The Therapists’ Perspective on
The Impacts and Coping Strategies of
Counselling Adult Survivors of Sexual Abuse
Within Specialised Agencies

A thesis submitted to the University of Manchester
for the degree of Doctor of Counselling Psychology
in the Faculty of Humanities

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Abstract

Background: Sexual abuse is a highly distressing traumatic experience that negatively affects the lives of sexual abuse survivors. The number of individuals who reported sexual abuse has increased, which makes it a public and global concern. As a result, survivors of sexual abuse turn to counselling to cope with the traumatic impacts. Counsellors, psychotherapists, and psychologists engage in deep and meaningful explorations of the sexual abuse in order to support survivors. However, very little is known about the impacts and coping strategies involved in this type of work.

Objectives: The objective of this study, therefore, was to explore the experiences of UK-based counselling professionals who counsel survivors of sexual abuse. The research questions were as follows: 1. What is the impact of counselling survivors of sexual abuse? and 2. What self-care strategies and coping techniques have been beneficial when counselling survivors of sexual abuse?

Method: An inductive qualitative design was used for the purposes of this study. Semi-structured interviews were conducted with twelve UK-based counselling professionals who provided counselling to individuals who had experienced sexual abuse. The collected data were then analysed using thematic analysis.

Findings: The themes developed from the first research question revealed a number of ways in which counselling survivors of sexual abuse affected counselling professionals. Three main themes emerged from the data analysis: work-related impacts, impacts on personal wellbeing and relationship impacts. These themes encompassed a total of fourteen sub-themes. Another two main themes were developed when exploring participants’ self-care techniques and coping strategies: holistic self-care and work environment self-care. Both of these main themes incorporated twelve more sub-themes. These are introduced and outlined in depth in turn.

Conclusions: This research has provided a unique insight into the impacts and coping strategies of UK-based counselling professionals working with survivors of sexual abuse. The findings suggest that the counsellors experienced a number of negative impacts, some of which were perceived as traumatic in nature. Further, the impacts were not limited to the counsellors themselves; partners, children, extended family, and friends were also affected by the work. Such far-reaching impacts of sexual trauma have not been sufficiently explored previously. Contrary to the negative tendencies expressed in the research literature, some of the findings indicate positive aspects, such as high job satisfaction and evolved personal growth. The findings of this study provide a rare insight into the useful self-care techniques and coping strategies specific for counselling survivors of sexual abuse. Although the strategies are similar to those used in other areas of counselling, they emphasize organisational and educational responsibilities to support counsellors’ wellbeing. Suggestions are proposed for research, educational, organisational, and ethical developments.

Keywords: counselling psychology, counsellor, psychotherapist, sexual abuse, trauma, survivors, impact, self-care techniques, coping strategies.
Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.
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To the participants of this study who took time from their busy lives and agreed to participate in this research.
1. Introduction

1.1. Definitions

Prior to introducing the current study, it is necessary to define the main terms used across the thesis. Consequently, in this section of the Introduction chapter I will introduce and identify the concepts related to sexual abuse and counselling.

1.1.1. Definitions of Sexual Abuse

The concept of sexual abuse has often been considered as self-explanatory in the majority of research studies that have focused on mental health professionals working with people who experienced sexual abuse (Lee et al., 2010; Sommer & Cox, 2006; Etherington, 2000). Although sexual abuse in itself was not the focus of their research, it encompassed a large part of the research investigations. In their review of sexual abuse literature, Chouliara, Hutchison, and Karatzias (2009) warned that most researchers did in fact fail to define sexual abuse. On account of this, I start the Introduction chapter with a careful consideration of sexual abuse. The concept of sexual abuse is complex. It contains various types and levels of sexual abuse. Hence, a lack of clarity on the type of sexual abuse being investigated by researchers creates methodological concerns as well as significant gaps in knowledge. Consequently, I introduce the terminology related to sexual abuse in my attempt to promote clarity and transparency in this research.

Explaining such terminology is vital, as sexual abuse can be seen and interpreted differently by various cultures, religions, and societal norms (Shalhoub-Kevorkian, 1999; Thompson & West, 1992). For example, sexual abuse is generally perceived as a criminal act that is punishable by law in the Western world. However, this is not the case in all countries. In some instances, an act of sexual abuse may be blamed on the victim rather than the perpetrator, and both the victim and the perpetrator, or in some cases, only the victim would be punished. Considering the differences in societal norms, I use the definitions acceptable in the Western world. Nonetheless, the concepts of sexual abuse among the countries of the Western world also incorporate slight differences. For example, definitions and terminology of rape differ by jurisdiction in the United States of America (Bureau of Justice Statistics, 2018). In the UK, rape and assault by penetration are considered separate concepts whereas in the United States of America, both concepts are merged into one. Such subtle differences have been shaped
by the diversity among the legal systems used in different countries. Hence, I consider the terminology accepted in the UK because this is a UK-based study.

The research literature often considers sexual abuse in the context of trauma (Way et al., 2004; Trippany, Kress & Wilcoxon, 2004; James & Gilliland, 2001). Sanderson (2013) identified two types of trauma: “Trauma is commonly defined as exposure to actual or threatened death, serious injury or sexual violation (DSM-V, APA, 2013) in which intense fear, horror or helplessness predominates” (p. 17). The author elaborated further: “Complex trauma is usually associated with prolonged, repeated traumatic experiences which involve multiple violations such as sexual assaults, physical abuse, emotional abuse and neglect, often committed by someone known to the victim” (p. 17). As these definitions suggest, sexual abuse is not the only traumatic experience encapsulated in the definition of trauma; in addition, individuals may experience trauma through various life events, such as rape, war, natural disasters, torture, domestic abuse, traffic accidents, and many more.

The government of Northern Ireland conceptualised sexual abuse as “any behaviour of a sexual nature which is unwanted and takes place without consent or understanding” (2018). Several sexual offences fall under the category of sexual abuse. According to the Sexual Offences Act (2003), _rape_, _sexual assault_, and _assault by penetration_ are considered as a few of those offences. The Metropolitan Police distinguish between these three definitions as follows:

Rape is when a person intentionally penetrates another's vagina, anus or mouth with a penis, without the other person’s consent. Assault by penetration is when a person penetrates another person’s vagina or anus with any part of the body other than a penis, or by using an object, without the person’s consent. The overall definition of sexual or indecent assault is an act of physical, psychological and emotional violation in the form of a sexual act, inflicted on someone without their consent. It can involve forcing or manipulating someone to witness or participate in any sexual acts. (2018, pp. 3-4).

As the above definitions suggest, trauma is often incorporated into experiences of sexual abuse. However, this may not always be the case. In some instances, the sexual abuse is so subtle that it does not necessarily involve violence. Hence, the person who experiences sexual abuse fails to recognise its traumatic or violent nature. I have
made a conscious decision to use the term ‘sexual abuse’ rather than ‘sexual violence’ as violence is not always present in such cases. The experiences of sexual exploitation are best encapsulated by the term ‘sexual abuse’. Consequently, the term ‘sexual abuse’ has been used across this thesis.

In this study, I have chosen to focus on adults who experienced sexual abuse instead of children who encountered sexual abuse. However, it is important to acknowledge that a high number of adults experience sexual abuse in their childhood and seek help only in their adult years. As a case in point, 42% of people who disclosed childhood sexual abuse waited on average twelve years to receive support (Smith, Dogaru & Ellis, 2015). In fact, the number of sexually abused children is worryingly high. As many as one in twenty children in the UK have been sexually abused and one in three children who have been sexually abused by an adult do not tell anyone (Radford et al., 2011). As the prevalence rates suggest, child sexual abuse is often dealt with in adulthood. Thus, although adults are the focus of this study, it is imperative to understand what child sexual abuse is because it is often reported by adults. Therefore, I will identify two categories related to child sexual abuse. Contact abuse involves physical contact, such as sexual touching, rape, or penetration via object, forcing, or encouraging sexual activity, whereas non-contact abuse involves activities such as grooming, exploitation, forcing or encouraging an individual to perform sexual acts over a distance or via the internet (National Society for the Prevention of Cruelty to Children, 2018; Sexual Offences Act, 2003).

Due to the strength required to overcome the act of sexual abuse, the individuals are referred to as survivors rather than victims of sexual abuse. This term is more positive and empowering, as it demonstrates the survival skills of people who have encountered sexual abuse. The term ‘survivors of sexual abuse’ represents such experiences more accurately.

1.1.2. Definitions of Counselling and Psychotherapy
Counselling is one of the support services that accommodate the needs of survivors of sexual abuse. In a general sense, a counsellor can be identified as a trained person who practices the artful application of scientifically derived principles for establishing professional helping relationships with a person who seek assistance in resolving large or small psychological or relational problems.
This is accomplished through ethically defined means and involves, in the broadest sense, some form of learning or human development.
(Sommers-Flanagan, J. & Sommers-Flanagan, R., 2004, p. 9)

Psychotherapy is another similar process. Corsini (1995) offered the following definition of psychotherapy:

Psychotherapy is a formal process of interaction between two parties, each party usually consisting of one person but with the possibility that there may be two or more people in each party, for the purpose of amelioration of distress in one of the two parties relative to any or all of the following disability or malfunction: cognitive functioning (disorders of thinking), affective functions (suffering or emotional discomforts), or behavioral functions (inadequacy of behavior), with the therapist having some theory of personality’s origins, development, maintenance and change along with some method of treatment logically related to the theory and professional and legal approval to act as a therapist. (p. 1)

The concept of psychotherapy is often used interchangeably with the concept of counselling. At the time this study was being written, the British Association for Counselling and Psychotherapy (2018a) treated these two concepts as one and the same. Consequently, for the purposes of this research, the terms ‘counselling’ and ‘psychotherapy’, or sometimes just ‘therapy’, will be used interchangeably.

1.2. Counselling Psychology and the Present Study

Counselling psychology was first officially recognised in the United Kingdom in 1982 by the British Psychological Society (British Psychological Society, 2009). It was then that counselling was acknowledged as a significant part of psychology, and both disciplines were merged into one. From there onwards, counselling psychology grew and developed into the strong discipline that it is today. With an increased need for accountability and evidence-based practice, counselling psychology initially accommodated a scientist-practitioner model (Corrie & Callahan, 2000). In fact, this soon became the gold standard of training in counselling psychology due to its balance between science and practice (Meara et al., 1988; Ridley & Laird, 2015).

Acknowledging their humanistic roots, counselling psychologists develop research and clinical skills allowing such skills and practices to creatively interact with and inform each other. Gradually, reflexive practice has since become an integral part of this
discipline, allowing counselling psychologists to better understand their role and practice. In fact, engagement in proactive reflexive practice has been identified as a preventative measure against distress in professionals who engage in deep and meaningful interactions with their clients (Hanley, 2017).

This research relates to counselling psychology not only because the researcher of the present study is a trainee counselling psychologist, although that in itself encompasses different links to counselling psychology. It was due to my reflexive practice while working with survivors of sexual abuse that my interest in the impacts and coping strategies first took place. Due to my reflexivity, I was able to acknowledge that working with sexual abuse survivors entails some impacts and requires self-care. So, not only is reflexivity the source of this study, but also I hope that my findings will encourage other counselling psychologists and counselling professionals to be reflexive in their practice. My reflexive practice is discussed further in the Methodology and Discussion chapters.

The scientist-practitioner model has also had an impact on this research. After all, my practice has led me to research the practices of others with the intention of understanding and improving the therapeutic practice and knowledge base of individuals working in this area. This, in fact, is a central idea of a scientist-practitioner model that integrates the science base with practical applications and the advancement of research that is applicable in practice (Ridley & Laird, 2015). Throughout my experience of working with survivors of sexual abuse, I have noticed the demands of such work. Thus, based on my personal practice, I set out to explore the impacts as well as coping strategies of the work in my attempt to inform the practice of other counselling professionals working in this area.

Although counselling psychologists incorporate a variety of therapeutic approaches into their practice, such as psychodynamic (Rizq, 2010), cognitive, and behavioural (Sanders, 2010), humanistic values remain at the core of this discipline (Strawbridge & Woolfe, 2010). It is perhaps the relational stance that makes counselling psychology stand out from its sibling psychologies. Indeed, counselling psychologists’ emphasis on and devotion to the therapeutic relationship is supported by research findings stating that specific techniques are less effective than the quality of the relationship (Cooper, 2008). With this in mind, counselling psychologists nurture
therapeutic relationships in their practice through the use of self. Consequently, the use of self in such a line of work is significant and often takes a central stage. Woolfe (1990) further elaborated on humanistic tendencies in counselling psychology by emphasizing the need to facilitate psychological wellbeing as opposed to responding to sickness and pathology.

For that reason, therapy is a significant part of counselling psychology. Yet, it is not unique to this discipline. In fact, counsellors and psychotherapists successfully utilise this intervention. Thus, I decided to involve not only counselling psychologists but also counsellors and psychotherapists as research participants, because counselling is the focus of the present study. Indeed, I hope that my research will benefit all counselling disciplines. After all, counselling psychologists often collaborate with other allied mental health professionals (Jones Nielsen & Nicholas, 2016). Working in multidisciplinary teams is yet another aspect of counselling psychology that I aimed to make use of. For that reason, I invited counselling psychologists, counsellors, and psychotherapists to participate in this study in line with the values and tendencies of counselling psychology. Counselling is the major aspect that unites these professionals in this particular study. Hence, from here onwards, these counselling professionals will be referred to as counsellors.

The notion to reduce psychological distress and to promote psychological wellbeing through empathetic interaction with survivors of sexual abuse requires the use of self, and counsellors may suffer from the negative impacts of such work. If so, such impacts may not only negatively affect their wellbeing, but may also affect the quality of the counselling. This could create negative implications for the ethical conduct of the counsellors, which is an integral part of counselling professions, as described in the Code of Ethics and Conduct established by the British Psychological Society (2009) as well as the Ethical Framework for the Counselling Professions established by the British Association for Counselling and Psychotherapy (2018b). Thus, another aim was to inform and support the good ethical conduct of counsellors by carrying out the present study.

Considering the significance of the issues I intend to raise, I hope that my findings inform services and educational programmes in several ways. First, I hope that the findings on the negative impacts of counselling survivors of sexual abuse encourage
these organisations to prepare their counsellors for the challenges that they may face when working with sexual abuse. Second, my intention is that the knowledge base about the positive aspects of such work as well as the coping strategies may be utilised and encouraged by these organisations. Third, I aim to emphasize the strengths and limitations of the current study, which may inform future research. The “broad and integrative nature of the concepts of research and practice […] emphasise[s] the many possible roles and job placements for well-trained counselling psychologists” (Meara et al., 1988, p. 367-368), as I aim to demonstrate throughout the processes of this study.

1.3 Rationale and Introduction to the Current Study

The purpose of the current study is to gain a deeper insight into the impacts of counselling survivors of sexual abuse as well as into the coping strategies used in this line of work. The thesis stems from my own practice and interest in working with individuals who have been sexually abused. My intention of interviewing counsellors who provide therapy to survivors of sexual abuse originates from personal experiences as well as witnessing some of the effects that my counselling colleagues experienced when working with sexual abuse. As a trainee counselling psychologist, I took an eighteen-month placement counselling survivors of sexual abuse. I recognised the demands of such work, which I had been unaware of before the start of the work. I felt emotional about the clients and their stories, and I often found myself ruminating on client content outside of the work. I realised that such work had started shifting my perceptions about myself, others, and the world. In addition, I heard other counsellors reflecting on similar experiences and the challenges of counselling survivors of sexual abuse. Consequently, I turned to the literature in my attempt to familiarise myself with such impacts of the work and to learn ways of coping with them. However, the literature on this subject was rather limited.

My particular interest in this area of research stems from my personal as well as professional positioning of a trainee counselling psychologist in that I want to promote self-care while working with challenging issues in regard to my own as well as others’ practice. Hence, I hope that this study will not only fill the gaps in the knowledge base on the issue, but will also benefit individual counselling practitioners, organisations, and services that support sexual abuse survivors as well as the educational settings that train counselling providers.
Research findings on the effects of counselling survivors of sexual abuse and self-care techniques useful in this line of work are limited. In fact, the current knowledge on the impacts and coping strategies related to such work is often based on various healthcare professionals working with a variety of traumatic experiences. The research findings specific to counsellors working with sexual abuse survivors are comparatively scarce. Not only are the research enquiries in this field of research limited, but very few studies are UK-based. Those studies that explore healthcare professionals working with survivors of various trauma events seem to be enthusiastic about the negative and traumatic effects of such work. Although such a research interest provides a deeper insight into the traumatic impacts of trauma work, some findings are inconsistent and contradictory. In addition, such research is often quantitatively driven and contains preconceived ideas that may stand in the way of an open-minded investigation into the subject. Extensive focus on the negative effects of the work may, in fact, be keeping researchers away from finding out what exactly helps counselling professionals stay in this work and flourish. In fact, recently, researchers have turned to explore the positive aspects of working with trauma, hoping to build on such knowledge and encourage self-care. However, there is only a limited amount of such research, and it lacks focus on counselling professionals working specifically with sexual abuse. All of these aspects will be discussed in greater depth in the Literature Review chapter of this thesis.

Consequently, I aim to contribute to the currently limited knowledge base on the effects and useful coping strategies of counselling professionals who counsel survivors of sexual abuse. In addition, my intention is to inform the ethical, research, organizational, and educational bodies dealing with sexual abuse, so that they can appropriately inform, support, and educate counsellors who deal with sexual trauma survivors. I hope to accomplish this by choosing a qualitative approach to exploring both positive and negative impacts as well as self-care strategies of UK-based counsellors who provide counselling to survivors of sexual abuse. Therefore, the two main research questions this thesis aims to answer are the following:

Research question 1: What is the impact of counselling survivors of sexual abuse?

Research question 2: What coping strategies and self-care techniques are useful when counselling survivors of sexual abuse?
1. 4. Structure of the Thesis

I will now present a structured guide to the processes that I have undertaken to address the two research questions that the present study aims to explore. Such processes are explained in six chapters. The aim of the present chapter, Chapter One, is to provide a brief introduction to the study and establish its relevance to counselling psychology. Chapter Two explores the existing research literature relevant to the present study. Initially, I review the literature on sexual abuse and its damaging effects on individuals before addressing the research on counselling, which is a widely used intervention for targeting the negative consequences of sexual abuse. Then, I identify the challenges and limitations across the research findings that focus on counselling professionals working with sexual abuse survivors. I move on to review the existing literature on the negative impacts, self-care strategies, and positive impacts of such work. Chapter Three presents the methodology of the present study with particular attention to my epistemological positioning, research design, participants, data collection and analysis, quality of research, and ethical considerations. In Chapter Four, I present the findings in the form of the themes that emerged after a rigorous thematic analysis of the data. I then move on to detail my reflections on the processes of this research. Chapter Five outlines a discussion of the findings of the present study in relation to my own ideas as well as other research findings in the field. Then, I discuss the central findings as well as the contributions, limitations, and future implications of this study in the final Discussion chapter.
2. Literature Review

2.1. Introduction

In this chapter, I aim to present the existing research literature which relates to the current thesis. By doing so, I hope to demonstrate the rationale that led to the development of the current study. This Literature Review chapter is divided into eight core sections. To start with, I outline the details of the search that I undertook in order to complete the literature review before I introduce the rationale for the way the literature review is structured. Then, I explore the literature related to sexual abuse. The terminology, impact, and prevalence rates of sexual abuse are discussed with the intention to emphasize the severity of sexual abuse. I then introduce counselling as an intervention targeted to support survivors of sexual abuse. I also review the prevalence rates of counselling survivors of sexual abuse hoping to draw attention to the high demand of such intervention. Before working my way through existing research findings, I first introduce their limitations and challenges, which include limited research inquiries, the shortage of UK-based research, qualitatively driven research, variations in participant populations, and the underrepresentation of sexual trauma. Then, I review the research literature on the negative impacts of working with trauma before discussing the literature on self-care strategies used by counsellors who work in this area. Eventually, I introduce those research findings that focus on the positive impacts of working with sexual abuse.

2.2. Search strategy

In this section of the chapter, I elaborate on the details of the search that I undertook in my attempt to identify the literature that is relevant to the current study. Most of the literature was retrieved from the electronic databases via the access granted by the University of Manchester. I searched the databases Medline, PsycInfo, CINAHL and ASSIA, as these databases are commonly used for psychological research. I also utilised the search engines Google and Google Scholar. In addition, I used the library search engine of the University of Manchester, which directed me to the books and e-books related to the subject. I used specific terms to identify the literature that is relevant to the current research study.

There were three phases of the literature search. In phase one, I searched the terms specific to the interests of the current study. The three key themes searched
throughout the databases were the following: counselling sexual abuse survivors, impacts, and coping strategies. The search terms used as keywords in phase one were: “sexual” AND (“abuse” OR “violence”) AND (“counselling” OR “therapy”) AND (“counsellor” OR “therapist” OR “psychotherapist” OR “psychologist”) AND (“survivor” OR “victim”) AND (“impact” OR “effect”) AND (“coping” OR “self-care”) AND (“strategies” OR “techniques”). However, the keywords used in this phase did not provide me with enough sources.

Consequently, I narrowed down the number of themes searched at one given time in phase two: “sexual” AND (“abuse” OR “violence”) AND (“counselling” OR “therapy”) AND (“counsellor” OR “therapist” OR “psychotherapist” OR “psychologist”) AND/OR (“survivor” OR “victim”) AND/OR (“impact” OR “effect) AND/OR (“coping” OR “self-care”) AND/OR (“strategies” OR “techniques”). The key themes that I focused on in phase two were the themes of counselling sexual abuse survivors and impacts or coping strategies. This search strategy identified more sources; however, the number of sources was still relatively low.

I then introduced phase three where I broadened the search and did not focus on counselling for sexual abuse only. In this phase, I included trauma counselling and used the keywords interchangeably, for example: (“sexual” OR “trauma) AND/OR (“abuse” OR “violence”) AND (“counselling” OR “therapy”) AND/OR (“counsellor” OR “therapist” OR “psychotherapist” OR “psychologist”) AND/OR (“survivor” OR “victim”) AND/OR (“impact” OR “effect) AND/OR (“coping” OR “self-care”) AND/OR (“strategies” OR “techniques”). This search strategy provided me with additional sources.

After the identification of the various sources, I applied inclusion and exclusion criteria in order to identify the literature relevant to the current study. Table 1 below outlines such criteria. Inclusion and exclusion criteria were based on a five-stage process. In stage one, all identified sources were considered; they were assessed for English language and duplicity. The sources that were excluded in stage one were not assessed any further. Subsequently, the included sources were then considered in stage two where they were assessed regarding availability and type of research. Considering the narrow area of the current research, various sources were considered to provide an understanding about the subject. Dissertations were excluded, as these were not
published and peer-reviewed. The sources that were excluded in stage two were not considered any further.

Table 1: Inclusion and Exclusion Criteria of the Literature Review

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<td>psychotherapists or</td>
<td>use counselling in their work.</td>
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In stage three, the sources were evaluated based on six criteria. Only those sources that involved counselling rather than other non-counselling related support were considered for this literature review. If the sources explored a number of interventions, counselling had to be one of those interventions in order for those sources to be considered for this study. The sources that enrolled counsellors as participants were included in the literature review, even if the counsellors were enrolled together with other healthcare professionals. In addition, the sources had to be related to sexual abuse.
Thus, those sources that were related to sexual abuse as well as other types of abuse were considered suitable for the present literature review. The sources that explored the impacts of the counselling work were included whereas the impacts on other types of support unrelated to counselling were excluded, unless the impacts of counselling were researched together. The sources that incorporated coping and self-care of counsellors were also included. However, the sources that explored issues other than counselling-related coping and self-care were included only if they also incorporated counsellors. Furthermore, only the sources that researched adult survivors rather than child survivors were included. The sources that were excluded in stage three were not considered at further stages of the literature review. This stage identified sources that incorporated one or more of the six inclusion criteria.

In stage four, I attempted to identify the sources that explored the impacts and coping strategies of counsellors who counselled adult survivors of sexual abuse, in other words, the sources that incorporated five or all six of the criteria. However, such specific criteria provided only a limited number of sources. Consequently, in addition to the sources included in stage four, I have reviewed and presented the sources that were identified in stage three.

2.3. Rationale for the structure

Prior to reviewing the literature on the subject of this study, it is important to understand the rationale behind the structure of the chapter, which, in fact, mimics the processes that I went through when choosing this specific area of research. My intention is to demonstrate the natural flow of how I arrived at the decision to research counsellors who work with sexual abuse survivors. I start from drawing the attention to the sexual abuse. By doing so, I aim to demonstrate that this specific subject was chosen for a particular reason. Sexual abuse has extremely severe impacts that affect the survivors in many negative ways, some of which are life threatening. Not only is sexual abuse damaging to the wellbeing of the survivors, but the impacts are far more widespread. I chose to review the prevalence rates of sexual abuse in order to identify the scope of the problem and the likelihood of counsellors encountering survivors of sexual abuse while in their role.

At this point of reviewing the literature, it seemed natural to identify the role of counselling in relation to sexual abuse survivors. Accordingly, research
recommendations identified counselling as one of the means of dealing with the impacts of sexual abuse. In fact, the prevalence rates of sexual abuse survivors seeking counselling have been identified as high within the UK. Such prevalence rates have also shown an increase on previous years. I reflect on such literature hoping to demonstrate that counselling plays an important role in relation to helping many survivors deal with the negative impacts of sexual abuse. However, another question soon becomes apparent: How do counsellors become affected by and cope with the challenges of working with survivors of sexual abuse? It is this question that presented the challenges in finding relevant research literature. Consequently, I decided to continue reviewing the literature by introducing the limitations of the research studies in this particular area of interest. It appeared reasonable to identify the gaps in and limitations of the literature before exploring their findings, as, after all, not all of the findings would be relevant to the specific interests of the current study.

As a result, I found five obstacles to answering the research questions raised in this particular study, as follows. First, there appeared to be a limited number of research studies that aimed to explore the impacts of counselling adult survivors of sexual abuse. Second, out of all the studies that explored this area of research, only a limited number of studies were UK-based. Third, most of the studies had a quantitative orientation and approached this area of research with pre-determined ideas, which potentially could prevent discoveries from being made. Fourth, counsellors were often researched together with other healthcare professionals whose job roles differed significantly from those of counsellors. Such studies make it hard to understand the processes unique to counselling. And finally, another challenge presented by the literature was that sexual abuse was often researched together with other traumatic experiences. Such studies often involved counsellors working not only with the survivors, but also with the perpetrators of sexual abuse. My aim in identifying these gaps in the literature was to show the limited knowledge currently available on counselling adult survivors of sexual abuse and to justify my research interest in this area.

Next, I identify the negative tendencies in the literature that focus on the traumatic impacts of the work. I review such literature and elaborate on the findings. I also identify a recent interest in the positive impacts of the work that have just recently started to emerge. My aim is to explain my rationale behind making a decision to focus on both the negative and the positive effects of counselling survivors of sexual abuse. I
hope that my findings will shed more light on the negative impacts specific to counsellors of adult survivors of sexual abuse as well as elaborate on the positive impacts that have not yet been properly explored. I also review the literature on the coping strategies and identify that those are often based on the general counselling or trauma counselling, rather than the counselling specific to adult survivors of sexual abuse. I hope that being transparent about my rationale for the structure of the literature review will make it easier to follow the flow of the chapter.

2. 4. Sexual Abuse

In this section, I explore sexual abuse. Acknowledging the importance of this issue is crucial in order to understand the reasons behind this research inquiry. I start this section by introducing the impacts that sexual abuse has on its survivors. Then, I provide the prevalence rates for sexual abuse globally and in the United Kingdom.

2. 4. 1. Impacts of Sexual Abuse

Sexual abuse is a highly offensive and intrusive experience. Several decades of research on sexual abuse have led to the identification of the negative and often traumatic impacts on people who have experienced such trauma (Barrington & Shakespeare-Finch, 2014; Copping, Shakespeare-Finch & Paton, 2010). Sexual abuse has been associated with psychiatric conditions and other disturbing consequences, such as major depression, anxiety, borderline personality disorder, suicide attempts, somatization disorder, substance abuse disorders, posttraumatic stress disorders, dissociative identity disorder, and bulimia nervosa (Bass et al., 2013; Putnam, 2003; Creamer, Burgess & McFarlane, 2001; Sundaram, Laursen & Helweg-Larsen, 2008). Sexual abuse may drastically change individuals’ lives for the worse, with survivors of sexual abuse often presenting with dissociation, flashbacks, panic attacks, and self-harm, to name a few (Sanderson, 2013). Such traumatic exposure may leave its survivors with long-lasting psychological issues that require professional intervention.

2. 4. 2. Prevalence Rates of Sexual Abuse.

Sexual abuse is a severe violation of human rights (Coles, Astbury, Dartnall & Limjewala, 2014; Welsh Government, 2016). The negative impacts of sexual abuse are disturbing to individuals affected by such trauma. However, such impacts extend far beyond the survivors of sexual abuse. Indeed, sexual abuse has been described as a major global health issue (Regeh et al., 2013). The World Health Organisation (2013)
established that globally, 35.6% of women have experienced sexual abuse from either an intimate partner or a non-partner. The research findings on male sexual abuse suggest that between 6% and 12% of men have been abused sexually (Choudhary, Coben & Bossarte, 2010). It is a problem of epidemic proportions. The UK is no exception to this issue.

The Welsh government published a National Strategy on Violence against Women, Domestic Abuse and Sexual Violence- 2016-2021 (2016) where they provided national statistics on the prevalence of sexual abuse in the UK. As a case in point, approximately eighty-five thousand women and twelve thousand men are raped in England and Wales each year. It also identified eleven million adult survivors of contact and non-contact sexual abuse in the UK. Smith, Dogaru and Ellis (2015) conducted a survey of adult survivors of sexual abuse in the UK and found that approximately 70% of abuse cases are never reported to the police. What these findings suggest is that not only is sexual abuse a major public health concern in this country, but in addition, it may well be underreported and underrepresented in statistical prevalence findings. In turn, this can make the problem of sexual abuse in the UK even more prominent.

In these sections, I have attempted to identify and explain the significance of sexual abuse. It is a harrowing experience that causes highly damaging consequences to the individuals who experience it. However, the problem of sexual abuse is not limited to a few individuals only. Unfortunately, the findings regarding prevalence indicate that sexual abuse is widespread, and it is an issue of global and public concern. Such a fast-growing issue inevitably requires various interventions and necessitates professionals who are equipped to deal with the demands of sexual abuse. One such intervention that meets the needs for and the prevalence rates of sexual abuse is counselling. I discuss counselling interventions for sexual abuse in the following section.

2.5. Counselling Survivors of Sexual Abuse

In this section, I aim to shed some light on the role of counselling as a means of dealing with the impacts of sexual abuse. First, I identify the need for counselling interventions before moving to the prevalence rates of counselling the survivors of sexual abuse in the UK. Then, I link sexual abuse with counselling interventions in order to introduce one of the questions that helped shape this research inquiry.
The intervention of counselling as a means of coping with the impacts of sexual abuse has been recommended by multiple researchers and practitioners, and, indeed, the survivors themselves. Numerous research inquiries have promoted the effectiveness of counselling when addressing the traumatic consequences of sexual abuse (Bass et al., 2013; Regehr et al., 2013; Sanderson, 2013). Counselling and therapeutic services have also been incorporated in the government’s national strategy of dealing with sexual abuse (Welsh Government, 2016). The National Institute for Health and Care Excellence recommended a range of therapeutic interventions for children, young people, adults, and families affected by sexual abuse and related health concerns (NICE, 2017). Accordingly, therapeutic interventions targeting the negative impacts of sexual abuse were promoted across various services, organisations, and government bodies in the UK.

Statistical rates confirm the prominence of therapy among survivors of sexual abuse. From 2015 to 2016, over 67,000 individuals accessed the services of Rape Crisis Centres across England and Wales (Rape Crisis England and Wales, 2018), marking a 16% increase from the previous year. These centres provided over 450,000 sessions of specialist support, with one such being counselling, an increase of 29% since the previous year. In 2015, Smith, Dogaru, and Ellis conducted a survey of four hundred adult survivors of childhood sexual abuse, the largest inquest ever undertaken with this population in the UK. They found that counselling was one of the most used services to deal with the impacts of sexual abuse. In fact, 48% of the survivors identified counselling and psychotherapy as the most helpful support they had received.

To sum up, sexual abuse is a prominent and traumatic occurrence that leaves individuals who have experienced it with severe consequences. As a means of coping with the high demands of sexual abuse in the UK, counselling services are encouraged to accommodate the needs of people who have experienced sexual abuse. Counselling is highly recommended by various research findings as well as government initiatives. The number of people being referred to counselling for sexual abuse has been rising; consequently, a high number of counsellors have had to engage in an intimate relationship with survivors of sexual abuse where they collaboratively explore various aspects of sexual trauma. However, considering the damaging nature of sexual abuse to its survivors, questions arise about such counsellors’ wellbeing. How does counselling
survivors of sexual abuse affect counsellors? How do they cope with the demands of their work? These questions lead to the following sections of this chapter.

2. 6. Limited Knowledge on Counselling the Survivors of Sexual Abuse

In this section, I attempt to address the limitations of the empirical research exploring the impacts of counselling the survivors of sexual abuse as well as coping strategies developed through such work. Research studies in this area present significant challenges. I identify and review such challenges before elaborating on some of the findings in the following sections. Currently, there is little knowledge about the impacts of counselling survivors of sexual abuse and useful coping strategies. Such literature often shows significant research gaps that challenge the knowledge base on this subject. I will identify and discuss such research limitations in the following sections. In order to do that, I had to broaden my literature search to include healthcare professionals working with trauma. This broader perspective is utilised to emphasize research gaps in the areas of interest of this study.

