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The Impact On Male Therapists Treating Sex Offenders: A Phenomenological Study With A Focus On Gender, Race, And Ethnicity

Sueli S. deCarvalho Petry
Seton Hall University

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THE IMPACT ON MALE THERAPISTS TREATING SEX OFFENDERS:
A PHENOMENOLOGICAL STUDY WITH A FOCUS ON GENDER, RACE, AND ETHNICITY

BY

SUELI S. deCARVALHO PETRY

Dissertation Committee

Wesley T. Matsui, Ph.D., Mentor

Robert F. Massey, Ph.D.

Ben Beitin, Ph.D.

Monica McGoldrick, L.C.S.W., Ph.D. hc

Pilar Hernandez, Ph.D.

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Seton Hall University

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Abstract

This qualitative study used semistructured interviews, content analysis and phenomenological reduction to examine the impact of listening to stories of sexual abuse on 9 male therapists who treat adolescent and/or adult sex offenders. A three-generational cultural genogram provided trauma history, culture, ethnicity and spirituality for the 1 African-American, 4 Latino, 1 Jewish and 3 White participants. Participants reported some symptoms of vicarious traumatization and secondary stress disorder: increased vigilance and cynicism. All participants felt an increased need to protect their families physically and some protected their families emotionally by not speaking of their work or their vigilance and cynicism. Some participants reported a feeling of enhanced preparedness to face challenges and to protect their families as a result of working with sex offenders. The theme protection of family and enhanced preparedness was related to male gender role expectations. All participants said empathy was necessary for treatment. The men of Color reported a special empathic connection with clients of similar ethnicity and race. The men of Color also reported an increased awareness of male gender power and social justice issues of gender, race, and class oppression and privilege as a result of work and critical self-reflection. All participants stated that negative effects were mitigated by support from colleagues and self-care. Therapists who identified as spiritual said their spirituality helped them to cope with the stress of work. Most expressed a sense that working with sex offenders was gratifying because they were doing difficult and important work, making society safer, their opinions were respected, and their clients benefit from their work.

Clinical implications called for therapists to engage in self-examination with regard to issues of power and privilege, the invisibility of race and privilege, and cultural competency. Organizations are encouraged to provide therapists treating sex offenders with support of colleagues, supervision, training regarding the impact of listening to stories of sexual abuse and time for self-care.

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First and foremost I am grateful to my husband and life-companion, Karl Petry. He nurtured me with his love, and he took charge of our daily needs while I buried myself in my studies. He encouraged me and believed in me. His faith makes the improbable possible. Karl is a practical dreamer – he dreams lofty dreams and he makes them come true.

I would like to thank my professors at Seton Hall University. My mentor and advisor, Wes Matsui gently but persistently pushed for ever deeper levels of inquiry and analysis. Robert Massey and Ben Beitin contributed profoundly with their scholarly inquisitiveness. Pilar Hernandez, my research advisor for the first two years of my doctoral studies, helped to formulate the research questions and the pilot study. She also provided guidance at the end of this process, as a reader and a mentor. These professors made this dissertation one I am proud to present.

I am grateful to my mentors at The Multicultural Family Institute, Monica McGoldrick and Nydia Garcia-Preto. They provided much intellectual stimulation, along with their unwavering support and generous hearts. Their commitment to a family therapy practice that counters the societal forces that undermine people because of race, gender, culture, class, sexual orientation or disability is truly inspirational. Monica McGoldrick worked on this dissertation for more than two years. Her expertise was invaluable in making this work one that promotes social justice.

My research team member, Andraé L. Brown, spent countless hours from conceptualization of the research design through the final manuscript. I am grateful for his collaboration, warmth, humor, and optimistic nature.

Last, but not least I thank the men who volunteered to be participants in this study. They shared their family histories, stories and personal experiences. Without their generosity this dissertation could not have been completed.

Dedication

I dedicate this dissertation to my mother, Catherine Separovich de Carvalho (1935-1996). She changed her name from Catarina to Catherine when she was naturalized as an American citizen. She always lived as an outsider: first as a child of immigrants from Yugoslavia in Brazil, then as an adult immigrant from Brazil in the United States. She faced oppression based on gender, class and immigrant status. She did not have many opportunities. However, with her intelligence and love of life she instilled in her children a belief that life was essentially good. She and my father, Aristides Berilo de Carvalho, loved us unconditionally and led me to believe that I could accomplish anything I wished.

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Chapter I

Introduction

This is a phenomenological, qualitative study of the impact of treating sex offenders on male therapists. The literature on countertransference, vicarious traumatization, and secondary traumatic stress indicates that listening to stories of sexual abuse affects therapists (Davies & Frawley, 1994; Gerber, 1995; Mitchell & Melikian, 1995; Pearlman & Saakvitne, 1995a, 1995b; Peaslee, 1995; Polson & McCullom, 1995; Weiss & Choma, 1998). Therapists who treat sex offenders routinely listen to stories of sexual abuse. This study was focused on men because previous studies that have addressed gender issues have not studied the male gender. Some of the gender issues that have been addressed in the literature include: (a) transference and countertransference between female survivors and male therapists (Davies & Frawley, 1994; Pearlman & Saakvitne, 1995a, 1995b); (b) female therapists' countertransference with male offenders (Gerber, 1995; Mitchell & Melikian, 1995; Peaslee, 1995; Polson & McCullom, 1995; Weiss & Choma, 1998); and (c) female countertransference experience with female survivors (Davies & Frawley, 1994; Pearlman & Saakvitne, 1995a, 1995b). This study was focused on the experiences of male therapists treating male sex offenders in order to fill a gap in the literature. Most of the patients who are in treatment for sexual offenses are men. Through use of semistructured interviews and a thematic genogram, this study involved exploring the impact on men who treat men who have committed sexual offenses, including countertransference, vicarious traumatization, secondary traumatic stress, and other related experiences.

Background

Since this is a phenomenological qualitative study, I share my thoughts and experiences because the experience of the researcher influences the research (Boss, Dahl & Kaplan, 1996; Sprenkle & Moon, 1996). My interest in this topic evolved from my personal experiences as a novice therapist working with children who had been sexually abused. I was totally unprepared for the personal impact of listening to the children's stories of abuse and trauma. The experiences affected me deeply; I was suffering symptoms of secondary traumatic stress disorder. I often dreamed about the children, or awoke thinking about them. I felt angry at the offenders and at the system that did not protect children. I was overwhelmed by the systems that came into play: the courts, The Division of Youth and Family Services (DYFS), foster care, family stress, loss of family, loss of income, and other concomitant issues.

Family losses were particularly complicated when the offense was committed by a beloved family member, as was evident in my first two cases, and in many subsequent cases. First was a girl who had been sexually abused by her grandfather. She loved her grandfather because he was her most constant parental figure. She described him as kind and loving (except for the sexual abuse). When he was arrested, the family suffered a great loss. The girl was placed in foster care and her mother, who was intellectually limited and suffered from clinical depression, was also arrested because she had failed to protect her daughter. This little girl spent 2 years in various foster homes while her mother went through the legal process and treatment for depression. The girl was actually more traumatized by the events following disclosure than she was by the abuse. I trust the reader understands that I am not minimizing the ill-effects of child sexual

abuse. Rather, I am trying to make the point that the related consequences can be just as harmful, and in some cases even more harmful.

My second case was a boy who was sexually molested by his mother. In the course of treatment, I learned that his mother and father had a long history of fighting over the children, and the father had falsely accused her of molesting their son. She could be inappropriate with her children at times, but the sexual-abuse issue was grossly exaggerated. The little boy was removed from his mother's custody, he had to undergo interviews and treatment for child sexual-abuse, and his mother was forced to go through a lengthy assessment process before they were able to be reunited. Again in this case, the boy was more traumatized by these subsequent events, which occurred in an effort to protect him, than by his mother's inappropriate comments or actions.

In the process of clinical training to work with these children, I learned that I was not alone in my experience of secondary traumatic stress and in my feelings of inadequacy. There is an extensive body of literature on the effects on health providers who work with trauma survivors of the Holocaust, natural disasters and war veterans, as well as those who work with sexual-abuse survivors. My personal experiences led me to a qualitative research project on the impact of listening to stories of abuse by therapists working with childhood sexual abuse cases (the pilot study). Data collection consisted of a semistructured interview based on issues raised from my personal experiences and from a review of the literature. The primary question was: "How does the experience of listening to sexual-abuse stories affect therapists?" The secondary questions included: "How have you reacted to working with sexual abuse clients?" and "In what ways has the experience of working with sexual abuse changed your knowledge and views?" The

participants in the pilot were master's-level clinicians, (one Hispanic male, two Hispanic females, one Caucasian female, and one Egyptian female). The male therapist and one Hispanic female therapist were employed in an adolescent-sex-offender treatment program, and the others had experience in working with survivors of sexual abuse. Themes gleaned from the data collected for this pilot suggested some interesting gender issues concerning the male therapist's reactions to working with sex offenders. He questioned definitions of "maleness," and discussed issues of male guilt, homosexuality, homophobia, as well as ethnic identity, and secondary-traumatic-stress-disorder symptoms such as numbing, flashbacks, and intrusive thoughts. This was interesting because most of the literature regarding gender issues and therapists working with sexual-abuse survivors or offenders focused on female therapists and female gender issues. The few references to male gender issues referred to the countertransference between male therapists and female survivors. The only exceptions found were Farrenkopf (1992) who observed that male therapists spoke of their increased sensitivity in their intimate relationships with their female partners after listening to stories of abuse, and Lea, Auburn and Kibblewhite (1999) who noted that male therapists reported an increased collective guilt.

Other themes derived from the pilot study included: (a) the importance of therapists' self-care, (b) the need to explore the parameters of the professional/personal dialectic (how professional work impacts personal life and isomorphically how personal life impacts professional work) in treatment of sex offenders, (c) support strategies for dealing with this dialectic in the context of the daily work environment, (d) quality and

effectiveness of training, and (e) availability of professional support systems and sufficient supervision.

Thus, the pilot study led me to the main question addressed in this study: How does the experience of treating sex offenders affect male therapists? If we are to be effective in the treatment of child sexual abuse, we must think about this issue systemically. The offender is usually not a stranger; he or she is usually a family member or a close friend. This calls for a serious effort in treatment of the survivors as well as the offenders and for clinical training and care for the providers of such treatment.

Research Questions

The main research question was: How does the experience of treating sex offenders affect male therapists?

There were two subparts to this main question. The first concerned therapists' reactions: (a) How have therapists reacted to working with sex offender clients? (b) How does the experience of listening to what sex offenders say affect therapists? (c) How has the work changed the therapists? (d) How does the experience of listening to what sex offenders say affect the therapists' work? and (e) In what ways do therapists imagine others perceive they have changed?

The second pertains to growth or changes in knowledge and worldview: (a) In what ways has the experience of working with sex offender clients changed the therapists' knowledge, views, or behavior? (b) How does it affect professional knowledge? (c) How has it affected their view of gender issues? (d) How has it affected

their view of society, racism, sexism, and patriarchy? (e) How has it affected the way the therapists do therapy? and (f) How has it affected their view of social justice?

Significance of Study

Two questions must be answered in order to explain the significance of this study:

(a) Why focus on male therapists? and (b) Why should we be concerned about people who commit sexual offenses against children?

In response to the first question, a review of the membership of the New Jersey chapter of the Association for the Treatment of Sexual Abusers (NJ ATSA) revealed that more than half (56%) of the treatment providers were male. Yet, the literature on the impact of working with sex offenders has not adequately addressed gender issues. When gender issues were addressed at all, they usually described the countertransference between female therapists and male clients. Feminist family therapists have bemoaned the invisibility of male gender issues. If we hope to deconstruct the patriarchal system of power and privilege, we must make gender visible to men. As a society, we treat our male military, political, scientific, or literary figures as if their gender had nothing to do with their military exploits, policy decisions, scientific experiments, or writing styles and subjects. Race, class, and gender do not refer only to the marginalized "others." We must be attentive to the centrality of gender in our lives, or we will perpetuate gender inequality (Almeida, 1994; Dolan-Del Vecchio, 1998; Kimmel, 1996; McGoldrick, 1998; Rosen, 1999). Previously, males have been the focal point of most psychological research; however, those researchers viewed male gender as representative of humanity,

not as a distinct and complex construct (Levant & Philpot, 2002; Levant & Pollack, 1995). By focusing on men I am attempting to make male gender issues visible.

As to the second question the answer is more complex. It is difficult to be empathic with a criminal and even more difficult when the criminal offense involves abuse of children at such an intimate level. I justify spending time and resources on this population because sex offenders are an integral part of the system that perpetuates childhood sexual abuse. Barret, Trepper, and Fish (1990) maintained that roots of abusive behavior run deeply through cultural values, and one of the key vulnerabilities of families in which incest has occurred is that they have incorporated society's values of power and sexuality. Howes, Cicchetti, Toth, and Rogosch (2000) asserted that sexual abuse appears to have an ongoing impact on child and family functioning even when the perpetrator is removed, and high levels of family dysfunction create a family context that places members at a higher risk for sexual abuse. Indeed, Kaslow (1996) stated that transgenerational patterns of abuse are commonly reported, and being abused as a child increases vulnerability for continuing the cycle.

Persons who commit sexual offenses are an integral part of the system that perpetuates childhood sexual abuse. We must treat offenders in order to effectively treat victims of incest and childhood sexual abuse. We must treat childhood sexual abuse systemically, or we perpetuate the abusive cycle.

Since we must work with sex offenders, the question becomes how to do so effectively. Davies and Frawley's (1994) description of the countertransference that repeatedly occurred in their work with adult survivors of childhood sexual abuse provided a framework for understanding the impact on clinicians working with this

population. Trauma, as with any human experience, is felt and affects one intrapsychically, interpersonally, and in relation to other systems. It is important to note that many studies indicated the work can be gratifying. Some have found treating offenders fulfilling (Edmunds, 1997; Polson & McCollum, 1995). Others have noted that learning to deal with the traumatic material can be transforming for the therapist, because it promotes self-growth and self-awareness (Farrenkopf, 1992; Pearlman & Saakvitne, 1995a, 1995b) and opportunity for social and political involvement leading to social change (Danieli, 1994; Iliffe, 2000; Munroe, et al. 1995; Sexton, 1999).

This study provided another means of support for the therapists, because it allowed them the opportunity to be heard. The process of the study itself confirmed for them that their work is meaningful, and that colleagues in the profession are aware that their work is difficult, yet crucial. Pervasive throughout the literature was the notion that support from colleagues is a key element for mitigating the effects of secondary trauma of the caregivers (Brady, Guy, Poelstra, & Brokaw, 1999; Daskovsky, 1998; Davies & Frawley, 1994; Edmunds, 1997; Farrenkopf, 1992; Gerber, 1995; Herman, 1997; Kearns, 1995; Lea, et al. 1999; Munroe, et al. 1995; Pearlman & Saakvitne, 1995a, 1995b; Peaslee, 1995; Saakvitne & Pearlman, 1996; Steed & Bicknell, 2001; Stukenberg, 2000; Weiss & Choma, 1998). This study is significant, because creative and competent clinicians should be encouraged and supported in their work with sex offenders. They are treating an integral part of the system that perpetuates abuse of children.

Limitations

This research had several limitations. Although the literature pointed to a generally accepted commonality of experiences among therapists who work with trauma and abuse, including countertransference and secondary traumatic stress, we must recognize that there are differences among therapists. This research was focused on a specific population of nine male therapists working in three sex-offender treatment centers in New Jersey, an outpatient and a residential center for adolescent offenders, and an in-patient prison facility for adult offenders. Thus, this analysis may not be generalizable to the experiences of all male therapists working with sex offenders.

This research was also limited by its focus on the therapists' experiences and was not inclusive of the experiences of the offender-clients. Although the primary focus was on the experience of the therapists in context, it was understood that the interactions between therapists and clients impact individual and collective experiences. Subsequent research should address the clients' experiences in order to obtain a richer understanding of the phenomenological findings and interpretations.

Key Terms

Vicarious traumatization: Vicarious traumatization refers to the enduring deleterious effects of trauma therapy on the therapist (Pearlman & Saakvitne, 1995a).

Compassion fatigue: a form of burnout as a result of working with traumatized clients that leaves therapists feeling drained and traumatized themselves (Figley, 1995).

Secondary Traumatic Stress Disorder: symptoms of Post-Traumatic Stress

Disorder suffered as a result of treating people who have been traumatized, or listening to stories of trauma (Stamm, 1995).

Countertransference reactions: Wilson and Lindy (1994) introduced two types of countertransference reactions that are expectable, inherent, reactive processes in post-traumatic therapy: Type I (avoidance, counterphobia, distancing, detachment) and Type II (over-identification, over-idealization, enmeshment, excessive advocacy). Davies and Frawley (1994) provided a good model of transference and countertransference in work with adult survivors of incest and childhood sexual abuse. It is more fully described in chapter 2 under the subheading of “Trauma Related to Sexual Abuse.”

