you want to complete the study."*** Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

**Reapproval of the project is required if it extends beyond the termination date stated below.**

The Board wishes you success in the pursuit of your research goals.

**Approval Termination: November 13, 2013**