Hence, in the following sections of this chapter, I identify and describe the research limitations in studies that set to explore the impacts and coping strategies of trauma work. Initially, I identify a lack of research conducted in the area of exploring the impacts and coping strategies of counselling the survivors of sexual abuse before moving to identifying a shortage of UK-based research. I then explore the limitations of heavily quantitative tendencies in this field of research. Next, I elaborate on the selection of participants, which was heavily female-driven and included a variety of healthcare professionals other than counsellors. Finally, I discuss the challenges caused by a variety of trauma experiences represented in the research findings.

2. 6. 1. Limited Research Enquiries.

A little over two decades ago, Schauben and Frazier (1995) identified a lack of empirical research examining the impact and coping strategies of counselling survivors of sexual abuse. Not long afterwards, other researchers also called for more research investigating the impacts of working with trauma survivors and elaborating on the knowledge of trauma impacts (Iliffe & Steed, 2000; Etherington, 2000). The last few decades have seen an increase in the amount of research exploring mental health professionals who assist survivors of trauma (Way et al., 2004; Barrington & Shakespeare-Finch, 2014; Cohen & Collens, 2013).
Despite the recent increase in empirical research, the knowledge base in this area is not yet well developed. The field of trauma is extensive due to the variety of traumatic experiences being investigated. Sexual abuse is only one of many traumas. Unfortunately, this particular trauma of sexual abuse has not received enough research attention for there to be a sufficient understanding about the impacts and coping strategies in this area. Another reason for the lack of knowledge is the variety of healthcare professionals working with survivors of sexual abuse. Thus, little attention is given exclusively to counselling providers working in this field. Both of these aspects will be explained in more detail further. To date, only limited insight can be obtained about this subject due to the lack of research in this field.

2. 6. 2. Shortage of UK-Based Research.

There is a lack of UK-based research exploring the impact and coping strategies of mental health professionals working with survivors of sexual abuse. Although limited regarding the number of studies, this area of research appears to be most tempting to the researchers from those countries that often seem to take a lead in psychological research. In this case, studies from Australia, Canada, and the US have dominated this narrow area of research interest. Therefore, many findings are based on Australian (Barrington & Shakespeare-Finch, 2014; Iliffe & Steed, 2000), Canadian (Garrity, 2011; Kadambi & Truscott, 2004) and US (Sommer & Cox, 2006; Lee et al., 2010) healthcare professionals providing interventions for survivors of sexual abuse. Other countries represented in research were New Zealand (Pack, 2010), Israel (Rizkalla, Zeevi-Barkay & Segal, 2017) and Malaysia (Nen & Astbury, 2011) to name a few. Very few research inquiries were based on participants from multiple countries (Coles, Astbury, Dartnall & Limjewala, 2014), but research tendencies seemed to be focused on counsellors from one country rather than across countries.

Unfortunately, there is very little research investigating the impacts and coping strategies of working with sexual abuse in the UK (Etherington, 2000). This is surprising, as the prevalence rates of sexual abuse and the number of interventions alleviating the distress caused by sexual abuse are already high in the UK. A UK-based study by Etherington (2000) provided a variety of insights into supporting counsellors who work with survivors of sexual abuse. The researcher identified visualisation, grounding, boundaries, and networking as some of the helpful strategies. These findings allowed a deeper insight into the strategies that help UK-based counsellors cope with
the challenges of working with sexual abuse. However, research studies in this area are rarely based on the experiences of UK-based counsellors. The limited number of countries represented in current research may create various challenges. Services that deal with survivors of sexual abuse are run differently in various countries, which may have significant implications for the knowledge on this subject, especially when the research findings suggest that organisations and services can create a number of barriers for individuals who work with sexual abuse (Nen & Astbury, 2011). For example, the UK operates a National Health Service whereas in the US, the health service is privatised and is managed in a different way. Therefore, it is crucial to shed the light on the impact of mental health professionals working with survivors of sexual abuse in the UK.

2. 6. 3. Quantitatively Driven Research.

Quantitative inquiries have dominated the area of research focusing on an exploration of the impact and coping strategies of working with individuals who have experienced sexual trauma (Craig & Sprang, 2010; Way et al., 2004; Lim et al., 2010). There are numerous benefits to quantitative inquiries. For example, certain quantitative aspects, such as construct validity, diagnostic questioners, and statistically supported results, provide a unique opportunity to generalise research findings (Devilly, Wright & Varker, 2009). As a case in point, Craig and Sprang (2010) found that age and years of experience predicted burnout and compassion satisfaction. Higher levels of burnout were associated with young professionals while more experienced professionals had higher levels of compassion satisfaction. These findings are important because they provide specialists with the ability to predict and possibly manage the effects of trauma work. However, quantitative inquiries into the matter do not and cannot provide the level of depth and exploration that qualitative research does. In fact, it may even be counterproductive to conduct quantitative research in the subject when so little knowledge is available. Perhaps before studying How much? and How often? it is first worth identifying What is it?

Schauben and Frazier (1995) were among the first researchers to explore the impacts of and coping strategies used when working with survivors of sexual abuse. Their findings were important not only because they were among the first few researchers to look into this area of research, but, more importantly, because they provided insights that were not known at the time. Schauben and Frazier found that
having a high caseload of sexual abuse survivors correlated with more disruptive beliefs, symptoms of post-traumatic stress disorder and self-reported vicarious trauma. They concluded that these findings were not related to the counsellors’ own history of victimisation. However, they approached participants with preconceived ideas of what such impacts and coping strategies were. For example, participants were provided with a list of coping strategies and were asked to indicate which of those strategies they used in practice. The origin of those particular strategies was not well defined, as the literature in the area was scarce at the time. In their defence, they did add two open-ended questions to their survey in their attempt to include a qualitative perspective on the phenomenon; the answers were then analysed according to a predefined 7-category coding scheme. However, the qualitative side of this research can be challenged, given that it comprised only two qualitative questions, there was limited answer space in the survey, and the research had a heavily driven quantitative agenda. Numerous other research inquiries have applied quantitative methods, which have often come with pre-determined characteristics (Craig & Sprang, 2010; Devilly, Wright & Varker, 2009).

Only very few research projects have utilised a qualitative design in this particular area of research (Sommer & Cox, 2006). According to Chouliara, Hutchison and Katarzias (2009), those qualitative studies that have been conducted in this area have often presented ill-defined samples and procedures as well as lacking any explanation of the theoretical approach to data collection and analysis. Perhaps, therefore, it is worth considering a qualitative approach to resolve the challenges and inconsistencies in quantitatively driven research inquiries. Indeed, a qualitative approach to exploring the impact and coping strategies of counselling survivors of sexual abuse can provide important insights into the issue.

2.6.4. Variations in Participant Populations.

Individuals from different professional backgrounds work together to support survivors of sexual abuse. Thus, naturally, researchers have been keen to explore the impacts that such work had on various professionals. However, individuals with different job roles have often been researched together despite the differences in their professional backgrounds. For example, Devilly, Wright and Varker (2009) included psychologists, psychotherapists, clinical social workers, a psychiatrist, and a nurse in their umbrella term of mental health professionals. Not only are these professions different from one another, but also, the participant numbers in each profession have
varied between one and one-hundred-twenty-five. Other research inquiries in the field of working with survivors of sexual abuse have often included a variety of job roles, such as police officers, social workers, medical social workers, counsellors, and caseworkers (Nen et al., 2011; Nen & Astbury, 2011). In some studies, the researchers have not defined or explained the job roles of their participants. As an illustration, Branson, Weigand and Keller (2014) surveyed clinical mental health and substance abuse professionals but failed to mention what those professions were. The researchers discovered important findings linking decreased sexual desire to vicarious trauma. However, it is not clear to what groups of professionals such symptoms relate. Unique job features and different levels of engagement with survivors of sexual abuse have not been considered in this and other multiple research designs.

Professionals who provide counselling to survivors of sexual abuse often engage in long-lasting, deep, and intimate explorations of sexual abuse and its impacts (Sanderson, 2013). Empathetic and emotionally demanding relationships are formed in such processes (Bakker, Van der Zee, Lewig & Dollard, 2006). Indeed, it should be noted that while such meaningful engagement with survivors is not a necessary requirement for all professionals working in this particular area, the use of self is present in a variety of professionals who deal with survivors of sexual abuse, but counselling in particular is emotionally driven work that requires high levels of emotional engagement. Consequently, an assumption that counselling providers and other health care professionals are similarly affected by their engagement with survivors of sexual abuse can be challenged.

The differences in professional backgrounds have been acknowledged by some researchers who have singled out counselling professionals in their studies (Jenkins & Baird, 2002; Silveira & Boyer, 2015). The selection of counsellors as research participants provided a deeper insight into their unique experiences relevant to this profession. However, such studies are often challenged due to the gender inequality between counselling practitioners. Female counselling providers dominate research in this field. Indeed, some research contains only female participants (Rizkalla, Zeevi-Barkay & Segal, 2017; Garrity, 2011) while other research incorporates a relatively small number of male participants (Sommer & Cox, 2006; Devilly, Wright & Varker, 2009). Gender differences may have an impact on research findings, as such findings are often female-dominant. Accordingly, counselling providers’ experiences are
underrepresented in this field of research, which is heavily influenced by women participants.

2. 6. 5. Underrepresentation of Sexual Trauma.

Trauma is composed of various aspects and elements, of which sexual abuse is just one. Researchers have attempted to explore the effects of working with survivors of domestic and family abuse (Ben-Porat & Itzhaky, 2009), survivors of military combat (Linnerooth, Mrdjenovich & Moore, 2011), and refugee survivors of torture (Barrington & Shakespeare-Finch, 2014), to name a few. Considering the variety of traumatic experiences, it would seem important to identify and describe the type of trauma that the counsellor participants worked with. However, this is not always the case. In some studies, the client group that counsellors worked with is identified only as traumatised individuals (Craig & Sprang, 2010) or victims of interpersonal trauma (Silveira & Boyer, 2015) without any further details explaining the type of trauma. Identifying a specific type of trauma is crucial in order to gain a better understanding of the effects of trauma and if different types of trauma cause different impacts.

Among the studies that have focused on sexual abuse, it is a common occurrence to recruit participants who have worked with survivors of sexual abuse as well as offenders (Iliffe & Steed, 2000; Ellerby, 1997; Lee et al., 2010). Although some studies indicate that working with these two particular client groups elicit similar responses (Steed & Bicknell, 2001; Kassam-Adams, 1999), other studies suggest that these two client groups differ from each other and affect healthcare professionals in different ways (Way et al., 2004). However, in some cases, it is difficult to draw the line between survivors and offenders. With this in mind, some of the counsellors who participated in the study of Sommer and Cox (2006) had worked in male prisons providing counselling to male perpetrators who were also survivors of sexual abuse. A common challenge between various studies involving survivors and perpetrators of sexual abuse is the uneven representation of these two groups. For example, Way et al. (2004) involved 252 counsellors who treated offenders and only 95 counsellors who treated survivors. Similarly, in their qualitative research, Sommer and Cox (2006) recruited six participants who worked with perpetrators and three participants who worked with survivors. Such an uneven distribution of trauma work may present methodological challenges in professionals working with both groups.
Chouliara, Hutchinson, and Karatzias (2009) supported the notion that the types of trauma have not been explained accurately in various research inquiries. They identified that some studies that involve sexual abuse counsellors have not been specific about the type of sexual abuse, that is, whether it was child sexual abuse, adult sexual abuse, or adults who had experienced childhood sexual abuse. According to some research findings, working with children who have experienced sexual abuse has different implications than working with adult survivors of childhood sexual abuse (Nen et al., 2011; Garrity, 2011). As a case in point, Figley (1995) indicated that working with child survivors of sexual abuse may be especially provocative. Exposure to child trauma may elicit feelings of helplessness, rage, and even a desire for retaliation (Brady, Guy, Poelstra & Brokaw, 1999). Thus, it is of paramount importance to be transparent about the type of trauma that is being researched. Having said that, sexual trauma is an under-investigated area that needs more research interest.

2.7 Negative Tendencies of Trauma Research

In this section, I aim to introduce and explain the direction that most researchers take when exploring the impacts and coping strategies of working with sexual trauma. Negative impacts have taken the central stage within this area of research. As I will discuss in this section of the Literature Review, such research has brought deeper insight into the matter. However, researchers do not yet know the full extent of such effects. In fact, throughout this section, I attempt to demonstrate that the research preoccupation with the negative impacts of such work has limited the scope of current research findings and created significant inconsistencies in current knowledge.

Research in the area exploring the effects associated with working with sexual abuse is scarce, and what there is mostly focuses on the negative aspects of such work. So, not only is such research low in numbers, but also, it mainly has only one specific direction of interest. Exploration of the negative impacts has demonstrated the most significant boost in numbers in current research studies (Silveira & Boyer, 2015; Craig & Sprang, 2010; Linton, Alkema & Davies, 2008); researchers have set out to identify, explore, and explain the negative experiences of working with individuals who have been involved in various traumatic events. The implication that healthcare professionals working with trauma must themselves be traumatised by such work is widespread among these studies. Perhaps such attention to this subject is not surprising because
traumatic experiences tend to severely affect survivors’ lives. So, it may have a negative impact on the counsellors’ lives too. Hence, researchers have sought to identify if such negative impacts exist and to what extent.

In this section of the literature review, I have discussed the negative effects of working with trauma and the challenges such work presents. Throughout the following sections, I present the challenges, inconsistencies, and research gaps in studies that focus on the negative effects associated with counselling sexual trauma survivors. To start with, I introduce four constructs that describe the negative impacts of trauma work. I define each of the constructs and explore the inconsistencies between them. Then, I discuss and challenge the research findings on the negative impacts.

2. 7. 1. Four Negative Constructs of Trauma Work.

Certain constructs have emerged throughout the studies that aim to explore the negative effects of working with survivors of trauma. The most commonly used concept is that of vicarious trauma. The term was first coined by McCann and Pearlman (1990) to describe a change in cognitive schemas and belief systems that cause a significant disruption in the meaning, connection, identity, and world view of the healthcare professionals working with survivors of sexual abuse (Craig & Sprang, 2010). Later, in collaboration with Saakvitne, Pearlman identified vicarious trauma as:

the transformation that occurs within the trauma counsellor as a result of empathic engagement with clients’ trauma experiences and their sequelae. Such engagement includes listening to graphic descriptions of horrific events, bearing witness to people’s cruelty to one another, and witnessing and participating in traumatic reenactments, as either a participant or a bystander in the therapy session. It is an occupational hazard and reflects neither pathology in the therapist nor intentionality on the part of the traumatized client. (Pearlman & Saakvitne, 1995, p. 31)

Burnout is another impact often explored by researchers. Maslach (1982) conceptualised burnout as:

a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do people-work of some kind… response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems… A
pattern of emotional overload and subsequent emotional exhaustion is at the heart of the burnout syndrome. A person gets overly involved emotionally, overextends himself or herself, and feels overwhelmed by the emotional demands imposed by other people. (pp. 2-3)

Individuals who experience burnout feel ineffective and unable to cope with personal and work demands (Barrington & Shakespeare-Finch, 2014). As the definition suggests, burnout has significant negative effects on the individuals who are exposed to the traumatic experiences of other people.

Secondary traumatic stress was first introduced by Figley, who used this term to refer to “the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other- the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995, p. 7). The symptoms of secondary traumatic stress are very similar to the symptoms of post-traumatic stress disorder (PTSD), for example, the re-experience of clients’ traumatic stories, avoidance of reminders of clients’ traumatic stories, and feelings of numbness, hypervigilance, and hyper-arousal (Barrington & Shakespeare-Finch, 2014). Despite the similarities, researchers indicate one significant difference between the two concepts. The contrast lies in trauma exposure, that is, whether it was direct or indirect. In posttraumatic stress disorder, the individual is exposed to the traumatic event itself whereas in secondary traumatic stress, the individual is exposed to the traumatic event through hearing descriptions of the trauma from another individual who has witnessed it personally (Figley, 2002). In other words, secondary traumatic stress is caused by exposure to the knowledge of a traumatic event or experience.

Another term commonly used in this area of research is compassion fatigue. However, a debate surrounds this concept because the definition of compassion fatigue is not as clear cut as some researchers believe it to be. Figley defined compassion fatigue as “a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders persistent arousal (e.g., anxiety) associated with the patient. It is a function of bearing witness to the suffering of others” (2002, p. 1435). It has been suggested that compassion fatigue is a normal experience when working with survivors of trauma (Figley, 2002). Indeed, it is viewed as an inevitable part of working with trauma survivors. Hernandez, Engstrom
and Gangsei (2010, p. 69) seconded this notion saying that “[compassion] fatigue emerges, increases, and decreases as a function of prolonged exposure to suffering, the therapist’s own historical traumas, and circumstantial disruptions in the therapist’s personal or professional life.” This explanation of compassion fatigue presents a variety of factors that play a role in the severity of this phenomenon.

For some researchers, including Figley (2002), compassion fatigue is distinct from secondary traumatic stress. However, both of the concepts share certain similarities. Some researchers argue that both of these concepts describe the same phenomenon. Consequently, the terms compassion fatigue and secondary traumatic stress have been used interchangeably in some of the research literature (Devilly, Wright & Varker, 2009). This has led to a significant lack of clarity when distinguishing between the two important constructs. Therefore, more research attention is required to distinguish if and how such terms differ. Interestingly, compassion fatigue and secondary traumatic stress are not the only constructs that have been identified as sharing similar characteristics.

In fact, Arvay (2001) proposed that vicarious trauma and secondary traumatic stress refer to the same phenomenon. The researcher postulated that a primary stressor experienced in post-traumatic stress disorder and a secondary traumatic stressor experienced in secondary traumatic stress are, in fact, the same. He argued that a primary stressor and a secondary stressor are equally traumatic and natural responses. In other words, the differences between the stressors are not significant enough for vicarious trauma and secondary traumatic stress to be perceived as separate concepts. Barrington and Shakespeare-Finch (2014) took this idea a step further, claiming that in fact, there is a degree of overlap in all four concepts. They suggested that compassion fatigue encloses aspects of burnout and secondary traumatic stress and that the signs of compassion fatigue mirror the signs of post-traumatic stress disorder. Although they acknowledged similarities between the four constructs, they identified vicarious trauma as the most distinctive out of the four. Likewise, in their research, Devilly, Wright, and Varker (2009) found that the constructs of secondary traumatic stress, vicarious trauma, and burnout measured the same phenomenon, and suggested that the model of burnout predicted secondary traumatic stress and vicarious trauma even better than the actual models of these particular constructs.
To conclude, the research literature identifies four constructs that explain the negative effects of working with trauma survivors: vicarious trauma, burnout, secondary traumatic stress, and compassion fatigue. However, the research literature suggests that these concepts are not yet fully understood and explored by the researchers. Craig and Sprang (2010) concluded that despite the high research interest in exploring these constructs of working with trauma survivors, there is no definite data to support the notion that these constructs are conceptually distinct. Therefore, this remains an underdeveloped field due to conflicting findings and conclusions (Branson, Weigand & Keller, 2014; Baird & Kracen, 2006). All four concepts are ambiguous, yet some researchers use them as definite and distinct constructs in order to measure and explain the impacts of trauma work. This, perhaps, is directly related to a preconceived idea that working with survivors of sexual trauma is negative and contains varying degrees of traumatic impact. Therefore, current research needs a neutral perspective that will assess any experiences of trauma work, rather than focusing exclusively on the negative experiences of such work.

2.7.2. Negative Impacts of Trauma Work.

Research findings have confirmed the notion that counselling survivors of sexual abuse involves negative repercussions. The literature review carried out by Chouliara, Hutchison and Karatzias (2009) concluded that the severity levels often varied between the studies, yet majority of the studies reported some level of psychological disruption. As a case in point, counsellors self-reported vicarious trauma (Johnson & Hunter, 1997), a high degree of belief disruption (Schauben & Frazier, 1995), and emotional exhaustion (Lim et al., 2010) to name a few. In their study of counsellors who had worked with sexual trauma, Iliffe and Steed (2000) identified loss in confidence, decreased sense of security in the world, changed worldviews, sense of isolation, and feelings of powerlessness as some of the negative impacts of such work.

Research studies have identified various aspects that contribute towards the negative impacts of counselling survivors of sexual abuse. For example, Brady, Guy, Poelstra, and Brokaw (1999) found that counsellors who were exposed to higher levels of information about sexual abuse reported significantly more trauma symptoms but no significant disruption to their cognitive schemas. However, Baird and Jenkins (2003) found no association between exposure to clients and secondary traumatic stress, vicarious trauma, burnout, or general distress. In fact, they found that a higher exposure
to information about sexual abuse correlated with lower levels of vicarious trauma and belief disruption. Such conflicting findings need more research attention to establish the reasons behind such differences. The findings also point to the gaps in the knowledge base on this subject.

Other aspects found to influence the level of impact include organisational support (Nen & Astbury, 2011), education and training (Arvay, 2001), work experience (Splevins et al., 2010), and age (Craig & Sprang, 2010). However, the aforementioned aspects relate to the general pool of research referring to the studies where counsellors were researched together with other healthcare professionals or where they were working with various types of trauma experiences. The evidence base for counsellors who work purely with sexual abuse is often conflicting and underrepresented, thus emphasizing the need for more research in this area.

To conclude, the negative and often traumatic impacts of counselling survivors of sexual abuse dominate this field of research. Four negative constructs have been developed to explain the negative impacts of such work. However, some of the research findings contradict the validity of such constructs, indicating the need for more research. Although numerous studies point to the negative impacts of the work, the factors contributing to such impacts vary between studies. Nonetheless, the findings in this area are limited, especially in relation to counsellors who provide counselling to survivors of sexual abuse.

2. 8. Self-Care of Trauma Work

It has been previously discussed that counsellors who provide counselling to survivors of sexual abuse often experience negative impacts due to the emotional demands related to such work. However, such findings were not always supported and, in some cases, were contradictory. In addition, despite the negative traumatic impacts often reported in research findings, some research studies failed to determine the negative effects. Kadambi and Truscott (2004) found that the majority of counsellor participants in their study had not experienced traumatic stress symptoms or burnout. Similarly, another study, by Devilly, Wright, and Varker (2009), found that the average level of traumatic negative experiences within the sample of counsellors was relatively low.
Accordingly, not all the counsellors experienced negative effects. Why not? If counsellors did not report negative impacts of their work, does that mean that there were no such impacts, or does it mean that those counsellors managed to avoid being influenced by their work? The same questions can also be asked about the counsellors who did experience negative impacts. How did these counsellors manage the traumatic impacts of working with sexual abuse? What self-care techniques and coping strategies did the counsellors use in order to cope with the negative demands of trauma work? After all, self-care is at the centre of the counselling professions. Consequently, in this section, I aim to review the literature on self-care techniques and coping strategies applied by counsellors who work with sexual abuse. I also identify a lack of research specific to sexual abuse counselling.

The knowledge base about the protective and mediating factors associated with counselling survivors of sexual abuse is rather limited (Chouliara, Hutchison & Karatzias, 2009). As discussed in Section 2.4.3., one study exploring counsellors who work specifically with sexual abuse survivors was conducted by Schauben and Frazier (1995). They identified various coping strategies, such as cognitive restructuring and social and instrumental support. However, although they provided some open-ended questions, they approached their research with predetermined coping strategies. Research studies that set out to explore this field often present challenges similar to those already discussed in the earlier sections of this thesis. For instance, the research often includes mixed professions in participant groups (Nen et al., 2011) and counsellors who work with various trauma experiences, with sexual abuse being just one of them (Iliffe & Steed, 2000). While it is often assumed that self-care strategies and coping techniques are the same for counsellors working across a range of issues, more research is necessary to determine if this is the case or if counsellors who work in the field of sexual trauma require any different or specific strategies and techniques.

Self-care strategies and coping techniques often recommended for sexual abuse counsellors are seldom based on research specific to this population. Instead, the research often encompasses the general areas of counselling or trauma counselling. For example, trauma-related supervision was identified as useful for counsellors working with trauma clients (Tyre, Griffin & Trippany-Simmons, 2016; Harrison & Westwood, 2009). Due to such research findings, Rizkalla, Zeevi-Barkay, and Segal (2017) decided to research the impacts of supervision on sexual abuse counsellors. This choice seems
well-substantiated because of extensive research findings emphasizing the benefits of supervision in general counselling (Sommer & Cox, 2006; Trippany, Kress & Wilcoxon, 2004). Yet, the study by Rizkalla, Zeevi-Barkay, and Segal raised concerns about the wellbeing of the sexual abuse counsellors in that the supervision intensified the impacts of trauma contagion. Such conflicting findings suggest that the nature and different types of supervision play a role in supervising counsellors who work with sexual abuse.

Bloom (2003) provided a list of useful strategies and techniques incorporating physical, psychological, social, moral, professional, organisational, and societal components. Those recommendations were meant to assist counsellors in avoiding and/or treating vicarious traumatisation. However, those particular self-care techniques and coping strategies were quite broad and were used by counsellors working with the general population. Research findings have not yet established if the self-care techniques and coping strategies that are useful for general counselling are similarly beneficial for sexual trauma counsellors. However, Bloom (2003) incorporated the perspective of establishing a balance in various personal and professional areas. Indeed, perhaps maintaining a balance in all spheres of life is the most efficient way to cope with the demands of the work, whether it is trauma or general counselling.

In short, coping strategies are focused on traumatic impacts rather than the impacts of less intensity. Perhaps managing less intense impacts will prevent them from turning into traumatic experiences? That said, the coping strategies proposed for trauma symptoms are often similar to those used by counsellors working in the general settings. Therefore, more research attention is required to determine self-care techniques and coping strategies useful for counsellors who counsel survivors of sexual abuse.

2.9. Positive Impacts of Trauma Work

The literature focuses extensively on the negative effects associated with counselling survivors of trauma (Iliffe & Steed, 2000). A tendency to search for highly traumatic effects of working with survivors of sexual abuse may in fact be keeping researchers from other important discoveries. Researching deeply negative impacts takes the focus away from other impacts that this work has on counselling providers. Thus, developing an understanding of all the effects rather than just the negative effects may in fact be the direction that research needs to take in order to resolve the conflicting
findings and explore new areas of research. Furthermore, if a counselling provider does not experience any traumatic impact of their work, does that mean that there are no other impacts? That would seem highly unlikely. However, more research is needed to answer this question. Therefore, instead of taking a diagnostic perspective, perhaps it is worth going back to the drawing board and asking the question *What are the impacts?* instead of *Which of these predefined negative impacts are more prevalent?* Thus, researchers need to take a qualitative stance, moving predetermined theories aside and letting participants themselves identify and explain the impacts that their work has on them.

Despite the widely discussed negative impacts of working with trauma, counsellors seem to flourish in this field. The number of therapists counselling survivors of sexual abuse does not seem to decrease. In contrast, therapists are eager to work in this particular field of trauma despite the negative impacts often reported in the research. What makes counsellors choose and stay in this field, which seems to have so many traumatic impacts? In recent years, studies on the positive impacts of trauma work have started to emerge. Although still limited in number, such studies have provided a new and more positive perspective of the impacts of counselling survivors of trauma. Research studies have found that a large number of healthcare professionals cope well with traumatic content, and some have even reported positive transformations (Barrington & Shakespeare-Finch, 2013). Such findings suggest that mediating and moderating factors may play a significant role (Way et al., 2004; Pearlman & Saakvitne, 1995). Consequently, in this section, I aim to identify relevant concepts and explore the literature on the positive impacts of working with survivors of trauma experiences.

Few terms have emerged from such literature. *Vicarious posttraumatic growth* was identified as “the process of psychological growth that counsellors experience because of their vicarious experiences with client trauma” (Silveira & Boyer, 2015, p. 516). This term is based on the concept of posttraumatic growth, which is often observed in clients who have experienced high levels of stress (Linley & Joseph, 2004; Tedeschi & Calhoun, 2004). Researchers stipulate that a positive psychological change that occurs in clients due to highly stressful circumstances may also be present among the counselling professionals. Tedeschi and Calhoun (1996) pioneered this concept, explaining that it contains three domains: changes in self-perception, changes in interpersonal relationships, and changes in life philosophy. This construct suggests that
identification with clients’ traumatic experiences may effect a positive change in counsellors.

_Vicarious resilience_ is another concept that can be defined as a process characterized by a unique and positive effect that transforms therapists in response to client trauma survivors’ own resiliency_ (Hernandez, Gangsei & Engstrom, 2007, p. 237). This term represents a positive growth which is influenced by witnessing clients’ resilience during the therapeutic process. Both of these concepts are similar in that the counsellors were positively affected and transformed by their work with trauma survivors. However, in vicarious posttraumatic growth, such an impact occurs because of the clients’ traumatic experiences whereas in vicarious resilience, the positive change is due to witnessing the positive change in clients. These concepts are relatively new, and further research attention is needed to explore their positive impacts as well as to identify if they are, in fact, distinct constructs.

Arnold, Calhoun, Tedeschi, and Cann (2005) were the first ones to produce a highly rich qualitative study of twenty-one counsellors exploring the positive impacts of trauma work. Participants in their study spontaneously reflected on the negative as well as the positive effects of their work in response to the question “How have you been affected by your work with clients who have experienced traumatic events?” (245). This study demonstrates that even though the counsellors reported negative impacts, they had also experienced positive impacts; negative effects could and did coexist with positive effects. This tendency has not been sufficiently explored previously due to the heavy emphasis on the negative impacts of the work. However, the new tendency to research the positive aspects of counselling trauma survivors has helped researchers gain more insight into the impacts of such work. Arnold, Calhoun, Tedeschi and Cann (2005) identified a number of strengths that developed as a result of trauma work, for example, compassion, tolerance, improved relationships, and desire to lead a meaningful life, to name a few.

Developing an insight into the positive aspects of counselling trauma survivors may help researchers identify and develop coping strategies and self-care techniques. Enhanced clinical well-being, improvements in therapeutic outcomes, and increased role retention can be some of the clinical implications developed by exploring this field of research (Barrington & Shakespeare-Finch, 2014). Currently, there is little research
that explores the positive impacts of counselling sexual abuse survivors (Chouliara, Hutchison & Karatzias, 2009). Instead, the research is mainly focused on different areas of trauma, for instance, torture (Engstrom, Hernandez & Gangsei, 2008), interpersonal trauma (Silveira & Boyer, 2015), and politically motivated abuse and kidnapping (Hernandez, Gangsey & Engstrom, 2007). This relatively new field of trauma research has not sufficiently explored the positive aspects of counselling survivors of sexual abuse.

2. 10. Chapter Summary

In this chapter, I have aimed to provide a rationale behind the research questions of the present study. In my attempt to do so, I have reviewed the literature and discussed research gaps and limitations. Accordingly, sexual abuse was identified as a highly distressing experience. However, the actual assault in itself is not the only traumatic aspect of the sexual abuse; very often, people experience traumatic impacts that last for many years after the assault. Due to the severity of this experience, people struggle to return to their usual way of being. Accordingly, the prevalence rates suggest that increasing numbers of survivors are turning to counselling in order to cope with the impacts of the sexual abuse. Counsellors engage in intimate explorations of the sexual abuse and related issues. However, considering the high number of survivors seeking support as well as the severity of the sexual abuse, one may wonder if counselling survivors of sexual abuse has a negative impact on the counsellors themselves. It is here that the research inquiry of the present study began to take shape.

Prior to discussing the literature on the impacts of counselling survivors of sexual abuse, I first identified the challenges and limitations of such literature. As a case in point, there is only limited research on this emerging subject. Specifically, there is a lack of UK-based studies exploring the impacts and coping strategies of counselling survivors of sexual abuse. Research conducted in this area is heavily quantitative, and has often been driven by pre-determined ideas instead of an open qualitative approach to identifying the impacts of trauma work. Research enquiries have often combined counsellors with a number of different mental health professionals working with sexual abuse; very few studies have looked at counsellors specifically, thus, not capturing the unique experience of these professionals, who develop deep and meaningful relationships with sexual abuse survivors. Furthermore, the participants in the majority
of the studies did not counsel survivors of sexual abuse exclusively; they often worked with other types of trauma, such as physical abuse. It was important to keep these limitations in mind when considering research literature discussed in this chapter.

Subsequently, I moved on to discuss the research fascination with exploring the negative impacts of working with trauma. Differing levels of traumatic impacts have been identified throughout the literature, for example, vicarious trauma, burnout, secondary traumatic stress, and compassion fatigue. However, due to the contradictory findings and inconsistencies between these negative constructs, the knowledge in this area of research is still limited. Some research findings did not identify any negative impacts of working with trauma, though self-care strategies and coping techniques might explain why some counsellors did not report any negative effects of their work. In fact, some research studies found positive effects of working with trauma. Nonetheless, due to the challenges and limitations identified in this study, such knowledge is still in its infancy and requires further research attention. Consequently, by conducting this study, I aim to explore the positive and negative impacts of counselling survivors of sexual abuse as well as self-care strategies and coping techniques useful in this line of work.
3. Methodology

3.1 Introduction

In this methodology chapter, I aim to explain the ‘what’, ‘how’ and ‘why’ of various elements of this research project. I start by identifying my epistemological position based on my research objectives. Then, I introduce the qualitative methodology and explain its benefits for the current research inquiry. I outline the complex processes related to participants, paying particular attention to the recruitment processes, the sample size and type, the inclusion and exclusion criteria, the selection process, and the demographics of the selected participants. Then, I discuss the data collection processes. A detailed account is provided of the process of choosing a method, creating a semi-structured interview schedule, and conducting the interviews. The data analysis section follows next, in which I discuss thematic analysis in relation to my epistemological position and explain the six phases that I applied through this process. I discuss the quality of current research and explore the aspects that are crucial for research quality, namely, credibility and rigour, before reflecting on the ethical considerations of this study. Finally, I introduce reflexivity and explain its role in this research.

I aim to explain what was done in order to obtain the findings as well as how it was done, and most importantly, why it was done. Due to the need for transparency and rigour in the description of the processes that occurred in the design of this study, the current methodology chapter is long. Levitt et al. (2018) agreed with the notion of a detailed methodology section by pointing out that “because qualitative methods often are adapted and combined creatively, requiring detailed description and rationale, an average qualitative Method section typically is longer than an average quantitative Method section” (p. 34). With this in mind, I introduce the two research questions that this study aims to answer:

1. What is the impact of counselling survivors of sexual abuse?
2. What coping strategies and self-care techniques are useful when counselling survivors of sexual abuse?