...as to elicit therapists' history of trauma
(Hardy & Laszloffy, 1995). Sixth, phenomenology is an appropriate method for this

Chapter II

Literature Review

The following points are presented in this literature review: First, caregivers who work with trauma survivors are affected by listening to the survivors' stories, and therapists who are exposed to stories of sexual abuse (whether they treat survivors or offenders) are affected similarly to other caregivers who work with trauma (Pearlman & Saakvitne, 1995a, 1995b). Second, therapists cannot avoid being affected by listening to stories of trauma (Davies & Frawley, 1994; Wilson & Lindy, 1994). The therapist's experience is an essential part of the treatment. Therapists must be involved and empathic, or they will be ineffective. Some therapists distance themselves from their feelings as a means of protection, but they are affected nonetheless. Third, although some studies have addressed gender issues, they have largely been focused on female therapists working with male offenders, or male therapists working with survivors (Davies & Frawley, 1994; Pearlman & Saakvitne, 1995a, 1995b). None have sufficiently involved exploring the experiences of male therapists working with male offenders. Fourth, feminist family therapists have demanded that we acknowledge male gender issues (Almeida, 1994; McGoldrick, 1998). We live in a patriarchal system in which the power inherent in being male is typically not noticed and is invisible. We must make it visible in order to properly treat families in which incest has occurred from a systemic perspective, and as a matter of social justice. Fifth, race, culture, and ethnicity must be made visible for the same reasons (McGoldrick, 1998). The cultural genogram is a useful tool to address race, culture, and ethnicity, as well as to elicit therapists' history of trauma (Hardy & Laszloffy, 1995). Sixth, phenomenology is an appropriate method for this

study, because it is focused on the meaning of the experiences allowing for multiple perspectives and voices, congruent with systemic and feminist theory (Creswell, 1998; Olesen, 1994). Finally, specific themes found in the literature and the pilot study formed the basis for the semistructured interview questions, and I hypothesized these themes would be prevalent in the results of the content analysis (Davies & Frawley, 1994; Pearlman & Saakvitne, 1995a, 1995b).

Trauma Literature

The effects of listening to traumatic stories is well-documented and has been described extensively in the literature, albeit under different names: compassion fatigue (Figley, 1995), secondary traumatic stress (Figley, 1995; Stamm, 1995); countertransference reactions (Danieli, 1994; Wilson & Lindy, 1994) vicarious traumatization (Pearlman & MacIain, 1995; Pearlman & Saakvitne, 1995a). Caregivers who treat survivors of trauma and abuse are affected by the process of listening to the stories of trauma and abuse.

Trauma Related to Sexual Abuse

The process of listening to stories of sexual abuse has an effect on therapists (Pearlman & Saakvitne, 1995a, 1995b). Therapists who hear stories of sexual abuse report experiences similar to the experiences reported by caregivers who hear traumatic stories (Figley, 1995; Stamm, 1995; Wilson & Lindy, 1994). The transference and countertransference inherent in listening to stories of abuse are well-documented in the sexual abuse literature (Brady, et al. 1999; Daskovsky, 1998; Davies & Frawley, 1994;

Edmunds, 1997; Farrenkopf, 1992; Gerber, 1995; Herman, 1997; Kearns, 1995; Lea, et al. 1999; Pearlman & Saakvitne, 1995a, 1995b; Peaslee, 1995; Saakvitne & Pearlman, 1996; Steed & Bicknell, 2001; Stukenberg, 2000). Davies and Frawley (1994) provided the most comprehensive description of the cycle of transference and countertransference in relation to working with adult survivors of childhood sexual abuse. Davies and Frawley identified eight relational positions, expressed within four relational matrices that repeatedly recur in work with adult survivors of childhood sexual abuse. They are alternately enacted by therapist and survivors in the transference and countertransference. These are the *uninvolved nonabusing parent* and *the neglected child*; *the sadistic abuser* and *the helpless, impotently enraged victim*; *the idealized, omnipotent rescuer* and *the entitled child who demands to be rescued*; and *the seducer* and *the seduced*. Although these relational positions do not account for every aspect of the transference and countertransference with every patient, they are reported with sufficient regularity that a familiarity with their clinical manifestations is invaluable for therapists working with sexual abuse issues (Davies & Frawley, 1994).

Others have coined similar concepts, using different language. For example, Pearlman and Saakvitne (1995a) discussed vicarious traumatization and countertransference in comparable terms. It is important to note that these positions and schemas are provided as a way to help the therapist conceptualize the treatment. Countertransference and vicarious traumatization feelings, or roles/positions and schemas are not neatly defined. They overlap, and the patient and therapist move quickly and randomly from one position to another (Davies & Frawley, 1994; Pearlman and Saakvitne, 1995a).

Therapist's Experience is an Essential Component of Treatment

The literature on treatment of sexual abuse survivors and perpetrators, and trauma in general, suggests that therapists must experience the transference and countertransference feelings and otherwise be engaged for treatment to be successful. It is commonly understood that, for treatment to be effective, the therapist must be willing and able to empathize with the client, and that empathy generates the transference and countertransference that result in secondary traumatic stress (Dalenberg, 2000; Danieli, 1994; Figley, 1995; Herman, 1997; Pearlman & MacIan, 1995; Pearlman & Saakvitne, 1995a; Stamm, 1995; Wilson & Lindy, 1994). Not only is experiencing the countertransference necessary for good, effective treatment, but it is counterproductive for the therapist to suppress his or her countertransference feelings. Therapists who manage to distance themselves from these feelings tend to be uninvolved and report boredom and burnout (Dalenberg, 2000) and are at risk of dissociative symptoms in which the feelings that are suppressed in clinical work are displaced and acted out in other settings (Stamm, 1995).

Countertransference in Treating Adults in Contrast to Children and Adolescents

Special countertransference issues should be considered when therapists treat children and adolescents. Therapists interviewing severely traumatized children are more likely to misstate the facts with children or to distort traumatic material (Dalenberg, 2000). Some therapists may fear being the therapeutic target of intense transference

reactions by children who have been exposed to violence, or the therapist may be concerned about repeating an abusive relationship in the therapeutic setting which may result in his or her remaining aloof (Parson, 1994). Therapists' countertransference with children and adolescents may create a tendency to collude with their pain, anguish or trauma (Griffith & Thiessen-Barrett, 2000). The special countertransference issues for therapists working with children and adolescents must be considered for therapists working with adolescents who have committed sexual offenses.

Male Gender Issues

We need to understand the countertransference issues that may come up for male therapists working with sex offenders. The context of gender influences the therapists' reactions and the way they are affected by listening to stories of sexual abuse. In the past 20 years, prodded by challenges from feminist scholars, men's studies scholars began to examine masculinity as a complex and problematic construct (Levant & Pollack, 1995). The examination of male gender issues was needed to help solve problems that negatively impact women, men, and children (such as aggression, violence, homophobia, and detached fathering). As a result, the "gender-role-strain paradigm" (Pleck, 1995, p. 11) was developed. The essence of the gender-role-strain paradigm model is that there is no single standard for masculinity, and, since masculinity is a social construct, ideals of manhood may differ for men of different social classes, races, ethnic groups, sexual orientations, life stages, and historical eras. The gender-role-strain paradigm undergirds research on three varieties of male gender-role-strain, termed *discrepancy-strain*, *dysfunction-strain*, and *trauma-strain*. Discrepancy-strain results when one fails to live

up to one's internalized manhood ideal. Dysfunction-strain may result even when one fulfills the requirements of the male code, because many of the characteristics viewed as desirable in men can have negative side effects on the men themselves and on those close to them. For example, norms for the male role, such as the emphases on competition, status, toughness, and emotional stoicism often produce negative outcomes of aggression, violence, homophobia, detached fathering, and neglect of health (Levant & Pollack, 1995). Trauma-strain results from the ordeal of the male role socialization process, which is inherently traumatic (Pleck, 1995).

The male therapist interviewed for the pilot study stated that, as a man, he felt shame that some men caused so much pain for women and children. The countertransference feeling of shame was confirmed in the trauma literature for psychotherapists working with Nazi holocaust survivors. Psychotherapists who work with trauma survivors, particularly of human-made disasters, share a profoundly existential sense of shame, which constitutes an aspect of the larger conspiracy of silence that has existed between survivors, their offspring, and society (Danieli, 1994). I propose that this countertransference theme (shame) which has been described in the trauma literature with respect to Holocaust survivors can be compared to the sense of shame that the male therapist in the pilot study described. Indeed, in one study therapists who work with sex offenders displayed a sense of awareness of an increased collective guilt over male abusive behavior (Lea, et al. 1999).

Some male therapists reported drawing on their personal experiences to establish empathy with their male clients who had sexually abused children. One described this process as "they see the child as a sex object as I would see an adult woman as a sex

object... I use my perception and just try and relate it to his" (Lea, et al. 1999, p. 114). In other words, gender was seen as a means to identify with the sex offender to encourage "men's talk" about their sexual behavior. Another male therapist described feelings of sexual arousal and a voyeuristic involvement in his client's story of sexual offense, and then feelings of shame and disgust with himself for being voyeuristic and for finding abuse titillating (Weiss & Choma, 1998). This study will be focused on these and other issues that may be relevant for male therapists who treat sex offenders.

Feminist-Family- Systems Theory

Feminist-family-systems theory lends support to my decision to study male therapists, as well as the need to provide better treatment for sex offenders in families where incest has occurred. Feminist-family-therapy theorists have acknowledged the importance of gender issues generally, and specifically male gender issues when working with individuals and families. In our society, male gender issues are invisible due to the long-standing patriarchal system of power and privilege (Almeida, 1994; Dolan-Del Vecchio, 1998; McGoldrick, 1998; Rosen, 1999). When we ignore male gender issues, we make an assumption that being a heterosexual male is the norm, and we perpetuate patriarchy. When we do not examine heterosexual male gender issues, we imply that all others can be explained in comparison to heterosexual males and, again, we perpetuate patriarchy.

Feminist-family-systems theorists dictate that, when working with victims of incest, we must also treat the offender if treatment is to be successful. Sexual abuse appears to have an ongoing impact on child and family functioning even when the

perpetrator is removed, and high levels of family dysfunction create a family context that places members at a higher risk for further sexual abuse (Howes, et al. 2000). Being abused as a child, either sexually or physically, increases individual offenders' vulnerability to later abuse. About one third of both offending and non-offending parents reported having been sexually and/or physically abused (Kaslow, 1996). Further, the roots of abusive behavior run deeply through cultural values, and one of the key vulnerabilities of families in which incest occurs is that they have incorporated society's values of power and sexuality (Barret, Trepper, & Fish, 1990). Proponents of feminist-informed contextual-vulnerability-to-incest-models (i.e., that certain characteristics in families are risk factors for incest) advocate for systemic treatment of families in which incest has occurred, including treatment and apology sessions for the offenders (Barrett, et al. 1990; Gil, 1995; Trepper & Barret, 1989; Sheinberg & Fraenkel, 2001).

Race, Culture and Ethnicity

Gender and traumatic impact issues cannot be separated from the cultural context. The therapist's race, culture, and ethnicity must be considered since they may account for the development, sustenance, preventability and treatability of secondary traumatization in trauma workers. Therapists handle secondary traumatization symptoms through means consistent with their upbringing, medical advice, and spiritual beliefs (Figley, 1995). People's views of the world are defined by their ethnic values and culture. This includes how they experience pain, what they label as symptoms, how they communicate about pain and symptoms, what they believe about the cause of their illness, how they view those who help, and what treatment they desire or expect (McGoldrick & Giordano,

1996). For example, Garcia-Preto (1996) stated that many Puerto Ricans attribute stressful predicaments to external factors, and they will seek a physician's advice. If the problem is not medical and the physician cannot "cure" it, the problem is considered spiritual.

On another level, men of color are rendered invisible when their individual talents, abilities, and contributions are responded to stereotypically in terms of race and skin color. Invisibility evolves out of society's racism as a mechanism for achieving comfort with people considered unacceptable (Franklin & Boyd-Franklin, 2000). Further, some therapists may be uncomfortable with racial issues in psychotherapy; however, countertransference reactions motivated by racial and cultural issues must be examined for productive and effective therapy (Parson, 1994).

For these reasons, race, culture, and ethnicity must be included in the data collected for this study. The cultural genogram (Hardy & Laszloffy, 1995) is a useful tool for tracking culture, ethnicity, and race, as well as the therapist's history of trauma.

Tracking Therapist's History – The Genogram

It is important to track the therapist's history because some countertransference reactions are derived from the unresolved conflicts from the therapist's life. The therapist's history, how he has resolved personal issues, his accessible support systems, and the context in which he lives have an impact on his ability to listen to traumatic stories (Dalenberg, 2000; Danieli, 1994; Figley, 1995; Herman, 1997; Pearlman & MacIan, 1995; Pearlman & Saakvitne, 1995a; Stamm, 1995; Wilson & Lindy, 1994). The genogram is a practical, visual tool for assessment of family patterns and context

(Carter & McGoldrick, 1999; Congress, 1994; Dunn & Dawes, 1999; Hardy & Laszloffy, 1995; Massey & Dunn, 1999; McGoldrick, 1998; McGoldrick, Pearce, & Giordano 1996; Walsh, 1999). For this study, the genogram should follow the three-generational family model and include trauma history, race, culture, ethnicity, spirituality (Frame, 2001; Hodge, 2001) and support systems such as functional kinship relationships and functional role kinship relationships (Watts-Jones, 1997). Functional kinship refers to nonbiologically related family members who have been designated as kin; functional role kinship refers to biologically related family members who function within the family in roles that are different from those associated with biological status (Watts-Jones, 1997).

Phenomenology – Philosophy and Applicability for Feminist Systems Theory

Phenomenology is an appropriate method for this study, because it is focused on the meaning of the experiences, thus allowing for multiple perspectives and voices, congruent with systemic and feminist theory. Phenomenological studies seek to describe the meaning of the experiences of individuals. The history of phenomenology began with the German mathematician Edmund Husserl and the subsequent philosophical discussions of Heidegger, Sartre, and Merleau-Ponty (Creswell, 1998). Husserl promulgated the search for the *essential, invariant structure (essence)* or underlying meaning of the experience, through *epoche*, the suspension of judgments about what is real, so that the researcher can listen fully for new meanings and interpretations. He emphasized the *intentionality of consciousness*, the idea that consciousness is always directed toward an object, and the reality of an object is related to the consciousness of it. Thus the reality of an object is only perceived within the meaning of the experiences of

the individual. The researcher studies how people experience phenomena and in the concept of *epoche* the researcher brackets his or her own preconceived ideas about the phenomenon in order to understand it through the voices of the informants (Creswell, 1998; Moustakas, 1994).

Qualitative phenomenological research is a good fit with feminist-family-systems theory because the intent of feminist research is to establish collaborative and nonexploitative relationships and to conduct research that is transformative (Olesen, 1994). Phenomenology makes the researcher part of the study and calls for self-reflection which is congruent with feminist theory. Phenomenological research from a feminist perspective would include self-disclosure in order to foster a sense of collaboration in conducting interviews that provide for probing and reciprocally educative encounters, negotiating meanings of results with participants, striving to address issues of false consciousness and pre-conceptions, and having the researcher be self-reflective about his or her experiences during the process (Creswell, 1998). Further, phenomenological research is consistent with feminist-systemic-family therapy because it allows for numerous competing viewpoints of the world rather than one true view, and it promotes the concept that knowledge is comprised of varied voices rather than being the only accurate representation of the phenomena (Hare-Mustin, 1994).

Themes

The following specific themes were derived from the literature and the pilot study and formed the basis for the semistructured interview questions. The themes are more fully defined in the methodology section. They were derived from an extensive search in the

PsycINFO, PsycLIT, EBSCO and Academic Premier databases for articles in peer-reviewed journals dealing specifically with the experience of therapists working with sex offenders, using varied search terms. The search revealed 13 empirical articles (Clarke & Roger, 2002; Ennis & Horne, 2003; Farrenkopf, 1992; Harnett, 1997; Lea, et al. 1999; Marshall, et al. 2003; Nelson, Herlihy & Oescher, 2002; Polson & McCullom, 1995; Scheela, 2001; Serran, Fernandez, Marshall, & Mann, 2003; Steed & Bicknell, 2001; Thorpe, Righthand & Kubik, 2001) and several anecdotal articles (Daskovsky, 1998; Gerber, 1995; Mitchell & Melikian, 1995; Peaslee, 1995; Weiss & Choma, 1998). Information was also obtained from research that was presented at the Association for Treatment of Sexual Abusers (ATSA) conferences and published by treatment providers through the Safer Society Press (Edmunds, 1997; Ellerby, 1997; Jackson, Holzman, & Barnard, 1997; Rich, 1997).

The study of secondary trauma is relatively new to psychology. It was only in 1980 that the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition (DSM-III) (APA, 1980) included the diagnosis of post-traumatic stress disorder defining common symptoms experienced by traumatized persons as a psychiatric disorder that could be diagnosed and treated. This led the way for others to examine how working with people who have been traumatized changes and impacts the caregivers (Danieli, 1994; Figley, 1995; McCann & Pearlman, 1990; Pearlman & MacIan, 1995; Pearlman & Saakvitne, 1995a,b; Stamm, 1995; Wilson & Lindy, 1994). Only lately have we begun to think about the psychological impact of working with abuse cases for those who work with sex offenders, as is evidenced by the small number of articles published, all very recent.

1. *Impact.* Working with sex offenders has an impact on the therapist which is similar to the impact reported by those who treat sexual abuse survivors and others who have suffered trauma (Clarke & Roger, 2002; Ennis & Horne, 2003; Farrenkopf, 1992; Lea, et al. 1999; Mothersole, 2000; Sexton, 1999; Steed & Bicknell; 2001; Thorpe, et al. 2001). The work also affects the therapist's family and friends. Some men reported that the way they related to women in their lives changed as a result of working with sex offenders. They became more aware of their partners' feelings and less assertive in pursuing sexual relations (Farrenkopf, 1992; Lea, et al. 1999). Therapists working with sex offenders reported spending less time with friends and other symptoms that might be related to burnout, such as an increased sense of vigilance, loss of a sense of safety for themselves and others, and decrease in pleasurable activities (Edmunds, 1997).

2. *Professional knowledge of sexual-abuse dynamics.* Studies on the impact on professionals who work with sex offenders have revealed that therapists grow and learn from the work; their professional knowledge increases. Clearly, just as is generally accepted for other therapeutic settings, the therapist and the client sex offender must be able to connect and relate with each other. The therapeutic alliance is essential for therapeutic benefits and treatment efficacy (Edmunds, 1997; Marshall, et al. 2003; Nelson, et al. 2002).

3. *View of society.* Dealing with sexual abuse, domestic violence, and other abuse issues may alter or enhance the therapist's view of society as a patriarchal system of power and privilege. For feminist therapists, the deconstruction of the socially constructed systems of patriarchy and oppression is integral to their therapeutic work (Almeida, 1994; Dolan-Del Vecchio, 1998; Kimmel, 1996; McGoldrick, 1998; Rosen,

1999). However, in all likelihood the therapists who participated in this study will not have been trained in feminist theory and may not be aware of the connection between patriarchal power and privilege and sexual abuse. Therapists who treat sex offenders work from varied models. Formal academic training for the treatment of sex offenders is not available. Beyond an academic degree, the qualifications for treating sex offenders are clinical experience, specialized knowledge of sexual deviancy and offender issues (obtained through trainings and reading the literature), and the therapist's personal qualities and skills for dealing with offenders (O'Connell, Leberg, & Donaldson, 1990).

4. *Work is gratifying.* Working with trauma victims and sexual abuse survivors can be gratifying. Therapists have reported a sense of altruism because they are doing something good for a client or for society (Brady, et al. 1999; Danieli, 1994; Davies & Frawley, 1994; Figley, 1995; Pearlman & Saakvitne, 1995a). Therapists working with sex offenders reported similar feelings of gratification. Polson and McCullom (1995) found that, by viewing the offenders in the context of their families, the therapists were able to find fulfillment in their work. Others reported that therapists working with perpetrators of violence found fulfillment in their work (Farrenkopf, 1992; Illife, 2000).

5. *Support from colleagues.* In every article on the impact of working with trauma and/or with sex offenders, the authors stated that support from colleagues mitigates ill effects. For therapists working with sex offenders, this may be more difficult because colleagues who do not work in the field may not support working with offenders and even question why they choose to work with such a disliked population (Weiss & Choma, 1998). Some worried they would be stigmatized because they may be seen as sympathetic toward sex offenders (Lea, et al. 1999).

6. *Supervision.* The literature suggests that the style and quantity of supervision, and the therapist's perception of the quality and value of the supervision influence the impact of listening to stories of trauma and abuse. Herman (1997) noted the importance of supervision in order for a therapist to work effectively with trauma victims. Wilson and Lindy (1994) advised therapists to work through countertransference insights in supervision. Figley (1995) asserted that we have a special obligation to prepare students and trainees for the hazards of listening to traumatic stories, and he advocated for incorporating stress, burnout, and compassion fatigue into the educational curriculum, and especially in supervision in practica. Sexton (1999) affirmed that therapists new to the trauma field are particularly vulnerable to vicarious traumatization, particularly if adequate support and supervision are not provided. Authors of literature on secondary stress (and the varying terms) almost unanimously call for more support in supervision for therapists working with trauma victims (Brady, et al. 1999; Daskovsky, 1998; Davies & Frawley, 1994; Edmunds, 1997; Farrenkopf, 1992; Gerber, 1995; Herman, 1997; Kearns, 1995; Lea, et al. 1999; Munroe, et al. 1995; Pearlman & Saakvitne, 1995a, b; Peaslee, 1995; Saakvitne & Pearlman, 1996; Steed & Bicknell, 2001; Stukenberg, 2000).

7. *Self-care.* The literature on compassion fatigue and secondary traumatic stress includes discussion of the importance of self-care as a buffer against the ill-effects of working with trauma survivors (Figley, 1995; Pearlman & Saakvitne, 1995a, 1995b; Stamm, 1995). Some of the ways to practice self-care include paying attention to intimate and family relationships, fostering nurturing friendships, participating in pleasurable activities, and enjoying a healthy lifestyle with a proper diet, regular exercise, and time for rest and relaxation.

8. *World view.* Some therapists reported a change in world view as to gender and sexual dynamics; they had more awareness and consideration for their partners' feelings in sexual matters (Farrenkopf, 1992). On the other hand, others reported a negative change in world view, saying they became more cynical and described having fewer illusions as a result of working with perpetrators of sexual violence (Farrenkopf, 1992).

Chapter III

Methodology

This research was designed to explore the ways in which the experiences of treating men who commit sexual offenses affect male therapists. A phenomenological research design and qualitative methodology were used to explore the meanings of concepts and phenomena that male therapists working with this population share (Marshall & Rossman, 1999; Sprenkle & Moon, 1996).

The intent of this study was to consider multiple experiences that may combine to exacerbate or mitigate the impact on the therapist. Qualitative analysis is a good method for this because the researcher looks for patterns and relationships among many parts of a person's reality to understand the process by which he or she understands the experiences and construes the world. This methodology was not intended to discover what characteristics therapists shared. Rather, it provided a framework for probing the complexities of processes in a comprehensive manner that included the context of the therapist and the researcher's processes and reflections (Marshall & Rossman, 1999).

Phenomenology

The philosophical assumptions of phenomenology are that the reality of an object is only perceived within the meaning of the experiences of the individual. The researcher studies how people experience phenomena. Moreover, in the concept of *epoche* the researcher brackets his or her own preconceived ideas about the phenomena in order to understand it through the voices of the informants. The major procedural issues in using phenomenology are (a) understanding the philosophical perspectives of *epoche*; (b)

exploring the *experiences* of the participant; (c) collecting data from individuals (usually 5 to 25 participants) who have experienced the phenomena under investigation through long interviews, augmented by researcher self-reflection and previously developed descriptions of the phenomena; (d) using phenomenological data analysis, more fully explained later; (e) resulting in the phenomenological report to give the reader a better understanding of the essential, invariant structure or essence of the experience (Creswell, 1998; Moustakas, 1994).

The basic philosophical assumptions of the phenomenological family therapy researcher are (a) knowledge is socially constructed and inherently tentative, truth is relative and use of scientific methods does not change this assumption; (b) researchers are not separate from the phenomena they study, the inquiry is influenced by the researcher's beliefs and values; (c) common, everyday knowledge about the world is important, knowledge is shared by the researcher and interviewee alike; and (d) events or situations can mean a variety of things to a variety of people; multiple perceptions of the same event or situation are important (Boss, et al. 1996). Phenomenologists believe reality occurs within a person's private perceptions, feelings, and intentions.

Phenomenology is a method of reduction by which the investigator begins with a generalization and examines it more closely to get to the essence of the phenomena. The process involves creating a deep, clear, and accurate understanding of the person's experience and of the meanings assigned to those experiences (Boss, et al. 1996).

Phenomenology was a useful method for understanding male therapists' realities, in the context of history and gender, race, ethnicity and class as reflections of their social location in society. It was also appropriate because phenomenology is a commonly

accepted method of qualitative research that has been used in feminist and family research (Boss, et al. 1996; Creswell, 1998; Olesen, 1994; White & Epston, 1990).

As the primary researcher, I connected to the subject of this study through my work with families who have suffered child sexual abuse and incest. A richer knowledge of the therapists' experiences will benefit the therapists working in the field, the patient-families, and society. I hope this study will be transformative by (a) fostering a greater appreciation for professionals treating offenders and advancing systemic treatment of child sexual abuse; and (b) raising our consciousness of the context of race, gender, ethnicity, and power and privilege in sexual abuse cases, and in all therapeutic relationships.

Procedure for Selection of Participants

Participants were selected through purposeful sampling, which is used to study phenomena among certain select cases. The sample was chosen based on a preconceived set of criteria derived from the researcher's guiding assumptions and questions. This method of sampling helps to manage the trade-off between the desire for in-depth, detailed information about cases and the ability to generalize about the population (Patton, 2001; Sprenkle & Moon, 1996).

Through purposeful sampling, I identified potential participants who were employed in sexual-abuse treatment centers and/or were members of the New Jersey chapter of the Association for the Treatment of Sexual Abusers (NJ ATSA). I identified *typical cases*. For the purpose of this study typical cases were master's- and doctoral-level clinicians, since this is the typical level of education of providers of treatment who are members of NJ ATSA. I also identified *critical cases*. Critical cases are those that

are particularly important in the scheme of things, and they should provide rich data. For the purposes of this study critical cases were therapists varying in experience working with sex offenders, ranging from 1 to 5 years or more, White men and Men of Color (Patton, 2001).

Method of Recruitment

I contacted potential participants by telephone or personal connection, explaining the purpose of the study, my own background, the participant's rights, and the rules of confidentiality. I clarified my role by saying, "The purpose of this study is to explore how the experience of treating sex offenders affects male therapists. The aim of this research is to explore the ways in which you make sense of your experiences and cope with your professional responsibilities. If through the course of the interview, you were to reveal information that suggests to me that this work is affecting you in a way that may interfere with your performing work-related duties adequately, I will advise you to take appropriate steps such as obtaining professional consultation or assistance and to seek guidance from your professional Code of Ethics, and, if refused, I may be obligated to report such refusal, as prescribed by the APA Code of Ethics 2.06 and 1.05." This statement also appeared on the consent form (for more details see Appendix A for Oral Script). After the initial contact I sent a Letter of Solicitation (Appendix B) and subsequent appointment times were scheduled, in which I further explained the details of the project and provided an opportunity for participants to complete the Informed Consent Forms (see Appendix C for Informed Consent Form and Addendum to Informed Consent Form.)

Participants

In qualitative research, a smaller sample size allows for an opportunity to explore in greater detail the complicated character, organization, and logic of the phenomena being explored (McCracken, 1998). Because this study was focused on understanding therapeutic processes in-depth, a smaller sample was appropriate. Nine Participants were interviewed, four Latino, one African American, and four White. However, none of the White participants can be considered members of the dominant group of White European Americans, because the dominant culture is Protestant. Ira is Jewish, and as a Jew he would more likely identify with a position of subjugation due to the long history of religious oppression of Jews by the dominant European and American Christian cultures. The other three White participants were all Roman Catholic. All participants identified as heterosexual, six were married, one was engaged to be married, one was living with a woman, and one was in what he described as a serious, but recent, monogamous relationship.

Therapists met the following criteria: (a) attained master's degree or higher in the behavioral sciences, (b) worked as a therapist for at least 1 year, and (c) were currently treating men or adolescent boys who have committed sexual offenses. Four participants treated mostly adolescents either in an out-patient setting or in a residential setting, and five treated mostly adults in an institutional prison setting. Eight of the nine participants had some experience with both adolescents and adults through other work or internship placements. See Figure 1 for participants' demographics.

Participants' Demographics								
Participant	Degree	Orientation	Age	Exp	Site	Race	Ethnicity	Religion
Carlos	MSW	Individual	28	½	Outpatient-Adolescents	Light Skin	Latino Honduras	Roman Catholic not religious
Darryl	PsyD	Individual	27	5	Outpatient-Adolescents	Black	African American	Christian-Baptist spiritual/religious
Miguel	PhD	Systemic	35	9	Outpatient-Adolescents	Dark Skin	Latino Puerto Rican	Roman Catholic Eastern philosophy spiritual/religious
Sam	MA LPC	Individual	33	4	Residential-Adolescents	White	Ukrainian Italian	Roman Catholic not religious
Tom	PhD	Individual	31	2	Prison-Adults	White	Italian	Roman Catholic spiritual/religious
Jorge	MS LMFT	Systemic	35	1	Prison-Adults	White	Latino Puerto Rican Cuban	Roman Catholic not religious
Carl	MSW LCSW	Individual	43	9	Prison-Adults	White	Italian Polish	Roman Catholic not religious
Raul	MSW LCSW	Individual	41	9	Prison-Adults	Light Skin	Latino Puerto Rican	Born-again Christian very spiritual
Ira	PsyD	Individual	41	6	Prison-Adults	White	Russian Jew	Jewish not religious

Figure 1. Participants' demographics. Participants are presented in the order in which they were interviewed.

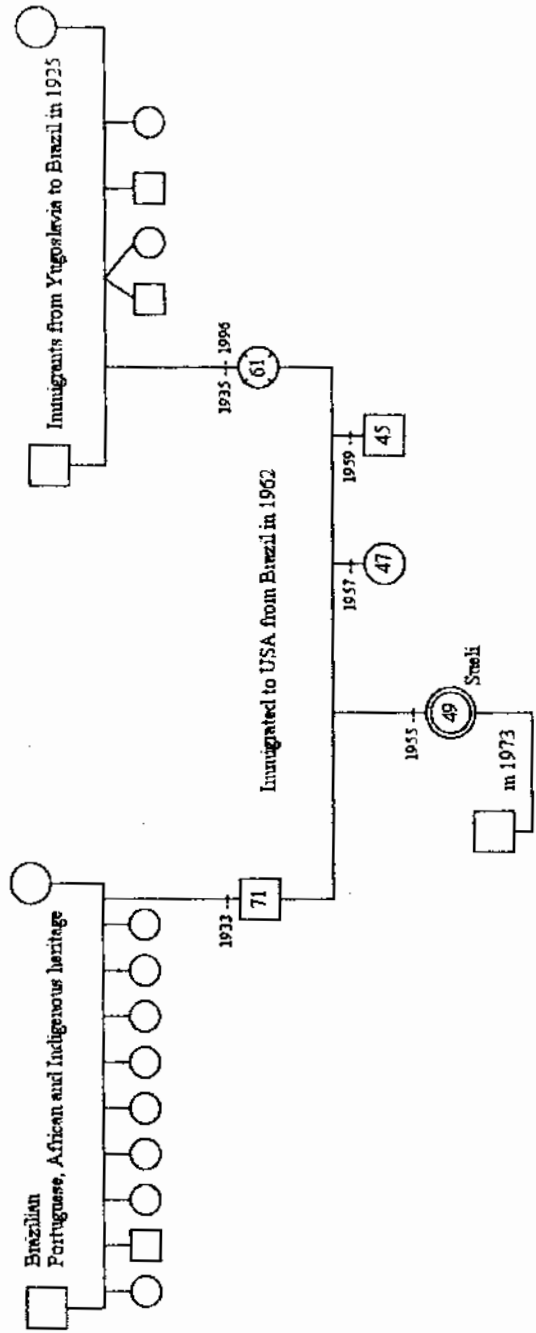
Primary Researcher

As previously stated, in phenomenological research the researchers are not separate from the phenomena studied because the inquiry is influenced by the researcher's beliefs and values. I, (Primary Researcher) (see genogram, Figure 2) am 49 years-old and have a master's degree in clinical psychology and an Education Specialist (Ed.S.) degree in marriage and family therapy. I am a fifth-year doctoral student in the Professional Psychology and Family Therapy program at Seton Hall University, South Orange, NJ. My educational background is in the multicultural systemic model.

I was born in Brazil, and my family immigrated to the United States in 1962. I was raised in Newark, New Jersey. My parents were both born in Brazil, but my mother's parents were immigrants from Yugoslavia to Brazil. My family's socioeconomic status is working class. For the past 7 years I have provided clinical and support services to economically impoverished African American and Latino communities in Hudson County, New Jersey, and the surrounding areas, including specialized therapeutic services for survivors of childhood sexual abuse and their families. I am the eldest of three siblings, heterosexual, and married for 31 years to a White American man of Polish descent; his parents were born in the United States, his grandparents were born in Poland. I am Roman Catholic and consider myself to be religious and spiritual, although I do not attend church services regularly. I do not have a personal history of trauma.

Primary Researcher

Latina, White, Brazilian, Yugoslavian heritage



MA EdS, working with sexual abuse survivors 6 years
 Roman Catholic and Spiritual
 No personal Hx of physical or sexual abuse, or other trauma

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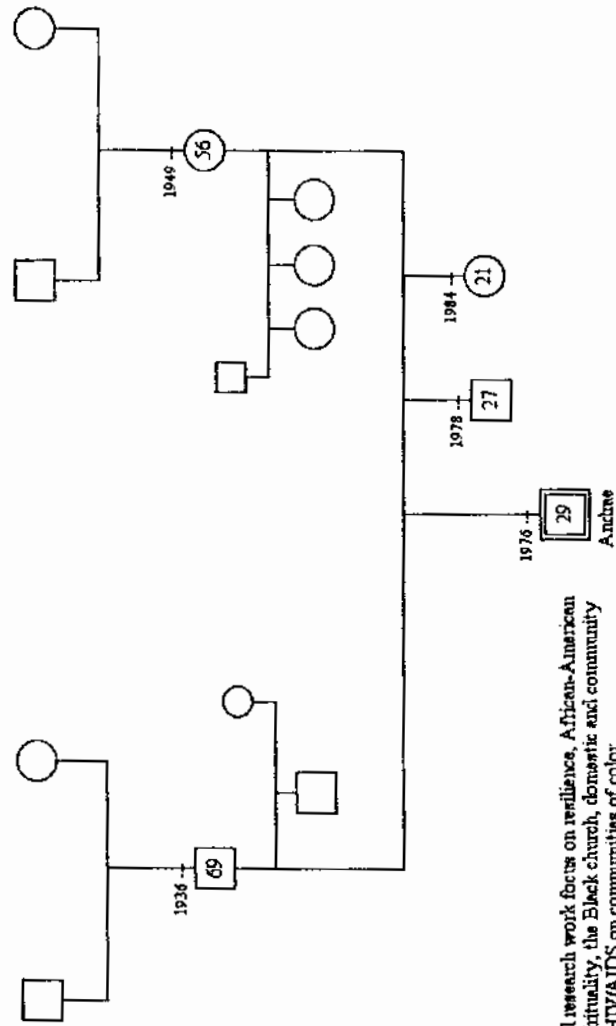
Figure 2. Primary researcher's genogram.