3.2 Epistemological Positioning

In this section, I first introduce the concept and the importance of epistemological positioning. I then discuss critical realist epistemology and its relation
to this study. Understanding and identifying my epistemological stance was the starting point of a rigorous and transparent qualitative research that I aimed to produce. Grix (2001) defined epistemology as

one of the core branches of philosophy [...] concerned with the theory of knowledge, especially with regard to its methods, validation and the possible ways of gaining knowledge of social reality, whatever it is understood to be. In short, claims about how what is assumed to exist can be known. (p. 27)

Epistemology aims to explain the nature of knowledge by raising the questions *How can we know?* and *What can we know?* It was important for me as the researcher to know what epistemological position I was going to adopt because it helped to decide what research methodology would be most suitable. There are different epistemological positions that researchers can adopt in their research inquiries. These epistemologies help researchers decide if they want to follow a qualitative or a quantitative path in order to answer their research questions. However, the impact of epistemology is not restricted to the qualitative or quantitative orientation of a research project; each epistemology has its own approach to generating knowledge. Hence, I will identify my epistemological position because it helped me to acknowledge the benefits and limitations of data generation methods. This in turn allowed me to take a critical perspective on the method I used and demonstrates rigour and transparency in my attempt to maintain high quality standards of this research inquiry.

Before I identify my epistemological positioning, it is important to acknowledge that it changed in the process of the current research. I started the research as a naïve realist. However, after engaging in reflexive practices, I realised that my epistemological stance is best described by critical realism. I reflect more on the change in my epistemological positioning in section 3.10: Reflexivity and Realism. I also include Appendix K, which outlines my initial reflections in relation to my naïve realist positioning. In this part of the thesis, however, I focus on explaining my stance of a critical realist.

There is no one set definition of a critical realism. Archer et al. (2016) likened critical realism to family resemblances where family members share commonalities between each other, yet they are each different in their own way. It is important for the researchers to be transparent regarding their stance on critical realism. I share a similar
definition to that of Maxwell (2012), who explained the ontological and epistemological dimensions of critical realism in the following statement:

critical realists thus retain an ontological realism (there is a real world that exists independently of our perceptions, theories and constructions) while accepting a form of epistemological constructivism and relativism (our understanding of this world is inevitably a construction from our own perspectives and stand point). (p. 5)

As this definition suggests, there are two levels explaining critical realism. One such level concerns the ontological stance. Ontology can be described as

assumptions that are made about the nature of social reality, claims about what exists, what it looks like, and what units make it up and how these units interact with each other. In short, ontological assumptions are concerned with what we believe constitutes social reality. (Blaikie, 2000, p. 8)

Ontology raises the question of What is there to know? I share the belief that the processes in the world exist without the interference, awareness, or knowledge of the participants or the researcher. At the core of the realist philosophy is the perception that the processes of the real world can be captured. These processes may not necessarily be known to the researchers or the participants; nonetheless, they exist and they can be identified. Critical realists perceive reality as external and existing independently of the researchers’ mind (Bhaskar, 1978).

The constructivist and relativist notions of critical realism suggest that despite the world being largely autonomous, it is created by the researcher (Healy & Perry, 2000). Critical realists recognise that our knowledge about reality is influenced by historical, social, and cultural influences that limit our representations and perspectives (Archer et al., 2016). Hence, there are different valid perspectives of the real world. Indeed, the contexts of observed phenomena are important elements of critical realism. Sobh and Perry (2005) identified the goals of such research as being to “develop a ‘family of answers’ that covers several contingent contexts and different reflective participants” (p. 1,200). The critical realist epistemology encourages the researchers to acknowledge the distinctions between the real world and their perceptions of it and to attempt to present various views of this reality.
The next important step after identifying my epistemological positioning was to conduct research in a way that would stay true to critical realism; otherwise, the quality of the current research would be compromised. Consequently, in the following sections of this chapter, I based my research decisions on my critical realist position. I approached the research questions of this study from a critical realist perspective, which “assumes the existence of an external reality, albeit with the acceptance that research can only ever be a representation of that reality” (Kavanagh, Campbell, Harden & Thomas, 2012, p. 116). The critical realist epistemology shaped how I addressed this research in terms of research design, participants, data collection, and data analysis. These areas are bridged with a realist positioning throughout the sections of this chapter. I demonstrate this by providing detailed and transparent descriptions of how the critical realist epistemology affected the various research stages. I also demonstrate these processes by following the research guidelines, and I use reflexivity to monitor my epistemological positioning and research processes.

3.3 Research Design

In this section, I explain the rationale behind choosing an inductive qualitative approach for the purposes of this study. The field of counselling psychology research has been dominated by quantitative methodologies (Kidd, 2002). However, an increase in qualitative research in counselling psychology has been noticed in the past decade (Ponterotto, Kuriakose & Granovskaya, 2011). Although quantitative research has a number of benefits, qualitative research brings more texture and depth into a research inquiry. These characteristics are similar to the research aims of this study; after all, it is meaning that qualitative researchers are most interested in. Coyle (2011) notes that counselling psychologists have turned to qualitative research “in a desire to obtain research participants’ accounts of their own experiences on their own terms or to adopt a thoroughly critical analytic stance towards research topics” (pp. 10-11). Qualitative research assisted me in taking an inquisitive approach to understanding how individuals make sense of their worlds and how they experience events. My view was that qualitative methods would generate rich descriptions of local contexts and individual subjective experiences and so help me gain an insight into the natural setting of the phenomenon by focusing on lived experiences and participant-defined meanings.
My critical realist epistemological positioning was also considered when choosing the research design. Not only can qualitative research accommodate critical realism, but critical realism can enrich qualitative research. As a case in point, Iosifides (2011) suggests that within realist frameworks, qualitative methods can become powerful means to investigate social reality in all its complexity and ontological depth and to enhance the causal-explanatory as well as the emancipatory potential of social science research methods and social inquiry in general. (p. 1)

A growing number of researchers have suggested that qualitative research inquiry can accommodate critical realist positioning (Maxwell, 2012). With these considerations in mind, I chose a qualitative research design as appropriate for the purposes of this study and my critical realist stance.

Qualitative research can be categorised as either deductive or inductive. This project incorporates an inductive approach, which is more qualitative and exploratory in its nature. Inductive qualitative research generates theory and explores meanings derived from collected data (Hayes, 1997); thus, an inductive qualitative methodology promotes discoveries to be made by researchers. Thus, it allowed me to develop a theory after a careful exploration of the phenomenon of counselling survivors of sexual abuse. This theory stemmed from the lived experiences rather than preconceived ideas. Indeed, according to Willig, “Using preconceived ‘variables’ would lead to the imposition of the researcher’s meanings and it would preclude the identification of respondents’ own ways of making sense of the phenomenon under investigation” (2013, pp. 8-9). A deductive notion is not relevant to a critical realist epistemology, as it does not generate new ideas because it relies on testing existing ideas developed by the researcher. In fact, rather than focusing on confirming or rejecting certain hypotheses, inductive qualitative research is open for revelations (Nelson & Quintana, 2005). Such notions are similar to those expressed by critical realists.

3.4. Participants

The participants are of key importance to this research project because they are the producers of the data. The critical realist approach of this study resonates with this notion of participant significance. Collecting the data from individuals, rather than relying on other types of data, is crucial for a critical realist epistemology. Thus,
according to Wong (2012, p. 88), “A realist review should ideally be undertaken when the outcome(s) of interest in an intervention is likely to be the result of human agency under contextual influences and when the goal of the review is sense-making and not judgement.” All themes and conclusions drawn in this research project are based on the personal insights that these participants were willing to share with me. Hence, it is of paramount importance to understand who those participants were and how they were selected. In the following subsections, I introduce myself, and then I explain the processes behind participant recruitment, inclusion and exclusion criteria, sample size, and participant demographics.

3.4.1. Researcher.

The qualitative nature of this research required a level of depth and insight into the processes of this research (Levitt et al., 2018). I have already established that my epistemological positioning is that of a critical realist. This implies that the “knowledge of the real world is inevitably interpretive and provisional rather than straightforwardly representational” (Frazer & Lacey, 1993, p.182). Thompson (2003) recommends researchers state their own background and values as a way of avoiding personal biases that might corrupt the research processes. Consequently, in this section, I will introduce myself and elaborate a little more on the origin of this research, which was briefly mentioned in the Literature Review chapter. Then, I will discuss my personal experiences in relation to the epistemological positioning of the current study.

I am a white female, who is a student on the Professional Doctorate in Counselling Psychology programme at the University of Manchester. At the time of submitting this research, I was thirty-two years old. Whilst on the doctoral programme, I conducted various qualitative research projects as part of my assignments. I had previous experience of conducting quantitative research as a part of my bachelor and master’s degree studies as well as part of a job role of a research assistant. The doctoral programme included a requirement to complete 450 therapy hours with clients in various placements. One of such placements was in the service that dealt with female survivors of sexual abuse. I engaged in over 150 hours of counselling in this service in the period of one and a half years. Subsequently, I came across sexual abuse in other services where I provided counselling as a trainee counselling psychologist. I had some counselling experience before I started this doctoral programme, much of which was related to youth and family counselling.
I am originally from Lithuania, and I came to the UK to pursue my dream of becoming a counselling psychologist. Psychology is not as well developed in Lithuania as it is in the UK. For the twenty-two years that I lived in Lithuania, I had the opportunity to observe various levels of abuse, especially physical, psychological, and financial. However, while I was aware of sexual abuse, it was something that people were not yet speaking openly about. Such observations evoked in me a desire to bring justice and equality, which I hoped to achieve through becoming a counselling psychologist in the UK. Hence, when I started counselling survivors of sexual abuse, I felt that I was getting closer to my goal. However, I soon discovered how demanding this work can be. I started raising questions in relation to counselling survivors of sexual abuse. Will the challenging impacts fade away with more practice and experience? How do other counselling professionals get affected by this work? How do they look after themselves while in this job role? I was overwhelmed with questions and my curiosity increased. Therefore, I decided I wanted to specialise in this area. However, I needed to answer these questions first, and hence, the idea of this research project was born.

It is important to acknowledge how having personal experience of counselling survivors of sexual abuse relates to my epistemological positioning. According to Sobh and Perry (2005), the external reality has usually been researched or experienced before, so critical realism researchers are encouraged to explore some of the many ‘windows’ of such a reality before they start the data collection. My previous experience of counselling survivors of sexual abuse provided me with an insight into the preliminary conceptual framework about the underlying structures and mechanisms of working with sexual abuse survivors. Acknowledgement of such processes is paramount, as it provides transparency and reflexivity to ensure that previously held experiences and beliefs do not interfere with the research processes.

3.4.2. Participant Recruitment Process.

I identified approximately thirty services across the UK that provided counselling to survivors of sexual abuse. I sent emails to these services introducing myself and inviting them to participate in my research. I attached the documents Poster and Invitation to Participate in a Research project, which can be found in Appendix B and Appendix A respectively. While less than half of the services that I contacted responded to inform me that they had circulated my email among their staff, this approach generated the interest of eleven individuals.
Research findings suggest that the researcher’s personal connections and geographical location often influence participant recruitment (Robinson, 2014), and this seemed to be the case in this research study. Five individuals that I knew in person from my previous training and work experiences showed their interest in participating in this research. It is important, however, to mention that my relationship with these individuals was of a professional nature, and I had not been in contact with any of them for several years prior to this research. Overall, my participant recruitment strategy generated the interest of sixteen individuals. I supplied them with the Participant Information Sheet, which is included in Appendix C.

3.4.3. Inclusion and Exclusion Criteria.

In this section, I discuss participant sampling and introduce and explain the inclusion and exclusion criteria that were applied to all sixteen individuals who showed their interest in the research. As a critical realist, I acknowledge my role in choosing inclusion and exclusion criteria. Consequently, I aim to be transparent about such selection processes. Careful consideration was taken when selecting participants for this study. I chose a purposive non-random sampling technique as the most efficient method to gain access to participants. Baker, Pistrang, and Elliot (2016) define it as a “systematic strategy of selecting the participants according to criteria that are important to the research questions” (p. 186). This type of sampling adds value to the selection process because it identifies a particular type of participants that are required for this type of study. Purposive sampling provides key aspects that are highly valued and appreciated in this type of study, namely the diversity and breadth of the sample population. I compared each individual to the inclusion and exclusion criteria, which resulted in twelve out of sixteen individuals being identified as suitable for the research. Then, these twelve individuals were provided with the Informed Consent Form that can be found in the Appendix D. Next, I elaborate on inclusion and exclusion criteria.

3.4.3.1. Counselling providers

Participants were not restricted to any one profession. As long as they provided counselling, they could have been psychotherapists, therapists, counsellors, or psychologists. In the Introduction chapter of this study, I have already explained that counselling is the focus of the current study rather than any particular profession. Hence, no limits were applied in relation to the profession of the participants.
Furthermore, participants were expected to be providing face-to-face counselling. The criterion of face-to-face client contact was chosen for several reasons. First, this type of counselling is commonly used throughout the sexual abuse services (Rape Crisis England and Wales, 2018). Hence, I hoped that this would make my study more relevant to the counselling professionals who are working in this particular area of trauma. Second, other means of supporting sexual abuse survivors, such as telephone and internet counselling, would have added a different dimension to the present study that I would not have had the scope to elaborate on or explore in sufficient depth. This, however, could be researched in the future to identify if and how telephone and internet counselling of survivors of sexual abuse affect the counsellors.

Participants were expected to be working with individuals, couples, families, or groups. No exclusion criteria were applied in relation to the number of people seen during the counselling session. To date, it is not known if individual, couple, family, and group counselling of survivors of sexual abuse affect the counsellors differently. However, while such differences have not been identified yet, this does not necessarily imply that such contrasts do not exist. Further study is required to deepen the knowledge in this area of research. In light of this, any number of clients involved in counselling was considered as appropriate for the aims of the present study.

The duration or the type of therapy was irrelevant for the purposes of this study. This is not a comparative study that seeks to identify the differences between the lengths of time that the survivors were seen for or the differences between the types of therapies. The goal of the present study is not to identify the impacts of using a particular therapy or seeing survivors for a particular length of time. However, if such impacts appear to be significant throughout the course of the present study, such impacts will be emphasized, and future research recommendations will be outlined.

Participants of all genders were welcomed. To date, no research studies have explored gender differences when considering the impacts of counselling survivors of sexual abuse. However, as already mentioned in the Literature Review Chapter, most such studies involve female counsellors (Rizkalla, Zeevi-Barkay & Segal, 2017). Hence, if any differences do in fact exist, these may not have been identified due to the heavy involvement of female counsellors as research participants. I attempted to involve an equal number of female and male counsellors. However, I am also aware that it is not
the purpose of the current study to identify any differences between the genders. Hence, further interest in the gender studies in this particular area of research may open new avenues that have not yet been explored or identified. Similarly, no age restrictions were applied in the current study. There was no reason to believe that participants in their twenties might respond to sexual abuse in a different way from participants in their thirties, as after all, age does not represent the lived experience, practical experience, character, or other personal attributes.

3.4.3.2. Counselling training

Participants were expected to be sufficiently trained and skilled counselling providers. Thus, participants were required to have undergone at least a three-year course of counselling training that provided them with a diploma in counselling granting them the right to practise. This criterion ensured that participants were qualified counsellors and provided the baseline for participants’ training and skills in counselling. Any other short-term counselling training was not sufficient to satisfy this criterion, unless it had been taken in addition to the diploma.

No criterion was set to separate the newly trained counsellors from the more experienced ones. There were several reasons for this decision. One, identifying the counsellors’ level of skill is a complex task if at all possible. It varies based on the length of time spent counselling, level of training, personal characteristics and experiences, as well as many other variables (McLeod & McLeod, 2011). Focusing on one particular level of skill would make it difficult to capture the rich complexities of the phenomenon. Two, I hoped to explore the experiences of both newly qualified and highly experienced counsellors as a means of capturing the impacts of the work and identifying coping strategies irrespective of the level of skill. I aimed to look at the big picture of counselling survivors of sexual abuse, as this area has not been sufficiently explored. Once the general impacts and coping strategies are identified, future researchers could potentially look further into the variables of such findings.

Specialist training in relation to working with sexual abuse was not required for this selection process. As discussed previously, it is difficult to measure the levels of skill, as training is only one of the aspects contributing to the development of counselling skills. This decision was made in order to make this study more relevant to
the counsellors, as not all training programs and not all counsellors who work with sexual abuse survivors are in fact trained in trauma or sexual abuse counselling.

3.4.3.3. Currently employed

Being in practice at the time of data collection was another criterion. Former counsellors of survivors of sexual abuse were not suitable for this study. With time, people may forget their previous counselling experiences. In addition, such experiences may be further clouded by their current practices, which may not be relevant to counselling survivors of sexual abuse. Consequently, I wanted to enrol only those counsellors who would be able to relate to their current experiences of counselling survivors of sexual abuse.

The length of employment in the sexual abuse service or the length of time practising counselling was not relevant for the purposes of the current study. Applying such exclusion criteria would have made the focus of the study narrower than it needed to be. The aim of the study was to capture all experiences of counselling survivors of sexual abuse, irrespective of the time spent in this line of work. I am aware that the length of time spent counselling survivors of sexual abuse may have different implications for the counsellors; however, this particular aspect of counselling survivors of sexual abuse can potentially be explored by future researchers.

3.4.3.4. Service for survivors of sexual abuse

Individuals had to be working in a specialist service dealing exclusively with sexual trauma survivors. People who worked in a general service were not suitable for this study, even if they had come across clients with sexual abuse issues. The impacts and coping strategies of general counselling have been extensively explored elsewhere. On the other hand, the area of counselling survivors of sexual abuse has not been researched enough (Iliffe & Steed, 2000; Etherington, 2000). Consequently, it was important to draw the line between these areas of counselling.

No limitations were applied in relation to whether the service was a charity, private, or National Health Service. All of these services work in different ways. Even with each of the services, differences exist based on the geographical location, funding, and capacity. It was not the intention of the current study to evaluate the effectiveness of the services. Hence, no restrictions were applied to the type of services that participants
worked in. Furthermore, no age or gender restrictions were placed on the service users other than that they had to be adult survivors of sexual abuse. There were no limitations applied to the client load, as this was not relevant to the goals of the current study. Participants could have been working part time or full time.

3.4.4. Sample Size.

In this section, I explain the complex processes involved in deciding the sample size. I identified the number of participants that I required for this study based on four components: situational factors, data saturation, research recommendations, and critical realist positioning. I assessed the number of participants at three stages of the current study: prior to conducting the research, during the data analysis and at the end of it. I have acknowledged that the initial number of participants must be reassessed at a later stage of the research in order to evaluate if the number of participants was appropriate for the current study. I elaborate on such processes further in this section.

The process of determining the number of participants in qualitative research has been the subject of heated academic debate (Fugard & Potts, 2015; Hammersley, 2015; Emmel, 2015). Fugard and Potts (2015) proposed a quantitative tool to inform sample size choice for thematic analysis in qualitative research. However, inevitably, some qualitative researchers did not welcome this quantification of qualitative research. For example, Emmel (2015) opposed the idea that thematic analysis leads only to the finding of themes, claiming that this perception is rather limiting and that the number of participants is not decided at the beginning of qualitative research, but that rather, participant sample size is decided at a much later stage of data collection once more information has been obtained. The quality cannot be guaranteed by identifying the number of participants before gaining the awareness of emerging themes. As Hammersley (2015) put it:

It is not so much the frequency with which data relevant to a theme occurs that is important but rather whether particular data segments allow a fruitful analytic argument to be developed and tested. Further data will not always do this, as is recognised by the notion of saturation. (p. 688)

More is not always better, especially in qualitative research, where the depth is emphasised over the width. Braun and Clarke (2016) acknowledged that “bigger isn’t necessarily better. The bigger the sample, the greater the risk of failing to do justice to
the complexity and nuance contained within the data” (p. 742). So, if quantification of the sample population undermines the values of qualitative research, how to determine the size of participants?

As the research suggests, situational factors specific to this study had to be addressed when deciding the initial number of participants (Boddy, 2016). Having more than twelve in-depth interviews lasting between forty-five and sixty minutes might have elicited a repetition of themes and resulted in an unproductive use of time. I also considered the scope of the study. This research project was carried out by a single researcher as a fifty-thousand-word thesis project for a professional doctorate course. Having up to twelve participants met the requirements of the scope of a doctoral thesis as well as the capacity of one researcher. After the consideration of such situational factors, I decided to enrol no more than twelve participants. For quality assurance purposes, the sample size was also discussed and collaboratively agreed with the research supervisor.

The target population of any research can be defined narrowly or broadly. In this research, it is close to being defined as narrow rather than broad because of the specific characteristics of the inclusion and exclusion criteria. As a case in point, only those participants who had received a qualification in counselling were considered for the study. Those who used counselling as a part of their work but did not have a qualification and training were excluded. In addition, not only did participants have to be currently employed in a service that supported the survivors of sexual abuse, but also, they were expected to have face-to-face counselling sessions with the survivors, rather than phone or telephone sessions. Such participants were limited to working in a service that specialised in sexual abuse. Individuals who came across sexual abuse in a general service were not relevant for the purposes of the current study. However, it is also important to acknowledge that such categorisation between narrow and broad research was viewed on a spectrum. Although the current study could have employed additional characteristics that would have made it even narrower than it is now, on a spectrum, the current sample population sits close to being identified as narrow rather than broad. The narrow definition of the current target population makes it homogenous. Such a sample “gives more power to detect effects that you are interested in and more precision in estimating the magnitude of those effects” (Baker, Pistrang & Elliot, 2016, p. 181). This suggests that the homogenous nature of the research does not require a
high number of participants due to the power of detecting emerging themes in the data. In such instances, the data is often saturated.

Data saturation was the other element that assisted in determining the number of participants required for the present study. Boddy (2016) defined data saturation as “the point at which no new information or themes are observed in the data from the completion of additional interviews” (p. 427). Before proceeding to explain the rationale for incorporating data saturation, it is important to be transparent about its purpose. Generalisation of the data was not the intention of this study. Rather, saturation was chosen for quality assurance purposes. Fusch and Ness (2015) claimed categorically that “failure to reach saturation has an impact on the quality of the research” (p. 1408). Thus, I aimed to demonstrate thoroughness in all stages of the current study. Monitoring data saturation provided me with an insight into identifying if the current study managed to capture the emerging themes or if there were more themes that the study did not have the scope or capacity to explore. Such insights into the data were important for a number of reasons. One, data saturation helped to determine the point at which no more participants were required, as no new themes emerged. The end point of the data analysis was based on the data itself rather than the felt sensations of the researcher, which can sometimes bring ambiguity to the quality of the study (Sobh and Perry, 2005). Two, unsaturated data may inform future research studies by identifying the gaps in methodology and suggesting certain considerations. Third, unsaturated data helps the researchers identify the limitations of the study and reconsider its quality.

The critical realist positioning expressed in this study sits comfortably with the use of saturation. This notion is confirmed by Manning (2012), who maintained that saturation should be used by researchers of realist positioning. The sample size of ten is suggested as a suitable number for a homogenous population in a qualitative research inquiry that can evidence data saturation (Sandelowski, 1995). Similar suggestions were made by Guest, Bunce, and Johnson (2006), who claimed that elements of data saturation can be noticed in six interviews and that in twelve interviews, the data are definitely saturated. Such research recommendations sit comfortably with the situational factors discussed earlier in this section, which identified no more than 12 participants. In addition, Ritchie and Lewis (2003) suggested that a strong sampling strategy supports a small scale approach to participant sampling.
After considering situation factors, research recommendations and critical realist epistemology, I decided to enrol twelve participants at the initial stage of this research. I observed data saturation throughout the process of data analysis. With this in mind, the first signs of data saturation started to emerge after eight interviews, and the data appeared to be saturated after ten interviews. There was a total of twelve sets of data. Hence, I analysed two more sets to confirm if any new themes were emerging from the extra two interviews. These additional interviews did not provide any new information that had not already been mentioned. Consequently, twelve interviews were sufficient to demonstrate data saturation in this study.

3.5. Participant Demographics

In this section, I outline some characteristics of the twelve individuals who were chosen to participate in this research. It is, however, worth emphasizing that confidentiality concerns have shaped the level of detail that I provide in this section. In order to avoid identification, I outline the demographic information in relation to the group as a whole rather than individual participants. The data provided below relate to participant experiences of counselling survivors of sexual abuse and exclude counselling experiences in other unrelated areas or services.

*Counselling training*—Seven out of the twelve participants had diploma-level training in counselling and/or psychotherapy varying between Level 4 and Level 7, three participants had completed degree-level counselling courses, and two participants had acquired a doctorate degree in counselling psychology. Participants had trained in one or two therapeutic approaches such as psychodynamic, person-centred, art, and cognitive behavioural therapy.

*Training in the area of counselling sexual abuse survivors*—Out of the twelve participants, only two had received some training specific to sexual abuse while studying counselling. Furthermore, this training was reported to be minimal. Ten participants had received training specific to sexual abuse by engaging in continuous professional development events, such as training courses, workshops, presentations, and conferences. All twelve participants also reported having been given some in-house training by their employers in working with sexual abuse.

*Time and place of counselling survivors of sexual abuse*—Regarding levels of experience, one participant had started counselling survivors of sexual abuse three
months prior to his interview; three participants had been counselling survivors of sexual abuse for between one and two years; four other participants for between four and five years; one participant for seven years; two participants for nine years; and one participant for twenty years. All twelve participants had experience of working within charity services specialising in dealing with sexual abuse. Four out of those participants also had experience of working or were currently working with sexual abuse in the National Health Service. The participants of this study worked across five different sexual abuse services at the time of conducting this research.

**Gender**- Four males and eight females participated in this research. Two female and four male participants had been counselling survivors of all genders. The remaining six females had been counselling only female survivors of sexual abuse.

**Duties and responsibilities**- Two participants were doctors of counselling psychology, and ten participants were in the roles of counsellors or therapists. Two out of all of the counsellors were in senior positions. In addition to providing counselling, psychologists and senior therapists had also participated in multidisciplinary team meetings and assessments, carried out service evaluations, and run conferences and training events. Three other counsellors were in managerial roles; these roles included coordinating counsellors, running the service, service development, and recruitment processes to name a few. In addition to providing therapy, counsellors also had other responsibilities, such as conducting assessments, making referrals, collecting outcome measures, and contributing to service development. Six participants were qualified supervisors. Five participants provided training in sexual abuse counselling. Three participants also worked on a telephone helpline for sexual abuse survivors. One participant also had the role of ISVA (independent sexual violence administrator). All participants had been counselling survivors in face-to-face individual sessions, and four of them had also provided group counselling.

**Client load**- One out of all the participants was working full time in sexual abuse services. The workload of the rest of the participants varied between one day and four days a week. Three participants had two face-to-face clients a week, three others had between five and six clients, two participants had between seven and eight clients, one participant had eleven clients, and the other three participants had between sixteen and
twenty clients a week. Four participants ran group therapies with one session a week on an inconsistent basis.

3. 6. Data Collection


Choosing the right method for collecting the data is as important as choosing the method to analyse this data. While the process of choosing the data collection method is rarely made transparent, I aim to be clear about such processes. Hence, I considered interviewing the participants of this study. Interviews are widely used in qualitative research, and the method is praised for its logistical convenience (Coyle, 2011). Frith and Gleeson (2012) introduced five questions that researchers ought to ask themselves when choosing a method for qualitative data collection. After addressing these questions, I chose the method of semi-structured interview because it would guide participants towards the areas that I was interested in researching, but at the same time it would give participants the freedom to shift to a direction that they felt was more relevant to their experience. However, I used the questions proposed by Frith and Gleeson not only for the method selection process, but also for the method evaluation process. In other words, I utilised these questions throughout the interviewing processes in my attempt to examine if such a data collection method was in fact relevant. Consequently, in the following paragraphs, I describe the processes of method evaluation of semi-structured interviews.

Does the data collection method allow me to answer my research question? Yes. I clearly presented the research questions to participants in one-to-one semi-structured interviews. This method familiarised participants with the research questions and gave them an opportunity to directly answer these research questions.

Does the data collection technique fit with the epistemological assumptions that underline the research? Yes. Interviews are recommended by critical realist researchers as a means of exploring a variety of perceptions and experiences (Healy & Perry, 2000 Robinson, 2014). Participant triangulation via the multiple interviews provided a cluster of answers that covers its reality’s several contingent contexts, to capture a single, external, and complex reality. For example, different interviewees are asked the same question to test whether they answer with the same perceptions. Sometimes,
these different triangulation sources will provide different perceptions, but those different perceptions should not be considered to be confusing glimpses of the same reality, rather they should be considered to foster understanding of the reasons for the complexities of that reality. (Sobh & Perry, 2005, p.1203)

Will the data collection method suit the participant group and their abilities and interests? Yes. Participants reported that this method of data collection fitted their abilities and interests because good skills in verbal communication are at the core of the counsellors’ profession.

How does the method structure the process of engagement? Frith and Gleeson (2012) stated that “different methods of data collection structure a different relationship and level of engagement between researcher and participant along a dimension from ‘experimenter as a stimulus’ at one end, through ‘collaboration’ to ‘participant led’ at the other pole” (p. 61). The process of sitting down together with each participant and having a conversation put these semi-structured one-on-one interviews somewhere in the ‘participant-led’ side of the dimension. I asked a few questions so that the participants would know what the areas of research interest were. It encouraged the participants to be the authors of their accounts and share the information that they wished to share.

How will my participants make sense of this method? I made my intentions clear by providing written and verbal explanation about the interview process. I also collected the participants’ feedback about this method of data collection. They explained that it was a familiar and effective method of data collection.

3. 6. 2. Interview Schedule.
The interview schedule can be found in Appendix E. It comprises two parts. The first part of the questions is related to the practice and training of the participants, and focuses on the demographic information. The second part of the interview schedule is the essence of the current research project. It contains the research questions of this study. One question asks participants to reflect on the positive and negative impact of counselling survivors of sexual abuse. Another question asks the participants to reflect on particularly helpful or less helpful self-care strategies. All the questions are open-ended.
I intended to interview the participants for approximately forty-five to sixty minutes per interview. This decision was discussed with my research supervisor. We decided that considering the number of participants I intended to question; this duration of the interview seemed sufficient to obtain the data I required for this type of study. The length of the interview was viewed as flexible depending on the amount of time that the participants would want to talk. However, it was decided not to exceed the limit of one hour.

3.6.3. Interview Process.

In this section of the Methodology chapter, I explain the processes of data collection. The interviews took place in the University of Manchester and participants’ workplaces. Prior to the interviews, all the participants familiarised themselves with the Participant Information Sheet (Appendix C) and Informed Consent Form (Appendix D). The interviews commenced only after the participants had read, discussed, and signed the Informed Consent Form. In addition, the participants were reminded of the confidentiality procedures and were reminded that they could withdraw at any time. They were also encouraged to ask questions throughout the process of this research. Interview sessions were recorded with an Olympus VS110 digital voice recorder.

As well as asking the questions from Interview Schedule, I used prompts to encourage discussion. In a few cases, I had to remind the participants of the focus of this research when some participants drifted off to an unrelated subject. I often summarised and reflected back what the participants had said in order to make sure that my understanding of the information was exactly as intended by the participants. In this way, not only did the participants provide more depth to what they had said previously, but they also reassured my understanding of the information that they had shared with me. I hoped that this type of engagement demonstrated that I was listening to the participants and engaging with what they were saying. I did not share my own views on the subject, as I did not want it to affect participants’ answers. Interviews were held for between forty and fifty-nine minutes, with an average interview time of forty-seven minutes. The data were collected in the period between May 2017 and June 2017. The interview recordings were transferred to a password-protected laptop. Each data file was then encrypted.
3. 7. Data Analysis

3. 7. 1. Thematic Analysis and Epistemology.

Braun and Clarke (2006, p. 6) described thematic analysis as “a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail.” It is a systematic way of analysing the data in order to indicate the major themes to be found in them (Howitt & Cramer, 2011). Researchers using this method identify common areas of meaning, group these related areas together, and so form themes. These themes are the end goal of thematic analysis. Researchers using this methodology aim to discover themes that answer their research questions. I did that by following the guidelines set by Braun and Clarke (2006). They outline six phases of thematic analysis that bring a clear understanding and trustworthiness to the thematic method of data analysis. In this section, I first explore how thematic analysis relates to the critical realist approach of this study. At the beginning of the Methodology chapter, I explained the process of identifying my epistemological positioning. Such a process involved answering three questions proposed by Willig (2013). I use the same process here to identify the suitability of thematic analysis to the epistemological and methodological position of this study.

*What kind of knowledge does thematic analysis aim to produce?* According to Willig (2013), it “produces knowledge that takes the form of themes, built up from descriptive codes, which capture and make sense of the meanings which characterise the phenomenon under investigation” (p. 65). The purpose of thematic analysis is to group these answers into themes and provide a descriptive account of each of the themes.

*What kinds of assumptions does thematic analysis make about the world?* Thematic analysis is not tied to any particular ontological camp. The first research question of this study presupposes that there is such a thing as *effect*. It assumes that people who work with sexual abuse must be affected by such an experience. Consequently, thematic analysis helps to identify and describe such impacts. The second research question presupposes *implementation of self-care strategies* in such a role. Similarly, thematic analysis outlines the themes of such strategies and provides descriptions to illustrate such themes.
How does thematic analysis conceptualise the role of the researcher in the research process? Thematic analysis is congruent with critical realism because it allows the researcher to build the knowledge about the external reality of counselling survivors of sexual abuse. Despite such a reality being largely autonomous, it is created by the researcher. My role in the process of data analysis was to identify the themes that participants had shared with me. I combined similar themes between different sets of data.