My personal and professional interests are human relationships in context. I am committed to working to promote social justice, countering the societal forces that undermine people because of race, gender, culture, class, sexual orientation, or disability.

Research Team Member

Andraé L. Brown, Research Team Member (see genogram, Figure 3), is 29 years-old and has a doctoral degree (Ph.D.) in Professional Psychology and Marriage and Family Therapy, a master's degree (M.Ed.) in Guidance and Counseling, and an Ed.S. in Marriage and Family Therapy. Andraé was raised in New York, until moving to North Carolina during adolescence. He describes his family's economic status as poor and working class. Andraé is a recipient of the American Psychological Association Minority Fellowship Program Mental-Health Services Training Grant and is a New Jersey Minority in Academic Careers Doctoral Fellow. His research and clinical interests have focused on resilience, African American adolescent development, spirituality, the Black church, domestic and community violence, and the impact of HIV/AIDS in communities of color. Andraé's interest in this study was derived from his commitment to research on matters of race and racism and his belief that we must consider context in all clinical work.

Research Team Member African American



PhD, MEd, EdS- clinical and research work focus on resilience, African-American adolescent development, spirituality, the Black church, domestic and community violence, and the impact of HIV/AIDS on communities of color.
 Non-denominational Christian, religious and spiritual.
 Denied Hx of physical or sexual abuse, or other trauma.

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Figure 3. Research team member's genogram.

Qualitative Data Collection

Data collection included various sources and methods, because trustworthiness of the study increases as multiple sources of data, methods of analysis, and investigators are involved in the process (Marshall & Rossman, 1998; Patton, 2001). Data collected from each participant incorporated a demographic data sheet, a three-generational, cultural and thematic genogram (McGoldrick, Gerson, & Shellenberger, 1999; Petry & McGoldrick, 2005), and the semistructured interview. The interview lasted approximately 3 hours. Participants were given an opportunity to do the interview in one session, or over several sessions, in an effort to minimize discomfort for the participants. All chose to be interviewed in one session. Participants did not receive monetary compensation; as professionals in the field they viewed this study as an opportunity for professional growth and to assist a colleague. The interviews were conducted in the participants' offices, or my office, during office hours, except for one (Sam) who met me at a training institute in the evening after a work-day. All interviews were audio-taped. The audio tapes were transcribed for data analysis.

In addition to the audio-tape, two participants consented to be video-taped to provide materials to illustrate examples of the interview process and key concepts for future presentations and projects. The participants took precautions to disguise identifying information regarding clients or cases they discussed during the interview (APA Code of Ethics 4.01).

Demographic Data Sheet

The demographic data sheet provided basic information regarding age, ethnicity, highest education level achieved, type and years of training, work experience, sexual orientation, and marital status (see Appendix D for demographic data sheet).

Genogram

Information was collected to construct a three-generational, cultural and thematic genogram for each participant during the interview (see Appendix E for genogram questions). The genogram is a practical, visual tool for assessment of family patterns and context that allows one to quickly conceptualize the individual's context within the growing diversity of family forms and patterns in our society. It is a good fit with qualitative inquiry because using the genogram to collect historical and contextual information is a collaborative process. By its nature the process involves the telling of stories and emphasizes respect for the interviewee's perspective while encouraging multiple views and possible outcomes. The genogram has been used for assessment of functioning, relational patterns, ethnicity, spirituality, migration, class, and other socioeconomic factors (Carter & McGoldrick, 1999; Congress, 1994; Dunn & Dawes, 1999; Hardy & Laszloffy, 1995; Massey & Dunn, 1999; McGoldrick, 1998; McGoldrick, et al. 1996; Walsh, 1999). Genograms display family information graphically in a way that provides a quick picture of complex patterns and events that may be significant. For the purposes of this study, I tracked for themes of culture, race, ethnicity, spirituality, and history of trauma. The genogram was constructed first in order to build rapport with the

participants before moving on to a structured interview. This process provided me with information that helped me to better contextualize their other responses.

Semistructured Interviews

The semistructured interview was focused on impact, professional knowledge, view of society/world view, support from colleagues, and supervision as the primary domains of inquiry. The interview protocol allowed for exploration of themes as they evolved. The goal was to create an atmosphere in which the participant's perspective on the domains of interest was revealed and expanded upon (Marshall & Rossman, 1999). I structured the interview so that the diversity of the participants' experiences emerged. I attempted to generate interpretative contexts, so that interviewees made connections in the conversations about themes, contexts, and personal experiences. I used techniques such as paraphrasing, summarizing, clarification, circular questioning, and probing throughout the interview. I used the questions in the Interview Protocol as a guideline (See Appendix F for Interview Protocol.)

Several themes in relation to impact, professional knowledge, support from colleagues, and supervision yielded similar responses from all participants, thus on these themes theoretical saturation was achieved. The themes that reached theoretical saturation were vigilance and protection of family-physical (impact), empathy (professional knowledge), support from colleagues/supervision and self-care. Themes relating to view of masculinity and social justice emerged in response to questions regarding view of society and world view and did not reach theoretical saturation (Glaser & Strauss, 1967).

Debriefing

Debriefing was not required for this study. However, since participants might have had feelings of anxiety or other negative reactions to the interview, prior to the interview I reiterated that participation was completely voluntary and that they could stop the process or ask any questions at any point during the interview. I reminded them that telephone numbers for referral for mental health services were included in the informed consent. Periodically I asked the participants about their reactions and feelings regarding the process of the interview and provided opportunities for them to ask questions. At the conclusion of the interview, I again asked the participants about their reactions and answered their questions. Participants were provided with the names and contact information of the primary researcher, the researcher's mentor, and the director of Seton Hall University's Institutional Review Board for Protection of Human Subjects.

Transcriptions and Feedback

After the interview was completed, I transcribed the audio tapes verbatim for analysis. When the transcript was completed, participants were notified and given an opportunity to correct or amend their transcripts. Participants were provided a copy of their transcripts (by mail or by hand). Participants made amendments by electronic mail, or by writing on the transcript and returning it to me. After review and corrections were completed, all participants consented to the use of their transcripts.

Confidentiality

Names and other identifying information of the participants were changed to ensure confidentiality and anonymity. Subsequent written texts and presentations addressed participants by their pseudonyms. Issues of confidentiality were considered throughout the process. All research materials are kept in a locked file, in a secured room, monitored and maintained by the primary researcher.

Field Notes

As the primary researcher I kept field notes. Field notes are an important source of data in qualitative research since they are the detailed descriptions of what has been observed (Marshall & Rossman, 1999). I documented and described my own reactions, as well as my observations of the interviewee's body language and affect, in addition to his words. Keeping a diary of notes detailing the research process provided clues to focus data collection more tightly and to identify important questions for subsequent interviews (Marshall & Rossman, 1999).

Theory Driven Research vs. Phenomenology

Throughout the process of collecting and analyzing data I moved back and forth from theory driven to phenomenological research. My structured interview questions were based on the results of my pilot study, the literature review, and conversations with my mentors. As I interviewed participants, I was mindful of social contextual theory and the related themes that emerged i.e., race, ethnicity and social justice (Helms, 1995; McGoldrick, 1998; McIntosh, 1988, 1998; Neville, Worthington, & Spanierman, 2001;

Sue & Sue, 1990). However, I continuously worked to bracket my preconceived ideas and to allow the participants' voices to emerge. Consultations with my advisor throughout the process reflected an effort to remain open in order to understand the essence of the participants' experiences (Moustakas, 1994). Thus, I used a phenomenological method within a social contextual perspective. I did not reach saturation on the social contextual variables of race, ethnicity, and social justice.

Peer Debriefing

I engaged in peer debriefing periodically with my research team member and with my advisor throughout the interview process. This allowed us to discuss and explore issues that pertained to methods, legality, and ethical considerations. I kept notes in order to monitor any patterns and to record issues that may serve as a resource for future projects (Patton, 2001).

Qualitative Data Analysis - Phenomenology

Data (transcripts of interviews, genograms, and field notes) were analyzed using a combination of content analysis and phenomenological reduction; I took steps from both methods. There are four phases for the process of content analysis: (a) attending to the experience: the process of listening to the participants' stories while being aware of my own beliefs and assumptions; (b) telling about the experience: involves the participants' interpretations of their experiences, and the meaning-making process in the interaction between the researcher and participants; (c) transcribing and analyzing data: the interpretative practice in which the transcriptions were encoded and categorized,

identifying similarities, patterns, and differences in the stories of the participants; and (d) the reading phase which consisted of compiling the research team's interpretation(s) of the stories (Marshall & Rossman, 1999; Patton, 2001). In keeping with the feminist perspective, the researcher's experiences and reactions were included in the interpretation of the data (Creswell, 1998; Miles & Huberman, 1994).

As to attending to the experience and telling about the experience, as I interviewed the participants I tried to be aware of my preconceptions and assumptions and to allow them to tell their stories in a way that was meaningful for them. After the informed consents were signed, I began each interview by constructing the genogram. This allowed me to get to know a little about the participants, and to build rapport, before starting to gather information to answer the research questions. As themes emerged, I asked questions that encouraged the participants to elaborate on the themes. I kept field notes and a journal to track my reactions and experiences. I later shared my reactions and experiences with my advisor and research team member.

The steps in transcribing and analyzing data were: I personally transcribed all of the interviews. For the first four interviews, (Carlos, Darryl, Miguel, and Sam) I transcribed each interview and read through the transcript, making preliminary notes of emergent themes, before conducting the next interview. This allowed me to probe further for emerging themes in each succeeding interview. I developed the initial Coding Template (Appendix H). I provided a clean copy of the first four transcripts, without any markings, and my initial coding template, to my research team member. He read through each transcript and made his own notes on the transcripts, following my coding template. We conferred with each other and compared notes about the participants' emerging

experiences. These discussions informed my subsequent interviews. The next four participants (Tom, Jorge, Carl, and Raul) were interviewed in 2 days. Although I did not have time to transcribe each transcript between those interviews, I made notes during and after each interview in order to apply any new information to subsequent interviews. I transcribed the next four interviews and provided a copy to my research team member. We each made notes on the transcripts, following my coding template, and conferred and compared our impressions. During this time I completed my final interview (Ira) and followed the same process. This phase of the process was conducted from June through September of 2004.

In the next phase of the process of analysis, I created 11 documents, one for each initial theme that emerged: connection to ethnicity and race (CE), impact (I), professional knowledge of sexual-abuse dynamics (PK), self-care (S-C), support from family (SF), support from colleagues (SFC), supervision (SUP), view of masculinity (VM), view of society (VS), work is gratifying (WG), and world view(WV). I read through each transcript and cut the relevant statements from each transcript and pasted them into each theme. After this was completed I shared the information with my advisor and my research team member. From September through December of 2004, I met with my advisor bi-weekly and I conferred with my research team member periodically. As a team, the three of us processed the content of the thematic analysis and I proceeded with the steps of phenomenological reduction in conjunction with the reading phase of content analysis, in which I compiled the interpretations.

The following steps for phenomenological reduction were taken (Moustakas, 1994):

The statement units within each initial theme that emerged were transformed into clusters of meanings expressed in psychological and phenomenological concepts. The primary researcher, in consultation with the research team, described the meanings of the experiences and classified the data by finding and listing statements of meaning for individuals and by grouping statements into meaning units. The team discussed any differences and reached a consensus regarding the codes for the data.

The primary researcher, in consultation with the research team, transformed and interpreted the data. The transformations were tied together to make a general description of the experiences, the textural description of what was experienced, the structural description of how it was experienced, and an overall description of the experience, the essence. In keeping with the feminist perspective, the researchers' experiences and reactions were included in the interpretations of the data (Creswell, 1998; Miles & Huberman, 1994).

Finally, in order to confirm that my interpretations were accurate representations of the participants' experiences, I provided findings statements to all participants requesting that they designate whether they agreed with each statement. After receiving feedback from all participants in writing, I telephoned each participant when clarification was needed and made appropriate revisions to accurately reflect the participants' experiences.

Trustworthiness

The primary instruments in qualitative studies are the researchers themselves (Marshall & Rossman, 1999). My presence in the lives of the participants was

fundamental to my accessing and interpreting data. Therefore, it is important to address the potential ethical dilemmas and interpersonal dynamics that may impact the trustworthiness of the study. Trustworthiness refers to the degree of confidence that results of the study are valid (Lincoln & Guba, 1985). Trustworthiness of qualitative research may be assessed by credibility, transferability, dependability, and confirmability. Credibility refers to increasing the probability that credible findings and interpretations will be produced based on the research design, participants, and context (Lincoln & Guba, 1985). Credibility was developed by providing the preliminary interpretations to all participants and making adjustments to ensure they were accurate representations of the participants' experiences, and by maintaining prolonged engagement and consultation with my advisor and research team. I have been involved in this research project for approximately 5 years since conceptualizing and developing the pilot study in the fall of 2000. I have been working with children and adults who are survivors of childhood sexual-abuse for more than 5 years. I have also developed supportive relationships with therapists working with sexual-abuse survivors and offenders. In addition, I have written about and made presentations on this topic. My involvement with this topic and population enabled me to detect distortions that could have arisen in the data (Marshall and Rossman, 1999; Miles & Huberman, 1994; Patton, 2001).

Transferability in qualitative research is equivalent to external validity in quantitative research. External validity presumes causal relationships that can be generalized across different types of people, settings, and times (Lincoln & Guba, 1985). The qualitative researcher's goal is to obtain the widest possible range for depth, details, and information to be included in the descriptions of the contexts. I abstracted and

presented data particular to this population, setting, and time in a manner that allows subsequent researchers to make their own comparisons and transferability-judgments (Marshall & Rossman, 1999; Patton, 2001). This was accomplished by utilizing various data sources, adequately describing the participants and their contexts, maintaining in-depth journals and notes, using the criteria for men working with sex offenders cited earlier, and conducting in-depth interviews (Lincoln & Guba, 1985, Marshall & Rossman, 1999; Patton, 2001; Sprenkle & Moon, 1996).

Dependability concerns the researcher's accounting for how her personal influence and the situational factors may impact the research process. Likewise, confirmability addresses whether the study is both reliable and valid, and not based on subjective measures. These criteria can be met through creating a system to maintain objectivity, neutrality, and transparency among the researchers (Lincoln & Guba, 1985). One method for maintaining the neutrality, transparency and objectivity required to conduct this research is for each member of the research team to develop a personal biography. The personal biographies include the researcher's assumptions, reasons for engaging in the research, and a brief personal history.

Another measure of ensuring objectivity throughout the data collection and analysis process is to maintain reflexive journals (Lincoln & Guba, 1985; Marshall & Rossman, 1999). For the purposes of this project, the primary researcher kept a reflexive journal which included feelings, reflections, observations, personal challenges, interpretations, and experiences with the participants. The primary researcher also maintained a journal reflecting on the role of clinician versus researcher during the interview process.

In summary, this study involved exploring the ways in which the experience of treating sex offenders affects male therapists. Its aim was to gain a greater understanding of how male therapists treating men who have sexually abused others deal with their feelings and make meaning of their experiences. This understanding was achieved using a phenomenological research design and qualitative methodology. Participants were solicited via purposeful sampling. The research team was comprised of researchers and members of the professional community and used several methods of data collection. Data were gleaned from semistructured interviews, genograms, demographic data sheets, and field notes.

Chapter IV

Results

There were two subparts to the research question: How does the experience of treating sex offenders affect male therapists? The first concerned therapists' reactions: (a) How have therapists reacted to working with sex-offender clients? (b) How does the experience of listening to what sex offenders say affect therapists? (c) How has the work changed the therapists? (d) How does the experience of listening to what sex offenders say affect the therapists' work? and (e) In what ways do therapists imagine others perceive they have changed?

The second subpart of the research question pertained to growth or changes in knowledge and worldview: (a) In what ways has the experience of working with sex-offender clients changed the therapists' knowledge, views, or behaviors? (b) How does it affect professional knowledge? (c) How has it affected their views of gender issues? (d) How has it affected their views of society, racism, sexism, and patriarchy? (e) How has it affected the ways the therapists do therapy? and (f) How has it affected their views of social justice?

Themes that Emerged

The ways in which participants were affected by working with sex offenders (impact) were invariably intertwined with changes in knowledge and worldview. Four main themes arose as participants described their reactions and the ways in which they were affected by working with sex offenders: (a) impact, (b) empathy, (c) view of

masculinity, and (d) social justice. The analysis also revealed three themes as the ways in which the negative effect on participants was minimized: (a) support from colleagues, (b) self-care, and (c) a sense that work is gratifying. See Figure 4 for a visual representation of themes that emerged for each participant.

The first four main themes were comprised of various sub-themes:

Impact. The sub-themes for impact on therapists were: (a) vigilance, (b) cynicism, (c) protection of family-physical, (d) protection of family-emotional, and (e) enhanced preparedness. Increased vigilance and cynicism, as well as some of the feelings described in protection of family-physical and protection of family-emotional, are symptoms of vicarious traumatization and secondary traumatic stress disorder.

Empathy. Two sub-themes surfaced: (a) empathy and (b) connection on ethnic/racial level.

View of masculinity. Sub-themes were: (a) societal expectations for males, (b) male guilt, and (c) male discomfort.

Social justice. Sub-themes were (a) power and oppression as to gender, race, class, and sexual orientation, (b) critical self-reflection, and (c) therapist as agent of social change.

The analysis also revealed three themes as the ways in which the negative effects on participants was minimized: (a) support from colleagues, (b) self-care, and (c) a sense that work is gratifying.

Congruency with the Literature

Impact

The themes of Impact, vigilance, cynicism and protection of family-physical were expected, as they have been addressed in the literature on secondary exposure to trauma, including the trauma of sexual abuse, and the literature on the impact on providers of treatment to sex offenders (Brady, et al. 1999; Daskovsky, 1998; Davies & Frawley, 1994; Edmunds, 1997; Farrenkopf, 1992; Figley, 1995; Gerber, 1995; Herman, 1997; Kearns, 1995; Lea, et al. 1999; Pearlman & Saakvitne, 1995a, 1995b; Peaslee, 1995; Saakvitne & Pearlman, 1996; Stamm, 1995; Steed & Bicknell, 2001; Stukenberg, 2000; Wilson & Lindy, 1994).

The theme of protection of family-emotional was revealed as the participants discussed how they balanced warning their families about the dangers while protecting them from unnecessary worries. Protection of family-emotional has not been the topic of research specifically. However, a few authors have acknowledged that people who treat sex offenders are more watchful about who comes in contact with their families, yet they restrain themselves from verbalizing their worries (Bengis, 1997; Ellerby, 1997). Others have noted that therapists who treat sex offenders avoid speaking about their work with people who are not in the field (Jackson, Holzman, & Barnard, 1997). The participants' expressions revealing they were protecting their families emotionally, by not discussing their fears or their work, contribute another dimension to the literature on impact on therapists who treat sex offenders. Very little has been written about this phenomenon, yet the theme emerged for five participants in this study.

The theme of enhanced preparedness that emerged was new. Other studies reported impact, vigilance, and cynicism as having a negative affect on therapists, yet

participants in this study did not experience the change as negative. They said that their vigilance was necessary, that they were more cynical about the world because they were more knowledgeable, and that their increased vigilance and cynicism did not have a negative affect on their lives. Some even saw themselves as better equipped as protectors of their families. Only Scheela (2001) came close to this theme by reporting that therapists working with sex offenders found that positive effects outweighed the negatives. Yet, the feelings described in enhanced preparedness was more pronounced because the participants felt better prepared to protect their families, or to face future challenges, as a result of their experiences of working with sex offenders.

Empathy

Empathy and therapeutic alliance have been addressed in the literature on the impact on providers of treatment to sex offenders. Some studies described therapists' negative countertransference, anger and feelings ranging from unpleasant to repulsion toward sex offenders (Edmunds, 1997; Ellerby, 1997; Jackson, et al. 1997; Mitchell & Melikian, 1995; Peaslee, 1995). Only two qualitative studies specifically addressed how providers of treatment for sex offenders could maintain a positive or caring attitude, and they described a tension between the need for the professional to develop a relationship with the sex offender while simultaneously negotiating the desire not to develop a relationship because of a personal abhorrence of his criminal activity (Lea, et al. 1999; Polson & McCullom, 1995).

Yet, while allowing that this is a difficult population to treat, therapists nonetheless found ways to empathize with their sex-offender clients. Further, therapists

treating sex offenders acknowledged that therapeutic alliance was important for effective treatment (Edmunds, 1997; Marshall, et al. 2003; Nelson, et al. 2002).

The theme of empathy was congruent with the literature because participants empathized with their clients, even though they experienced negative impact. The inconsistency is that participants in this study unanimously expressed that it was easy to empathize or to be compassionate with their clients. They conceded negative countertransference reactions to their clients' behaviors, but they still reported that they empathized with the person. They separated the person from the behavior and found ways to connect on a human level.

Connection on Ethnic/Racial Level

Interestingly, the African American and Latino participants all described a special empathic connection with boys and men with whom they shared ethnic or racial identity. The White participants denied a special connection, saying that they were able to empathize with all of their clients. This theme was not addressed specifically in the literature on trauma, or on the impact on providers of treatment for sex offenders. However, the theme is not unexpected when we consider the literature on race and racial identity. According to Helms (1992), White people receive ambiguous messages about being White, and "one is not supposed to consciously acknowledge that one is White unless one is a bigot" (p. 9). She offers an explanation that White as a skin-color symbolizes power and oppression, thus many White people become uncomfortable when they identify with a member of the aggressive group. Helms asserted that in American society one learns to "act White, but not *be* White" (p. 9). Helms' theory fits with the

absence of connection on ethnic/racial level for the White participants. The White participants likely were responding to the ambiguous messages. They did not consciously acknowledge an allegiance to their White clients because subconsciously they interpreted allegiance to Whites as bigotry.

There is a large body of literature in counseling psychology indicating that all human beings go through a process of developing a sense of racial or ethnic identity (Helms, 1995; Sue & Sue, 1990). This body of literature informs us that color-blind racial attitudes are rooted in our society. One consequence of color-blind racial attitudes is a belief that race does not play a meaningful role in people's lives (Neville, et al. 2001).

Each participant's location within the process of developing a sense of racial or ethnic identity would determine his personal color-blind attitude. The participants' personal color-blind attitudes would likely influence their ability to relate to their clients' racial and ethnic identities. The ability for empathy in relation to ethnic and racial identity has been addressed in the multicultural counseling literature. Burkard and Knox (2004) found that psychologists who were less color-blind, and thus more willing to acknowledge that race matters in people's lives, showed more empathy for their clients' difficulties. Those who were color-blind to race had less empathy and attributed difficulties to personal characteristics.

I believe the participants' personal experiences with racism affected their level of color-blindness. The African American and Latino participants likely would have experienced racism personally since they are in positions of subjugation in our racially hierarchical society. Thus they were not color-blind. The White participants likely had

less personal experiences with racism, and as “good” White men they were color-blind, treating everyone equally, regardless of race or ethnicity.

The emergence of this theme is also supported by the literature on White privilege which examines the invisibility of privilege (McGoldrick, 1998; McIntosh, 1988, 1998; Neville, et al. 2001). The White participants are racially privileged in our society. The literature informs us that privilege is often invisible for those who have it. Thus it is not surprising that the White participants did not acknowledge a special connection on the basis of race or ethnicity.

View of Masculinity-Societal Expectations for Males

The literature on masculine development supports the notion that societal expectations for males may cause some boys and men to become violent. Little boys learn from the culture to compare themselves to others, and with comparison can come competition, aggression, and perhaps violence. Boys are placed in a terrible bind between the pressures to disconnect for self-achievement, while yearning for connection. Becoming someone special often occurs at the expense of being with others (Bergman, 1995).

Shame theory, discussed in the literature on masculinity, offers a vantage point from which to better understand the male struggle to cope with feelings and experiences of psychological vulnerability, on the one hand, and aggression, on the other. Developmental encounters with shameful feelings are a part of growing up. It can begin with being teased for playing a girls' game or for being "chicken." Boy culture is competitive, insensitive, and often cruel. Being chosen last, or not at all, is a vivid

memory for many men. The emergence of sexuality and bodily concerns brings a host of shame-related experiences. Idealized notions of masculinity leave many boys feeling shamed and believing that they do not fit into the male world (Krugman, 1995).

Pleck (1995) conceptualized a gender role strain paradigm which professes that the culturally constructed roles that men are expected to play negatively affect romantic relationships, work environments, family contexts, and men's own sense of self. The literature on masculinity refers to gender role strain and the ways that gender socialization, adherence to traditional norms, and the strain experienced by discrepancies between masculine norms and a male's behaviors might create negative consequences in the lives of men, and even lead to violent behavior (Jakupcak, Lisak & Roemer, 2002; Levant, 1996).

Male Guilt and Male Discomfort

The substances of these themes were mentioned in two articles in the literature on the impact on providers of treatment for sex offenders. Farrenkopf (1992) observed that male therapists became more sensitive in their intimate relationships with their female partners after listening to stories of abuse. Lea, et al. (1999) found that some male therapists were aware of an increased "collective guilt" over male abusive behavior, and as a result became more considerate of their partners in their sexual relationships.

Thus, the dissonance and internal conflict that the participants in this study experienced, that led them to examine their personal relationships, and in some cases adjust their behavior, although not extensively covered in the literature, was expected. In fact, the structured interview protocol for the present study was designed to explore for

these themes based on the studies mentioned above (Farrenkopf, 1992; Lea, et al. 1999), the pilot study, one male therapist's account of his feelings of shame (Weiss & Choma, 1998), and the trauma literature for therapists working with Nazi holocaust survivors which reported that therapists who work with trauma survivors share a sense of shame (Danieli, 1994).

The absence of societal expectations for males, male discomfort, and male guilt for two participants (Sam and Tom) was relevant in the context of race and ethnicity. The absence of themes in view of masculinity correlated with the themes that emerged in connection on ethnic/racial level and social justice. The White men were frequently unaware of their gender privilege (Dolan-Del Vecchio, 1998; McGoldrick, 1998; McIntosh, 1988, 1998). This theme, while exciting and new for the literature on the impact on providers of treatment to sex offenders, was expected in light of the multicultural feminist family therapy and counseling literature.

Social Justice

Sub-themes were (a) power and oppression as to gender, race, class, sexual orientation; (b) critical self-reflection; and (c) therapist as agent of social change. Again, these themes were not addressed in the literature on the impact on providers of treatment to sex offenders. However, the themes of social justice and power and oppression as to gender, race, class, and sexual orientation are prevalent in the multicultural feminist family therapy and counseling literature (Burkard & Knox, 2004; Dolan-Del Vecchio, 1998; Helms, 1992, 1995; McGoldrick, 1998; McIntosh, 1988, 1998; Neville, et al. 2001; Sue & Sue, 1990). The phenomena revealed in gender power and oppression and critical

self-reflection suggest that some participants were more aware of gender roles and societal expectations as a result of working with sex offenders, and they related their knowledge to their personal lives. These themes are congruent with the literature on masculinity (Bergman, 1995; Jakupcak, et al. 2002; Krugman, 1995; Levant, 1996; Pleck, 1995). Further, the phenomena that emerged in critical self-reflection and therapist as agent of social change fit with the literature on impact on providers of treatment to sex offenders (Farrenkopf, 1992; Lea, et al. 1999; Weiss & Choma, 1998) as well as the multicultural feminist family therapy and counseling literature (Burkard & Knox, 2004; Dolan-Del Vecchio, 1998; Helms, 1992, 1995; McGoldrick, 1998; McIntosh, 1988, 1998; Neville, et al. 2001; Sue & Sue, 1990).

The analysis also revealed three themes as the ways in which the negative effects on participants was minimized: (a) support from colleagues, (b) self-care, and (c) a sense that work is gratifying. These themes were expected as they had been discussed in the literature on secondary exposure to trauma, including the trauma of sexual abuse, and the literature on the impact on providers of treatment to sex offenders (Brady, et al. & Brokaw, 1999; Daskovsky, 1998; Davies & Frawley, 1994; Edmunds, 1997; Farrenkopf, 1992; Figley, 1995; Gerber, 1995; Herman, 1997; Kearns, 1995; Lea, et al. 1999; Pearlman & Saakvitne, 1995a, 1995b; Peaslee, 1995; Saakvitne & Pearlman, 1996; Stamm, 1995; Steed & Bicknell, 2001; Stukenberg, 2000; Wilson & Lindy, 1994).

For a visual representation of the themes that emerged for each participant see Figure 4.

*Case Study: Carlos**Demographics*

Carlos (see genogram, Figure 5) was 28 years-old and held a master's degree (MSW). His educational background is in the individual medical model. He had been working with adolescents who committed sex offenses for 6 months in an out-patient setting. Carlos is Latino with light skin; he was born in Honduras and immigrated to the United States in 1987 with his family. Carlos is the older of two siblings; he has a younger sister. He is a non-practicing Catholic; he believes in God but stated that religion and spirituality are not a source of strength for him.

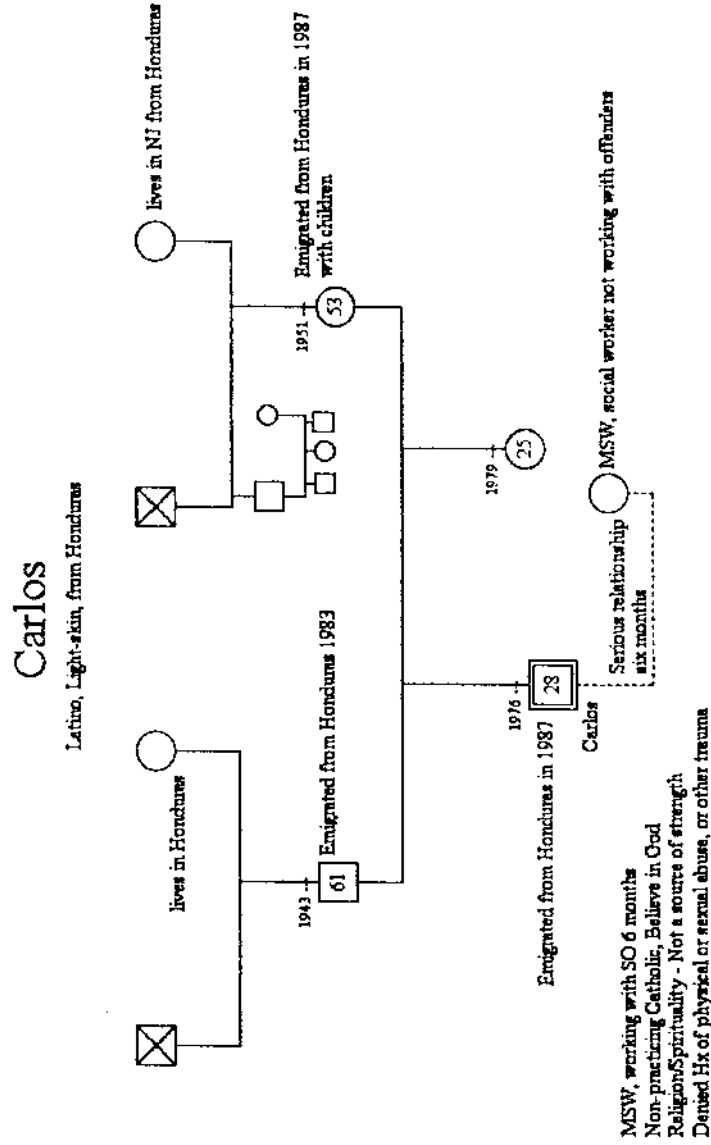
Within-case Analysis

Carlos was the first therapist I interviewed, in June of 2004. Of all the participants, Carlos had the least experience working with sex offenders. He met me in my office, and, with his consent, I video-taped and audio-taped the interview. After going through the genogram information, I asked Carlos my first question of the structured interview, "How did you react to working with sex offenders?" He spoke about how at first he worried about working with this population but mainly, he enjoyed the work.

Carlos: [T]o tell you the truth, I did not know what to expect because I knew this was a tough population to work with. You know, you see on TV ... people sexually abusing kids and what not, and I thought, "Wow, my God these are monsters," you know. But to tell you the truth ... once I got in there, I remember my first group... it was actually very interesting.

	Themes				
	Impact	Empathy	View of Masculinity	Social Justice	Minimizers of Impact
	Vigilance Cynicism Protection of family-Physical Protection of family-Emotional Enhanced Preparedness	Empathy Connection Ethnic/Racial	Societal Expectations for Males Male Discomfort Male Guilt	Power/Oppression: Gender, Race, Class, Sexual Orientation Critical Self-Reflection Agent of Social Change	Support (from Colleagues) Self-Care (Work is) Gratifying
Carlos	Vigilance Protection of family-Physical Protection of family-Emotional	Empathy Connection Ethnic/Racial	Societal Expectations Male Discomfort	P/O Gender, Class Critical Self-Reflection	Support Self-Care Gratifying
Darryl	Vigilance Protection of family-Physical Enhanced Preparedness	Empathy Connection Ethnic/Racial	Societal Expectations Male Discomfort	P/O Gender, Class, Race, Sexual Orientation Critical Self-Reflection Agent of Social Change	Support Self-Care Gratifying
Miguel	Vigilance, Cynicism, Protection of family-Physical Protection of family-Emotional Enhanced Preparedness	Empathy Connection Ethnic/Racial	Societal Expectations Male Discomfort Male Guilt	P/O Gender, Class, Race Critical Self-Reflection Agent of Social Change	Support Self-Care Gratifying
Sam	Vigilance Protection of family-Physical Enhanced Preparedness	Empathy	--	Class	Support Self-Care Gratifying
Tom	Vigilance, Cynicism Protection of family-Physical	Empathy	--	--	Support Self-Care Gratifying
Jorge	Vigilance Protection of family-Physical Protection of family-Emotional	Empathy Connection Ethnic/Racial	Societal Expectations Male Discomfort Male Guilt	P/O Gender, Class, Critical Self-Reflection	Support Self-Care Gratifying
Carl	Vigilance, Cynicism Protection of family-Physical Protection of family-Emotional	Empathy	Male Discomfort	--	Support Self-Care Gratifying
Raul	Vigilance Protection of family-Physical Protection of family-Emotional Enhanced Preparedness	Empathy Connection Ethnic/Racial	Male Discomfort	P/O Gender, Class, Critical Self-Reflection	Support Self-Care Gratifying
Ira	Vigilance Cynicism Protection of Family-Physical	Empathy Connection Ethnic/Racial	Societal Expectations	--	Support Self-Care

Figure 4. Themes that emerged. Participants are presented in the order in which they were interviewed.