According to the process described above, thematic analysis fits the critical realist epistemology and the aims of this study. Research recommendations support the notion that thematic analysis is a useful tool for researchers with critical realist tendencies (Thomas et al., 2007; Paterson, 2012). This suggests that thematic analysis is an appropriate tool to address this study and its epistemological position.

3. 7. 2. A ‘Theme.’

Before I describe the process of thematic analysis, it is important to define a theme. In a general sense of thematic analysis, a theme “refers to a particular, recognisable configuration of meanings which co-occur in a way that is meaningful and systematic rather than random and arbitrary” (Willig, 2013, p. 58). Based on the two proposed research questions, the themes in this study fell under two categories: themes of impact and themes of self-care. Participants were aware of the two research questions, and they gave the answers to these questions. My goal was to group these answers based on the similarities shared between them. The length of themes varied depending on how much depth the participants provided on each impact and self-care theme. I employed a semantic approach to themes. Braun and Clarke (2006) explain that “with the semantic approach, the themes are identified within the explicit or surface meanings of the data and the analyst is not looking for anything beyond what a participant has said or what has been written” (p. 13). The semantic coding of themes is relevant to my critical realist epistemology.

3. 7. 3. Phase 1: Familiarizing with the Data.

The familiarisation with the data started at the very beginning when the data were collected and transcribed. I personally transcribed each file in the safety of my home. A literal transcription, namely, the secretary transcription method, was chosen over the Jefferson method because the latter contains more details than were needed for
the purposes of the current research (Jones & Foreshew, 2012). In this process, I relied on my previous experience of transcribing audio data for various university assignments.

During the stages of collecting and transcribing the data, I started to notice emerging themes and patterns, which confirms research findings that the process of data analysis starts from data collection (Howitt & Cramer, 2011). Indeed, certain patterns started emerging during the interview process. For example, the participants shared physical exercise as a useful coping strategy to deal with the impact of their work. Nature was another strategy that was often identified by the participants. Consequently, I kept written notes which were referred to in further stages of the thematic analysis. An example of one such set of notes can be found in Appendix H. The first part of the notes was taken during the interview process with one of the participants whereas the second part of the notes was taken after the session as a reflexive exercise. The first part of Appendix H lists some of the themes that emerged from the interview, for example, cycling after work, world is horrible, supervision is good and reassuring, heaviness after sessions, to name a few. I actively read and re-read the transcripts multiple times in order to familiarise myself with all the aspects of the data.

### 3.7.4. Phase 2: Generating Initial Codes.

I produced initial codes at this stage of thematic analysis. I identified and summarised the segments of the text that answered the research questions posed in the interviews. Such a notion is supported by Sobh and Perry (2005, p. 1204), who claimed that “only those perceptions relevant to the external reality are worth investigating” in critical realism research. Unlike in other epistemological positions, such as constructivism, critical realism researchers do not focus on every detail of participants’ perceptions. Rather, the analysis is concentrated on the research questions that aim to explain the external reality.

The coded chunks of the text varied in length because the purpose was to capture the essence of the segments of the text rather than develop broader themes. I employed a ‘data-led-approach’ where the codes were primarily guided by the data and its characteristics (Braun & Clarke, 2006). At the end of this phase, a long list of codes was generated. One example of such initial codes in relation to the question of self-care is as follows: I may write a few notes, maybe put a few things down that I might want to work
on after, as a means of letting go of it. The coding that I gave to this phrase was note writing as means of letting go. In my attempt to promote transparency, I have included a coded section from one of the interviews in Appendix I.

3. 7. 5. Phase 3: Searching for Themes.

The phase of searching for themes:

re-focuses the analysis at the broader levels of themes, rather than codes, involves sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes. Essentially, you are starting to analyse your codes and consider how different codes may combine to form an overarching theme. (Braun & Clarke, 2006)

Consequently, I searched for the themes based on the initial coding. I obtained the themes after joining several closely related and interconnected codes. Some codes formed subthemes and sub-subthemes. For example, the codes of manageable case load, note writing after sessions and supportive colleagues were all related to participants’ work; hence, an overarching theme of work environment self-care was created.

3. 7. 6. Phase 4: Reviewing Themes.

I reconsidered and re-evaluated the themes generated in phase 3. As a result of this process, I combined, refined, separated, and even discarded some of the themes. For example, the themes of walking, running, swimming and cycling were combined to one theme of engaging in physical exercise. The themes that I decided to discard were the themes that were not relevant for the purposes of the current study. As a case in point, some of the participants had also reflected on their other jobs that did not involve counselling or working with survivors of sexual abuse. Although some of these job roles, such as independent sexual violence adviser, telephone helpline worker, and care support worker, may incorporate the application of counselling skills, these job roles did not require or involve counselling. Therefore, themes that were related to these job experiences were discarded.

The following quotation illustrates one such example of Participant 11 reflecting on the impacts of working as a care support worker: “Some of the clients that I worked with in support role, which is different from counselling… I can say that there is quite a lot there to work with. It’s quite a lot of complex stuff to work with.” In another
instance, Participant 12 elaborated on her experiences of working in private practice with people who were not survivors of sexual abuse: “God! It was a nightmare. So, I would get up in the morning. Do a client for an hour and then sit around in café for an hour or two to wait for another client. And then I’d drive somewhere else and wait for another client. And I spent all day actually not getting much work done because it was what the client said. It was best for them in terms of time, but actually it wasn’t the best for me.”

Afterwards, I evaluated meaningful coherence and identifiable distinctions between the themes. Braun and Clarke (2006) proposed two levels of refining themes. In accordance with their suggestions, in level one, I reviewed all the coded extracts of each theme for coherence. In level two, I assessed the validity of individual themes in relation to the entire data set. Then, I devised a thematic map representing themes and subthemes. This map can be found in Appendix L.

3.7. Phase 5: Defining and Naming Themes.
I defined and clarified the themes trying to grasp the essence of each theme. Braun and Clarke (2006) described this process as:

identifying the ‘story’ that each theme tells, it is important to consider how it fits into the broader overall ‘story’ that you are telling about your data, in relation to your research question or questions, to ensure there is not too much overlap between themes. (p. 22)

Accordingly, I considered the distinctions between the themes, clearly identifying one theme from the others. Then, I reviewed the themes in relation to each other and to the research questions posed in this study. I established a clear difference between the themes that answered one research question or the other. Finally, I composed detailed descriptions in order to reflect the story of each theme. An example of one such theme with related excerpts can be found in Appendix J.

In the last phase, I produced the final analysis and the written report describing the data. I provided a rich yet concise and coherent story derived from a variety of themes. I also included extracts from the data allowing the reader to get a more personal account of the theme. This report is outlined in the Findings chapter of this thesis.
3. 8. The Quality of Research

In this section of the thesis, I seek to address the quality of the present study. I elaborate on two aspects of quality that I sought to demonstrate throughout this research inquiry. First, I explain the standards on which I relied when reporting this study. Then, I identify and explain two aspects of quality appraisal: credibility and rigour. It is important, however, to explain that quality appraisal is a part of quality reporting. However, the quality appraisal that I indicated in this study is more specific than quality reporting. Consequently, I will present both of these qualitative aspects separately in my attempt to promote transparency and clarity.

3. 8. 1. Reporting Standards of Qualitative Research.

The American Psychological Association Publications and Communications Board Working Group on Journal Article Reporting Standards for Qualitative Research examined journal article reporting standards and proposed their recommendations for standards in qualitative research specific to the field of psychology (Levitt et al., 2018). They provided descriptions of the information to be reported in sections and elements in the articles that report primary qualitative research. Such standards are relevant to the current research because it is a primary psychological study of a qualitative nature. Adherence to these reporting standards will promote the quality aspects of this study. Consequently, I considered such reporting standards throughout the process of conducting and reporting this research project. I aimed to include all the sections and information identified in the reporting standards. However, I required a more specific and detailed quality appraisal system to help me appraise the quality of this study. I elaborate on quality appraisal in the following section.

3. 8. 2. Quality Appraisal in Qualitative Research.

Standardized assessments are useful when assessing validity and reliability in quantitative research (Jones & Forshaw, 2011). However, appraisals of quantitative research cannot be applied in qualitative research because they would undermine the flexible nature of this type of research (Reicher, 2000). Imposing quantitative assessments used by quantitative researchers would eliminate the innovation thus taking away the essence of qualitative research. Due to such contradictions, in the last few decades, there has been a surge of research interest in the appraisal methods of qualitative research (Melia, 2012; Bronson & Davis, 2012). And although various
suggestions have been made (Petticrew & Roberts, 2006; Lincoln & Guba, 1985; Higgins & Green, 2009), no one-size-fits-all quality appraisal suited the array of qualitative methods and epistemological positions present in qualitative research.

Although a universal appraisal system for qualitative research has not been agreed, a more flexible approach to evaluating qualitative research has emerged. In line with the nature of the qualitative inquiry, researchers have preferred to replace the concept of criteria with a less prescriptive concept of guiding principles. Consequently, I applied the guiding principles of credibility, rigour and contribution (Spencer & Ritchie, 2012) during the stages of the current research project. It is worth mentioning that many other principles were included when addressing these three guiding principles. For example, transparency and trustworthiness played an important role in all three guiding principles. Consequently, I introduce the guiding principles that I applied in my attempt to ensure the high quality of this project: credibility, rigour, and contribution. However, the principle of contribution is discussed in the Discussion chapter of the thesis, because it is too early to know contributions at this point of the thesis. Nonetheless, I reflect on credibility and rigour in the following sections.

3. 8. 2. 1. Credibility

Credibility “refers to whether or not an instrument was valid and measured what it purported to measure, and whether or not a particular measurement was valid or accurate” (Spencer & Ritchie, 2012, p. 230). Credibility addresses the trustworthiness of the processes and methods used in qualitative research. I address the credibility of current research by reflecting on some of the credibility criteria for qualitative research proposed by Shenton (2004). Each specific criterion is displayed in the italics font.

I aimed to be descriptive and transparent when establishing adoption of research methods. I relied on research suggestions, the research questions of the current study, and critical realist epistemological positioning to inform my methodological decisions of integrating thematic analysis, semi-structured interviews, and other methods. I attempted to demonstrate the development of an early familiarity with the culture of participating organisations in a number of ways. For example, I attempted to identify and to familiarise myself with various services that deal with sexual abuse. I had also worked in one of the services a few years ago and knew its culture from personal work experience, and I had maintained my communication with other services. Prior to the
interviews, I asked all the participants to describe the services where they worked in order to familiarise myself with the different services. I aimed to demonstrate the process of *triangulation via site* by enrolling participants from different services nationwide. By doing so, I attempted to decrease the likelihood of specific local factors influencing the findings of this research.

I used transparency in the sections of Participants and Ethical Considerations where I detailed my tactics to help ensure honesty in informants. For example, all research participants were volunteers, they could withdraw at any time, and there were no rewards for participation. *Frequent debriefing sessions* with my research supervisor took place throughout the various stages of this research. Research supervision was used to discuss the methodological decisions of the current study, such as the sample size. I introduced the use of *reflexive practice* at various stages of this chapter, and I used reflections to monitor my conduct throughout the process of this research. More details about my reflexive practice can be located in the sections of Researcher, Reflexivity and Realism as well as Personal Reflections. Appendix H illustrates one of my reflective practices of data collection. I was descriptive and open about the examination of previous research findings. Throughout all the sections of this study, I used previous research to inform my methodological choices. For example, I examined previous research findings on qualitative research appraisals before deciding on the appraisal that I applied in this study.

### 3.8.2.2. Rigour

Rigour is another important aspect of a quality assessment. I decided to follow the guiding criteria for the assessment of rigour proposed by Spencer and Ritchie (2012). Each specific criterion is displayed in the italics font. As suggested by the authors, I incorporate the transparency of the research process, the defensibility of the design decisions, and the thoroughness of conducting the research.

I aimed to be reflexive and to document research processes. As I stated previously, the Methodology chapter is quite long due to the detailed descriptions of the processes that occurred in planning, conducting, and analysing the stages of the research. I also incorporated reflexive practices to explain such processes. For example, I used transparency and descriptiveness when outlining the stages of participant recruitment, sample size, selection criteria, and demographics. I hoped to demonstrate
how well defended the overall research strategy and design is by considering the research findings, the aims of this study, and the critical realist approach when making methodological decisions. For example, the qualitative methodology was chosen for its inquisitive approach and rich descriptions, which were expected to provide a deeper insight into the phenomenon of working with survivors of sexual abuse. Inductive methods in qualitative inquiry, such as those applied in thematic analysis, were suggested by the research because they would lead to discoveries of new plateaus and were relevant to the critical realist approach. I aimed to consider and address ethical issues in the section on Ethical Considerations. I discussed the application of ethical guidelines set by the School of Environment, Education, and Development at the University of Manchester, the British Psychological Society, the Health and Care Professions Council, and the British Association for Counselling and Psychotherapy. I explained how I followed the concepts of confidentiality, consent, privacy, and safety through the use of the Participant Information Sheet (Appendix C), Informed Consent (Appendix D) and various processes, which have been described in detail throughout the chapter.

I have provided the rationale explaining the sample design/target selection of participants. Purposive non-random sampling was chosen due to the specific inclusion and exclusion criteria that were developed in line with the aims of this research. As I intended to research a narrow area of counselling, consequently, special measures had to be taken to identify suitable participants. The sample size was based on four criteria: research recommendations, situational factors of current research, data saturation, and critical realist positioning. How well was the data generation process carried out? I have provided a detailed explanation for choosing semi-structured research interviews. Guidelines for assessing the appropriateness of the method of data collection were applied from Frith and Gleeson (2012). I aimed to show the richness and depth of the data in the findings section. The analysis was carried out thoroughly. The appropriateness of thematic analysis for a critical realist epistemology of the current research was assessed using criteria suggested by Willig (2013). This assessment demonstrated that such an analysis was suitable for the aims of this research. I have discussed the appropriateness of thematic analysis to the aims of this study while grounding such discussion on the research findings. The six phases proposed by Braun and Clarke (2006) were outlined and applied during the process of data analysis.
coherent is the reporting? The study is organised into chapters and subchapters that are clearly labelled and explained. In the Findings chapter, I illustrate the themes that emerged as a consequence of data analysis. The current study will be made available in electronic and hard copy formats in the University of Manchester. I aim to publish the findings of this study in an academic journal.

3. 9. Ethical Considerations

In this section, I discuss the ethical considerations of this study. Ethical behaviour is an important element of counselling psychology and general research. Therefore, I closely monitored my ethical conduct throughout the process of planning, conducting, and writing of this study. My ethical practice was guided by the Code of Ethics and Conduct set by the British Psychological Society (2009), the Ethical Framework for the Counselling Professions set by the British Association for Counselling and Psychotherapy (2018b) and the Standards of Conduct, Performance and Ethics set by the Health and Care Professions Council (2016). I kept reflexive journals throughout the process of this research, which encouraged me to reflect on my practice and ethical conduct.

I followed the ethical procedures set by the School of Environment, Education, and Development at the University of Manchester. I filled out an ethics application where I outlined my ethical considerations for this research. I was transparent and thorough about the processes of this study. As a result, the Postgraduate School Panel granted me research approval on the delegated authority of the University Research Ethics Committee. The evidence of this can be found in Appendix G. The ethics of my practice were closely monitored by my supervisor at the University of Manchester; we had regular research supervision sessions where we discussed and monitored my ethical conduct among other things.

Next, I discuss the ways in which adherence to these guidelines is manifest in the current study. Firstly, prior to the interviews, the participants were provided with the Poster (Appendix B), Invitation to Participate in a Research Project (Appendix A), and Participant Information Sheet (Appendix C), which outlined all the necessary information about this research. The participants were given two weeks to decide if they wished to participate. In addition, they were encouraged to ask questions at any point of this research. They were reminded that they could withdraw at any point of this study.
Then, the participants signed the Informed Consent Form (Appendix D) agreeing to the terms of research participation. Interviews were arranged in safe locations convenient to the participants. As a precaution, I adopted a Distress Protocol for Qualitative Data Collection proposed by Haigh and Witham (2015). This protocol consisted of a stepped approach to managing distress in the context of a research interview about a sensitive subject. It identified distress symptoms and indicated responses to managing such symptoms. The Distress Protocol for Qualitative Data Collection can be found in Appendix F. However, I did not need to apply the distress protocol during the data collection.

Confidentiality procedures were closely followed throughout the process of the research. The data were kept in an encrypted computer. The data files were also encrypted, and I was the only person who had access to the data or to information related to the participants. Participant information as well as the use of quotations was anonymised. I discussed the Interview Schedule (Appendix E) with my supervisor in order to assess if the questions were appropriate for the participants. We agreed that the Interview Schedule contained a few general questions which were not considered to be sensitive. The interviews were not considered to be intense or intrusive or in any other way inappropriate for this client group.

The individuals who participated in this research were working with sexual abuse survivors, and although the nature of sexual abuse could be sensitive, these participants were familiar with the subject and were less likely to be negatively affected by it in the interview. They had the freedom to decide what they wished to reflect on because of the nature of the semi-structured interview. In addition, the participants were under no obligation to participate. Prior to data collection, the participants confirmed having access to supervision and other support within the service that they could access after the interview if they needed to. They were also encouraged to contact me or my research supervisor if they had any concerns. Such details were provided in the Participant Information Sheet.

3. 10. Reflexivity and Realism

In this section, I explain the role of reflexivity in the current research. It is difficult or perhaps even impossible to find a piece of qualitative research that does not incorporate reflexivity. It seems that reflexive practice has become an integral part of
qualitative research (Blaxter, Hughes & Tight, 2006; Ahmed, Hundt & Blackburn, 2011). It increases the integrity and trustworthiness of any research (Finlay, 2002) and promotes transparency and good ethical conduct (Etherington, 2007). In addition, reflexivity holds an important role for quality control in qualitative research (Berger, 2015). Consequently, it is reasonable to include reflexive practice due to the qualitative inquiry of this study. However, what role does my epistemological positioning play in this decision?

At the initial stages of this research, I saw myself as a naïve realist and believed that I had no impact on the research processes. Yet, I involved myself in reflexive practice in my attempt to demonstrate that I chose the right epistemology. However, I noticed that my epistemological positioning started shifting in the light of my reflexive practice. Such a shift was further developed during the viva, where I discussed my epistemology with the examiners, who suggested reviewing the stance of a naïve realist. Slightly confused, I immersed myself in more reflexive practice, trying to understand if I had in fact positioned myself in the right epistemology. I then went back to the literature to understand what other epistemologies were out there. I also reviewed my reflexive journals that I kept throughout the current research processes, and I engaged in further reflective practices trying to address my doubts in relation to the naïve realist positioning. Nonetheless, I felt confused until I engaged in a reflexive discussion with a psychotherapist colleague, who helped me to see the perspective that I was previously unaware of.

After a psychodynamic discussion, I realised that my perceptions about the impact in the research processes had clouded my judgement of my true epistemological positioning. It became clear that I had perceived the impact as evidence that my research was biased and flawed. Upon further exploration, I recognised that the impact did not necessarily mean that my research was invalid and unreliable. In fact, there are varying levels of impact and its consequences. I also recognised that as a researcher, I shaped my study, and this level of impact did not necessarily imply that the quality of my research had been compromised. After I acknowledged that such processes were a natural part of qualitative research, I was able to position myself in a critical realist epistemology. Such a stance fitted comfortably with my philosophical beliefs and the processes of the current study. The feelings of doubt and uncertainty left me; critical realism was my true epistemological position. I did not realise this due to my
preconceived ideas about what it meant. This aligns with the notions of this epistemological stance, confirming that the researcher does affect the research processes, irrespective of whether such impacts are conscious or subconscious. In my attempt to stay transparent, I outline my previous reflections on aligning myself with a naïve realist epistemology in Appendix K. In the following chapters, I discuss my reflections on being a critical realist.

As a naïve realist, I did not believe that I am an active participant in the creation of knowledge. The notion of reflexivity in a naïve realist-led research was viewed as contradictory. The term ‘reflexivity’, which is identified in most qualitative research, includes the notion of impact. For example, Berger (2015) described impact when defining reflexivity: “Reflexivity is commonly viewed as the process of continual internal dialogue and critical self-evaluation of researcher’s position as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome” (p. 220). Another definition that includes impact is by Etherington (2007, p. 601): “Reflexivity is therefore a tool whereby we can include our ‘selves’ at any stage, making transparent the values and beliefs we hold that almost certainly influence the research process and its outcomes.” As these quotations demonstrate, there is a clear assumption that the impact of a researcher is much greater than the naïve realist positioning would suggest. So, I questioned if naïve realists should be reflexive?

I argued that definitions of reflexivity that imply a definite notion of impact were skewed from the actual meaning. I suggested the following definition: “Reflexivity can be defined as thoughtful, conscious self-awareness” (Finlay, 2002, p. 532). This particular definition of reflexivity did not contradict naïve realist positioning as much as the previous definitions did. As a naïve realist, I did not believe that I affected the generation of the knowledge. However, as means of quality assurance, I practised reflexivity just in case my realist notion was not as well established as I thought it was. With this notion in mind, I developed a reflexive practice throughout all stages of this research as one of the means to monitor quality control. One such example of reflexivity can be seen in the second half of Appendix H where I reflect on one of the interviews. Only later did I realise how wrong I was about my choice of naïve realist epistemology. Below, I will outline some of the reflections generated by my reflexive practice in relation to other processes of the present research.
Once I had identified myself as a critical realist, everything seemed to fall into place. I still believed that the world exists without our awareness or knowledge of it and that I could capture such processes; however, my perceptions about my role had changed. I now acknowledge that my perspective is only one of many perspectives into that world. As a researcher, I made various decisions throughout the research processes, for example, to conduct a qualitative study that would be analysed using thematic analysis. As much as I tried to support my decisions with research recommendations and accurately convey the meanings identified by the participants, I was the one who chose the length of the data segments, the names of the themes, the structure of how I presented the data, and other aspects. So, no matter how seemingly small my impact was, it was still an impact. Looking back to my initial position of a naïve realist, it does seem naïve to have ignored such impacts.

I had been familiar with some of the participants prior to this research. Thus, I had monitored our communications for impacts that may have occurred due to such familiarity. I spoke to the participants about it, and I had not received any comments from them that would indicate that our familiarity had made any impact. However, I now acknowledge certain issues with this situation. While the participants had not spoken about such impacts, this does not necessarily imply that such impacts did not exist, whether participants were aware of them or not. After all, the participants who were familiar with me were very likely to respond to me in a different manner from those participants who did not know me. We are all human beings with complex experiences and responses. Perhaps it was indeed naïve to expect that all the various experiences and situations had no impact on the research.

Such a shift in epistemological positioning was caused by my reflexive practices, especially those where I engaged in discussions with others who did not necessarily share the same beliefs as I did. Perhaps this identifies the importance of varying levels of reflexivity as well as being challenged to consider a different perspective. It is impossible to tell if my thesis would have been different if I had identified myself as a critical realist from the start of the current study. I believe this is something that requires further reflection, as it extends beyond the realms and scope of the current research. Witnessing such a change in epistemology has been a great personal and research experience. I will take it as a lesson and be mindful of it in future research and practice.
Some other negative impacts took me by surprise. For example, the participants believed that working with survivors of sexual abuse is a time-limited job. Thus, while it had been my personal intention to specialise in sexual abuse, these findings made me question if I could work in this area of counselling for a long time. Some negative impacts, such as flashbacks, dissociation, and self-identified vicarious trauma, made me realise how severe the challenges of this work might be, something I had not experienced in my personal practice. However, this might be due to the limited amount of time I have spent in the service. Due to such personal reflections, I acknowledged the depth and breadth of the current study. I realised that although I had also worked with survivors of sexual abuse, my experience was mirrored only in a small part of the findings and that there were many more different experiences that opened my eyes to the impacts and coping strategies of this line of work.

3. 11. Chapter Summary

In this chapter, I have aimed to identify and explain the methodology that I followed in order to address the two research questions identified in the present study. This chapter has outlined the critical realist positioning of the work before going on to describe the rationale of an inductive qualitative design. I identified the way in which participants were recruited, and gave the details of the participants as well my own as a researcher. I also explained my use of semi-structured interviews, before going on to outline the process of transcribing the interviews. Then, I detailed how I analysed the data using thematic analysis. The quality of this study was addressed before outlining the ethical considerations of the research. Finally, I provided my reflexive account of the processes involved in this study.
4. Findings

4.1. Introduction

In this chapter, I present the findings of a rigorous data analysis of the data described in the preceding chapter. These findings elaborate and provide answers to the two research questions raised in this study:

1. What is the impact of counselling survivors of sexual abuse?
2. What coping strategies and self-care techniques are useful when counselling survivors of sexual abuse?

Each of the research questions is answered in turn. I provide tables which outline the themes, subthemes, and sub-subthemes of each research question. The tables also identify the number of sources and the number of references within each theme. The number of sources refers to the number of participants who contributed to the creation of each theme while the number of references refers to the total number of citations across all the participants, which were used to form each theme. Then, I present and explain each of the themes before illustrating these themes with direct quotations from the participants with the aim of casting some light on the transparency of the elements that comprised each theme. The visual representation of all themes and subthemes in the form of a map can be accessed in Appendix L.

4.2. Research Question 1: What is the Impact of Counselling Survivors of Sexual Abuse?

In this section, I outline the themes that answer the first research question regarding the impact of counselling survivors of sexual abuse. Three main themes have been identified in relation to this question: work-related impacts, impacts on personal wellbeing, and relationship impacts. Each of these themes is further divided into subthemes, totalling seventeen themes and subthemes within this research question. Then, each of these themes and subthemes is outlined, explained, and illustrated with direct quotations from the participants. Before exploring the themes, I first provide a table that identifies the themes, the number of sources, and the number of references supporting each theme (Table 2).
Table 2: Themes, Number of Sources, and Number of References in Research Question 1: What is the Impact of Counselling Survivors of Sexual Abuse?

<table>
<thead>
<tr>
<th>Theme, Subtheme</th>
<th>Number of Sources</th>
<th>Number of References</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Work-related impacts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1. Feeling deskilled</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>1.2. Shelf life of counselling survivors</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>1.3 Normalisation of shocking content</td>
<td>9</td>
<td>22</td>
</tr>
<tr>
<td>1.4. Decreased sense of safety</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>1.5. Turning to alcohol</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>1.6. Having high job satisfaction</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td><strong>2. Impacts on personal wellbeing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1. Evolved personal growth</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>2.2. Feeling physically and mentally tired</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td>2.3. Being emotionally burdened</td>
<td>9</td>
<td>32</td>
</tr>
<tr>
<td>2.4. Self-identified high levels of distress</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td><strong>3. Relationship impacts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1. Challenges with family and friends</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>3.2. Concerns about children</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>3.3. Changes in romantic partnership</td>
<td>8</td>
<td>42</td>
</tr>
<tr>
<td>3.4. Damaged sexual intimacy</td>
<td>6</td>
<td>16</td>
</tr>
</tbody>
</table>

**Theme 1. Work-Related Impacts**

The first theme that emerged from the analysis identifies the impacts that are directly related to the task of counselling survivors of sexual abuse.

**Theme 1. Subtheme 1. Feeling Deskilled**

This theme indicates that at the very beginning of counselling survivors of sexual abuse, the participants reported feeling deskilled; they described not feeling ready or prepared to work in this area and spoke about having to expand their practice and their knowledge base in order to be able to do this job. Perhaps not surprisingly, the
level of experience that the participants reported developing had increased since the start of counselling survivors of sexual abuse. This, in turn, helped the participants acquire the necessary skills for this type of work.

I guess I’ve been counselling now for seven years in total, including training. So, I think I am a lot wiser now and I know more, what to expect now and how to sort of... I mean, you know, anything could happen anytime. Do you know I mean? I don’t mean to sound blasé, but I have adjusted more as to what to expect. I think I am calmer about it.

(Participant 1).

Even though the participants reported gaining more experience with time, the start of their experience was challenging. The participants described finding themselves highly deskill when reflecting on the beginning of their counselling experience with sexual trauma.

Initially, when I first started working in this area, it challenged my thinking in relation to the fairness of life, distress of the level of content that was shared with me, not being prepared for that at the very early stages of my training, and recognizing that we were not encouraged or supported working with that level of depth and that level of client content. So, I guess, that would be the importance of experience. Since that time, I have been building on that, you know, ensuring resilience and being able to hear clients’ information without really becoming disconnected because of my own thoughts and feelings. (Participant 7).

In the above excerpt, a participant described the struggles that she faced at the start of counselling survivors of sexual abuse. She spoke about recognising that the training that she had received did not prepare her for the work with survivors of sexual abuse. Another participant also shared a similar first experience; she described having to develop the necessary skills while already in her job role in order to be able to work with survivors.
There's so much opportunity for learning, growth as a therapist; I feel like it has been like jumping off the deep end, in the deep end of the swimming pool, and having to learn really quickly. I think I've become really skilled in the work. (Participant 2)

Theme 1. Subtheme 2. Shelf Life of Counselling Survivors

Some participants suggested that counselling survivors of sexual abuse has a shelf life and that one cannot do this work for a long time. Working in this area was identified as challenging and time-limited. The following example elaborates on this notion.

And also, for me, what's so important is that I didn’t know when I started this work, and it's very naïve of me, but I didn’t know that it had a shelf life and you can only do it for so long. You know what I mean? Or maybe you can only do it for so long. (Participant 2)

The same participant continued to acknowledge the level of experience that she gained while in this work. However, she also identified the challenges of such work due to which she decided to leave her work and stop counselling survivors of sexual abuse:

I guess in a way I have become one of those people with a huge amount of experience now with [dissociative identity disorder]. But unfortunately, I'm too burnt out to be able to be used to that going forward. (Participant 2)

A decision to stop working in sexual abuse services might not be an easy one to make. Unlike the previous participant, who decided to leave the job, another participant identified more practical reasons to stay:

I suppose the only other thing I can think of is when we are talking about going off sick and sort of struggling on content. Because I remember questioning myself a while ago, thinking about the long-term impact of this and kind of what this would essentially do to
me in the long-term stay. And there was weighing up pressure. Well, actually, if you did want to leave this job, because I mentioned someone was off sick, and if you did want to leave this job, it’s difficult, because, say, it’s having huge impact on you- You couldn’t just... Well I suppose you could just stop there and quit, and walk out as a last resort. But you have bills to pay, and life goes on, and you need the job realistically before you quit. So there was a pressure for me to carry on. (Participant 5)

Theme 1. Subtheme 3. Normalisation of Shocking Content

This subtheme describes an experience that was common across a number of participants. As a case in point, the participants reported hearing sexually traumatic content so often that it became a normal part of their lives. The following excerpt illustrates a participant who spoke about being accustomed to the content of sexual abuse:

Umm, I think that although everyone’s story is different, I maybe wasn’t quite as taken aback by what I was hearing. So, it didn’t ‘necessary feel... It felt more normal. It generally sounds like a strange thing, but I think I have realized that actually, this is quite a common experience, which in itself is very sad. But I think before it was always like... I knew lots of these things happen, but to come face-to-face with it is a different thing... So, I think that became more normal...that you would expect these stories and things. And to realize the effect that it has on people is different. But, then... are quite common themes to things like post-traumatic responses. The behaviours that I have seen that I probably wasn’t used to as much, but now are becoming a lot more commonplace. And, I think also I became more used to, I guess in that way... Because then I was not finding the content so shocking, I guess, and affecting... I was then more able to be grounded in myself, which then meant that when I was in session with someone, by the end, I was not, I was not as tired. It can take this much of energy from me...

(Participant 10)

The normalisation of traumatic events was seen in a positive light by this participant. As described, it helped this particular participant to be more resistant to traumatic content and to cope with it better after having heard it. However, not all the
participants agreed to the benefits of normalising sexual content. The following example is from one of the participants who reflected on the challenges of this phenomenon:

*I don't mean I am completely switched off or unaffected, but I think sometimes that is normalized. And when I think about that, there is something not right about that either, you know, because it's still obviously very distressing, working with sexual violence.*

(Participant 1)

Even though the participants described being accustomed to sexually traumatic content, some participants reported that they were still shocked by some of the content that was of an extreme nature and was considered as highly disturbing compared to the usual traumatic content heard in a sexual abuse setting. The following excerpt illustrates such an occurrence.

*Rape becomes just a rape. It’s only when something disgustingly horrific that... I’m trying to think of examples, but like... It’s so bad that examples happen that you are like: ‘Oh, that’s horrific.’ Because you become accustomed to the horrific already. And it’s only when the absolute catastrophically horrendous stuff... and then that’s when that has an impact. So I think most sexual assault stuff, depending on your own resilience, it’s kind of alright; it’s just particularly nasty stuff that has an effect.*

(Participant 5)

In short, even though traumatic content was described as a normal part of counselling survivors of sexual abuse, it still had the power to shock participants with its severity.

**Theme 1. Subtheme 4. Decreased Sense of Safety**

Half of the participants shared their experiences of how their work affected their views on the safety of the world. Such experiences varied between participants. For example, this particular participant described developing a sense of worry about the safety of others due to the nature of his work:
Like, if they were going on a night out or something, I’d want them to text me when they got home or… yeah… I might have a thought about whether they are going to be hammered because they are partying. Like, just think: Oh crap, are they safe?

(Participant 5)

Similar worries in relation to danger and safety were shared by another participant. However, this time, the concern was in relation to themselves.

Because I do think how I was before, but I suppose I am always sort of on the lookout. Always kind of, scanning the facility, you know. Because there are opportunists everywhere, and it’s just absolutely tons of… People everywhere are waiting to hurt you, whatever way they want to do that, and that’s never far from my awareness.

(Participant 1)

The participants spoke about the challenges to their perceived levels of safety due to their work of counselling survivors of sexual abuse. Yet, a few participants described how their work with sexual abuse did not cause them to worry about the safety of the world:

I guess I have not really felt, like, any less safe in any kind of grounds. Any less safe walking around at night. Any less safe around certain people. Clients often describe maybe what their perpetrator looked like and the type of person they were. I do not think it’s made me feel any less safe around either men or women. So, I do not think it has really affected me in that way, up to now. (Participant 10)

Theme 1. Subtheme 5. Turning to Alcohol

Some of the participants mentioned turning to alcohol at some point in their lives as a consequence of counselling survivors of sexual abuse. Although they described recognising this was not a good coping strategy, they did acknowledge that it was something that they required at that particular time. For example, one participant shared using alcohol to deal with a particularly difficult day at work:
I went home and drank a bottle of whiskey. I suppose for that night I found it really, really tough. (Participant 5)

This participant later continued:

I think I did need to get drunk. It did need it to be a bit chaotic for a little bit and that isn't the healthiest way of dealing with it, but… (Participant 5)

Another participant described not realising at first why she craved alcohol on the last day of her working week. She later discovered that this was due to the therapeutic processes that were happening with one of her clients who had addictions. The following example is from this particular participant.

I just wanted a glass of wine after every time I saw her. Like, overwhelmingly wanted to drink alcohol. And it wasn’t really until we started exploring and she opened up about her addictions. I was like: okay, this is why I so badly want a drink. It's not just because you are my last client on a Thursday. It's not because it’s the weekend for me. It's because that’s your stuff, isn’t it? (Participant 8)

Theme 1. Subtheme 6. Having High Job Satisfaction

Nearly all of the participants spoke about high job satisfaction in regard to counselling survivors of sexual abuse. Participants reported feeling passionate about the issue of sexual abuse. They expressed the notion that they contributed to something that matters on a personal and a social level. An example of this can be found next:

It feels like a job that matters, really. It feels like something is worth doing. And let the thinking off, you know. I think it's good that a job can impact on you. It doesn’t have to be something that is really, you know... If it’s something that makes difference and sometimes you feel strongly about, which I do, then I think it's, it's worth doing. So, I guess I am kind of proud to do what I do, work where I work. (Participant 1)
Another participant characterised her job as giving her a purpose in life. She reflected on being able to engage with the world and contribute to a positive change.

_Well, just a feeling of satisfaction. I am never going to sit on my death bed and go: ‘If only I have done something worthwhile.’ You know. And fascination. I mean, it is fascinating. And feeling that I have been engaged with the world. Because there are lots of people who know things that go on, but they just don't think about it: ‘Well let's not think about it.’ And you can choose to do that or you can choose to try and actually do something to help, however small it is. And I think I have._ (Participant 4)

Some of the participants elaborated on the personal satisfaction related to witnessing people improve their lives as a consequence of counselling sessions. They often narrated how survivors of sexual abuse inspired them. One such example is given here:

_Umm, I am just so inspired by the people I work with every day. And they literally give me life; they get me up every day. And I see somebody in session one, and their life is a complete mess, and they cannot cope. And at the end of therapy, they are together, and they are surviving. And it is just the most wonderful job in the world; it really is. It is worth all of the difficulties because there is so much reward… And more than I would ever experience in any other job. And it literally means the world to me._ (Participant 3)

**Theme 2. Impacts on Personal Wellbeing**

The theme of wellbeing is the second theme that emerged from the analysis when attempting to answer the first research question of what is the impact of counselling survivors of sexual trauma. The previously discussed theme described the impacts that were closely related to the work whereas the Wellbeing theme encompasses impacts related to the participants themselves. This theme comprises four subthemes that will be introduced in the following sections of this chapter.

**Theme 2. Subtheme 1. Evolved Personal Growth**
Participants shared their experiences of applying work-related skills to themselves that, in turn, fostered their personal growth. Indeed, personal growth was one of the aspects of wellbeing that the participants attributed to their work. They reflected on how their work helped them change, develop, and improve as human beings. This can be seen from the following example.

So, I guess, if we are talking about things that are enriching, yeah. So, I think this work has been really, really important to my growth as a person. Yeah, and so, I think that this led me to do a lot of emotional work on myself and to make really big changes in my life, yeah. That has been part of my growth. (Participant 2)

Participants identified various aspects of their work that contributed to their personal growth. Those aspects could be likened to the old proverb practice what you preach. Some participants identified developing strategies and characteristics that they encouraged their clients to develop. An example of that can be seen here:

A lot of the work that we do here is about empowering women. And so, of course, in that process, I have to look at my own power. (Participant 4)

This particular participant described how she had to develop her own power so that she could model this to her clients. She went on to say:

You can't empower other people, if you've given up all your power yourself, can we? (Participant 4)

The following excerpt illustrates another example of a participant who described how working with sexual abuse has affected her personal growth.

And it feels like working with sexual violence is an area where I can always grow. And because of the demands of the work, the depth of the pain, the depth of relationship, and sort of, the impact of hearing about traumatic events, you know... Because that has a
really big impact of me personally. That pushes me to develop myself and my coping strategies, in order to be secure enough to work with my clients (Participant 8).

Theme 2. Subtheme 2. Feeling Physically and Mentally Tired

Low energy levels were a reoccurring subtheme across a number of participants. Words such as tired, drained, exhausted and depleted were used to describe the effects of counselling survivors of sexual abuse. In the following excerpt, a participant expressed feeling so tired after working with survivors of sexual abuse that he struggled to engage in leisure activities.

I guess, the one standout thing is energy levels… So, I have worked in jobs where I have been literally on the job all day physically and felt less tired than I do when I am here for a day... So, it can be hard to kind of find energy to do other things outside of work. (Participant 3)

In some cases, participants identified that tiredness was standing in the way of the therapeutic work. The following example illustrates this:

From the point of view of a therapist who has been through [the] experience of feeling like ‘I can't work with this anymore because I am too tired’. (Participant 8)

The participants reflected on various levels and expressions of tiredness, often including emotional and physical elements. An illustration of this can be seen in the following excerpt of a participant who described the physical and emotional tiredness that he felt as a consequence of the work.

Is it physical or mental tiredness? I think, in a way, it is both really. I think physically I feel very tired, and I just want to lie down. And I go sleep, and I guess I do not feel like I have the energy to do anything energetic or... like doing yoga or going for a run, or something. I would feel, like, physically drained. And mentally, I think. I would be
feeling maybe like my brain has been working very hard. So, maybe my mind is still quite active. A bit like running on empty kind of way. (Participant 10)

This subtheme touched upon physical elements of tiredness, which links to another physical sensation identified by some of the participants: headaches. Headaches, which were described as one of the impacts of their work, were attributed to the nature of the work in general, to particular clients, or to specific problems identified in sessions:

And, or like yesterday, I was working in rape crisis yesterday, and I had a really banging headache after I’ve finished. (Participant 12)

Theme 2. Subtheme 3. Being Emotionally Burdened

Over half of the participants shared experiencing a negative emotional impact of their work, when survivors or a session content resonated on a personal level and stayed with the participants, thus causing negative consequences for their wellbeing. Although some participants expressed being aware of their rumination on session content in their leisure time, others were not aware of such processes. The following excerpt illustrates a participant whose emotional engagement with survivors had made it difficult to let go of them.

I get very emotionally engaged in my relationship with clients, you know. I really feel for them. Not just as a therapist, but on a personal level. And I had this because I have this desire to just look after them even after they have finished therapy. I used to just kind of store them in my head and used to call it [my] Board House. So it was my way of holding on to them and still looking after them when they had left the service. And in supervision, I realized that I was literary carrying every service user that comes through the service around in my head, when I was not at work. (Participant 3)

Participants spoke about involuntarily taking on the emotions and emotional responses of their clients. *Anger* was one such feeling that often resonated with the
participants’ experience. An example of this can be seen next, where a participant described recognising that she carried the survivors’ anger:

This was years ago, but it was my first experience of realizing that I was carrying stuff internally that wasn’t my own. So, I remember getting really distressed one time about four or five years ago. And how the distress came out was not usual for me, yeah. So, there was an anger coming out of me, which didn’t fit... I know myself really well, I mean, I know how I express my distress. And as it came out, I had this awareness of like: ‘Oh My god! That belongs to that client. And oh, that belongs to that client.’ And it was a shock to me because I didn’t know that I was absorbing all this stuff. (Participant 2)

Thinking of work while not actually at work was something that participants acknowledged doing or confessed to trying to stop doing. The following example pictures a participant, who described ruminating on his work, which, in turn, caused a distraction.

I find myself thinking about clients that I had worked with the previous day. Or wondering whether they are going to come the next week. Or whether I have done the paperwork correctly. Just kind of anxieties I guess, about things. And that will lead me to be distracted, and then, suddenly, I would realize that I have been sort of daydreaming for like a few minutes, or something like that... (Participant 10)

The above example illustrates how this participant lost only a few minutes of his time due to daydreaming. Although this was seemingly innocent and the amount of time lost was only short, in some cases, this was more extreme. As a case in point, one of the participants spoke about experiencing flashbacks and dissociation due to getting emotionally engaged with the session content. The following example illustrates this:

I was working with a client, and they went into some really horrible content about their abuse as a child, and I linked... I almost imagined what they were saying as we were in
session. And it reminded me of a memory I had of my childhood, which wasn’t malicious, but it was similar to sort of being children. For days after, I had flashbacks of that client’s materials, and I dissociated for a couple of hours. So essentially, I suppose, I never really realized the impact from working with trauma. I think that’s definitely one of them. (Participant 5)

This particular participant described creating a false memory that caused a severe traumatic reaction. Another participant shared similar experiences of her supervisees who work with sexual abuse survivors:

You know, if their memories are very scattered or they cannot remember specific points in their life, they start to question themselves in relation to: ‘Is it possible that something may have happened to me, too? (Participant 7)

Theme 2. Subtheme 4. Self-Identified High Levels of Distress

This subtheme represents experiences that participants identified as burnout, compassion fatigue, or vicarious trauma. Four participants referred to one or more of these high levels of distress. The following excerpt illustrates a participant who discussed experiencing symptoms of vicarious trauma:

I’ve noticed in the past, when I’ve done too much of this work and I’ve got ungrounded, that I’ll get some symptoms of PTSD, I suppose. So vicarious trauma symptoms for me are hypervigilance, anxiety, sleep disturbance, tendencies to want to drink and smoke too much, you know. That kind of like stuff that is shame related. Maybe stuff around body image and discuss that my body… I know that’s kind of, sort of a warning sign as well. Yeah, and those are the ways I notice it. (Participant 8)

An excerpt from another participant endorses the notion of burnout due to counselling survivors of sexual abuse:
You are only human and I think that I do, I do get burn out. I do take things on, you know. It kind of stays with me. (Participant 9)

Burnout, compassion fatigue, and vicarious trauma led some participants to make the decision to leave their job in the sexual abuse services as illustrated in the following example.

In the last couple of years, I've worked with a very challenging case, yeah. And it’s important for me to say at this point that I am burnt out from this work, and I am leaving my work with [rape clients] this year as a consequence of that. (Participant 2)

Theme 3. Relationship Impacts

Participants identified four types of relationships that were affected by counselling survivors of sexual abuse. Consequently, this theme comprises four subthemes that I will discuss in the following four sections.

Theme 3. Subtheme 1. Challenges with Family and Friends

More than half of the participants identified family and friends when considering the impact of their work. The participants discussed how a lack of understanding and support from family and friends led to negative effects. They recognised that their family and friends had a role to play in regard to them working in the area of sexual abuse. For example, one participant described having emotionally charged discussions with close family and friends about the nature of his work.

With my family and some of my friends, I’ve had some really funny comments and then heated discussion or discussions around male rapes, so, older generations not understanding that men can be raped or that you could have female perpetrators.

( Participant 5)

This participant explained that discussing the subject of sexual abuse created conflicts. In turn, this leads to another participant, who described how her mother kept
where the participant worked a secret because she did not understand or support the counselling profession and the area of sexual abuse.

*Erm, and she don’t really… She didn’t tell people where I work. She, for a long time, told them that I worked in schools. She didn’t tell them that I was a teacher, but she said: ‘She works in school.’ And then she told people that I am a counsellor. And I don’t think she tells people that I work in rape crisis. Because I think she can’t manage it. So, it’s a bit tricky. So, the impact for me is that I can never, obviously, I can never discuss clients or anything. But it means I can never talk to her about career development or training, or I could never really go, you know. If I went to her house for tea, I could never go: ‘Uhh, that was a really hard day; I need 5 minutes.’ Because she would probably be like: ‘Well, stop doing it, if it’s too hard. Don’t do it anymore. Its fine, just walk away.’ So, that’s quite difficult for me and mom.* (Participant 12)

The excerpt above illustrated the difficulties that a family member who did not support this area of work caused the participant. One such difficulty was described as a lack of access to family support networks. However, participants also discussed that counselling sexual abuse survivors did not only affect the attitudes of family and friends, but also the participants’ perceptions about their circle of intimates. Some of the views that a few participants shared about their family members explained their changing perceptions. In the example below, a participant discussed one such negative thought.

*There is a lot of men in my family. Most of my nephews. Most of my nieces and nephews. I have got 12 nieces and nephews, and most of them are boys. And maybe sometimes I look at them thinking: ‘Would you be… not all of them, but could you be a possible rapist?’ Which isn't very nice. And I guess I kind of might dwell on that sometimes thinking, ‘Well anybody is really… It's possible for any of these men to do it.’ So, I don’t think it marks everything I do. I don’t think I walk around thinking that, but it is definitely something that is in the background maybe.* (Participant 9)
These excerpts illustrate challenges in participants’ relationships with family and friends. However, not all of the participants shared similar experiences. A few participants reported having supportive and understanding friends. The following excerpt illustrates the benefits of having such support:

*I feel really lucky to have so many beautiful friends, some who do this kind of work and understand it and some who don’t, but still, I guess, still understand about humanity and work with people. So, I guess I have a lot of friends who still can, can do the deep stuff, but also just want to mess about and have a good time when we go out. And making time for my friends has always been really, really important, but I think particularly it’s part of my work-life balance.* (Participant 8)

**Theme 3. Subtheme 2. Concerns about Children**

Parenting appeared to be another area that a few of the participants identified as being affected by their work, in particular, the thoughts of the likelihood of their children finding themselves in situations of sexual abuse. When talking about her young children, one participant explained that she introduced adult terms to describe their genitalia. An example below provides the reasons behind such decision.

*And I think my reasoning behind it is, especially when I have worked with children, they often say, you know. So if they call penis their willy, and the man says to them, ’Let’s touch your penis’, their mum might say to them: ‘Has anyone ever touched your willy?’ No. And they don’t have the language and that connection to say that they have touched my penis. So, that’s why my drive has always been to be really informative with the kids.* (Participant 12)

This particular participant described her decision to discuss the subject of sex with her children due to her experience of counselling survivors of sexual abuse. The following excerpt illustrates this:
So, I talk to my children very openly about kind of sexual contact and stuff that I possibly wouldn’t do if I didn’t have the knowledge that I have. (Participant 12)

While this participant conveyed her concerns about her children being possible victims of sexual abuse, another participant reflected on her worries in relation to her children being possible perpetrators of such abuse. Such fears were discussed in the context of the impacts of counselling survivors of sexual abuse.

Participant: I know that there are men out there who are good and kind. But then I sometimes fear for my sons that they might... what if they... I don't know... I don't know... It's very difficult to explain the feelings, because I know my older son. He is away in university; he goes out and gets completely trashed. He sometimes... ooh!

Researcher: What if something happened?

Participant: Yeah, what if something happened. But you can't, you know. You got to kind of... can't push these thoughts away, really. (Participant 4)

Theme 3. Subtheme 3. Changes in Romantic Partnership

Eight out of the twelve participants described recognising that their occupation affected their relationship with their partner, whether it was a positive or a negative impact. The most discussed how a common occurrence of loved ones experiencing the negative side effects of the participants’ job role was when the participants came back home from work. Accordingly, participants spoke about introducing certain changes in order to deal with work-to-home transition. A number of participants explained negotiating some transition time with their loved ones, which helped participants to wind down from work and protect their loved ones from the negative effects of their work.

I have told her: ‘Sometimes, I can come home from work and I can literally be a... I can be a bit edgy, a bit snappy, a bit irritable.’ And I know in me that that's
because I have probably had quite a heavy day at work and clients have sort of... I have
had to give so much attention to the clients, I can sometimes feel just a bit irritated and
knackered. I can't quite put my finger on it- why that is? But I am okay within an hour
or two of getting home. I think it's just about being at home and then I sort of... I kind
of calm down and I am okay. So, I have told my partner to just sort of recognize when I
am like that, just tell me. Or you know, just sort of ignore me. Or just sort of rise to it.
But she is a very, very calm woman. She is lovely, but in the same breath, you know. Its,
it's not fair on her, because I am not like that normally, as a person. I am very calm,
you know, sort of gentle caring person. But sometimes I can come home and I am not
like that, so. (Participant 6)

The wife of this particular participant was described as having to accommodate
to the situation. Some of the other participants also shared how important it was for their
own wellbeing and self-care that their loved ones were supportive and willing to
introduce changes to their usual routines in order to accommodate to the challenges of
this job. The following example illustrates another case.

I think actually, just being able to say: ‘Actually, that was hard today.’ You know, my
partner is at home. So before I get in, just kind of saying to him: ‘Could you run me a
bath?’ So, we have an understanding now that if he is home first, that when I come in,
we try not to speak for 5 or 10 minutes so that I can have that place to go: ‘Ohh, that
was hard actually.’ (Participant 12)

In the following excerpt, a participant explained how counselling survivors of
sexual abuse made him appreciate the relationship that he had with his wife. He
described a positive change of seeking more closeness with the wife:

And I have not found it to be like a barrier to it. Like, I am not held, like not in contact
with my wife, or numb, or any of those kind of things that my clients talk about. It has
maybe been the opposite. Maybe me wanting to have a hug at the end of the day.
Wanting to have that contact and that closeness. Yes, so, I think if anything, it is
impacting me in maybe looking for a bit more, maybe, than I had before her.

( Participant 10)

However, not all participants described their partners as coping well with their job role. One such participant mentioned empowerment and a sense of purpose since she started training in sexual abuse service. However, she identified that her husband did not necessarily favour these feelings.

I think he feels like I'm... I think, it maybe feels quite threatening. And also, he is not terribly self-aware really. He is getting better, but it feels threatening to him. The whole thing feels threatening. The fact that I have a life now outside the home, as I did from when started training, feels threatening. The fact that I've become financially less dependent on him feels threatening. So, on one hand, perhaps, in some ways, I have become more desirable to him and more multifaceted. And on the other hand, perhaps, he feels that he is more likely to lose me or... that my life has expanded beyond him and the family. (Participant 4)

The sense of empowerment was expressed by another participant, who described feeling inspired by counselling survivors of sexual abuse and deciding to end an unhappy relationship.

I ended up separating from my partner of 20 years, you know. I don’t know if I hadn't gotten into this work whether I would have done that or whether I would have done it as soon as I’ve done it, yeah. (Participant 2)

Theme 3. Subtheme 4. Damaged Sexual Intimacy

This theme represents the damage to intimacy caused by counselling survivors of sexual abuse. It is important to mention that the majority of the participants either did not bring up sexual intimacy as one of the impacts of counselling survivors of sexual abuse or they specifically said that there was no such impact:
I don't think it affected. I thought just because I worked in this field that it affected it. I would have to kind of think a bit more about that, remind myself whether it did or not. Because if it did, it's on a very subconscious level, so not anything like I can put my finger on. (Participant 9)

However, those participants who did share that there was a negative impact on their sexual intimacy often described their sex life as ruined or destroyed at some point during counselling survivors of sexual abuse. The following example illustrates one such experience.

*It destroyed my sex life for a while, yeah. Especially, I think being male it was bizarre, really bizarre. I sort of, I think I still do do it, but even so... I am in a relationship now, and in the beginning of that, you know. I met her on a night out, and so we went back. And I remember asking, really verbally, asking for consent. Like three times, because we both had a drink. And I don’t necessarily think I would have been so formal, I suppose which was really, really strange. And so, even now it's kind of like... I've made sure we had a big chat about what is consent. And it's not just about not saying no, but if you are not in the mood then don’t, you know - Tell me. I think I even check now every single time, which is good, I suppose. You know, and consent doesn’t last between different episodes of sex but... I am very hyper-vigilant or very sort of... not forced, but it's like a pro forma- take off before anything happens. (Participant 5)*

Some counsellors described session content coming to mind when they were being intimate. The excerpt provided below describes one such experience.

*When it has happened, it happened more when I’m on my own. It is more likely to invade my fantasy- my sex life in my fantasy. So, perhaps when I am masturbating. Or if I were to try to sort of get myself in the mood... It's more likely to invade then. So, it’s like... It’s sometimes like a feeling as though it's kind of- a bit robbed you of some sense of freedom to fantasize about something. Because you can fantasize about things that*
you wouldn't ever dream of doing, and nothing is off limits. But I think the difference is that with this work then, some things do become off limits. (Participant 4)

4.3. Research Question 2: What Coping Strategies and Self-Care Techniques are Useful When Counselling Survivors of Sexual Abuse?

In this section, I outline the themes that answer the second research question of what useful coping strategies have been developed as a result of counselling survivors of sexual abuse. Two main themes were identified when trying to answer this research question. Coping strategies in the areas of holism and work environment were emphasised in this line of work. Each of these themes is further divided into subthemes. One of the sub-themes is further divided into two sub-subthemes. There is a total of fourteen themes within this research question. Each of them is outlined, explained, and illustrated with direct quotations from the participants in the following sections. First, I provide a table (Table 3) that outlines the themes as well as the number of sources and the number of references used in each theme.

Table 3: Themes, Number of Sources, and Number of References in Research Question 2: What Coping Strategies and Self-Care Techniques are Useful When Counselling Survivors of Sexual Abuse?

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**Theme 1. Holistic Self-Care**

Participants reflected on their self-care practices related to their body, mind, and spirit. Many of their coping strategies involved or had an effect on all three of these components. Due to the intimate interconnection between body, mind, and spirit, this theme describes a holistic approach to these coping strategies.

Mindfulness was one such coping strategy that was identified by participants as having self-care qualities. Participants described how being mindful of their body and environment had allowed them to ground themselves mentally and spiritually. One such example, provided below, identifies one of the participants who used mindfulness when she was stressed.

*I do, if I am stressed, and it can be through anything. Then I try and do a bit of mindfulness, sort of visualization, relaxation.* (Participant 11)

However, not all mindfulness strategies were so straightforward as in the example above. In some cases, participants described getting involved in spiritual practices, such as prayer, which led them to be mindful. The following example illustrates that.

*I pray five times a day because I’m a Muslim. So, I’ve been out on a bit of a walk, and I prayed. So that brings me, really helps me to kind of come back, you know, look after myself. So I think probably prayer helps me because it is a form of mindfulness. If not mindfulness, I say it is mindfulness in itself. We invented it. It has been invented thousands of years ago, but prayer is, and that helps you to be mindful, you know. Just ground yourself and say ‘Who am I and where am I today, and who, what is my belief?’ And that is really, really helpful I think for me.* (Participant 9)
Spiritual practices were identified by participants as helping them to cope with the demands of counselling survivors of sexual abuse. Some other participants also described more alternative practices, such as meditation, Buddhism, shamanism, and Reiki. Below is an example of one such experience:

So, I guess I'm talking about kind of, psychic protection is probably the best description of it. And I learned how to do Reiki last year while I was away, and I've seen a shaman in the past to help me do some protection work when I was working in the service and I've also... William Bloom has written a book about it, which I got years ago. And some of the stuff is really simple, like, go to the toilet, wash your hands in between your clients. Some of it, open the window, get rid of it. (Participant 8)

Some aspects described in the above example also relate to the body and the physical nature of the work. Indeed, the physical relaxation of the body was identified as one of the self-care strategies useful in this line of work. Participants indicated rest, a massage, and a hot bath or shower, to name a few. The following excerpt provides one such example:

And then, when I get home, have a shower, kind of wash the day off... And then just a little bit of time to just sit, sit down and not think about anything for about an hour or so, and then, I am kind of okay after that. So, that is my turn-off, turn-on routine. (Participant 3)

However, it was not just the relaxing practices that were suggested when considering the use of the body; yoga was indicated as another holistic and more bodily self-care strategy:

So, the thing I try and do is like an hour of yoga about five or six days a week in the morning. I used to do less but that’s now where I am up to with it. (Participant 8)
More intense practices, such as a physical exercise, were praised by a number of participants. However, exercise is a separate subtheme that will be presented in the next section. It is important to explain that although yoga is a form of an exercise, due to its holistic nature of involving spiritual, mental, and bodily practice, it was best described by participants as fitting in with the holistic theme rather than with the subtheme of physical exercise. Consequently, physical exercise will be discussed in the next section followed by other subthemes of nature, household chores, and time off work.

**Theme 1. Subtheme 1. Engaging in physical exercise**

Participants endorsed physical exercise as an important element of their self-care when counselling survivors of sexual abuse. Appendix J lists all excerpts under this theme. Reports of the type of exercise as well as the intensity levels of the exercise varied between low and high. The following excerpt illustrates one such experience of walking as means of coping with demands of the work:

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**Participant:** Will do something, maybe go for a walk. Walking is a great one. Just walking, whether that is with myself or with others, just being out in the world and...

**Researcher:** What is it exactly about walking that is helping you?

**Participant:** I guess, connecting with the environment, remembering the things that are beautiful in life... (Participant 7)

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Another participant shared her experience of using gym facilities to run, train with weights, and swim. She explained the effectiveness of these activities in the following example:

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And, actually, I find the gym really helpful. So again, if you’ve got the client stuff in your head or personal life stuff that you can’t say to people, actually get on the treadmill or your cross-trainer, and just as you are running around, and kind of get it out of my head. So, I might be running through what I’ve said to a client or what they’ve said back. Or you know, if I am feeling angry about something or upset, that I can get that out then. And then I always train. Like every second time I go to the gym, I
go swimming afterwards. So, that helps to kind of deregulate me and calm me back down again, and ground me. (Participant 12)

Cycling was the most frequently mentioned physical activity among the participants. Various explanations were provided about the benefits of such exercise. The following example illustrates one such explanation:

I love exercising. So, that makes my body feel strong: a lot of cycling. There is something about cycling that I really quite like. It's so boring because your legs are just going round and round and round. But there is something about it. Maybe there is a monotony in that, that require liking. The physical experience of getting a bit tired, maybe. I don't do a great deal of reflecting on my client, but I will use the bike as a place to do reflection on my work that day. I don’t always need to do it, but sometimes I do. So, the bike's kind of like my little protected safe place. Nobody can bother me; it's just me on the bike. I have got 50 minutes to get home, and it's just a great time to just sort of, you know. Just reflect on what I have done that day, maybe. Or, think about what to cook for tea, like. It's what is in me. You know, it's kind of like my little safe place really. (Participant 6)

In the above example, a participant mentioned cycling as a particularly useful activity after counselling survivors of sexual abuse. In fact, some other participants also mentioned the use of cycling when transitioning between work and home. The following excerpt provides another reflection of a participant talking about this transition:

The thing that made the biggest impact, and I am also not doing it now, that was something really important about how I got home. So I’m on the bus now, and it doesn’t feel as good. But, when I was cycling, that made a massive impact. So, it’s like a physical transition. Someone made the comment, one of my old supervisors made a comment that, with the way that your legs move on cycling… I potentially wonder if that is bilateral stimulation and whether you are processing it on the way home. Which I suppose potentially, but there is something about the physical nature of it.
Researcher: So, you found physical activity, in particular cycling, as a way of coping with it?

Participant: But most of that, on my commute home. Because it provided that: this is work; this is the way to get home; this is home. (Participant 5)

Theme 1. Subtheme 2. Being in Nature

Nature was identified as an important aspect of participants’ coping strategy. Participants discussed enjoying nature and spending time there. The following example provides a glimpse into one such experience:

I think just getting some air, being in nature, you know. The nature means a lot to me. And it can kind of really... There’s something naturally therapeutic about it. Just sitting outside on the wall for a minute and just taking in the green bushes, and the grass. And you know, I don't need long usually. (Participant 1)

Reflections by another participant illustrate how nature helped him take a different perspective on the world and relax:

Because you just realize that we are just tiny specks in the whole significance of the whole of whatever this is all about. You know, well, like an atom, and a grain of sand, and all the beaches of the world in terms of our significance to what’s really going on. And last thing, again, it’s a part of that humbling experience of realizing I am just a man. I am just trying to do the best I can and not hurt people, and try and have as good life as I am able to. So, I love nature for that. There is something very, very deeply calming about nature as well, you know, when you are in nature. It just... everything just slows down. It's very beautiful. (Participant 6)

Theme 1. Subtheme 3. Performing Household Chores

Routine jobs, household chores, and hobbies were named by participants as helping them to de-stress and balance their home-work lives. Such activities as
gardening, doing puzzles, listening to music, and dancing, to name a few, were identified as coping strategies. One particular participant described the process of discovering the benefits of daily household chores:

It's huge, and then say, how do you deal with that and then go home and decide whether you are going to have chips or mashed potatoes with tuna. Do you know, it's a bit like, ‘Why the heck would I care?’ So, you still got to do all the day to day kind of grunt work; pairing the socks, hanging the washing. So you know, sometimes it's just like, ‘Oh God! I can't even go there.’ But then I think I have started more recently to see that, actually, those are the things which sort of helped to heal you from when the work is quite traumatic. However, sometimes, it's just that day to day thing of putting the food on the table and do the laundry that just kind of keep you on an even plane really. They are quite healing things (Participant 4).

Another participant shared his account of engaging in everyday activities and the impact that such engagement had on him. The following example illustrates this:

I just enjoy things, like watching some rubbish TV full of soaps, and I have got two cats that I adore, and one of them comes and sits on my knee...every day. I enjoy that, but it is just like simple things that people just take for granted. I really enjoy them... It just feels comfy. (Participant 3)

**Theme 1. Subtheme 4. Taking Time off Work to Recover**

Taking time off work was identified as a useful coping strategy to recover from the tensions caused by counselling survivors of sexual abuse. Participants explained the importance of rest in the processes of self-care, whether it was one or two days of rest a week or a few week’s holiday abroad. Participants emphasized the necessity of incorporating time off on a weekly basis. For example, one of the participants made sure that she had two days a week where she did not do any job-related tasks. The following example illustrates that.
I have to have very quiet weekends where I don’t take care of anyone. Because I feel like I do a lot of parenting because of the [rape service] work. My supervisor calls it another re-parenting project. This is another parenting project that I gained, and because of the nature of it, because all of my clients have been damaged in their attachment relationships, it’s a long-term, painstaking work, and I know that I have to have these couple of days a week where I am not taking care of anybody’s needs.

(Participant 2)

Another participant also reflected on the importance of being off work for two days a week:

I need my weekends free. I need two days of just me not being a therapist. I enjoy my life seeing my kids, seeing my partner, of course. Doing other stuff, you know. I need two days not to be a therapist- really important. (Participant 6)

The next excerpt illustrates another participant, who described going on long holidays abroad in order to take care of her mental wellbeing.

And, to me, a holiday is getting away from your work, your family, your friends, and just life as it is. You need a break away. So I try to kind of just do it on my own or just take off. So, I think I’m pretty good at self-care, taking myself out of disconnecting, let’s say. I am switching off the phone and saying I’m not doing anything now because I need to recuperate. (Participant 9)

Theme 2. Work Environment Self-Care

Theme 2. Subtheme 1. Supportive Colleagues

Another useful coping aspect of counselling survivors of sexual abuse was identified as supportive work colleagues. This was described as particularly beneficial when dealing with daily occurring obstacles. Participants described being able to cope better with the challenges of their work if they are surrounded by helpful co-workers.
Participants spoke fondly about their managers and how important it was for them to be supported by their superiors in their job role. The following example illustrates that.

*And I think our manager is an amazing manager who wants the best of her team. Because she knows if she can do the best for her team, they will do the best for the clients.* (Participant 11)

Similarly, another participant endorsed the benefits of having managers who were flexible and understanding:

*You know, there is some flexibility with that, that I can negotiate with the management. So, that feels supportive as well.* (Participant 8)

Participants especially emphasized the support and advice that they got from their colleagues, especially after a difficult session. This immediate support was praised by participants as crucial in dealing with daily challenges and struggles. The following example illustrates that:

*I felt able to talk about it in team meetings. I did not feel a sense of like- I have to hold back from it, in a way. So, that felt really good as well. And they are just very nice people to work with. And I think you need that as well because I see that work can be very heavy and because everyone appreciates that, everyone is very, they kind of watch out when you come out of sessions, and everybody knows that. You come out of a session, they say- Hi! How it went? And you then, there is just that sense that everyone is always open to you, and this is not just the clinical team. Even people at work on the kind of operational side of things, everyone is just open to the fact that we are dealing with heavy stuff and at times we will need to support each other.* (Participant 10)

Belonging to a team of like-minded people was another aspect that participants identified as adding value to their coping mechanisms:
I just think working in a team with people as well, who have the same work ethic and compassion and determination to do what we do. I feel proud to be part of that.
(Participant 7)

Theme 2. Subtheme 2. Manageable Caseload

A number of coping strategies were related to the caseload. Participants described the importance of recognising their capacity and acknowledging personal and professional limits when scheduling appointments. Hence, some of the coping strategies were related to longer time gaps between sessions. Short-term or mid-term therapy was praised over open-ended therapy. In the following example, one of the participants voiced her opinion about the benefits of having a set number of sessions.

So, having a limit, whilst it doesn’t necessarily suit the client and it limits the work, it does create some space and freedom for me as a therapist. (Participant 8)

Maintaining a balance in various components of the case load was another useful strategy identified by participants. As a case in point, participants spoke about having a balance in the complexity of cases where they had a mixture of complex and less complex clients. Some participants reflected on limiting the number of clients seen a week to six or even less than that. Having a change in environment, whether it was working in different services or changing locations, was also identified as a good way to maintain a case load balance.