Created With Genogram Analytics

Figure 5. Carlos' genogram.

He went on to say, "I like this work -- I enjoy it... Yes, it is interesting. There is never a dull moment." When I asked why he liked the work, he referred to his feelings of connection to the adolescents. Naturally, this led to my question of why he connected with the adolescents, and I speculated that perhaps he identified with them because many of his clients are young Latino males, like himself. Carlos confirmed that this was the case, "Yes, I think they connected as Latinos and men." Further, Carlos thought that the empathic connection facilitated treatment.

Researcher's Experience

As a researcher interested in exploring gender, race, and ethnicity, I became very excited during this first interview. With very little probing, a novice therapist was telling me that his gender and his ethnicity were important characteristics that helped him to connect to his client population and that he believed the connections were helpful in their treatment. My interview questions were structured around the themes that I expected to emerge based on the literature and my pilot study. Yet I wanted to allow Carlos to reveal his own experiences, and I wanted to be true to the process of phenomenology by keeping myself in check while probing for the various possibilities from Carlos' point of view. I was excited about the gender and ethnicity theme, but my journal entry after this first interview revealed that at the time I did not believe that Carlos was thinking about the issues deeply, and I attributed this to his being new to the field. I also was wondering whether the theme of connection based on gender and ethnicity would hold for the more experienced therapists.

Sueli journal entry: Carlos is a new therapist in field, and he did not expand on themes. This is the same experience I had with the pilot where I found that people who had worked in the field longer had a lot to say and thought on deeper levels, compared to newer therapists who thought more superficially about the treatment procedures and the process of therapy, i.e., what do to in the therapy room, how to address the clients, etc. Carlos is the least experienced, and he was thinking less about the issues. Did he connect with his clients based on gender and ethnicity because he is less experienced and possibly less able to separate his countertransference?

Themes that Emerged

I read through Carlos' interview analyzing for themes that I expected to emerge while keeping myself in check, in the process of *epoche*, in order to allow Carlos' voice to be heard. The following themes emerged for Carlos:

Impact. Carlos worries for the safety of his girlfriend, yet he has reservations about how much to discuss with her, because he does not want to make her nervous.

Vigilance. Carlos was vigilant, he commented that "there are a lot of offenders" in the world who may come into contact with his loved ones.

Protection of family-physical. He felt the need to protect his loved ones physically; he worried about what might happen to the women in his family. He even worried about his future children.

Carlos: Someday I hope to have kids, and ... working with this population ... it is very scary. It's scary to me. Because you just don't know. It is a scary feeling. ... I am not a parent, I don't have kids, but I [hope to], and I imagine it is a very scary thing for parents.

Protection of family-emotional. Although Carlos worried about his loved ones' physical safety, he did not want to make his girlfriend nervous. He warned her about some of his concerns, but he did not persist. He wondered how much to tell her; he wanted to protect her emotionally and did not want to "make her nervous."

Carlos expressed similar feelings when he spoke of his mother who works in a factory. He worries about her more because of his work with sex offenders, but he does not want to discuss it with her because he thinks she would not “want to talk about this.”

Carlos also described some countertransference feelings of anger, “I did feel angry with them ... I did go through that -- you know, ‘How can they do something like that?’” He admitted he had symptoms of secondary traumatic stress: intrusive thoughts that arose for him during sexual relations as a result of work.

Empathy. Carlos empathized with the adolescents -- he said they are likable kids.

Connection on ethnic/racial level. Carlos empathized with the adolescents in general, but especially with the Latino adolescents. He mentioned specifically that he connected with them and it was easier to develop a therapeutic relationship with the boys from Central America because of their common bond, “I ask them where they are from, and ... I say I’m from Honduras. So that kind of helps, too, to make them feel a little more comfortable and to establish rapport with them.”

View of masculinity. When asked about what creates a sex offender, Carlos discussed men abusing women and children in the context of people from his country of birth and related it to *machismo*. I saw this as a theme of societal expectations for males emerging.

Carlos: A funny thing is that in our culture, Latino culture, especially ... there is a lot of that macho thinking, so it may lead them to think they can do whatever they want. That might have an influence in how they behave. Again, when you go to other countries, you know in my country you can walk into a bar and touch a woman or whatever and no one would do anything.

For Carlos, sub-themes of male discomfort arose when he discussed his feelings in his sexual relationship with his girlfriend as a result of the work and as a result of the

impact and secondary-traumatic-stress symptom of intrusive thoughts, “You feel like ... ‘Am I being a pervert?’” However, he thought about his behavior with women in intimate relationships compared to what he heard from sex offenders, he examined his behavior and his motivation, and he did not have reason to change his behavior, “Well, for me I know that I have strong feelings for her, and I know that what we are doing is what people do when they have a relationship -- the thoughts sometimes enter my mind, but it does not affect the way I act towards her.”

Social justice. Carlos’ understanding of power and oppression in society is implied by his comments regarding the system that perpetuates sex offending. He believes that financial resources are needed for abuse to be exposed and for protection laws to be enforced. Without financial resources abuse is perpetuated. When I asked him what made a person a sex offender, he spoke about some individual and family characteristics and then moved on to the larger context. He referred to his native Central America,

Carlos: They can’t deal with sex offenders.... There aren’t enough resources to help and to make them see that they are abusing.... The law ... is not what I would hope it would be, but, again, I think a lot of it has to do with the fact that people don’t have the resources, and there is a lot of poverty.

Support from colleagues. Carlos was aware of the benefit of the support he receives from his colleagues, but he thought it was because he was a novice in this field. He relies on the training he receives from his colleagues. He included processing his feelings as part of the training, “I can use more training, and, as things come up, I see the need for more training. Even just training as far as learning how to deal with personal issues; I would like that.”

Work is gratifying. Carlos has been working with sex offenders for 6 months, and he enjoys the work because he connected with his clients and believed he was helping “likeable” kids who did a bad thing, “Yes -- to tell you the truth they were actually very likable kids. They’re normal kids. They are very likable. So some of the stuff they did was awful, but, aside from that, they are likeable kids.”

Case Study: Darryl

Demographics

Darryl (see genogram, Figure 6) is 27 years-old and has a doctoral degree (Psy.D.) in clinical psychology. His educational background is in the individual medical model. He has been working with adolescents who committed sex offenses for 5 years in an out-patient setting. He also worked with adults who committed sex offenses in an institutional setting during his doctoral internship. Darryl is African American. He is the oldest of three siblings. He does not attend church regularly, but he reads the Bible, and he draws strength from spirituality and his family, including his deceased family members.

Within-case Analysis

Darryl was the second therapist interviewed, 3 weeks after Carlos. Darryl also came to my office for the interview; he was relaxed and seemed happy to participate in the process. I video-taped and audio-taped the interview. When I thanked Darryl for the interview, he turned it around and thanked me for the opportunity to talk about his feelings. Darryl said that he enjoyed the work.

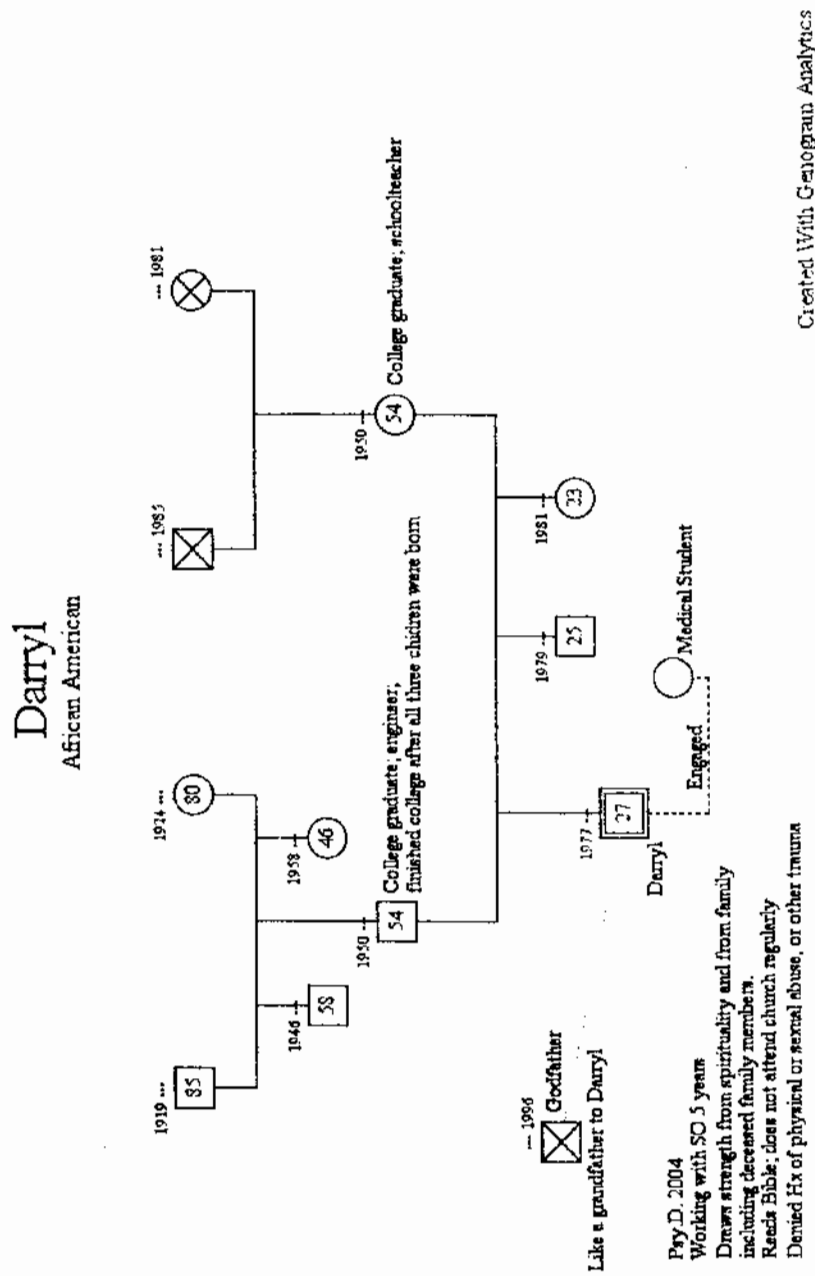


Figure 6. Darryl's genogram.

Darryl: I feel very satisfied with the work that I do. I do see the impact that it has. I find that I have grown a lot ... as a person, and as a clinician doing that kind of work, which is why I want to continue to do it.... I have had ... conversations over dinner with various people about “Why do you do it? How can you do it?” or “I can never do that.” But by the same token there are other people that I will run into, that might have something to do with the legal system who really do value the work that I do, wouldn't want to do it themselves, but really value the work that I do, and rely on it.

Darryl also said that he found it easy to empathize with his clients and that he felt a special connection to African American clients.

Darryl: I identify with an African American man or kid that comes in in some sense of really really wanting to help them ... in a very internal sense of almost like I have to help you in some kind of way

Darryl was experienced and knowledgeable about sex-offender treatment. He had worked in the field 5 years, his doctoral dissertation was on treatment outcomes for adolescents in a sex-offender treatment program, and he specialized in forensic psychology because he wants to pursue a career in this field.

Researcher's Experience

This was my second interview, and, because Darryl was experienced, and knowledgeable about sex-offender treatment, I was interested that he also spoke about connecting with his clients, and especially with African Americans. The fact that an experienced therapist spoke about the connection based on race and ethnicity led me to think that Carlos' experience was not unique and not a result of his relative inexperience in the field. I was more confident about themes that were emerging after this interview. Although I was noting emerging themes, I also struggled to preserve the process of

bracketing my expectations in order to allow the participant's experiences to emerge, as is reflected in my journal entry, "My second interview was better because I was quieter, allowing for the silences, and letting the participant answer at his own pace."

Themes that Emerged

Impact-vigilance. Darryl said he would be "surprised if there were someone who works with sex offenders and says that he or she is not affected by the work." As a result of what he has learned from work, he pays more attention to people on the street.

Darryl: I find myself paying a little more attention as I pass by parks and looking at who's on the swings and who's in the playground, and you know that old guy who is walking around, "Is he walking through, or is he thinking of doing x, y, z?" It comes from what I've heard ... as far as how they have gotten to sexually assault people and things like that.

Protection of family-physical. Darryl is mildly concerned for the safety of his fiancée, friends, and family members; he said that they check-in with each other by phone to make sure they have gotten home safely.

Enhanced preparedness. Darryl described a sense of enhanced preparedness as a result of working with sex offenders. He feels that working with difficult cases has made him more confident, "I am more confident, maybe because I work with difficult cases."

Empathy. Darryl said that he is compassionate and stern with his clients because in the end he believes his clients need to know that he cares about them, "I need to show that I care. And someone can ... admit ... more about what they did, but I can only do that because they know that I care for them on some level."

Connection on ethnic/racial level. Darryl said that he especially connects with African American kids in a strong way. He feels he has to help them, and he was more

discouraged when those cases did not work out. He used to feel that there was something wrong with his feelings of connection with African American kids, but now he believes it is natural to identify with them because he is always looking for ways to connect with his clients.

View of masculinity-societal expectations for males. Darryl discussed societal expectations for males, and related the expectations of a “masculine” society to offending behavior, “You are supposed to know a lot of women ... [and] ...negative views about homosexuality ... in this ‘masculine’ society ... can be distorted.” Darryl believes the distortions of what it means to be masculine can lead to offending behavior.

Male discomfort. Darryl’s knowledge of sexual-abuse dynamics caused him to identify with the offenders and experience some discomfort as a result, “When I was in school, guys would slap girls’ butts and run, and it was a big joke, and, you know, the girl said stop, and ... we just kind of laughed it off.” He asserted that those infractions could lead to more serious offenses. When asked how working with sex offenders might have affected his personal relationships, he replied that the topic had “come up early on when I started working here ... how people have difficulty relating in a sexual way ... and being intimate with their partners,” and he was determined to communicate with his fiancée in order to avoid such problems.

Darryl had some feelings of male discomfort based on his knowledge of sexual-abuse dynamics, and the ways in which typical male adolescent behavior might lead to abuse. He connected what he learned about male behavior from work to his personal life. However, his feelings of discomfort did not escalate to guilt, and the impact was not detrimental for him, “I would say that I have definitely been impacted in those certain

ways, but I generally feel like I do a pretty good job of not letting it be something that I carry around all of the time.”

Social justice. Darryl spoke of the contextual issues of power that cause sex-offending behavior. Darryl’s view of social justice is intertwined and overlaps with his view of masculinity-societal expectations for males. As illustrated in the excerpt presented in view of masculinity-societal expectations for males, Darryl believes that the media and society in general disregard women – there is a lack of respect for women, and this influences some men to become offenders. In that excerpt Darryl spoke of negative views of women and homosexuals and said that this plays out in the ways in which abusive adult and adolescent males offend against women and children. He said that society does not leave room for people who have identity concerns. Consequently, juveniles who are struggling with their sexual identities and have no support from society may behave inappropriately, leading to sex offenses.

Therapist as agent of social change. Darryl is aware that financial power and class differences play a role in determining whether someone receives treatment or a prison sentence. He is hopeful that he will be able to make a difference, one case at a time.

Darryl: Money plays a large role in who ends up in prison and who ends up in treatment ... Some people have an attorney, have people to take care of them, and others don’t, and the cases go differently because of that.

Support from colleagues. Darryl believes support from colleagues is essential for the well-being of the therapist and for effectiveness in treatment. In his search for a new position, he sought out organizations that provided a supportive environment because he

believes, "It is really important to feel comfortable with colleagues and to have peer supervision, and to be able to really talk freely about your feelings with colleagues."

Self-care. Darryl cited having good relationships with his fiancée, friends, and family as ways in which he practices self-care. He said he was advised when he first started doing this work to be sure to keep "doing what you like to do," to relax and recharge. He feels he does this well. He works and plays. Darryl said he draws strength from reading the Bible and praying, "I like to read the Bible. I try to keep myself as grounded as possible, and I think that certainly helps me in the work that I do." He also draws strength from his family, including his loved ones who died.

Work is gratifying. Darryl said the work is gratifying because he feels respected, he has become an expert on sex offenders, and he appreciates that other professionals value his opinion. He is planning a career in the field and hopes to develop more assessment tools to evaluate the risk of recidivism.