Umm, I think most therapists these days work in that way, so we do two days here, three days there or a few part-times jobs... And I guess you are still doing therapy all week... The difference is your physical surroundings- you are not in the same place and it is not the same client group. So, I suppose if there was, because since I have been going into another service on a Wednesday I find that break in the middle of the week does have a positive effect... Even though we are working on similar stuff but in a different environment- it is new. So that, yeah, I actually think that has had a positive effect.
(Participant 3)
Theme 2. Subtheme 3. Engaging in Continuous Professional Development

Continuing professional development was described by participants as a key element in developing coping strategies and good self-care. A variety of methods were suggested, ranging from attending training courses and conferences, and reading books. In the following excerpt, a participant shared his extraordinary experience after reading a book:

I mean, I have read an extraordinary book last year, the one that my colleague got me into. Absolutely. It was one of those rare books where you read in your life. It’s almost like you take the head off completely ramming with all of this stuff that you never knew before and then put it back on. And then somehow deal with all this new stuff that you know. (Participant 6)

Another participant related her experience and that of her supervisees encouraging specialist training for people who provide counselling to survivors of sexual abuse.

I think that we should encourage specialist training in the area, I really do. I think there is a real naivety about working with content and the importance of that. Very often, you will get counsellors that avoid content because it is too close to their own life experience. Or because it is hard to hear. Or because the content is so shocking that it impacts on their empathic response to the clients that they are working with. So I do think specialist training should be a big part of future development. (Participant 7)

Theme 2. Subtheme 4. Note Writing After Sessions

Writing the notes after each session was identified as useful means of the participants not having to carry client and session content in their heads. An example of this idea is presented next:
For me, once I’ve done my notes, and sort of once I walked out, I can leave it behind.

(Participant 11)

Another participant supported the notion of letting go of the client’s content when writing the notes. The following example illustrates that:

For me, I think writing my case notes in accordance with criteria set out for us in NHS and I will admit to kind of let go of some of that content. (Participant 7)

Theme 2. Subtheme 5. Not Working at Home

Making a distinction between home and work was identified by participants as an important self-care strategy. One of the ways of ensuring separation between home and work was not having to do any work related to sexual abuse while at home. Participants endorsed this idea. The following example indicates that:

It is really important for me to keep my work here and my home life- home life... Of course, kind of mentally, we always have some stuff, but that is not doing paperwork for work on Saturday and then Sunday- I may as well be in the office. So, it is just about keeping a physical boundary... That’s quite important to me. (Participant 3)

Another example explains the reasons behind not working at home:

Why is it easier at work? I think probably because it feels like a safe environment. Obviously, I am safe at home, but I think I was always really careful that if you keep allowing it to come home, it becomes every part of your working moment. And I don’t want it to be... and it’s easier at work because there is a containment at work. You know, I have my little counselling room, and I have the office. And there is people around; that’s safe. And that you know if you need some support and something has come up, you’ve got your supervisors there, you’ve got other colleagues that are there.
It feels like it’s the right environment to deal with it. And I think keeping it in that clinical setting allows me to keep it clinical and not personal. (Participant 12)

Theme 2. Subtheme 6. Being Self-Aware

Participants identified self-awareness as an important element of coping strategies that often occurred through self-reflection. Due to the nature of the sexual abuse and its effects on the participants, being aware of oneself was described as a crucial element in helping to notice and deal with the impacts of this work. The following example illustrates one participant’s reflection on awareness describing it as a requirement of a counselling profession.

And I guess that's the, work isn't it. That's the skill of the counsellor. That's what you need to have- a lot of awareness. (Participant 9)

Another participant reflected on self-awareness as a means of getting to know herself. However, she also spoke about challenges that may occur if this self-knowledge incorporated criticism.

I’m quite self-aware, so I do over-think things. That I can understand what is going on for me, with me. So that, even though it’s not as good… Overthinking can be a bad thing. But if you overthink it so that you can gain a further understanding without any criticism, then it’s a good thing. But if you gain an understanding and criticize yourself, then it’s not a good thing. (Participant 11)

Theme 2. Subtheme 6. Sub-Subtheme 1. Engaging in Personal Therapy

Some participants described personal therapy as a space that facilitates self-reflection. Participants viewed personal therapy as a means of looking after themselves when working with sexual abuse. The following example illustrates that.
Therapy. I have done two years of therapy during my training and another six months few years back. And I am very much expecting to have more in the future, and I see it more in ways like MOT these days. So it is almost like going back for some fine tuning. Just to look after myself... (Participant 3)

Another participant identified personal therapy as a useful strategy to cope with the challenging elements of the work. The excerpt below illustrates such thoughts.

You know, I think if it does impact on anything on a personal level, I wouldn’t hesitate to maybe seek out my own counsellor, if necessary, if and when necessary. You know, that would be something I would consider if it was impacting on me to a personal level.

(Participant 7)

**Theme 2. Subtheme 6. Sub-Subtheme 2. Having Regular Supervision**

Participants identified regular supervision as another area that promoted their self-reflection. They dwelled on the benefits of supervision and its usefulness for coping with the impacts of the work. The following excerpt is one such example identifying supervision as a space for reflection.

There is always a sense of, like, things staying with me, and I can reflect on it and take it to supervision. (Participant 10)

Another participant identified supervision as a place of self-awareness in relation to the client work and personal development:

So I kind of used supervision for that. Am I being able to provide for the client? I hope to develop myself to be more self-aware. And I think supervision is the only place you are going to get that. (Participant 11)
Self-awareness was identified as an important part of supervision, yet, it was also a place where participants brought challenging issues that they were not able to resolve by themselves. Although supervisors were seen as helpful in this process, some participants sought specialist supervision. One such reflection on this process is provided below:

>You know, getting caught up in it, if you like, which actively made me seek out a supervisor that particularly specialized in that area of work, and I think that really helped. It really helped. (Participant 7)

4.4. Chapter Summary

In this chapter, I have presented the findings of the analysis that I undertook of the participant interviews. The findings relating to the first research question were outlined first before moving on to the findings of the second research question. I provided the number of sources and the number of references that contained within each theme prior to outlining the themes and subthemes. First, I identified three main themes when trying to answer the first research question of What is the impact of counselling survivors of sexual abuse? The themes of work-related impacts, impacts on personal wellbeing and relationship impacts were further explored with a view to deepening the understanding of them and related subthemes. Then, two additional main themes were developed when attempting to answer the second research question of What useful coping strategies were developed as a result of counselling survivors of sexual abuse? The themes of holistic self-care and work environment self-care were focused upon to provide a deeper insight into these themes and related subthemes.
5. Discussion

5. 1. Introduction

In this chapter, I discuss the findings of the current study in more detail, situate the research in the existing narrative, and draw out its implications for the field as a whole. In order to do justice to all the findings identified in this study, this chapter follows a specific layout. I discuss each of the themes within the two research questions, with particular attention to their significance and contribution to knowledge and research. I first examine the impacts of working with survivors of sexual abuse before moving on to the self-care techniques and coping strategies that are useful in this line of work.

5. 2. Research Question 1: What is the Impact of Counselling Survivors of Sexual Abuse?

5. 2. 1. Work-Related Impacts.

5. 2. 1. 1. Feeling deskilled.

This study found that the participants felt deskilled at the beginning of their work with survivors of sexual abuse. These findings are similar to the findings of Wasco and Campbell (2002), which support the notion that therapists who are new to counselling survivors of sexual abuse feel overwhelmed and unprepared to deal with traumatic content. Garrity (2011) speculated that such naivety may occur due to fortunate family circumstances that have prevented counsellors from coming into contact with sexual abuse prior to their work. However, in the current thesis, the participants elaborated on not having enough relevant training that could have prepared them for this type of work, thus indicating gaps in some training programmes that educate and prepare counsellors in the UK. In fact, most of the participants of this study reported that they had not been trained in working specifically with sexual trauma while qualifying to be counsellors. More detailed information on the participants’ training is discussed in the section on Participant Demographics in the Methodology chapter. These findings suggest that those counsellor training programmes that do not incorporate training on sexual trauma do not adequately prepare counsellors for working with sexual abuse. Such a notion is supported by the study by Nen and Astbury (2011), who found that counsellors’ lack of knowledge and skills had a negative impact on service development. These findings emphasise the significance of counsellor training
and identify gaps in the training, which need to be considered by the educators in order to ensure the quality of counsellor training.

A lack of educational and practical skills was not the only contributing factor to feeling deskilled in a role that requires such high levels of the use of self. Participants also identified being emotionally unprepared to deal with sexually traumatic content at the start of their practice with sexual abuse survivors. Such findings directly relate to the aspects involved in counselling survivors of sexual abuse. This indicates the use of self that is common in the counselling professions (Woolfe, Strawbridge, Douglas & Dryden, 2010). Counsellors inevitably use themselves in the counselling process, and it seems that being emotionally ready for such work is a significant factor that prepares counsellors for trauma work. Such findings inform educators about the need to educate trainee counsellors about the use of self in sexual trauma work. In addition, these findings suggest that counsellors, training programmes, and sexual abuse services should consider the aspect of emotional readiness for the work. The high demands involved in counselling survivors of sexual abuse have been identified as having a significant impact on the counsellors’ readiness for the work. In turn, such findings should be considered before counsellors begin working in this area of counselling. The findings of the present study suggest that practical experience and knowing what to expect from survivors of sexual trauma help counsellors feel prepared for working with sexual abuse. Despite the challenging start of working with survivors of sexual abuse, the increase in experience seems to promote the increase in skills and confidence to do such work.

5.2.1.2 Shelf life of counselling survivors.

The findings of the present study indicate that counselling survivors of sexual abuse may be a time-limited work and that counsellors should consider this when making a decision to do this work for a prolonged period of time due to its challenging nature and traumatic impacts on counsellors’ wellbeing. In one case, a counsellor decided to stop working with sexual abuse survivors due to burnout. Research inquiries support this notion, proposing that trauma work leads to the development of burnout, which in turn leads to health professionals leaving the field of general trauma work (Branson, Weigand & Keller, 2014; Rupert & Morgan, 2005). In addition, research studies suggest that the traumatic impacts of such work have been linked to a high
turnover rate of behavioural health clinicians in social service positions (Conrad & Kellar-Guenther, 2006; Pryce, Shackelford & Pryce, 2007). Unfortunately, the turnover rates for UK-based counsellors working with survivors of sexual abuse have not been sufficiently explored. However, some previous studies suggest that counsellor turnover for sexual abuse services is rather high (Way et al., 2004; Nen & Astbury, 2011; Schauben & Frazier, 1995).

Accordingly, the findings of the current thesis indicate that counselling survivors of sexual abuse may be a time-limited work. No other studies in this particular area of research have explored the length of the time that should be spent counselling survivors of sexual abuse. It is worth considering a few aspects of the findings of the current study. Specifically, these findings may be limited to those counsellors who developed traumatic responses to the sexual abuse work. In other words, the counsellors may have left the service due to decreased wellbeing rather than the challenges of the actual client work. It may be argued that the emotional aspects of such work presented such challenges. However, such an argument would reach far beyond the scope of this study, as it is not known what particular aspects of the work caused these traumatic experiences. It is not known if the counsellors who coped well with the demands of the work also thought that such work has a shelf life. Further research is necessary to explore if counselling survivors of sexual abuse is in fact a time-limited work and to identify what factors contribute to this.

Having said that, another participant also contemplated leaving the work due to the challenging and traumatic nature of counselling survivors of sexual abuse, implying that burnout may not be a necessary condition for leaving work and that, in fact, the challenging nature of sexual trauma work is a possible reason for the perceived shelf life of the work. However, this particular counsellor remained in the job due to financial pressures. This indicates that outside-of-work factors may cause counsellors to continue counselling survivors of sexual abuse despite the negative impacts of such work, which, unfortunately, may put them in danger of worsening their wellbeing. These findings provide an insight into the possibility that counselling survivors of sexual abuse may be a time-limited work due to the challenges that it presents. However, the findings also suggest that counsellors may choose to stay in such work despite their awareness of the limits of the work as well as the risks involved. Such findings open new avenues for
future research in this particular area of interest. No other studies have been identified that have explored the length of the work with this specific participant population.

5.2.1.3. Normalisation of shocking content.

The findings of this study suggest that the counsellors normalized the shocking traumatic content that they heard in sessions. They became so accustomed to the clients’ stories that the shocking effects diminished with time. This normalisation of shocking content had two consequences. One, it was perceived positively because it allowed the counsellors to be more resilient and grounded. Two, the normalisation of shocking content was attributed to feeling switched off and unaffected by highly distressing stories. These findings suggest that being accustomed to trauma may be a useful strategy that helps counsellors cope with the daily challenges of their work. However, such findings also identify the risks of feeling detachment from clients, which may cause significant therapeutic ruptures, because, after all, the counselling process requires counsellors to be actively engaged in counselling.

Highly disturbing and distressing stories still had the power to shock participants, despite the tendency to normalise shocking content. This finding indicates that no matter how often the counsellors heard traumatic stories and how accustomed they became to such content, they were still shocked and affected by hearing some of the stories. In the study by Nen et al. (2011), participants reported experiencing shock and disbelief about child sexual abuse cases. These participants, who worked with children, just like the participants of the present study, who worked with adults, reported struggling to getting used to the traumatic content at the beginning of their practice. This corresponds to the other findings reported in the current study, identifying counsellors as feeling inexperienced at the beginning of their sexual abuse practice. It may be possible that counsellors perceived the shocking impacts of traumatic content as a sign of their lack of skills rather than a natural process of getting used to the work. Such findings provide a better understanding about the processes of sexual trauma work. However, they also point out the gaps in knowledge that require further research attention. For example, is the normalisation of traumatic content a positive process that helps counsellors deal with traumatic content? Or, does it cause detachment from clients and their stories? Indeed, is it possible to normalise traumatic content, because the findings of this study suggest that the counsellors were not able to normalise all the
content they heard in sessions? To date, no theory or research has attempted to explain this particular aspect of counselling survivors of sexual abuse.

**5. 2. 1. 4. Decreased sense of safety.**

Research findings on various health practitioners working with individuals who have experienced trauma seem to mention safety issues mainly in the context of vicarious trauma (Trippany, Kress & Wilcoxon, 2004). The links between safety and vicarious trauma may well be substantiated because arousal, such as hypersensitivity to issues of safety, is one of the symptoms of vicarious trauma (Branson, Weigand & Keller, 2014). To date, the impact on safety in the population of counsellors who work specifically with survivors of sexual abuse and who are not experiencing vicarious trauma have not been researched. Consequently, the research findings of the present study provide a new insight into the matter.

The findings suggest that the participants were worried about their own safety and the safety of others. This implies that engaging with survivors of sexual abuse affected participants’ sense of safety. The act of sexual abuse indicates that the safety of an abused individual was severely violated. Engagement with such survivors and their experiences resulted in the counsellors developing insecurities about their own safety as well as the safety of others and the world. These findings suggest that the participants’ sense of safety was affected even though the participants were not diagnosed with vicarious trauma, suggesting that a sense of safety is not necessarily linked to vicarious trauma only, but is linked also to the actual work of counselling survivors of sexual abuse. Such findings also point to the possible dangers of such work. As a case in point, Bloom (2003) suggested that “a loss of a secure sense of safety can manifest as increased fearfulness, a heightened sense of personal vulnerability, excessive security concerns, behaviour directed at increasing security, and increasing fear for the lives and safety of loved ones” (p. 461). As can be seen, a decreased sense of safety may bring a variety of issues to the lives of counsellors, thus making it a significant concern.

It is also important to mention that some of the other participants did not report feeling less safe due to their work. Hence, the sense of safety did not relate to all the participants of this study. Due to factors unknown to this study, some participants’ awareness of safety was challenged while others’ was not. The reasons for such differences may only be speculated on at this point in time. For example, some
participants may have been exposed to more severe trauma cases than others. There might also be varying levels of personal resilience or time spent in this role. Or, perhaps, this might even be due to the coping strategies that helped prevent such negative consequences. The importance of this finding is the implication that counselling survivors of sexual abuse may experience a decreased sense of safety, but that such an impact is not definite. This, in turn, supports the notion shared in this study that self-care and coping strategies may help counsellors deal with the demands of such work. Due to the lack of research findings exploring the experiences of sexual trauma counsellors who are not diagnosed with vicarious trauma, the knowledge base on this subject is poor. While the findings of this study provide a glimpse into such an under-researched area of research, more attention in this area of research is required to understand if levels of safety in a population of counsellors who are not diagnosed with vicarious trauma are affected by how well or not the counsellors manage the challenges presented by the work.

5. 2. 1. 5. Turning to alcohol.

The findings of the current study indicate that on some occasions, participants had turned to alcohol due to working with survivors of sexual abuse. It is, however, important to emphasize that such occasions were not a regular occurrence. Rather, participants mentioned occasionally consuming alcohol as means of coping with the demands of a stressful day at work. This may imply a lack of coping strategies available to some participants at the time of experiencing the emotional burden caused by the work. However, this may also mean that coping strategies were available, but were not sufficient or were not particularly useful at that moment for that particular situation. This, in turn, supports the need emphasized by the current study to identify and explore useful coping strategies used in this line of work. A study focusing on health professionals working with various trauma experiences identified a tendency to engage in negative coping skills (Branson, Weigand & Keller, 2014). Furthermore, alcohol was one such unhelpful coping strategy that Schauben and Frazier (1995) identified as occurring with counsellors of sexual abuse survivors. However, no other research inquiry into alcohol consumption as a means of coping with the demands of sexual trauma work has been carried out. Hence, this study is one of only a few studies that have explored such an aspect of counselling survivors of sexual abuse.
Although occasional consumption of alcohol may not necessarily be viewed as a negative impact, it poses various dangers if it occurs more often. These findings indicate a potential risk to counsellors working with sexual abuse. Indeed, alcohol consumption poses a risk to anyone who consumes it, putting these individuals at physical, financial, psychological, social, and criminal risk. Alcohol is an addictive substance that poses a danger of dependency and tolerance (Thurang, Palmstierna & Bengtsson Tops, 2014). O’Dowd (2012) stated that among many other risks, alcohol poses a risk of reduced productivity and poor work performance, which in this line of work, can have damaging consequences to the survivors of sexual abuse, the service, and the counsellors themselves. Identification of this particular aspect of working in the area of sexual abuse is important because it sheds light on the possible dangers of the work. This, in turn, may help spread awareness and encourage necessary action to be taken to tackle this issue.

5.2.1.6. Having high job satisfaction.

Much research attention has been given to exploring the negative and often traumatic impacts of counselling survivors of sexual abuse (Silveira & Boyer, 2015; Craig & Sprang, 2010). However, very little research attention has been given to the positive aspects of such work. Schauben and Frazier (1995) found that counsellors who counsel survivors of sexual abuse, in fact, enjoy their work, despite the challenges that this work entails. In their study, the counsellors were inspired by their clients. Also, the counsellors reported feeling good about their work and being able to make a positive change in society and in clients’ lives. Since their study, only a few research studies in the area of sexual abuse have explored high job satisfaction due to the learning and feelings inspired by survivors of sexual abuse (Garrity, 2011). Most studies in this field have explored and identified high job satisfaction in counsellor populations working with other types of trauma, leaving out sexual abuse (Silveira & Boyer, 2015; Hernandez, Engstrom & Gangsei, 2010). Thus, this study sheds light on experiences that have not been fully understood until now.

The findings of the current study support the findings of Schauben and Frazier (1995). Specifically, the findings suggest that counsellors who work with sexual abuse are satisfied with their job. In this study, the participants felt passionate about the topic of sexual abuse and related issues, and felt inspired by their clients.
described the importance of making a difference not just to the survivors themselves, but also to society. This implies that working in the area of sexual abuse is not limited to meeting service targets and getting paid for it; it is a job of a high value that has an impact on wider aspects of society and general wellbeing. These findings have also elaborated on the knowledge of job satisfaction shared in the research literature. As a case in point, some of the participants even went as far as stating that counselling survivors of sexual abuse had given them a purpose in life. Indeed, the survivors were not the only active participants in the counselling process; the counsellors, too, were positively affected by engaging with survivors of sexual abuse, to the level where this experience had a detrimental impact on the counsellors’ personal lives. Based on the findings, a high level of job satisfaction was present in almost all the counsellors, suggesting that it is a significant aspect of the work, thus providing more knowledge about job satisfaction in the counsellor population working with sexual abuse.

5. 2. 2. Impacts on Personal Wellbeing.

5. 2. 2. 1. Evolved personal growth.

Despite the challenging impacts of working with survivors of sexual abuse, the counsellors also identified another positive aspect of the work. Personal growth appeared to have evolved throughout the counselling process. This resonates with the notions shared in some other studies describing personal growth and change due to general trauma work (Barrington & Shakespeare-Finch, 2014) as well as trauma work specific to sexual abuse (Iliffe & Steed, 2000; Schauben & Frazier, 1995). However, unlike in the research study by Silveira and Boyer (2015), which attributed such change to counsellors learning from their clients how to overcome difficulties, the counsellors of the present study saw themselves as models of the change. Indeed, the counsellors viewed themselves as role models to survivors of sexual abuse, which in turn led them to apply and develop the skills and strategies of the therapeutic processes to their own lives. Personal growth was based on the counsellors’ client work in that the counsellors developed the strategies that they encouraged their clients to develop. For example, counsellors worked with survivors by attempting to empower them, which resulted in the counsellors assessing and developing their own empowerment as a means of being role models to their clients.
Given these points, working in the environment of sexual abuse affected the participants’ growth. This provides evidence that contradicts the notion that trauma work will lead to traumatic impacts on counsellors. In this study, trauma work inspired the counsellors to work on themselves, deal with their emotions, introduce changes to their lives, and apply coping strategies, which resulted in evolved personal growth. These findings provide a new perspective to the reasons for personal growth that have not yet been identified by the studies conducted in this area of research, thus, elaborating and expanding the knowledge base in this area of work. In addition, the findings also mirror some of the notions expressed in some studies that positive impacts can coexist with negative impacts in the same individual and that such impacts are not a matter of either/or (Lambert & Lawson, 2013; Rizkalla, Zeevi-Barkay & Segal, 2017). These findings also resonate with the findings of some other research in suggesting that work with trauma produces beneficial gains in spite of the losses (Tedeschi & Calhoun, 2004; Hernandez, Engstrom & Gangsei, 2010).

5.2.2. Feeling physically and mentally tired.

The findings of this study indicate that the counsellors experienced physical and mental tiredness as a result of counselling survivors of sexual abuse. Low energy levels were directly attributed to the work, with some of the counsellors even stating that they were less tired when performing physically demanding jobs than when counselling survivors of sexual abuse. This statement contradicts a misconception that physical tiredness is caused by physical work and mental tiredness is caused by work that involves mental engagement. The findings suggest that the mental work involved in counselling sexual abuse survivors causes both mental and physical concerns, in some cases even resulting in headaches. In fact, in the study by Pack (2010), the significant others of counsellors who worked in the area of sexual abuse were concerned about the counsellors’ tiredness levels, which were linked to sleep disturbances and emotional fatigue. None of these particular links between tiredness and sleep was expressed in the current study. However, the participants linked tiredness to challenges in engaging in out-of-work experiences. The findings of Pack (2010), however, were based on significant others rather than on the counsellors. The current study bases its findings on the counsellors themselves, providing more insight into the subject matter of counselling survivors of sexual abuse.
In their research, Iliffe and Steed (2000) discovered that “most female participants reported feeling emotionally drained and at times physically exhausted by their work. Several women also noticed that they had more headaches, body tension, and illnesses than they normally experienced prior to doing this work” (p. 402). The present study resonates with such findings in that counselling survivors of sexual abuse can be linked to emotional and physical tiredness. However, the findings of Iliffe and Steed were based on counsellors who counselled survivors and perpetrators of domestic abuse rather than survivors of sexual abuse. Although abuse is a common feature of sexual crimes, it is not quite the same. To date, there has been no comprehensive research carried out in the area of counselling sexual abuse survivors that has identified the physical and emotional tiredness due to such work. Hence, this study provides a unique insight into such impacts.

5.2.2.3. Being emotionally burdened.

The participants of this study reported being emotionally burdened due to the high level of emotional engagement during the counselling sessions. This finding supports the notion of the challenges expressed in the Literature Review chapter where it was discussed that counsellors are often more emotionally engaged with survivors of sexual abuse than are their colleagues from other professions, due to the empathetic nature of the therapeutic relationship, which in turn may lead to a greater personal impact of such an engagement. This notion was supported by the findings indicating that the participants did emotionally engage with their clients, which resulted in negative emotional implications.

The findings indicate that the participants ruminated on the clients’ content, whether consciously or unconsciously, which in turn, negatively affected their wellbeing. Some participants struggled to stop thinking about their clients even after they had left the service. The issue of leaving work at work and not having to carry it around in the head has been the focus of various self-care studies, indicating that some counsellors do struggle to keep their mind clear of clients and session content (Nen et al., 2011). However, such notions have not been explored in the context of counselling survivors of sexual abuse. As identified in this study, in some cases, this involved counsellors taking on the emotions that belonged to their clients, namely, anger. Various intense emotional responses including anger have also been identified in other studies.
researching counsellors who work with child sexual abuse (Nen et al., 2011). In addition, anger was identified in the study by Garrity (2011) exploring the experiences of counselling survivors of sexual abuse. However, in Garrity’s study, the anger was expressed towards sexism, sexual aggression, and abuse, unlike in the present study, where anger was a state of mind rather than being directed towards something. These findings indicate new avenues that have not been previously identified.

Moreover, McCann and Pearlman (1990) originally indicated that counsellors often visualised the traumatic experiences shared by their clients. Iliffe and Steed (2000) further explored this notion stating that counsellors did in fact experience visual imagery of what they heard in sessions while working in the field of domestic abuse. Such findings are similar to the findings of this study, although not quite in the same way. Due to the vivid imagination of traumatic content, some counsellors of the current study reported creating false memories of sexual abuse that, in fact, had never happened to them. Flashbacks and dissociations were associated with the creation of false memories due to emotional engagement. Such findings are rather concerning when considering the adverse impacts caused by such work. Flashbacks and dissociations can be highly distressing experiences, possibly putting counsellors at risk. Nen et al. (2011) found that flashbacks were associated with counselling child survivors of sexual abuse. However, such experiences have not been thoroughly explored in the population of counsellors working with adult survivors of sexual abuse.

5.2.2.4 Self-identified high levels of distress.

Some of the participants of this study self-reported experiencing vicarious trauma, burnout, and compassion fatigue. They based such self-identification on the symptoms that are usually attributed to these traumatic concepts. A few examples of such experiences were hypervigilance, anxiety, and sleep disturbances. Despite these findings being based on self-identification rather than diagnostic measures, the findings elaborate on the traumatic impacts that the participants associated themselves with. Some counsellors experienced such hugely traumatic impacts that it led them to believe that they were experiencing vicarious trauma, burnout, and compassion fatigue. These findings are rather worrying, as they shed light on the highly distressing experiences of counsellors who work with survivors of sexual abuse.
Previous research studies have identified vicarious trauma, burnout, and compassion fatigue as being common among mental health professionals working with general trauma survivors (Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995). Indeed, they have found that exposure to traumatised individuals predicts vicarious trauma. Although other research findings have contradicted such a notion, claiming that working with trauma survivors does not appear to affect the development of vicarious trauma, burnout, or secondary traumatic stress (McLean, Wade & Encel, 2003; Devilly, Wright & Varker, 2009), the findings of this study support the notions of former studies. The findings suggest that the counsellors attributed vicarious trauma, burnout, and compassion fatigue to the counselling survivors of sexual abuse. While some other studies have emerged that have suggested that other factors, such as personal trauma history, may contribute to the development of traumatic work-related diagnoses (Devilly, Wright & Varker, 2009), no such links were found in this study. The reasons behind the three self-identified diagnoses were directly linked to client work. In one case, a counsellor even left the service due to the burnout she felt after working on a challenging case. Consequently, the findings of this study link traumatic impacts to engaging with survivors of sexual abuse rather than the other factors indicated by recent studies. Such findings also emphasize the dangers to the wellbeing of counsellors working in the field of sexual abuse.

5.2.3. Relationship Impacts.

5.2.3.1. Challenges with family and friends.

Research findings exploring the impacts of counselling survivors of sexual abuse on the counsellors’ relationship with their extended family and friends are rather scarce. Some studies have identified positive shifts in the interpersonal relationships of healthcare professionals working with torture and trauma (Barrington & Shakespeare-Finch, 2014) while other studies have touched upon the social withdrawal of counsellors and other health care professionals involved in trauma work (Branson, Weigand & Keller, 2014; Trippany, Kress & Wilcoxon, 2004). However, not much research interest has been shown in exploring these impacts further in the population of counsellors working with sexual abuse survivors. Consequently, the findings of the current study provide a new insight into the impacts on counsellors’ relationships with extended family and friends.
According to the findings, the process of counselling survivors of sexual abuse affected the counsellors’ relationships with family and friends, and while some counsellors were supported by their family and friends, others did not share the same experiences. In fact, some family and friends exhibited a lack of understanding about sexual abuse which led to a lack of support for the counsellors and their work. This resulted in heated discussions between the counsellors and their family and friends. Figley (2002) identified relationships as an important support system; however, such relationships can also be a source of strain and stress to the counsellor.

In another case, the mother of a counsellor kept as a secret the fact that her daughter was working as a counsellor in a sexual abuse service. These findings share some similarities with the findings of Pack (2010), who revealed that counsellors’ partners struggled to understand the impacts of sexual abuse due to their lack of theoretical knowledge in this area of work. This evidence suggests that the subject of counselling was often misconceived, and it presented a variety of challenges in the counsellors’ personal lives. In another case, the challenging impacts reached as far as the counsellor questioning if their nephews would grow up to become sexual predators. Thus, counselling survivors of sexual abuse affected the personal relationships between the counsellors and their family and friends. Gaining knowledge about such effects is important in order to understand the challenges of counselling survivors of sexual abuse.

**5.2.3.2. Concerns about children.**

There is little research focusing on the parenting experiences of counsellors who work in the area of sexual abuse. Hence, this study provides a unique insight into the matter. When the subject of parenting surfaces in the literature in this particular area of research, it often includes elements of safety. Research findings have suggested that counsellors who experience vicarious trauma may be overly cautious regarding their children (Trippany, Kress & Wilcoxon, 2004) and may display increased fears about their children’s safety (Bloom, 2003). Adult children of sexual abuse counsellors reported wishing that their counsellor parents would avoid counselling them at home (Pack, 2010). However, few other research findings have helped shape the understanding of counselling sexual abuse survivors and its impacts on parenting.
The present study found that the participants’ work in this particular area of trauma had affected their behaviours with and thoughts about their children. Indeed, the participants thought that their children might experience sexual abuse, and they adjusted their parenting style due to the experience of working with sexual abuse survivors. For example, adult terms to describe children’s genitalia were preferred over commonly accepted ‘softer’ versions of the genitalia. A discussion about sex was introduced to children at an early age in order to inform them about acceptable and unacceptable behaviours. However, it was not only the young children who were affected by their parents’ work with survivors of sexual abuse. Counsellor parents of adult male children identified worrying about them becoming the perpetrators of sexual abuse due to them being males, students, and alcohol consumers, as these three factors are sometimes involved in sexual assault cases; however, it is important to mention that neither men, students, nor drunken people are the only perpetrators of sexual abuse. Nonetheless, as we can see from these findings, participants’ therapeutic experiences had an impact on how they brought up their offspring.

5. 2. 3. 3. Changes in romantic partnership.

The knowledge base on the impacts of counselling survivors of sexual abuse on the romantic relationships of the counsellors is scarce, to say the least. Consequently, this study provides an insight into this area, which so far, has not been well researched. The findings of this study suggest that working with sexual abuse has an impact on romantic relationships. Despite the variations of the impacts, it is a significant finding because it points to the impacts of such work not only on the counsellors themselves but also on their significant others. Participants were snappy and edgy with their partners, especially just after their work with sexual abuse survivors. This demonstrates the negative impacts in behaviours towards the partners. These findings are similar to those of Garrity (2011), who identified participants’ changed behaviours towards their partners. However, those changes were attributed to anger at sexism, whereas in this study, such changes were a result of a day at work rather than anger related to social injustice. The partners of the participants of this study seemed to be supportive and understanding of such impacts, which resulted in them being willing to accommodate these negative behaviours by allowing the participants a transition time between work and home. This signified partners’ support and understanding, which in turn, made the participants appreciate their partners and their romantic relationships even more. So,
despite the negative impacts, the support and adjustment led to a greater appreciation of the counsellors’ partners.

Participants whose partners were not supportive identified the negative impacts on their romantic relationships. Some participants felt empowered and experienced satisfaction due to their work. However, their partners did not seem to side with this change, which in turn, caused ruptures in relationships and even break ups. Those participants who had separated from their partners saw their separation as having a positive effect on their lives. Interestingly, in her study exploring the effects of trauma on the significant others of sexual abuse therapists, Pack (2010) reported that three romantic relationships had ended during the course of research. She explained that “these separations seemed prompted by the desire for a different kind of relationship based in a greater understanding of the work of the counsellor-participant and their growth as individuals” (p. 258). The findings of the current study support the findings of Pack (2010), identifying that some romantic relationships had broken due to the positive changes in counsellors, which were caused by working with sexual abuse survivors.

5. 2. 3. 4. Damaged sexual intimacy.

Rizkalla, Zeevi-Barkay, and Segal (2017) identified a lack of research in the area exploring the impacts of working with sexual abuse on the sexual intimacy of the counsellors. In their study, they identified a decrease in sexual intimacy. However, they did not elaborate further on such experiences. The challenge of the little research carried out in this area is that it explores the impacts on sexual intimacy in counsellors who were identified as experiencing vicarious trauma whereas experiences reported in this study are not linked to trauma diagnoses. Branson, Weigand, and Keller (2014) linked vicarious trauma to decreased sexual desire. In addition, the studies that have looked into the impacts of counselling sexual abuse survivors have identified disruptions in sexual intimacy. In another study, the husbands of therapists identified their intimacy as problematic due to the therapists’ detachment (Pack, 2010).

The findings of this study support the notion that counselling survivors of sexual abuse negatively affects the sexual intimacy of counsellors. However, it is also worth mentioning that the participants were not prompted to speak about such effects. Rather, they themselves chose whether to reflect on this subject. Hence, only a few participants
identified such impacts. Nonetheless, their experiences help shape the knowledge base in this particular area of research. In fact, it appears that in some cases, sexual intimacy was ruined and destroyed by the counsellors’ work with survivors of sexual abuse. Consent was one of the aspects that had detrimental effects on the counsellors’ sex lives, in particular, being persistent about consent and asking for consent multiple times. Another cause of damaged sexual intimacy was related to the participants’ work invading their sexual fantasy. This finding supports previously reported findings stating that intrusive imagery during sexual activities had negatively affected sexual intimacy (Branson, Weigand & Keller, 2014; Garrity, 2011). These findings are significant because they look into an area of research that has not been well developed. In addition, these findings are based on counsellors who had not been diagnosed with vicarious trauma. Hence, such experiences are linked to the actual work of counselling survivors of sexual abuse rather than related diagnoses.

5.3 Research Question 2: What Coping Strategies and Self-Care Techniques are Useful When Counselling Survivors of Sexual Abuse?

5.3.1 Holistic Self-Care.

Holistic practice is one of the approaches that humanistic counsellors often use in their work with their clients (Du Plock, 2010). According to the findings of this research, it appears that the counsellors utilised a holistic approach not only in their therapeutic practice, but also when it came to their own self-care. Indeed, the counsellors’ coping techniques reflected their holistic views on their self-care in that they engaged in coping practices that simultaneously nurtured their body, mind, and spirit. These three parts were not seen as separate from each other. Rather, they were perceived as interconnected and were viewed as whole. This was evident when the participants engaged in a number of self-care techniques and coping strategies that benefited all three areas of interest: body, mind, and spirit. This finding suggests that holism was perceived as a way of being with the self and the client, rather than a tool that is used when required or when remembered.

Mindfulness is often recommended as an effective form of counsellor self-care as well as a means of preventing various risk factors (Leppma & Young, 2016; Christopher & Maris, 2010). It can be conceptualised as a practice of teaching the mind to become aware of the present moment with a prospect of easing suffering (Kabat-
Zinn, 2003). However, Friedman (2017, p. 327) suggested that despite extensive research on its effectiveness for the clients, empirical research on its effectiveness as a self-care strategy for counsellors themselves is rather limited. Thus, the researcher invited other researchers to explore this area with a particular focus on how counsellors practise mindfulness and on which of these practices are most effective. The present study answered this call.

The participants practised being mindful of their body and environment in order to ground themselves mentally and spiritually. Mindfulness was utilised as means of dealing with distress as well as preventing it, as it was an effective coping strategy for stress. It was also useful as a part of the self-care practice followed by the counsellors in their attempt to care for themselves and prevent any distress occurring due to the work. Interestingly, mindfulness was also utilised though spiritual practice, such as prayer. In fact, a number of different spiritual or alternative practices were applied by the counsellors in their attempt to ground themselves after working with survivors of sexual abuse: meditation, Buddhism, shamanism, and Reiki, to name a few. The participants engaged in physical rituals, such as washing hands or opening windows between seeing different clients, as such actions symbolised the cleansing process of the clients’ energies and stories. Taking a rest, a massage, and a hot bath or shower were also seen as rituals that would cleanse, relax, and ground. The process of meditation is often seen as an integral part of mindfulness (Kabat-Zinn, 2011; Friedman, 2017). However, very little research has been carried out in spiritual and alternative practices as means of counsellor self-care (Kimbel & Schellenberg, 2014; Miller, 1999). According to the findings of the present study, holistic approaches to self-care, especially spiritual and alternative practices, were often utilised by the counsellors working with sexual abuse survivors. These findings elaborate on a very specific area of research that has not yet been explored in this context.

5.3.1.1. Engaging in physical exercise.

The benefits of physical exercise have been confirmed by multiple research studies. Increased physical activity has been linked to decreased levels of depression (Strawbridge, Deleger, Roberts & Kaplan, 2002; Goodwin, 2003) and anxiety (Broman-Fulks, Berman, Rabien and Webster, 2004). It has even been found to be beneficial for female survivors of childhood sexual abuse who engaged in a group dance therapy
programme (Mills & Daniluk, 2002). Counsellors are encouraged to incorporate physical exercise into the process of counselling (Dixon, Mauzey & Hall, 2003). However, most of these research findings are based on clients rather than on the health care professionals who treat them. In fact, very few studies have focused on physical exercise as a means of self-care among the helping professions engaged in such work. The impacts of physical exercise on counsellors who work with survivors of sexual abuse have not been researched extensively enough.

Only a few research findings have identified exercise as one of the ways that counsellors cope with the stress of sexual abuse work (Brady, Guy, Poelstra & Brokaw, 1999; Schauben & Frazier, 1995). Out of the studies conducted in this area of interest, Iliffe and Steed (2000), in their study, elaborated slightly more on the subject. They noted that physical exercise, especially walking, was a useful tool to release emotions and tune out, and to reenergise counsellors after a difficult session or when they returned home after a stressful day at work. The findings of the present study mirror the findings by Iliffe and Steed (2000). This suggests that physical exercise is indeed utilised by counsellors working with sexual abuse. However, the findings of the current study elaborate on such a notion and provide more insights into helping to understand the ways that physical activity can promote counsellors’ wellbeing.

In addition to walking, the participants of this study also engaged in running, training with weights, and swimming as means of reflecting on and letting go of client material. The most commonly used activity was that of cycling, especially during their commute home from work. A travel period between work and home was seen as a transition period during which participants processed and left their work-related thoughts behind, which in turn, prepared them to come back home. Physical activity, such as cycling, was deemed to be an integral part of this transition period, which was not as beneficial when the counsellors simply sat on a bus. The participants identified a number of explanations for the use of physical activities; for example, the movement of the legs was seen as bilateral stimulation of the brain; a physical transition that separated the place of work and the place of home; the monotony of the movement that allowed attention to turn to the thoughts rather than body; having alone time where no one else could bother or disturb the counsellors. The findings elaborate on the complex mechanisms behind cycling and other forms of exercise that promoted the participants’ wellbeing.
5. 3. 1. 2. Being in nature.

To put it simply, nature contains “green and blue spaces, ranging from public parks to remote forest spaces” (Reese, 2016, p. 346). Nature is a place where people often go to relax and rest; thus, it is perhaps not surprising that researchers have turned their attention to the benefits of nature. As a result, it has become evident that spending time in nature improves focus and concentration (Taylor & Kuo, 2011), facilitates positive health and wellbeing (Brymer, Cuddihy & Sharma-Brymer, 2010), and decreases anxiety (Cervinka, Roderer & Hefler, 2012). Due to its benefits, nature soon became part of some of the counselling interventions (Reese & Myers, 2012). However, its usefulness for counsellors as a means of coping with traumatic work experiences has not been sufficiently explored. Bloom (2003) recommended counsellors to spend time in nature as a means of self-care. However, no rationale or references to supporting literature were identified. Counsellors in Iliffe and Steed’s (2000) research got in touch with nature in order to counterbalance the stories of abuse that they heard in counselling sessions. However, no further details on the benefits of being in nature were provided in these or most other related studies.

The counsellors in the current study identified nature as an integral part of their self-care. They consciously made an effort to spend time in nature as a means of managing the impacts of the work. The therapeutic impacts of nature were significant enough that the participants did not need to spend much time in nature in order to feel its benefits. The participants connected with nature through a realisation that they are a part of it and that everything and everyone is interconnected. Global awareness about the connection of all species with the natural environment has been noticed in other research studies unrelated to this particular participant population (Reese, 2016; Reese & Myers, 2012). However, nature was identified as having a calming effect on the participants of the present study. The findings of this research identified the benefits that being in nature brought to the participants and elaborated on such rarely captured experiences of counselling survivors of sexual abuse.

5. 3. 1. 3. Performing household chores.

Hanging out the washing, pairing the socks, and preparing dinner for the family may not necessarily be something that comes to mind when thinking about counsellors’ self-care, but these household chores helped the counsellors to cope with the demands
of working with survivors of sexual abuse. Such tasks encouraged participants to appreciate the simple things in life that can sometimes be taken for granted. Other daily activities and hobbies, such as watching TV, listening to music, and dancing, were also identified as useful grounding activities that helped participants balance out trauma work with a simple or rather normal way of living. Nearly all the participants of this study recognised the benefits to their wellbeing and self-care of performing household chores.

Iliffe and Steed (2000) found that reading and watching television were both useful ways of switching off from work and rejuvenating. The findings of this study elaborated on the limited knowledge about the types of household activities that help counsellors cope with the demands of their work. Identification of the usefulness of household chores may encourage counsellors to participate more in these activities, as they are easily accessible and beneficial to counsellors’ self-care. Based on the limited research in this particular area, it might be reasonable to assume that such simple and yet beneficial strategies have not been considered or recognised by other counsellors or researchers. However, due to the positive effects to the counsellors’ wellbeing, this coping strategy might well deserve some more research attention.

Although the prevalence rates of such occurrences cannot be generated from the data of the present study, it is important to acknowledge that such findings on the usefulness of the household chores may have another competing explanation. Not all engagement in household chores may necessarily be useful. If this were so, then it would be reasonable to assume that people who clean their homes and participate in other house-related activities cope well and have a good level of self-care. However, this is not always the case. It may well be that engaging in household chores requires a level of focus, awareness, and perhaps mindfulness to turn such an activity into an action of self-care. This may potentially mean that any activity that is done mindfully will increase self-care. Similarly, a household chore that is not done mindfully may not necessarily improve the wellbeing of the counsellors. Further research into understanding the reasons behind such findings is necessary to expand the knowledge of self-care.
5. 3. 1. 4. Taking time off work to recover.

Taking time off work was an integral part of self-care that allowed the counsellors to cope with and recover from the demands of working with sexual abuse. Two strategies were identified within this finding: taking two days off work on a weekly basis and having a long holiday at least once a year. There were various benefits associated with not having anything to do with work during these rest periods. For example, some participants identified this as an opportunity to stop being carers for others and to start caring about self. This finding points to the less obvious and yet significant challenges of helping survivors of sexual abuse. However, it also reminds counselling professionals of the importance of acknowledging their own needs while looking after the needs of their clients. Likewise, taking on the roles of being a parent, a sibling, or a friend rather than being a counsellor was seen as an integral part of those weekly vacation days.

The findings suggest the existence of the counsellors’ preventative tendencies and continuous self-care by incorporating two vacation days a week that would allow participants to rest and recover before the negative impacts build up and require immediate action. However, the long holidays were perceived as an ultimate opportunity to rest, forgetting not only the responsibilities of the job, but also all other roles and responsibilities of counsellors’ personal lives too. Research findings suggest that taking paid vacations helps counsellors prevent vicarious trauma and promotes self-care when working with survivors of sexual abuse (Sommer & Cox, 2006; Trippany, Kress & Wilcoxon, 2004; Coster & Schwebel, 1997). However, not much explanation in relation to such findings has been provided in the research literature. Hence, the findings of this study provide a new insight into these coping strategies associated with counselling survivors of sexual abuse.

5. 3. 2. Work Environment Self-Care.

5. 3. 2. 1. Supportive colleagues.

Numerous studies have pointed out the dangers that unsupportive colleagues may cause counsellors working with trauma. A lack of peer support was identified as the most common contribution to burnout (Iliffe & Steed, 2000). It was also named as one of the main organisational barriers to working with child sexual abuse survivors (Nen & Astbury, 2011). After reviewing organisational health research, Cotton and Hart
(2003) concluded that a lack of organisational support was a better predictor of distress than exposure to traumatic material. This evidence emphasizes the importance of peer support and the dangers if such support is not provided. Perhaps it is then not surprising that the participants of the current study identified supportive colleagues as one of the coping strategies that helped them cope with the demands of working with survivors of sexual abuse.

Indeed, managers and counsellor peers were identified as the sources of colleague support. Having flexible and understanding managers made counsellors feel supported, and this encouraged them to reciprocate these behaviours. The participants were proud to be working with likeminded counsellors who displayed similar qualities, such as ethical conduct, compassion, and determination. The counsellors reported requiring peer support on a daily basis, and they often utilised this support and advice in relation to the struggles and challenges of their counselling work. This evidence suggests the benefits of a readily-accessible support that was provided on a here-and-now basis rather than the need to book in a supervision session with the managers or supervisors. Some other studies in the area of counselling survivors of sexual abuse have also recommended seeking peer support (Schauben & Frazier, 1995). The current study elaborates on such recommendations, explaining how the what and how of the support provided by counsellors’ colleagues assists counsellors in their self-care.

5. 3. 2. 2. Manageable caseload.

The research literature in the area of working with trauma has identified caseload as a factor that poses great risks to healthcare professionals (Sprang, Clark & Whitt-Woosely, 2007). Specifically, a high caseload of trauma survivors was associated with vicarious trauma (Bride, 2004) as well as compassion fatigue and burnout (Craig & Sprang, 2010). Due to the research findings warning of the dangers of a high trauma caseload, suggestions have emerged encouraging a balanced caseload that is not heavily loaded with abuse survivors (Etherington, 2000). This advice could be useful for counsellors who work in general settings and randomly come across trauma survivors. For the participants of this study as well as other counsellors who work solely with sexual abuse survivors, swapping sexual abuse survivors for those who have not experienced trauma is not possible. Hence, the findings of the current study elaborate on
the coping strategies related to managing a caseload of counsellors who work specifically in sexual abuse services.

Although swapping trauma clients for non-trauma clients is rarely an option when working in a sexual abuse service, the participants of the current study suggested having a balance in the complexity of cases varying between more complex and less complex cases. Making changes to the environment of the work, whether it was working in different services and locations or just changing a room, was also identified as a useful strategy. In addition, longer time gaps between the sessions allowed the participants to transition between the clients. Another effective coping strategy was related to having a time-limited instead of an open-ended counselling.

The research literature stipulated that having a caseload of fourteen to fifteen trauma clients a week was a safe caseload that did not pose the risk of vicarious trauma (Trippany, Wilcoxon & Satcher, 2003; Trippany, Kress & Wilcoxon, 2004). The participants of the current study also shared the trauma caseload that they thought was appropriate for their work. Suggestions for the caseloads cited a maximum of six sexual abuse clients a week. However, when it came to their own counselling practice, participants saw two, five to six, seven to eight, eleven, and sixteen to twenty survivors of sexual abuse per week. Despite a variety of caseloads, the participants agreed that the best way to determine a safe and appropriate caseload was to recognise their own capacity and acknowledge their personal and professional limits when deciding on the number of sexual trauma clients they were going to see. However, service managers have a say in deciding the number of survivors to be seen by counsellors. Consequently, acknowledging these findings and the personal capacities of the counsellors should be considered in this decision-making process.

5. 3. 2. 3. Engaging in continuous professional development.

The findings of the current study suggest that engaging in continuous professional development (CPD) was an effective self-care technique and a coping strategy for participants counselling sexual abuse survivors. Training courses, conferences, and books were identified as a means of CPD. In some cases, participants even described life- and practice-changing experiences due to engaging in CPD. These findings mirror the findings in the research literature that promote the benefits of CPD for those counsellors who work with sexual abuse survivors (Way et al., 2004).
However, the subject area of CPD that was identified in the current study was different from the subjects promoted in the research literature. Specifically, research studies encouraged CPD in the areas of vicarious trauma and self-care (Harrison & Westwood, 2009; Rizkalla, Zeevi-Barkay & Segal, 2017). In contrast, the findings of the current study suggest CPD in the areas related to the actual work with sexual abuse survivors. The focus on vicarious trauma has taken the lead in most research inquiries, including those that explore the CPD of sexual trauma counsellors (Trippany, Kress & Wilcoxon, 2004). However, the findings of the current study are not based on vicarious trauma. Hence, they represent the coping strategies that are effective for counsellors who work with sexual abuse survivors, whether they suffer from vicarious trauma or not. These findings provide a unique insight into the area of research that is not heavily led by a focus on trauma.

Specialist training was identified as another coping strategy that was effective for counsellors who work with sexual abuse survivors. It was indicated that specialist training informs counsellors of the importance of working with trauma content and of the means of dealing with shocking content, and prepares them to work with sexual trauma survivors. Research findings suggest that there is a lack of training of working with trauma and sexual abuse which presents challenges of struggling with trauma content and not being able to cope with traumatic impacts (Arvay, 2001; Craig & Sprang, 2010). The findings of this study support the importance of specialist training in sexual trauma for counsellors working in this area of work.

5. 3. 2. 4. Note writing after sessions.

Record keeping is an important practice for all mental health professionals, and counsellors are no exception. It is an ethical as well as a legal requirement to keep accurate session notes (Harris et al., 2009). Various guidelines and manuals have been created outlining high standards of note keeping by which counsellors, psychotherapists, psychologists and other professionals should abide (Newton, 2008; American Psychological Association, 2007). Accuracy, accountability, compliance with standards, and content are often the focus of the research inquiries (Bradford & Stevens, 2013; Scaife & Pomerantz, 1999). Note writing, however, is a rarely researched aspect of the counselling practice (Harris et al., 2009), especially in the area of self-care. Consequently, the findings of the current study disclose the coping mechanisms behind
note writing. No other empirical research exploring the link between self-care and writing session notes for counselling survivors of sexual abuse has been identified.

The findings suggest that note writing was an important element of counsellors’ self-care. Specifically, the practice of writing the notes after each session helped counsellors to process the content of the session. Also, the action of writing the notes represented a physical transition of the session content moving from the participants’ minds onto the paper. The participants were able to let go of the session content through record keeping. Thus, these findings emphasize the multifunctional nature of record keeping. Although it is a good practice to keep notes, it also serves as a coping mechanism, allowing counsellors who work in the area of sexual abuse to leave their clients and session content behind.

5. 3. 2. 5. Not working at home.

In their attempt to promote self-care, the participants of this study tried separating their work lives from their personal lives. Counsellors maintained the physical separation between home and work by consciously choosing not to work or do any other work-related tasks while at home. This suggests that having a physical boundary to their work was an important coping strategy. Keeping work separate from their home environment prevented sexual abuse work from becoming an integral part of all aspects of the counsellors’ lives. In contrast to the work environment, the home environment was seen as uncontained and posing the risk of counsellors not having the right support to deal with impact of counselling sexual abuse survivors in their home environments. Thus, what seems to be a reasonable self-care technique has not been empirically researched in counselling survivors of sexual abuse. Yet, it provided a specific coping strategy that was found effective when dealing with survivors of sexual abuse.

5. 3. 2. 6. Being self-aware.

Self-awareness was identified as an integral part of self-care. The participants recognised that working with sexual abuse survivors may be challenging and that such work may affect the counsellors. Hence, practising self-awareness allowed the counsellors to notice such impacts through self-reflection. Furthermore, self-awareness was a useful tool for helping the participants to get to know themselves better. However, self-acceptance was an important element of developing knowledge about the self,
because, if participants were self-critical, this knowledge was turned to self-criticism and brought challenges to participants’ self-image. Research findings support the idea that self-awareness is a crucial quality for counsellors who work with survivors of sexual abuse (Brady, Guy, Poelstra & Brokaw, 1999; Etherington, 2000) due to the risks that can be imposed on the counsellors and their clients if their self-awareness is not well developed (Kepner, 2003; Miller, 1990). As a result, the findings of this study support the notion of self-awareness as an effective coping strategy when working with survivors of sexual abuse. Furthermore, the concept of self-awareness has branched out into two other concepts that facilitate knowledge about the self: personal therapy and supervision. These findings will be discussed in the following two sections.

5.3.2.6.1 Engaging in personal therapy.

Some of the counsellors of the present study engaged in personal therapy as a means of coping with the demands of the work. Personal therapy developed their self-awareness and served as a coping strategy, assisting counsellors in their self-care. The participants perceived personal therapy as a normal response to the challenges of the work. Personal therapy was identified as an effective strategy to use if and when counselling survivors of sexual abuse affected them on a personal level. However, despite the benefits of personal therapy, only a few participants identified utilising or contemplating utilising such a coping strategy. This implies that personal therapy is an underused self-care technique.

No reasons were identified to explain the lack of use of personal therapy as a means of coping with the demands of the work. However, financial costs might explain the underutilisation of personal therapy, as this intervention is rarely funded by employers, and the expenses would need to be covered by the counsellors themselves. Some research studies have promoted the benefits of personal therapy and encouraged counsellors’ employers to invest in counsellors’ insurance for personal therapy (Pearlman & Saakvitne, 1995). Although the benefits of counselling are undeniably positive for a range of issues (Cooper, 2008), the effectiveness and utilisation of personal therapy as a means of self-care for counsellors working with sexual abuse survivors is not yet fully explored.

There may also be other competing explanations for the underutilisation of personal therapy. Personal therapy may not be utilised by the counsellors who work
with sexual abuse survivors because it may not necessarily be effective for this line of work. Alternatively, participants could have potentially forgotten to mention this particular method of self-care during the data collection. The present study provides a unique, yet limited insight into the matter. Hence, further research is required to explore this aspect of self-care.

5.3.2.6.2. Having regular supervision.

One of the other methods promoting self-awareness is supervision. It encourages counsellors who work with survivors of sexual abuse to identify transference and countertransference as well as to explore therapeutic relationships (Etherington, 2000). Supervision is a safe environment where counsellors process their trauma work experiences and develop their self-awareness, professional competence, and self-care strategies (Adams & Riggs, 2008; Wheeler & Richards, 2007). The findings of the current study suggest that the counsellors used supervision on a regular basis as a reflective space promoting their self-awareness. It facilitated the review, development, and improvement of the counselling practice, especially in relation to various challenging issues that counsellors brought to supervision hoping to get clarity and guidance.

Contrary to the trauma-focused research findings on the use of supervision, the findings of the current study emphasize the use of supervision as a reflective space of self-awareness and practice development. As with most research studies in the field of sexual abuse counselling, supervision has been mainly recommended as a means of mitigating compassion fatigue (Craig & Sprang, 2010) and vicarious trauma (Trippany, Kress & Wilcoxon, 2004). The findings of this study are not limited to participants who sought supervision for the traumatic impacts of their work. Rather, the findings elaborate on the use of supervision as a means of self-care and as a coping strategy to deal with various demands of the work irrespective of vicarious trauma. In addition, such findings elaborate on the limited research exploring the use of supervision in counselling survivors of sexual abuse (Chouliara, Hutchison & Karatzias, 2009).

According to the findings of this study, particularly challenging cases required participants to seek supervisors who specialised in sexual abuse supervision. These findings imply that due to the complex and traumatic nature of the sexual abuse, specialist supervision is more effective than generic supervision. This finding may
explain some of the inconsistencies in the research studies that question the effectiveness of supervision for counsellors of sexual abuse survivors. As a case in point, Rizkalla, Zeevi-Barkay, and Segal (2017) discovered that supervision exacerbated the trauma contagion impact. Such conflicting findings could be the result of supervisors not having experience or training in sexual abuse work and supervision. More research is needed to explain the differing effects between the research findings on the use of supervision in sexual trauma work.

5.4. Chapter Summary

In this final chapter, I have aimed to elaborate and consolidate the findings developed during the process of this research, as well as to situate it against the existing literature. Thus, I started by focusing on the first research question, reflecting on the impacts of counselling survivors of sexual abuse. I outlined three types of impacts: work-related, personal wellbeing, and relationships. Work-related impacts, such as feeling deskilled, normalising traumatic content, or turning to alcohol as a result of work, were similar to those described in other research studies. However, I explained that the impacts identified in this study were specific to counselling survivors of sexual abuse rather than working with other types of trauma. I also discussed the changes to participants’ wellbeing, which in some cases, were possibly dangerous: some participants reported vicarious trauma, dissociation, and flashbacks. Finally, I elaborated on the impacts that influenced counsellors’ relationships, which in turn, enriched the limited knowledge base in this area of interest.

I then went on to discuss the second research question, focusing on self-care techniques and coping strategies effective in the work with sexual abuse survivors. I developed two main themes and reflected on these in turn, assessing in particular how these themes compared to the little research that had previously been conducted with counsellors of sexual abuse. I started by discussing holistic approaches to self-care, which most of the participants engaged in. Next, I moved on to explore self-care related to the work environment. Such strategies and techniques provided a deeper insight into the organisational aspects that improved counsellors’ wellbeing.
6. Conclusion

6.1. Introduction

The current thesis set out to explore the impacts of counselling survivors of sexual abuse as well as the coping strategies and self-care techniques developed by the counsellors involved in this line of work. In this concluding chapter, I identify and discuss the findings of this study before elaborating on the organisational, educational, and ethical elements of this study, and then the research contributions, the limitations, and the future implications of the study. Finally, I conclude this study with my personal reflections.

6.2. Overview of the Findings

6.2.1. Severity of Negative Impacts.

Several negative impacts of working with survivors of sexual abuse were identified as a result of this research project. Counselling survivors of sexual abuse affected the emotional, mental, and physical wellbeing of the counsellors. In some cases, such impacts were highly distressing, challenging, and possibly dangerous. This discovery emphasizes the potential risks associated with counselling survivors of sexual abuse. These findings correspond with some of the findings of other studies that have identified a number of negative effects of working with trauma survivors (Chouliara, Hutchison & Karatzias, 2009). However, the results of the current study elaborate on certain aspects of research and knowledge in the field of sexual trauma counselling. To date, the negative impacts have not been sufficiently explored in the population of counsellors working with survivors of sexual abuse. Hence, the results of the study expand the knowledge base in this particular area of work.

In addition, the counsellors that were enrolled in this study were not preselected based on their experiences of vicarious trauma, burnout, or compassion fatigue, as it is common in the research studies that explore the negative impacts of trauma work (Trippany, Kress & Wilcoxon, 2004). The findings of this study are based on counsellors who worked with survivors of sexual abuse irrespective of whether they were traumatised by such work or not. Although some of the counsellors self-reported vicarious trauma, they were only a few, and they were not preselected for this criteria. Consequently, the results of the current study suggest that the negative impacts were caused by the work rather than by related diagnoses, such as vicarious trauma, burnout,
or compassion fatigue. These findings provide a fresh insight into the area that is heavily based on participants diagnosed with vicarious trauma or other similar diagnoses.

Another contributing factor of these research findings is that such negative impacts were self-reported by the participants themselves rather than probed by the researcher, as has been done in some other studies (Craig & Sprang, 2010; Devilly, Wright & Varker, 2009). The participants of this study were given a qualitative space to reflect on both the positive as well as the negative impacts of the work. Such findings were not based on the predetermined agenda of the researcher; rather, they shed more light on the personal processes of sexual trauma work as identified by the participants themselves.

6.2. Impacts on Others.

According to the findings of this study, the impacts of working with survivors of sexual abuse were not limited to the counsellors only; in fact, the impacts extended to the counsellors’ relationships with their family, friends, children and partners. Such findings suggest that the effects of working with sexual trauma reach far beyond the counsellors themselves. This illustrates the journey of the negative impacts of sexual abuse; this begins with the survivors’ experience, which is then shared with counsellors and then moves to the people close to the counsellors. It is not known, however, whether such a negative wave continues to spread from those close to the counsellors to other people. Further research studies are required to determine how far the impacts of trauma reach.

Understanding the spread of trauma impacts is crucial for several reasons. One, this warns counsellors of the importance of self-awareness and observation in regard to their circle of intimates being affected by their work. Two, research studies have mostly explored the impacts on healthcare professionals (Devilly, Wright & Varker, 2009), but have rarely explored the experiences of those close to them (Pack, 2010). This study provides a unique insight into some of the impacts associated with counselling survivors of sexual abuse. Three, such findings emphasise the importance of self-care and coping strategies that should be considered by counsellors as well as by their circle of intimates. It suggests the need to inform counsellors’ circle of intimates about the
impacts of such work and any coping strategies that may help them deal with such impacts if they occur.

6. 2. 3. Positive Impacts.

Despite the negative impacts associated with counselling survivors of sexual abuse, it appears that such work also had a positive effect on the counsellors. In fact, the counsellors reported high job satisfaction and evolved personal growth. These findings suggest that the negative impacts of counselling survivors of sexual abuse do not obstruct experiencing positive impacts. In fact, both positive and negative impacts can co-exist. This notion contradicts some of the research findings that have focused heavily on the negative nature of trauma work (Iliffe & Steed, 2000; Chouliara, Hutchison & Karatzias, 2009). It also elaborates on a limited number of studies claiming that trauma work can potentially evoke positive impacts (Silveira & Boyer, 2015). Consequently, the findings of the study elaborate on the knowledge base, contradicting the black-or-white perspective that was shared among some of the researchers. These findings can perhaps explain why counsellors continue counselling survivors of sexual abuse despite the challenges associated with such emotionally demanding work.

Positive aspects were behind some of the impacts that could perhaps be perceived as negative. For example, some participants reported broken relationships or increased tensions in their relationships, which at first may look like negative impacts. However, such effects were influenced by an increased self-awareness, self-regard, and self-respect, which was due to counselling survivors of sexual abuse. This notion has been previously expressed by only a few researchers claiming that the negative experiences give rise to the positive ones (Garrity, 2011). Consequently, these findings suggest that counselling survivors of sexual abuse had positive impacts that may have been hidden by the negative impacts of the work. This notion has not been sufficiently researched before. Hence, the findings of this study provide new and deeper insights into the complex aspects of counselling survivors of sexual abuse.

6. 2. 4. Self-Care and Coping Strategies.

A variety of self-care techniques and coping strategies was identified in the process of this research. Thus, there are certain significant implications and contributions to knowledge in this particular set of findings. First of all, the findings display a rich variety of self-care techniques used by the counsellors working
specifically with survivors of sexual abuse. This illustrates that the self-care and the use of coping strategies were important and often-utilised practices by the counsellors dealing with the sexual abuse. In addition, these findings have been identified by the participants themselves as effective measures in promoting the participants’ wellbeing. Such findings expand the knowledge of self-care and coping strategies, which currently is an under-investigated area of trauma counselling.

These findings help to understand the protective factors specific to counselling survivors of sexual abuse. Often, recommendations on self-care and coping strategies of working with sexual abuse are not supported with sufficient and relevant empirical research findings. Most of such recommendations for counsellors who work with sexual abuse are based on research findings on counsellors working with general populations rather than with trauma or, in particular, sexual trauma. Consequently, the findings of this study identify specific self-care techniques and coping strategies that were effective for the counsellors working specifically with sexual trauma. These findings inform research and practical recommendations on the effective techniques of facilitating and improving the wellbeing of counsellors who work with survivors of sexual abuse.

6.2.5. Counsellor Related Self-Care.

Some of the self-care techniques and coping strategies could only be utilised by the counsellors themselves, for example, running, praying, spending time in nature, or relaxing in a hot bath. The positive side of these findings is that counsellors have the power to positively affect their wellbeing and protect themselves from the negative impacts of the work. However, the findings also imply that such activities take place outside of the working hours, thus intruding on the counsellors’ personal space and time. This puts a lot of responsibility in the hands of the counsellors and requires extra time in addition to their normal working hours. So, if the counsellors do not engage in these specific self-care routines, whether it is because they lack the time, the money, or other means, they risk neglecting their self-care and so might possibly be affected by their work. Such findings should be considered by the counselling services in order to provide the necessary support and facilities that encourage the self-care of the counsellors. After all, these findings suggest that counselling survivors of sexual abuse can have negative consequences and requires active self-care outside of the work environment. Such work-induced effects should be considered and accommodated by the counsellors’ workplaces.
6. 2. 6. Work-Related Self-Care.

Most of the self-care strategies were heavily affected by the arrangements put in place by the counsellors’ employers, for example, supervision, number of clients, and time gaps between sessions. These findings emphasize that sexual abuse services that employ counsellors have a significant impact on the wellbeing of their employees. This puts a great level of responsibility into the hands of the employers. In fact, most of the coping strategies and self-care techniques were work-related rather than counsellor-related. Although counsellors’ self-care is a mutual responsibility between the counsellors and the services that they work in, at the end of the day, the employers are the ones who set the targets for the service. Consequently, services should be mindful of their role and responsibility towards counsellors’ wellbeing.

A number of studies have identified work-related factors that lead to the development of vicarious trauma, burnout, and compassion fatigue (Nen & Astbury, 2011). In fact, some studies have claimed that it is work-related stress that is the actual cause of distress in healthcare professions rather than the work with survivors of trauma (Devilly, Wright & Varker, 2009). The findings of the current research project do not confirm or deny these previously stated claims, but they do shed more light on this subject matter. The impacts identified in this study were related to the actual work with survivors of sexual abuse. Some of the impacts indicated the risks due to such work. However, these impacts were not conclusive indicators of vicarious trauma, burnout, or compassion fatigue. Although not highly traumatic in nature, the impacts of working with sexual abuse were related to the actual work with this client group rather than to other factors. That said, the majority of the coping techniques identified in this study were related to the work environment. One might be tempted to interpret these findings as indicating that most of the counsellors of this study were supported by their employers, which prevented most of the counsellors from developing trauma responses to their work. However, such an interpretation would be highly speculative. There is not enough evidence to indicate whether the sexual abuse services were, in fact, supportive of the counsellors’ needs or not. The findings of the current study do not confirm or deny that an unsupportive working environment leads to trauma development in counsellors. However, such findings confirm that a supportive working environment encourages counsellors’ wellbeing.
6. 3. Contributions, Limitations and Future Implications

6. 3. 1. Organisational.

The findings of this study suggest that organisations that provide counselling to survivors of sexual abuse have a significant role in promoting the wellbeing of counsellors. For instance, the counsellors identified a number of organisational factors that promoted their self-care and coping strategies. Also, it is the responsibility of the organisation to ensure a safe and secure environment for their counselling employees. Research studies support this notion, indicating that such organisations have the power and responsibility to help minimize counsellors’ distress and maximise their wellbeing (Barrington & Shakespeare-Finch, 2014). Indeed, the findings of the current study have identified a number of impacts that may pose risks to the wellbeing of the counsellors. Most of the self-care strategies and coping techniques were related to the management of the service as well as its support for the counsellors. It is in the interests of sexual abuse services and organisations to support the wellbeing of their counsellors. Consequently, I aim to identify and explain the organisational responsibilities that are based on the findings of the current study.