Case Study: Miguel

Demographics

Miguel (see genogram, Figure 7) is 35 years-old; he has a master's degree in clinical psychology and is a Ph.D. candidate in clinical psychology. His educational background is in the systemic model. He has completed his coursework and is currently working on his dissertation and internship. He has worked for 9 years with adolescents who committed sex offenses, and he also has some experience working with adults in his internship. He is Puerto Rican American. He was born and raised in New Jersey. He is

married to a Filipino woman and they have twin daughters who were 20-months-old at the time of the interview. Miguel is the oldest of three brothers from his parents' marriage; he has three older half-siblings from his father's previous marriage and a younger half-brother from his father's relationship with another woman. Miguel is Roman Catholic; he attends church regularly and studies Eastern philosophy. He considers himself a spiritual person.

Within-case Analysis

Miguel was the third therapist interviewed. He met me in my office, and this interview was also video-taped and audio-taped. Miguel was trained in systems work and is accustomed to thinking about contextual issues. He described himself as a spiritual person who studies Eastern philosophy and meditates. Miguel spoke about the impact of work, and he related work to personal and contextual dynamics. Miguel was knowledgeable about sexual-offender treatment. The combination of training, experience, and personal lifestyle of spirituality and meditation was evident in the levels of analysis that Miguel pursued in response to my questions. As illustrated in the excerpt below, immediately in response to my first two questions in the interview protocol, Miguel related the impact of work to contextual and personal issues,

Sueli: So now I am getting to the interview protocol. Have you reacted to working with sex offenders?

Miguel: Yes, in every way. My work with sex offenders has really taken me through every emotion. I think that probably a lot of sadness, guilt -- joy sometimes when I see progress. But there is really no emotion that I have not had.

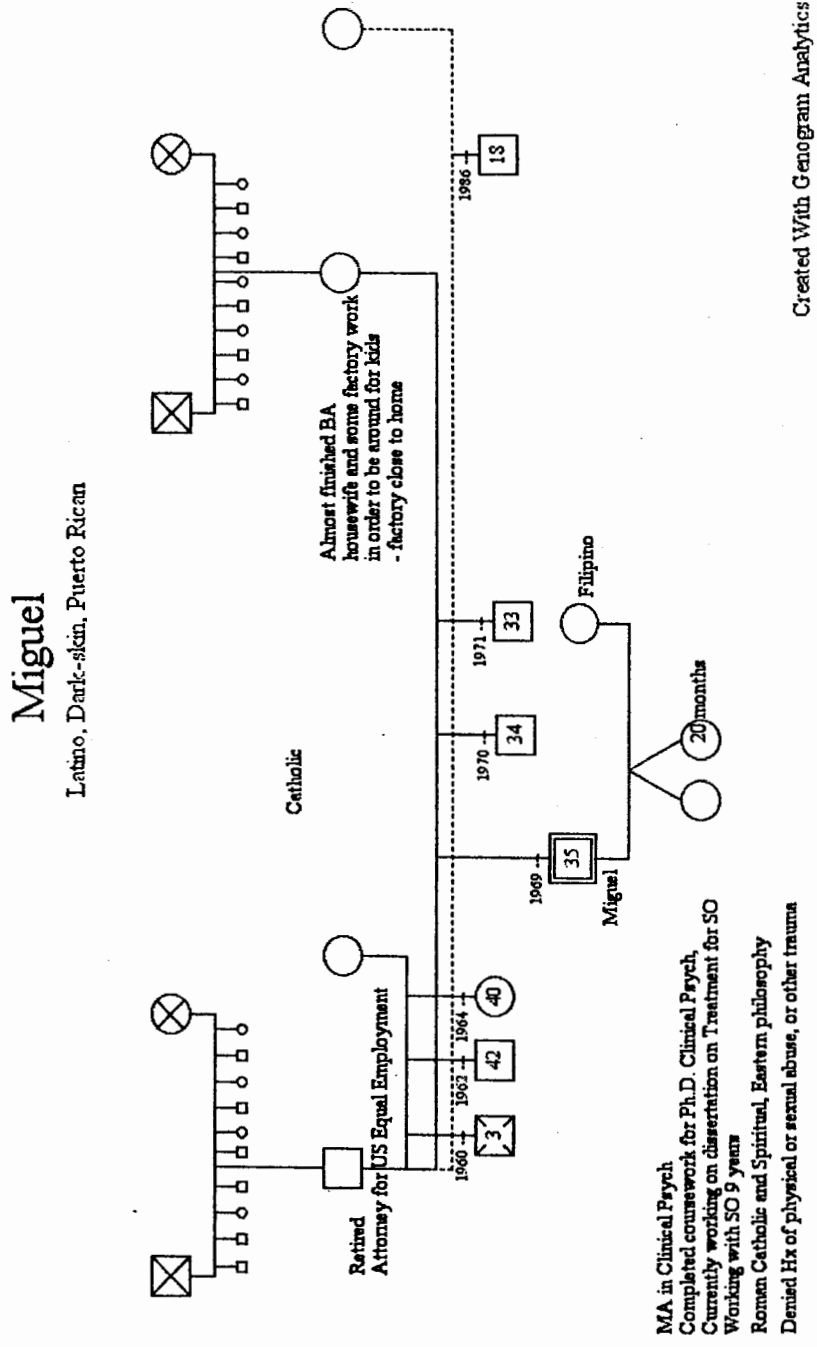


Figure 7. Miguel's genogram.

Sueli: If I ask you about PTSD symptoms, flashbacks, intrusive thoughts, etc.?

Miguel: Not classic not flashbacks, but, yes, intrusive thoughts, memories, probably stuff that triggers you to a story or to something you read in documents or something like that, or to certain sessions, when clients are talking about it you visualize. I guess intrusive, but it hasn't been troublesome.

Sueli: You mentioned guilt.

Miguel: I think male guilt. Most of my clients are males; the percentage of them that were abused were mostly abused by males. I come in so much contact with stuff that males do that you just get sort of male guilt. I call it male guilt because just you are so aware of like how difficult it is to live around males, especially for women and children.

Researcher's Experience

Miguel and I were speaking the same language. As the interview progressed, I became increasingly aware that Miguel and I had similar world views. He connected the personal and professional in context. His responses about sex-offender treatment included references to oppression based on gender, race, ethnicity, patriarchy, class, and economics. My journal entry after this interview reveals that Miguel did most of the talking, answering many of my questions without me even asking them. On reflection, this is probably because I did not need to probe Miguel for the questions that would disclose his process of self-examination and levels of thinking between the personal and the professional. However, at the time I was concerned that I might be deviating from my protocol, and I cautioned myself to focus on the script for the following interviews, "I should be more careful about sticking to the script, in order to help the person stay focused." In retrospect, I did not need to worry about this. Miguel was focused, and he

answered all of the questions on my interview protocol in a way that was meaningful to him.

Themes that Emerged

Impact-vigilance. Miguel is aware of the impact that working with sex offenders has had on him. He said he is more vigilant about people who may have contact with children, “If I see anybody just hanging around, especially a man, just looking at the kids, I start to wonder if this guy is following a kid.”

Cynicism. He also believes he is more cynical. He does not trust even family members, “I have to be alert to everyday people, even family, my brothers, my wife’s brother, and friends. You know, you are just alert, specific to this.”

Protection of family-physical. This theme is implied because Miguel is vigilant and cynical about people who may harm his children; he wants to protect his children.

Protection of family-emotional. Because Miguel worried about protecting his children, I asked him if he told his wife about what he heard at work in order to make her more aware. He does not tell his wife because he has learned from experience that he needs to protect his family emotionally.

Miguel: If I talk about it, I say it in a way that’s not going to hurt them. I might tell my wife I had a rough day at work today, or the kids were all crazy, or the court is stupid, or just in general like that, no details.

Enhanced preparedness. Miguel spoke of the ways in which working with sex offenders has made him better prepared as a protector of his family. He thought that the work had changed him “in good ways,” because he was better prepared to support his family, “I can protect them or get them help.”

Empathy. Miguel finds it easier empathizing than challenging. He said he cannot do the work unless he has empathy for his clients; he cannot challenge them unless he has developed a relationship with them.

Connection on ethnic/racial level. Miguel said that he is more successful with African American and Latino kids than with White kids “because of my own issues with racism, and also with not having a handle on White culture to an extent.”

Miguel said that working with more affluent students at his university was a culture shock for him because most of his clinical experience had been in a setting with people who “don’t have anything.” He believed that it was a good learning experience, and he found ways to connect on a human level. He speculated that he would find ways to connect even with very wealthy people, “I could find a way to think, you know, if Donald Trump feels better about himself, people who work with him are going to feel better, and then there is going to be an impact there, other than him making more money. So I try to find a connection.”

View of masculinity-male guilt. Miguel spoke about male guilt and used this specific term. He said that he was aware of the ways in which work increased his knowledge of bad male behavior, and this in turn affected him in his personal relationships and in the way he behaved at home. Sometimes he questioned his own motivation and about topics that he would not have thought of, such as walking around in his underwear in front of his 20-month old daughters. He was aware of the way work affected his sex life and his sexual play with his wife. He was aware of his presence as a large, dark-skinned man and said that he realized that women on the street might be afraid of him, and he sometimes crossed the street in order to make a woman feel more

comfortable. He related this awareness to male guilt because he believed that women are correct to be afraid of men when they are in vulnerable situations, such as walking on a quiet or dark street. His belief that women should be afraid of men is directly related to his work with sex offenders. He adjusted his behavior when he was in the presence of women who might be discomforted by his presence, "If I am on an elevator, I'll go to the other side, so she doesn't feel threatened."

Social justice. Miguel spoke of larger contextual issues, and, only half-jokingly he said, "I'll blame it on Reagan, it is trickle down social economics.... We are all responsible for this mess, we are all responsible for a society pimping out women and children." He related the behavior of a bully in the playground to domestic violence, global aggression, and wars. He said that a kid takes a toy from another kid because he can, just like a nation takes from another because it can.

Support from colleagues. Miguel believes in the benefits of support from colleagues in order to work with sex offenders. He serves on a board for child-abuse prevention, and he was instrumental in opening discussions about support for colleagues for clinicians who work in private practice, or are otherwise isolated, while working with sex offenders. He started a group of clinicians who provided each other with peer supervision. He is mindful about teamwork, issues of splitting among team members, and supporting each other. He said the work is difficult and not often appreciated.

Miguel: It is a thankless job in many ways. I think that is why supervision is so important; that's why having a network of friends that are in the field is so important. In all the years ...I have had just one client's grandfather who said, "You do a thankless job; you are doing God's work," after a really tough family session where he was being the big pain in the ass, by the way.

Self-care. Miguel practices self-care by meditating, reading Eastern philosophy, and paying attention to his relationships with his wife, children, family and friends. He said that he does not “work too hard,” and that this may sound like a bad attitude, but he learned long ago that working too hard does not make him any more effective. He also is aware that not taking care of himself will have a negative impact on his family.

Work is gratifying. Miguel finds his work gratifying because he views it in the context of preventing child abuse. He has worked in the field 9 years and would like to continue to work in the field. Miguel saw his clients as people apart from their behaviors. He believed that using spirituality and compassion to engage his clients in the work was more effective and made work more fun for him. His spirituality and sense of acceptance about the risks involved help him to feel good about doing this difficult work.

Miguel: [W]hen ... you are compassionate with them and you see them as people and not their behaviors ... there is a person there, they are not an offense ... I think it jives more with my general orientation and with my world view, and I think it is more effective. It is definitely more fun to do the work without treating everybody like you are trying to crack a walnut.

In every society you are going to get a certain number of sex offenders.... That is also where my spirituality comes in because I also accept it. Like I don't think I've ever felt burned out in this job because I am very realistic that there is night and day, there is black and white, there is good and bad, and that this is just part of it.

Case Study: Sam

Demographics

Sam (see genogram, Figure 8) is 33 years-old and is a Licensed Professional Counselor with a master's degree in counseling psychology. His educational background

is in the individual medical model. He has been working for 4 years in a residential setting with adolescents who committed sex offenses. Sam is White American of Ukrainian and Italian descent. His parents were born in the United States, his paternal grandfather was born in the United States, his paternal grandmother was born in Czechoslovakia, and his maternal grandparents were born in Italy. Sam is the youngest of six siblings. He is married and has two daughters, ages 4 and 1. Sam is Roman Catholic and attends church regularly, but religion is not particularly a source of strength for him. He relies on his family and friends for emotional support.

Within-case Analysis

Sam was interviewed approximately 1 month after my previous interview. By this time I had transcribed all earlier transcripts and had been analyzing for emerging themes. For Sam the themes of vigilance and enhanced preparedness were prevalent. He was less communicative than the three previous participants interviewed. I noted an absence of themes with respect to view of masculinity and social justice as shown in the excerpts under these headings in the themes section of this within-case analysis.

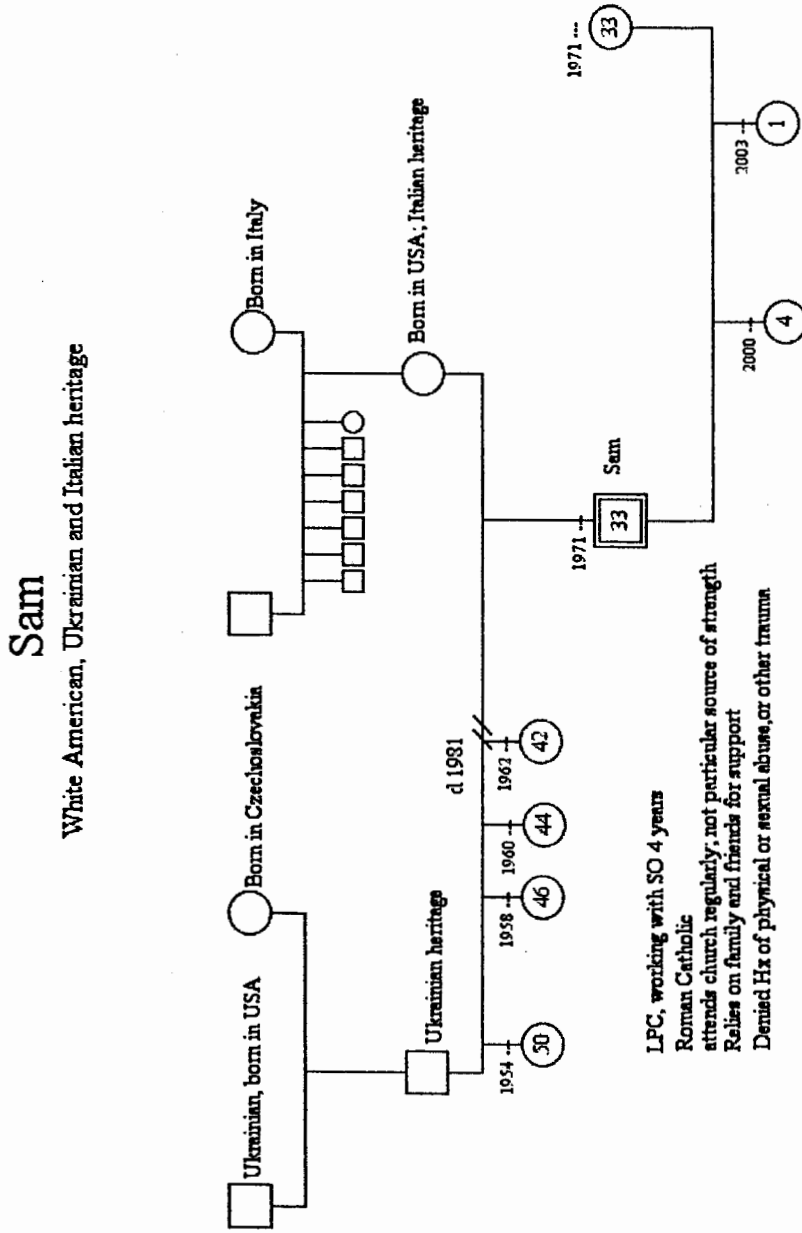


Figure 8. Sam's genogram.

Researcher's Experience

When I arranged the date to interview Sam, I was concerned about whether I would have enough participants who would volunteer. I had mailed recruitment letters to organizations offering a free “self-care” workshop for therapists and had not received any replies. My journal entry for this time period reflects my concerns, “I offered to do a free self-care workshop for therapists. Let’s see if that gets me in the door. ... People are reluctant to give up 2-3 hours of their time to speak to a student doing research.” Sam volunteered to do the interview, but his time was limited. I believed I could not afford to turn down a volunteer, even though his time was limited. I gratefully accepted his participation with his time constraints. Sam met me at a training institute at the end of a work-day, 5:30 p.m., and he told me he hoped that we would be done early because he planned to meet a friend for dinner. At the time I did not believe I was getting Sam’s best expression of his experiences, because he was rushing the process. His time was limited, and I wanted to respect his needs, but I was disappointed with the content of the interview. I wondered whether the absence of themes which had emerged in the earlier interviews were true representations of Sam’s feelings. I suspected that perhaps he had not been able to process some issues due to the pressures of limited time and the other commitments that may have been on his mind.

I consulted with my research team member, Andraé, and I sent him the transcript of Sam’s interview for his review. Andraé expressed similar sentiments,

Andraé’s comment: It seems like this participant gives a lot of non-distinctive answers. He is pleasant but is not saying much. For example, the question about reacting to or feeling closer to Caucasian clients, he answered the question but he did not provide any rationale as to feeling

connected by race. ... When I work with Black kids I feel a pull – the countertransference is there. Maybe Whites don't have that same countertransference – but he did not fully explore it. It will be important to pick up if there are differences in responses as far as transference among therapists of Color and White therapists. Perhaps this is a theme.