The counsellors identified certain work-related self-care techniques and coping strategies that helped them deal with the demands of the work, namely, receiving support from work colleagues, having a manageable caseload, engaging in continuous professional development, note keeping, not having to work at home, engaging in regular supervision, and personal therapy. These findings suggest that if the organisations support counsellors in these areas of work, the counsellors will be able to look after themselves better and deal with the demands of the work more effectively. These findings also imply that service management and development should be based not only on organisational targets or commissioners’ demands, but also on the needs and requirements of the counsellors who work in the service. After all, if the counsellors struggle with their wellbeing, it is likely to affect their performance and possibly present a risk to the counsellors themselves, the clients, counselling colleagues, and the service.

According to the findings, some of the self-care strategies and coping techniques were performed in the counsellors’ spare time. Service managers should consider this and make possible adjustments in order to support and promote counsellors’ self-care. Some recommendations in relation to this can be that the counsellors are given extra
paid-time to utilise some of the coping strategies. Other suggestions would be to fund self-care events that counsellors could attend and/or to organise in-service wellbeing days, or provide the tools and create an environment that encourages self-care strategies, for example, a relaxing place to pray and meditate, a treadmill, or a massage chair. The services should also consider funding personal therapy if counsellors identify that their work has affected their personal lives. However, perhaps the most efficient way of promoting counsellors’ self-care is to enquire what those particular counsellors need for their wellbeing.

Some of the counsellors indicated that they felt deskilled at the start of working with survivors of sexual abuse. In turn, counsellors who had no previous counselling experience of working with sexual abuse or perhaps even all counsellors who start working at the service would benefit from gaining some in-service training in regard to the expectations of the work, the trauma content of sessions, the negative impacts of the work, self-care strategies, and coping techniques. Supervision was another aspect that promoted counsellors’ wellbeing. Consequently, organisations should ensure that their counsellors are receiving regular supervision. Some of the participants indicated the need for specialist supervision, which implies that not all supervisors who supervise sexual abuse counsellors work in this particular area or that they have the right set of skills for this particular work. Further research is necessary to establish if sexual abuse counsellors should receive specialist supervision or if this is applicable only to those counsellors who work with highly complex cases.

It is important to emphasize, however, that the findings of the current study identified the organisations as supportive and considerate, which, in turn, promoted the counsellors’ self-care and coping strategies. Sexual abuse services should aim to support and listen to their counsellors’ needs when planning and managing services, as suggested by other researchers (Way et al., 2004; Bloom, 2003). Nevertheless, this research project has several organisational limitations. One, the scope of this study is limited in relation to the number of participants. Hence, such findings may not be applicable to each UK-based sexual abuse counselling service. However, generalisation of the findings was not the goal of this study; rather, the aim was to identify and explore the impacts and coping techniques in this under-researched area. Two, the participants spoke freely about their experiences without being prompted to talk about any particular aspects. Thus, further research interests in the area would be beneficial with particular
attention to certain aspects of the impacts and coping techniques that were discussed earlier in this chapter.

6. 3. 2. Educational.

According to some research findings, education about trauma counselling is an important factor preventing vicarious trauma (Nen et al., 2011; Craig & Sprang, 2010). Arvay (2001) pointed out that counsellors with less than a master’s degree were more vulnerable to secondary traumatic stress than were their peers with more education. Educating counsellors about the challenges of working with trauma is beneficial. The findings of the current study support such suggestions. In fact, the findings suggest that most of the participants in this research project had not received training on sexual trauma prior to working at sexual abuse services. In addition, the participants reported feeling deskilled at the start of counselling survivors of sexual abuse. Such findings have several implications. One, participants were not sufficiently trained to work with survivors of sexual abuse, and two, the general training provided in the educational settings that train counsellors does not cover sexual trauma and does not sufficiently prepare counsellors to work with survivors of sexual abuse.

Considering the risks of sexual trauma to counsellors’ wellbeing, it is important that the training programmes that prepare counsellors for their qualification incorporate sexual trauma counselling as well as self-care techniques and coping strategies related to such work. Such training would benefit even those counsellors who do not necessarily intend to work with survivors of sexual abuse, because they are highly likely to come across sexual abuse at some point in their practice due to the high prevalence rates of sexual abuse. Another aspect of education that would benefit from incorporating sexual abuse training is supervision. According to the findings, some of the counsellors had to seek specialist supervision because their supervisors were not able to assist them with complex sexual abuse cases. This implies that training programmes that prepare supervisors would benefit from including training on how to supervise counsellors who work with survivors of sexual abuse. Such findings may also suggest that supervisors may need specialist training in supervision when they wish to work with certain aspects of the sexual abuse.

The findings of the current study inform educational settings about the risks of working with sexual abuse survivors. Such risks should be communicated to
counselling trainees in order to prepare them for the challenges of the work as well as to increase their awareness of and ability to recognise such impacts of counselling survivors of sexual abuse. In addition, effective self-care techniques and coping strategies specific to counselling survivors of sexual abuse should be made explicit for counselling trainees in order to promote the prevention and mitigation of the impacts of trauma work.

Some limitations have to be considered in the context of education. This research project did not review or extensively research the training programmes that educate counsellors in the UK. Hence, it is very likely that some training programmes do incorporate training on sexual abuse, but that the participants of this study did not attend these particular programmes. Thus, such experiences cannot be generalised to the wider population of counsellors working with sexual abuse. However, the findings of the current study should still be considered by educational institutions. Those institutions that do not involve sexual trauma education should consider incorporating it into their programmes, while those institutions that do provide this training should perhaps consider elaborating on it and providing training events in the form of CPD to support other counsellors in the field of sexual trauma work.

6.3. Ethical.

There are ethical and moral reasons for conducting research that describes the processes involved in bearing witness to the aftermath of sexual abuse. As a trainee counselling psychologist, I aspire to ethical conduct in relation to my clinical practice and research. In addition, I want to support and encourage other healthcare professionals, in this case, counsellors, to abide by the ethical conduct expected from the caring professions. In my attempt to do so, I conducted this research project, which has identified a number of impacts and self-care techniques in the work of counselling survivors of sexual abuse. My aim was to identify the impacts of such work in order to encourage counselling professionals to be aware of such impacts so that they can recognise them if they occur. In my attempt to identify self-care techniques and coping strategies specific for counselling survivors of sexual abuse, I hope to inform counsellors about effective ways of preventing and mitigating the negative impacts of the work. Consequently, counselling professionals who work with survivors of sexual abuse have an ethical responsibility to ensure good fitness to practice, as outlined in the Code of Ethics and Conduct set by the British Psychological Society (2009), the Ethical
Framework for the Counselling Professions set by the British Association for Counselling and Psychotherapy (2018b), and the Standards of Conduct, Performance and Ethics set by the Health and Care Professions Council (2016).

Some of the impacts of working with survivors of sexual abuse may have detrimental effects on the wellbeing of the counsellors. This poses risks not only to the counsellors themselves, but also to the clients and the service. If the counsellors experiencing such impacts engage with survivors of sexual abuse, they fail in their obligation to provide appropriate and effective care as well as to cause no harm. Consequently, it is counsellors’ professional and ethical responsibility to be aware of the impacts of the work and to practise self-care techniques in order to prevent and mitigate such negative impacts. In addition, it is in the personal interests of the counsellors to be well. Accordingly, the findings of the present study aim to inform the ethical practice of counselling professionals. However, it is worth mentioning that such impacts and self-care strategies do not necessarily encompass all experiences encountered in the field of counselling survivors of sexual abuse. After all, the study has only a small scope, and there is not much evidence to rely on in this particular field of research. Consequently, more research attention is required to determine if and what other impacts and coping techniques are beneficial in this line of work. Although it was intended that counselling professionals could possibly apply such findings in their own practice, these findings are not intended to replace other effective techniques that counsellors use in their practice.

6.3.4. Research.

The findings of the current study aimed to fill significant research gaps that were identified in this field of research. As a case in point, little research interest has been shown in the area exploring the impacts and coping strategies of counsellors who work with sexual abuse survivors (Iliffe & Steed, 2000). The current study has shed light on the limited knowledge base in this particular area of research. In addition, most studies have focused on various professionals, such as nurses, social workers, and police officers (Nen & Astbury, 2011). However, the findings of this study were based on counsellors rather than other healthcare professionals, thus elaborating on the knowledge base of counsellor experiences. Sexual abuse was an underrepresented type of trauma, which has been rarely researched despite its negative impacts. Consequently,
the counsellors selected for the current research project worked exclusively with sexual abuse survivors in services that specialised in this particular area of trauma.

While a small number of researchers from different countries around the world have attempted to investigate this particular field of research (Sommer & Cox, 2006; Coles, Astbury, Dartnall & Limjerwala, 2014), very few investigations have been based in the UK (Etherington, 2000). Therefore, the findings of the current study provide a unique insight into the processes and experiences of UK-based counselling. Furthermore, this study provides a qualitative insight into the subject matter that has been dominated by quantitative designs (Craig & Sprang, 2010; Lim et al., 2010). This, in turn, gives rare access to rich and descriptive experiences of counsellors working with sexual abuse survivors. As can be seen, the present study has identified the areas that have not been thoroughly explored in the previous studies. Two research questions were asked and answered in the process of this research investigation, which has expanded the knowledge base about the impacts of counselling survivors of sexual abuse as well as self-care and coping strategies effective in this line of work.

The findings of the current study provide a unique insight into the impacts as well as the self-care techniques and coping strategies of UK-based counselling professionals working with survivors of sexual abuse. This particular area of research has not been well explored previously; thus, the findings of the present study widen the limited knowledge on this subject. Some of the impacts identified in this research project have been mentioned in one way or another in the research literature. However, this has rarely been in the context of UK-based practice, in the context of counsellors, or in the context of sexual abuse counselling. As previously mentioned, the research focus has been steered towards the negative impacts with just a few recent research inquiries into the positive effects of counselling survivors of sexual abuse. This study, however, has focused on both the positive as well as the negative impacts of such work. The counsellors identified a number of negative impacts, but also described the positive aspects of the work that made it worthwhile to stay in the sexual abuse services. More research attention paid to the positive impacts of counselling sexual abuse survivors would expand the current knowledge on the impacts of the work as well as help explain the reasons that make counsellors stay in a job that demands such high levels of engagement.
It is also important to emphasize that there were no shocking discoveries in relation to the self-care and coping strategies of counsellors working with sexual abuse survivors. Most of the techniques are familiar and are used by counsellors who work with various other issues (Thomas & Morris, 2017). However, it was not the intention of the current study to find a panacea or strategy that no researchers or practitioners have ever heard of before; rather, the intention was to identify strategies that are effective specifically for counsellors who work specifically with survivors of sexual abuse. Self-care recommendations for this particular type of work are often based on general counselling and rarely based on empirical evidence. Hence, the findings of the current study identify the strategies that work specifically for counsellors of sexual abuse. In addition, it became clear that most of the coping strategies were work-related, implying that a good work environment encouraged positive work experiences. So far, researchers have focused on the negative impacts of the workplace. However, the findings of the current study suggest that instead of focusing on what does not work, it is worth focusing on what works. Such a new research focus can provide ways of improving counsellors’ self-care through the identification and creation of supportive work-related strategies. The findings of this study will initiate a new, more positively driven direction of research. Consequently, further research attention is necessary to explore the organisational elements that promote counsellors’ self-care and coping techniques.

The current study provides an insight into the area of research that has not been well explored. Considering that this was a thesis, the scope of this research is quite small. Hence, more research attention in this particular field of research would improve the knowledge base. New research possibilities have been identified, due to the findings of this study, which may inform the practice, education, and service management of sexual abuse. I have attempted to consider a gender balance in this research by enrolling an equal number of male and female participants. However, unfortunately, only four out of the twelve participants were males. This most likely was because the counselling profession is heavily dominated by women (Rizkalla, Zeevi-Barkay & Segal, 2017) and, in fact, there are not that many male counsellors who can be accessed for research purposes in this specific area of counselling survivors of sexual abuse. Such challenges in relation to gender have also been noted in other studies, as some research studies have included only female participants (Rizkalla, Zeevi-Barkay & Segal, 2017) while
some other studies could enrol only a small number of male participants (Devilly, Wright & Varker, 2009). Although most of the participants of the current study were female, the majority of them worked with both male and female survivors of sexual abuse. Consequently, these counselling experiences were not based on female clients only. However, further research in this field should attempt to explore the experiences of male counsellors, as they are often underrepresented in such research.

6. 4. Personal Reflections

Above, I have highlighted a number of recommendations for the wider field, but what about the implications of the current research on my own therapeutic practice? I have already outlined my personal reflections and experiences in the section on Reflexivity and Realism in the Methodology chapter. Hence, in this section, I will briefly elaborate on the above question with my concluding reflexive remarks. The findings of the current study made me realise and consider the impacts of working with survivors of sexual abuse. I am still passionate about this particular issue, and I hope to work with survivors of sexual abuse in the future. However, these findings made me more mindful of the possible impacts of working with sexual trauma. Realising such impacts is important because I can now weigh the risks of the work and prepare myself for this particular job.

The other aspect that had a significant impact on my practice was a realisation of the importance of self-care. It is something that all counselling professionals are aware of and try to practice. However, witnessing participants’ stories and recognising the self-care strategies identified by them made me re-examine the coping strategies of my own practice. I have now realised that I do not utilise such strategies as much as I would like to or, in fact, am required to. It is easy to get involved in work-related practices or personal activities and keep self-care for later, or for when I have more time. Nonetheless, self-care is a highly important aspect of the wellbeing that should not only be practised as a mitigating technique but, rather, as a preventative tool.

6. 5. Chapter Summary

In this chapter I drew the research together by providing an overview of the central findings of the study. I addressed the significance of the findings and how they relate to one another. Then, I elaborated on the contributions, limitations, and future implications of the current study. I discussed the benefits of this study towards
organisations that seek to improve the wellbeing of their counsellors, and I emphasized the educational benefits of providing sexual trauma training. Next, I linked the findings of this study to the ethical conduct of the counsellors who work with survivors of sexual abuse before identifying and discussing the strengths and weaknesses of the study as well as future research implications. Finally, I took time to reflect on the impact of the research on my own experience, attitudes, and practice as a trainee counselling psychologist.
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INVITATION TO PARTICIPATE IN A RESEARCH PROJECT

The Therapists’ Perspective on The Impacts and Coping Strategies of Counselling Adult Survivors of Sexual Abuse

By Julija Vaitiekunaite

Dear fellow counselling provider,

I am contacting you because I am in need for research participants for my doctoral thesis. I am in my last year of Doctorate in Counselling Psychology at the University of Manchester. I would be very grateful if you can take a few moments to read the information provided and if you are interested in participating in this research please contact me via an email provided below.

Having had experience of providing counselling to people who were sexually abused, I realised that counsellors, therapists and psychologists are counselling people with very traumatic experiences which may impact their own wellbeing. By participating in this research you will provide your valuable experience and shed some light on the area that is not well researched. We all know how important self-care is. Participating in this research might be a perfect opportunity for reflection and personal development. Consequently, I would like to shed the light on negative as well as positive experiences and self-care strategies that counsellors adopt when counselling people who experienced sexual abuse.

I would highly appreciate if you could spare some of your time to have a 45-60 minute conversation about these aspects in a confidential environment.

Thank you for your time and consideration,

Best wishes,

Julija Vaitiekunaite
Trainee Counselling Psychologist
University of Manchester
julija.vaitiekunaite@postgrad.manchester.ac.uk
Appendix B

Counselling Survivors of Sexual Abuse:
Impact on Personal Development and

If you provide counselling to people who experienced sexual

Shed more light on personal impact of such work!
AND

Please participate in this research because your

Researcher: Julija Vaitiekunaite,
Trainee Counselling Psychologist
University of Manchester
If you are interested, please email julija.vaitiekunaite@postgrad.manchester.ac.uk
Appendix C

The Therapists’ Perspective on The Impacts and Coping Strategies of Counselling Adult Survivors of Sexual Abuse

Participant Information Sheet

You are being invited to take part in a research study as part of a Counselling Psychology Doctoral programme. Before you decide it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and discuss it with others if you wish. Please also ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the research?

Julija Vaitiekunaite, Trainee Counselling Psychologist at the University of Manchester.

Title of the Research

The Therapists’ Perspective on The Impacts and Coping Strategies of Counselling Adult Survivors of Sexual Abuse

What is the aim of the research?

The aim of the research is to explore how counselling survivors of sexual abuse impacts upon therapists. Also, this research aims to explore what self-care strategies are used by the therapists working in these settings.

Why have I been chosen?

You have been chosen because you provide counselling to survivors of sexual abuse.

What would I be asked to do if I took part?

You would attend a one-hour interview where I will ask a few questions about how your work affects you and what self-care strategies you use. You will not be asked to get involved in any other activities other than this interview.

What happens to the data collected?

Our conversation will be audio recorded. I will personally transcribe the data into a secure word document and then analyse it. The data will be password-encrypted and kept safe.

How is confidentiality maintained?

All data is encrypted and stored in line with the data protection policy effective at the University of Manchester. Names and personal data will be kept confidential. Excerpts
of what you said might be used in publishing my work, however no identifiable information will be provided.

**What happens if I do not want to take part or if I change my mind?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

**Will I be paid for participating in the research?**

As your participation in the research is voluntary, you will not be paid.

**What is the duration of the research?**

I am aiming to finish this research project by the end of 2017.

**Where will the research be conducted?**

Research will be conducted in a safe and confidential space agreed upon by both the researcher and the participant.

**Will the outcomes of the research be published?**

The outcomes of the research may be published in anonymous form in academic books or journals.

**Contact for further information**

If you require any further information in relation to the research project, then you may contact either myself julija.vaitiekunaite@postgrad.manchester.ac.uk or my supervisor Dr Terry Hanley terry.hanley@manchester.ac.uk

**What if something goes wrong?**

In this circumstance, you may contact myself via the email julija.vaitiekunaite@postgrad.manchester.ac.uk or my research supervisor whose contact is noted above.

If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Coordinator by either writing to 'The Research Practice and Governance Coordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: research-governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093
Appendix D

The Therapists’ Perspective on The Impacts and Coping Strategies of Counselling Adult Survivors of Sexual Abuse

Informed Consent Form

If you are happy to participate please complete and sign the consent form below

1. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.
2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.
3. I understand that the interview will be audio-recorded.
4. I agree to the use of anonymous quotes.

I agree to take part in the above project

Name of participant ______________________ Date ___________ Signature ______________________

Name of researcher ______________________ Date ___________ Signature ______________________
Appendix E

Interview schedule

Background

1. Can you tell me what training you had in relation to your counselling work?

2. Do you have any other experience that you find beneficial in this line of work?

3. How long have you been counselling survivors of sexual abuse?

4. What are your duties and responsibilities in your role?

5. What client presentations do you usually work with?

6. What is your client load?

Data

1. You counsel survivors of sexual abuse. What impact does this work have on you, your personal life and your personal development?

   a. If positive impact, ask: Have you ever experienced a negative impact?

   b. If negative impact, ask: Have you ever experienced a positive impact?

2. What are self-care techniques or strategies you use in this line of work?

3. Have you noticed any particularly helpful or less helpful self-care strategies and techniques?
The Therapists' Perspective on The Impacts and Coping Strategies of Counselling Adult Survivors of Sexual Abuse

Distress Protocol for Qualitative Data Collection


Distress
- A participant indicates they are experiencing a high level of stress or emotional distress
- Exhibit behaviours suggestive that the discussion/interview is too stressful such as uncontrolled crying, shaking etc

Stage 1- Response
- Stop the discussion/interview.
- Researcher will offer immediate support using counselling skills developed in her training and practice
- Assess mental status: Tell me what thoughts you are having? Tell me what you are feeling right now? Do you feel you are able to go on about your day? Do you feel safe?

Review
- If participant feels able to carry on; resume interview/discussion
- If participant is unable to carry on Go to stage 2

Stage 2- Response
- Discontinue the interview
- Encourage the participant to contact their GP or mental health provider OR
- Offer, with participant consent, to do so

Follow up
- Follow participant up with courtesy call (if participant consents) OR
- Encourage the participant to call either if he/she experiences increased distress in the hours/days following the interview
Appendix G

Environment, Education and Development School Panel PGR

The University of Manchester
Manchester
M13 9PL
Email: PGR.clls@manchester.ac.uk

Ref: 2017-0215-2445

05/04/2017

Dear Mrs Judita Varniute, Dr Terry Hadley

Study Title: Consulting Survivors of Sexual Abuse

Environment, Education and Development School Panel PGR

I write to thank you for submitting the final version of your documents for your project to the Committee on 04/04/2017 09:16. I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.

Please see below for a table of the title, version numbers and dates of all the final approved documents for your project:

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<th>File Name</th>
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This approval is effective for a period of five years and is on delegated authority of the University Research Ethics Committee (UREC); however, please note that it is only valid for the specifications of the research project as outlined in the approved documentation set. If the project continues beyond the 5 year period or if you wish to propose any changes to the methodology or any other specifics within the project, an application to seek amendment must be submitted for review; Failure to do so could invalidate the approval and constitute research misconduct.

You are reminded that, in accordance with University policy, any data carrying personal identifiers must be anonymized when held on a secure university computer or kept securely as a hard copy in a location which is accessible only to those involved with the research.

For those undertaking research requiring a DBS Certificate: As you have now completed your ethical application a colleague at the University of Manchester will be in touch for you to undertake a DBS check. Please note that you must have DBS approval until you have received a DBS Certificate completed by the University of Manchester.

Reporting Requirements:

You are required to report to us the following:
1. Amendments
2. Feedback and adverse events
3. Notification of progress and of the study (if applicable)

We wish you every success with the research.

Yours sincerely,

[Signature]

Dr Sarah Marie Hall
Environment, Education and Development School PGR
Phase 1: Sample interview notes

Themes:
- Traumatic stuff in screams
- Used to that
- Shocking stuff
- World is chaotic
- Trauma often scream + loudness
- Unsafe
- Too guarded + friends + partner
- Re-traumatising experience?
- Bottle of whiskey!! to cope
- Suppression = good
- Reassuring
- Damage to sex life = consent = too much later
- Fear of not being a person
- Don't like to be touched
- Impact on sex = negative
- Need a break between job and home
- Transition
- Comments from family = arguments about sexual abuse topic = unawareness of others
- Cycling very good! Especially after work
- Not same if takes bus = needs physical action
- Long-term impact of work = damage
- Can't do it long-term = BUT also prevented to stay

Roleplay:
- Participant felt fine after the scream. No worries or concerns. Participant asked to be informed about the outcomes of research, said I will do that. Participant felt that the questions were
Sometimes seeing as in other participants relevant and he thought that he is contributing to an important area of research.
Good feedback! He had no comments about me as a person or researcher. He said that every aspect felt safe and right. Participant OK.
He: I think interview went well. A lot of the themes [subjects] that he discussed were similar to those of other participants, especially traumatic content and being under it + challenges to sex life + sense of being unsafe. Especially coping with exercise. Cycling was mentioned often before.
Interesting drinking alcohol due to the work was mentioned once up to this interview already! I was a little concerned, or rather, thoughtful about risks and dangers of alcohol consumption -> but participant discussed this in supervision + it happened once + he is aware of implications. So, no risks!
At one point I was not sure what he meant, but I asked and he clarified this (about creation of a false memory). This caused him to elaborate on this specific topic a little more than I thought he probably intended. But it was for clarification purposes and it was his decision on how detailed he wanted to be.
Overall, it was a good interview, many themes are coming out together, it would seem.
Appendix I

Phase 2: Sample of generating initial codes

*Researcher:* Yeah. Okay. And you have mentioned quite a few of the coping strategies that you do. Are there any other coping strategies that you do just to help, you know, function properly, I guess?

*Participant:* I started to. I had a marathon last few weeks of going to trainings. XXX was down. So, I went to his conference last few weeks. I've done loads of training recently. I think, um... I find that bit as a coping strategy. You know, but kind of just reading into... I like to read more. I know everybody says that. Finding space to kind of take time out and read and understand what I'm doing, you know. For instance, because I kind of come back into the work and I'm a bit, you know... in some areas, you know... Like for instance, the trauma on the brain, you know. The front brain, the back brain. The what is it called... the amygdala, you know. So it is running around in my head- the fight flight. The whole concept, you know. I'm really kind of thinking about how can we get that whole concept across to a client. In a creative way, a really clear way. Why can't we have some visuals that are better than what we can say? So that really helps me. I find that a coping strategy because I'm thinking about how can we get things better? Because if I don't know that stuff really well, that's gonna give me more anxiety. So, I think getting better at what I do is a coping, you know. Understanding better. Like, obviously, I

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understand it cuz I worked in the field. But actually, could I, if I had to... We are kind of mini teachers. I always say. Because we’re doing psycho education, you know. We all do it in different ways and we’ve got different styles and so. But can we? Could we equip our team or equip counselors with something far better - a resource? You know, you’re going to, in your own way. But to get that information across to the client in a much better way, that they get it and say, ‘Oh, yes, yes.’ You know, that is not threatening and not like science. It can go over people’s head and they can be thinking: ‘what you’re talking about?’ So I find that, that’s being helpful and that’s an ongoing thing, of course. I think it’s for all counselors. And I think, like I said, you know, prayer is really constant in my life. So, without me thinking about it, it’s probably helping me to cope, you know. I remember to do a prayer. I’m often advised by people that before you go in and sit, you’re going to listen to horrible stuff. It leaves you with... there’s an air in the room, isn’t there? It leaves you with bad spirit. So, you can go in a room and kind of do a prayer and cleanse, a protection prayer. I do that. When I leave the house every morning, I pray something that’s a protection. So, I guess, I feel that that protects me from the kinds of badness that might come from... That’s left with you when you hear something horrible or you’re trying to deal with something horrible. So, I suppose, I’ve got innate belief that my belief helps me, you know. That ultimately God helps me in this work. Because

Resources
Helpful to convey information clearly
Prayer is helping to cope
Listen to horrible stuff
Bad spirit after session
Cleanse a room with protection prayer
Protection prayer when leaving the house
Prayer protects from badness
Belief in God is helpful
Good intentions protect
Reading
Holidays
Time out
Talking
this is within the good what we are doing. So, I will be protected. Reading, just holidays, taking time out, talking, all those things. I think they're really useful. I don't think there's anything I can think of in particular. Just switching off from the whole... It was quite funny actually, because when I went on my last holiday I was looking for a book to read. And I thought I don't want a book on a rape, trauma, loss. I don't want anything. I just want a nice happy book. Could I find a nice, happy book? No. Everything I picked up wasn’t that. And eventually I found a book that was about Saddam Hussein and I thought 'all right, I'll read that.' It was all about rape, trauma, loss. He was a flippant sadistic, you know. I was sent to a supervisor. She goes- ‘it follows you around, we can't get away from this stuff.’ It was funny, you know, that I couldn't get away from it. I mean, I enjoyed it in the end- the book, but it was all about rape and loss. But it's funny how it follows you about. You end up... and you see it in things as well. You see loss in lots of things.
Appendix J

Phase 5: Engaging in Physical Exercise Theme

| Participant 1 | I cycle home as well.

I recently started running more regularly.

So, I find that’s really useful, because I have a racer bike. So when I leave work, I just tshhh... And it just helps to shake everything off, really. Just kind of, you know, release all that tensions through that, you know, speedy bike-iness.

I suppose it’s something that, you know... We release energy, don’t we? From limbs, through what we are doing. And I suppose it’s, it’s control as well. Something I can, you know... I have got full control of the bike, which way we go, what we get and what we do. And I suppose it takes away a bit of that helplessness in a way. Even though I still hold on to my bike because of the cars, but still- that’s something else.

I suppose I like running. |
| Participant 10 | Walking outside

We are quite close to XXX so I walk there.

I think change in the environment, moving around- I think helps. I think. I remember on my training, my trainer talked to me about how when he works with highly depressed clients, he sometimes then goes for a walk around. Because it would shake off the depression that you can almost take on when you are with a client. And I think that is something that I kept in my mind.

So, actually, often I will then go out for a 5 to 10-minute walk. It does have a sense of releasing some of the energy, releasing the story.

Maybe a bit of exercise because therapy is actually quite a sedentary job in a way, even though you talk about energy, you know. There is all this kind of stuff happening in the world... I am sitting for most of the
| **Participant 12** | And actually, I find the gym really helpful. So again, if you’ve got the client stuff in your head or personal life stuff that you can’t say to people, actually get on the treadmill or your cross-trainer, and just as you are running around, and kind of get it out of my head. So, I might be running through what I’ve said to a client or what they’ve said back. Or you know, if I am feeling angry about something or upset, that I can get that out then. And then I always train. Like every second time I go to the gym, I go swimming afterwards. So, that helps to kind of deregulate me and calm me back down again, and ground me. |
| **Participant 5** | The thing that made the biggest impact and I am also not doing it now, that was something really important about how I got home. So I’m on the bus now and it doesn’t feel as good. But, when I was cycling, that made a massive impact. So, it’s like a physical transition. Someone made the comment, one of my old supervisors made a comment that, with the way that your legs move on cycling... I potentially wonder if that is bilateral stimulation and whether you are processing it on the way home. Which I suppose potentially, but there is something about the physical nature of it. Researcher: So, you found physical activity, in particular cycling, as a way of coping with it? Participant: But most of that, on my commute home. Because it provided that: this is work, this is the way to get home, this is home. |
| **Participant 6** | The other thing worth mentioning is I do a lot of cycling and I am really keen on the outdoors, on sports. And I really use the outdoors to sort of ground myself up, massively. I love exercising. So, that makes my body feel strong. A lot of cycling. There is something about cycling that I really quite like. It’s so boring because your legs are just going round and round and round. But there is something about it. Maybe there is a monotony in that, that require |
liking. The physical experience of getting a bit tired, may be. I don't do a great deal of reflecting on my work, but I will use the bike as a place to do reflection on my work that day. I don't always need to do it, but sometimes I do. So, the bike's kind of like my little protected safe place. Nobody can bother me, it's just me on the bike. I have got 50 minutes to get home and it's just a great time to just sort of, you know. Just reflect on what I have done that day, maybe. Or, think about what to cook for tea, like. It's what is in me. You know, it's kind of like my little safe place really.

Participant 7

Participant: Will do something, maybe go for a walk. Walking is a great one. Just walking, whether that is with myself or with others, just being out in the world and...
Researcher: What is it exactly about walking that is helping you?
Participant: I guess, connecting with the environment, remembering the things that are beautiful in life...

Participant 8

I cycle to and from work and that's always really helpful.

I find doing exercise really, really good for de-stressing myself as though like transition from work to home. I find it quite like, when I am really anxious, and that is my tendency, I find things like cycling and running really helpful because moving, flowing with the anxiety helps me to dissipate it.

Something like going for a walk or cycling is just a really useful way.

I am running again, I find that really helpful.

Participant 9

And so I've been for a walk.

Ride bike.
Appendix K

Reflexive Statements on Naïve Realism

To start with, I identified a level of tension caused by being a realist conducting qualitative research. Indeed, I felt under pressure to justify my position throughout all the stages of this research project. While such pressures were self-induced, they were heavily supported by the current literature and research studies. Specifically, researchers often identified themselves as active participants in qualitative research, and so they explored various aspects of how they affected the process of their research studies. I, on the other hand, had taken the position of an outsider. This positioning is rather rare in qualitative research. Consequently, I felt that I needed to justify every decision in my attempt to demonstrate that I was not naïve to think that I was an outsider. That, in fact, I actually was. On the other hand, this tension had a positive side, because I attempted to demonstrate extra care with the design of the study. This, in turn, made the Methodology chapter highly elaborative, perhaps more so than was required. However, such detail stemmed from my attempt to justify my role and my awareness of the processes that were involved in this research study.

As previously mentioned, I was familiar with a few of the participants as well as with one of the services that some of the participants were working in. Upon my reflection on the processes involved in participant recruitment and data collection, such familiarity did not seem to create any obstacles to this research study. My past relationship with those participants was professional. It was limited to only a few weekly or monthly encounters. It had been a few years since I had last saw them prior to them expressing their interest in participating in my research. However, I did not anticipate any possible obstacles due to such prior engagements. Throughout the data collection processes, I made sure to allow
participants the space to ask questions and voice any concerns. In addition, they were given the space to reflect on the research questions whichever way they wanted. After the interviews, the participants were encouraged to reflect on the process, and none of them identified any challenges or hesitations about any aspect of the study, including about me. Such processes made me feel more confident in my realist positioning. I perceived myself as an outsider who was collecting the participants’ experiences, and I believe that I managed to maintain such a position throughout the processes of the current research.
Appendix L

What is the impact of counselling survivors of sexual abuse?

- Work-related impacts
  - Feeling deskillled
  - Shelf life of counselling survivors
  - Normalisation of shocking content
  - Decreased sense of safety
  - Turning to alcohol
  - Having high job satisfaction

- Impacts on personal wellbeing
  - Evolved personal growth
  - Feeling physically and mentally tired
  - Being emotionally burdened
  - Self-identified high levels of distress
  - Challenges with family and friends
  - Concerns about children
  - Changes in romantic partnership
  - Damaged sexual intimacy

What coping strategies and self-care techniques are useful when counselling survivors of sexual abuse?

- Holistic self-care
  - Engaging in physical exercise
  - Being in nature
  - Performing household chores
  - Taking time off work to recover

- Working environment self-care
  - Supportive colleagues
  - Manageable caseload
  - Engaging in continuous professional development
  - Note writing after sessions
  - Not writing at home
  - Being self-aware
  - Engaging in personal therapy
  - Having regular supervision

Emotional labour