Several months later, after I had completed all of the interviews and analyzed the transcripts, I sent Sam my findings statements. Sam gave me feedback on the findings statements, and we had a follow-up interview by telephone. After revisiting the issues and processing the information this way, I am confident that I have accurately captured Sam's experiences. The absence of themes for Sam that had emerged in the previous interviews with Carlos, Darryl, and Miguel is a true representation of what Sam intended me to understand.

Themes that Emerged

Impact. Sam is vigilant about his daughter's whereabouts. He wants to know who takes her to the bathroom when she is in pre-school, and he is aware of safety in general. He is vigilant because he wants to protect his children. The excerpt below illustrates vigilance and protection of family-physical:

Sam: I will ask my daughter about where she has been, how it was.... She goes to pre-school, and we talk to the teachers beforehand and ask, "Who takes the kids to the bathroom?" My daughter is potty-trained, she has been for awhile ... and so I ask, "Who is taking her to the bathroom?"

Enhanced preparedness. Although Sam is vigilant, he does not believe his vigilance is a problem. He sees it as necessary, and believes that his vigilance has increased because of his knowledge obtained at work. "Is it uncomfortable? No. It feels like this is what I need to do to be safe, and this is good common-sense practice."

Empathy. Sam connected with his clients on a human level. However, Sam denied connection on the basis of race or ethnicity. When I asked if he identified with a White adolescent, he replied, "I can easily identify with where most kids come from because I am working with kids now, and so I identify with where most young men come from."

View of masculinity-societal expectations for males, male guilt/discomfort. These themes were not relevant for Sam. As shown in the excerpt below, Sam made no connection between working with sex offenders and his views of masculinity, or his relationship with his wife and daughters.

Sueli: Has [the work] changed your views of masculinity?

Sam: ... I don't think so. Again, it's evolved, it's been evolving, my view of masculinity, but I don't think that working with sex offenders has changed my view.

Sueli: So what is your concept of masculinity?

Sam: I don't know, I think it has to be a blend of the traditional roles, traditional view, traditional roles that a man takes on, with the additional concepts of nurturing, emotional connectedness, relatedness in relationships, loving, particularly to your children and to the people who are close to you, and vocal, talking about feelings. I like the traditional role, don't get me wrong, you know, I come home and I'm the man, the man who does this and the man who does that, working around the house, and then I also like to add in that I am also the guy who can talk about feelings and nurture my children and hold them if they want to be held and hold them if they ask to be held, show them love and all that kind of stuff....

Sueli: And you didn't learn it from the work ...?

Sam: ... I think it just happened to be, I don't think it was affected or inspired by anything, I think it just was. It was evolving my whole life because I knew even at eight years old that I wanted a better relationship with my Dad, maybe even younger, I don't know. So that is what I want, I have always wanted to be a good Dad, amongst other things, but a good Dad.

Sueli: Has [the work] affected your personal sex life?

Sam: No, no.

Sueli: Well for instance, let me give you some examples, people have said that when they come home from work they are not in such a loveable mood, they have to get the images out of their head or things like that. Or maybe when you are in an intimate moment with your wife you might get some image from something that was revealed in therapy that makes you feel uncomfortable. Any of that stuff happen to you?

Sam: No.

Sueli: So when you come home you don't have baggage from work?

Sam: Well, see one of the best things about my commute ... is that I have a wonderful process time. I feel that by the time I get home it is really over, you know the day is over for me in terms of who I see, who I work with, I make it a point to just get rid of it.

This illustrates an absence of societal expectations for males, male discomfort, and male guilt. The absence of these themes became relevant as I interviewed other participants and considered the presence or absence of themes in the context of race and ethnicity.

Sam did not believe that the media influenced sex-offender behavior. He said that only some people are prone to internalizing the messages. He also does not see "men as violent" as a societal discourse. He said those dynamics applied only to some offenders who may be prone to internalize the message. When I asked him if the societal message was important, he replied,

Sam: I guess the way it would be very important would be if a person doesn't have supports they draw their support and education and viewpoints of the world from what they see in the media, then I could see how that would happen and that would be an interesting research project.

This illustrates that Sam did not relate sex-offending behavior to the larger society. He saw the behavior as an individual issue because when "a person doesn't have supports, they draw their support and education and viewpoints of the world from what they see in the media." He is not sure that "society promotes that men are violent." This illustrates that he did not see violence in the context of gender power and oppression. Once again

the absence of themes for Sam became relevant when viewed in the context of race and ethnicity of the participants, and the presence or absence of these themes for each of them.

Social justice-power and oppression. Sam related the injustices in differential treatment to socio economic class. He mentioned race and ethnicity, but he related the differences in treatment to economics and the ability to pay for legal representation. He minimized the problem when he said that he was aware of the “social issue within the justice system,” but that the injustices were not common.

Sueli: So one kid is going to be incarcerated for years and the other is going to get treatment?

Sam: Or it is just a perception of that kid’s offense, and what it relates to that kid, then we might see a little more of that entitlement, but he might say “I got off on that,” “Man, I beat that rap.” And that is really crappy, they did the same thing. Granted, public defenders are overwhelmed, but that social issue within the justice system is there. I see it. And it has less of a bite in the end for the kid who comes to treatment; they may have less of a sanction. Or the kids who have aggravated sexual assault charges may be less of a risk because he has never gone outside of his family. He offended for one week whereas this other kid gets less of a charge, but he has offended outside of the family, boys and girls, for six years, you know.... You just feel like “Ugh! it’s horrible.” But that is not as common, although I do see it, though.

Sueli: Ok - So, has it affected the way you do therapy?

Sam: Yes, I think I work with them better, more effectively. I think I just keep trying to be more effective ... listening to them telling me what their needs are. Asking them, soliciting from them, “Tell me,” “Is it making sense?” “Do you get this, is this working for you?” Because the same way I approach relationships with people is basically the same way I approach the people I work with. It is “I want to work with you, I’m committed to you.” So, in order to work most effectively together, I communicate with them.

Self-care. Sam takes care of himself by taking time to wind down before he goes home; he plays loud rock and roll on the ride home, and he calls his friends to chat. He does not call his wife first if he has had a stressful day, because he does not want to give

her the “fall-out” from his bad day. He will wind down with a buddy and then call her later.

Sam: I start thinking about my relationships. Maybe I’ll get on the phone, because sometimes, like any obsessive quality, sometimes it’ll go past that marker that I set, that I need to intervene and do something to distract myself. Because I think I give it the attention that it needs, like “Aaarrrgh” or “Oh my God that was horrible, how can it be?” ... But then I need to put myself into the places where I feel really good.... And I usually don’t make my wife my first call if I am not feeling good because I want to make sure that I don’t give her any remnants, you know, “What do you mean?” an argument, so I usually would call a friend or family member who I can hang out with, where I don’t have to be so serious, and so there are several different ways that I wind down.

Support from colleagues. Sam values support from colleagues. He is working in an isolated environment, so he reaches out to colleagues in other facilities. He said it is crucial that one have support from colleagues when doing this work.

Work is gratifying. Sam started a new job, and at the time of the interview he was satisfied, but he was ambivalent about working with sex offenders and said his feelings change from time to time, “It changes. At this moment I feel satisfied.... What is it ‘state vs. trait’ I think it is a state-like situation. It just depends on what’s happening [at the time] vs. being chronically unfulfilled.”

Case Study: Tom

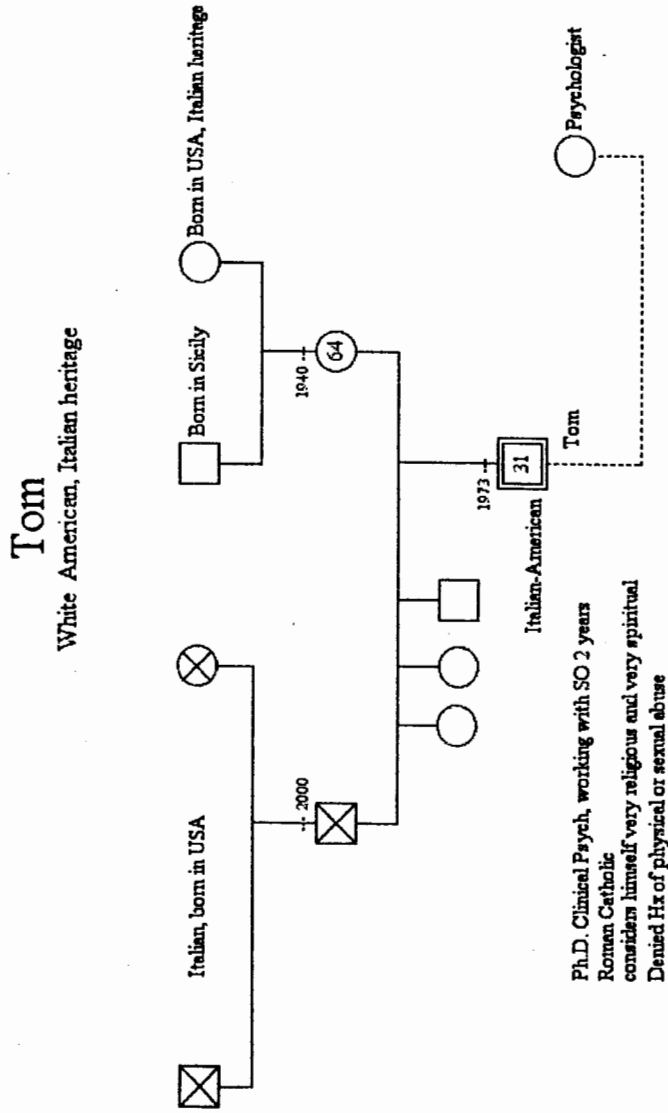
Demographics

Tom (see genogram, Figure 9) is 31 years-old and has a doctoral degree (Ph.D.) in clinical psychology. His educational background is in the individual medical model. He has been working 2 years in an institutional setting with adults who committed sex offenses. Tom is White American of Italian descent. His parents, paternal grandparents,

and maternal grandmother were born in the United States. His maternal grandfather was born in Italy. Tom is the youngest of four siblings; he is living with a woman, and he has no children. Tom is Roman Catholic and described himself as very religious and very spiritual.

Within-Case Analysis

I interviewed Tom in late August, after presenting a “self-care” workshop for therapists at his facility. At the self-care workshop, I presented my pilot study regarding the impact suffered by therapists as a result of listening to stories of sexual abuse. There were approximately 20 clinicians at the workshop, and the conversation was lively as they related many of their personal experiences. Tom was one of the quieter participants, but at the end of the workshop he and Jorge volunteered to participate in this study. Having attended the workshop, Tom was aware of the issues I was exploring. He was cordial, relaxed, and cooperative during the interview. Tom works from an individual orientation, and his answers reflected this. He did not expand on contextual issues of gender, race, or ethnicity.



Created With Genogram Analytics

Figure 9. Tom's genogram.

Researcher's Experience

Although I had been concerned about the lack of response from potential participants, I was pleasantly surprised by my welcome into the prison facilities. There were two prisons, northern and southern. Each had its own staff of clinicians, male and female, with varying levels of training and education. They also had a research department. The research director was female, and the clinical director was male. The research director invited me to present at both of their facilities during their weekly clinical supervision meetings. She was interested in my research, and she was pleasant and attentive to me. The clinical director also was helpful, and he announced that anyone who wished to volunteer to participate in my study should schedule the time during their work hours. After presenting the workshops at each of the facilities, on two consecutive days, I scheduled the remaining interviews for the following week. Tom's interview started at 8:00 a.m. during his work-day, and he had allotted the full morning for the interview. The clinical trailer within the northern prison facility was like an oasis in the desert of the prison atmosphere. Entering the prison facility, I was tense after facing the intimidating guard and security systems, but the atmosphere in the clinical trailer was pleasant. The staff was jovial as they chatted with each other over coffee and donuts. Tom was amiable, and we worked in a private office within the trailer. I believe Tom was very forthcoming during the interview. However, I felt we were not connecting; we had different perspectives. Whenever I asked about contextual issues, he answered in individual terms.

I attempted to probe Tom about gender power issues. Tom worked with a female co-therapist, and I asked him if he thought that as a man he had more power in the room, and therefore would not need to be as confrontational, whereas a female therapist might have less power, and perhaps feel more of a need to confront the clients. Tom replied, "There are women here that are very confrontational; then there are some that aren't. So, it is hard to say."

I was aware that I needed to bracket my expectations in order to allow Tom's voice to emerge, and I struggled to keep my emotions in check and to remain in a neutral stance as I continued. I was annoyed that he was not conscious of his gender power.

Themes that Emerged

Impact-vigilance. Tom said he is more vigilant, but he is not sure if his vigilance is attributable directly to working with sex offenders because he had similar feelings when he worked with other high-risk clients, "I have had some moments of anxiety, or just feeling a little bit more hypersensitive to my surroundings. These are similar feelings, though, that I have had working in other places like psychiatric institutions."

Cynicism and protection of family-physical. Tom said that work has probably affected him more covertly than overtly. He said that in the 2 years he has been working with sex offenders he is more cynical about people's motivations and more protective of his friends and family, "It has made me more cynical. It has made me more protective of my friends and family, and just generally more cynical."

His behavior has changed in that he checks the doors at home to be sure they are locked when he leaves and his girlfriend is at home. He also said that in the past he may

have had a fleeting thought about the babysitters for his nieces and nephews, but he would have bitten his tongue. Now he asks his sister about the babysitters, and whether she knows and trusts them. The work has made him more cynical and more protective of his family. He said it was worse when he first started. He has become more relaxed in the 2 years he has been working with sex offenders, and he attributes this to the support he receives from co-workers.

Empathy. Tom said it is easy for him to be empathic because his style is not confrontational. He is soft-spoken and respectful. He asks for permission before he challenges his clients on something painful. He works on setting limits with his clients. He uses genograms and finds family-of-origin work very helpful for the residents.

Connection on ethnic/racial level. When asked whether he felt a special connection to clients of his race or ethnicity, Tom disregarded race and answered with respect to ethnicity, "I don't think I have personally worked with anyone from my background." Although Tom denied a connection on this level, he said that when he works with African American clients he addresses race and racism as countertransference in therapy, if it comes up in session, "We would process, 'What is it like for you, that you have a White therapist?'" This is congruent with his individual/medical-model orientation. Again, the absence of this theme is relevant when compared to other participants' experiences in the contexts of their races and ethnicities.

View of masculinity. Tom was not sure whether working with sex offenders changed his perspective on male issues. He believes healthy masculinity means expressing feelings, and he thought perhaps this was reinforced because of his work.

Tom did not relate working with sex offenders with his view of masculinity, or how it might affect his personal relationships.

Sueli: Has the work changed your views of masculinity?

Tom: ... I have seen guys here acting in very old stereotypical masculine ways, and I have also seen them in group crying like babies, and really being very emotional and very in touch with their feelings. I think it has probably reminded me. I don't think it has changed my views; I think it has solidified my views. What masculine means to me is not being afraid to be genuine with your feelings. So, if you are pissed at somebody, obviously not clock them, but hash that out. If you are sad, be courageous enough to process those feelings. I have seen people do that here, and I have been impressed with some of them with their ability to do that. Others I don't think have that emotional access, but it has probably solidified that idea for me ... a healthy and mature male will always work to give themselves access to their full range of their feelings and not have to present themselves in a way that is disingenuous to how they are feeling.

Sueli: So then your views of masculinity were always to be strong as far as facing your feelings, and be in touch with your feelings, that is your view?

Tom: Yes, I think if you look at most graduate students, one of the common elevations on the MMPI is a scale 5 [masculinity/femininity scale] and for graduate student male therapists that score is usually higher than non-therapist males, because they are generally more willing to process their feelings. But I think it solidified being able to be in a place where the feelings are pretty labile and the feelings are strong and always trying to process those feelings with people. I think it solidified the practice-what- you-preach type of mentality in me.

Sueli: Has it affected your personal sex life?

Tom: No.

Sueli: Some people have said that listening to these stories might make them less desirous of being intimate, especially after tough sessions.

Tom: Well, my girlfriend and I have been together for about five years, and we have lived together for about two, and maybe early on, when I first started working in the field, the "ick" factor might have influenced it a little, but I think it was pretty short -- maybe the first two months or so of being here. I think that we are very aware of each other's feelings and where we are as far as where we are coming from, as far as our sexuality and our sexual relationship. We know each other real well, and I don't think the work affects my sex life.

Here, again, the absence of themes was relevant when viewed in the context of races and ethnicities of the participants.

Societal expectations for males. Tom did not see sex offending as a contextual problem; he viewed it as an individual issue and referred to arousal patterns, "What creates one is probably very different than what creates another. But the issue of basic arousal pattern is the first place I look at."

Later in the interview, I revisited view of masculinity, and I turned the question around in an attempt to expand the context,

Sueli: OK, and does your own worldview of masculinity and what society expects affect your work?

Tom: My world view of masculinity... I guess like I was saying earlier, it is obvious that it is not just something that just refers to masculinity in the sense that today healthy masculinity is being able to be in touch with all your feelings and being able to act how you want to act and not worry about somebody looking at you and saying, "You're not acting like a man." I consider that healthy and I would consider acting feminine the same way. People should be able to express themselves about what is going on inside of them. There are obviously differences between men and women, but I think my view of masculinity is to act in just a healthy way, to be a man or masculine, to be what's healthy and genuine with yourself and dealing with your feelings and not fear the social repercussions that may follow that.

The absence of the theme was relevant when considered in the context of race and ethnicity among the participants.

Social justice. This theme was not relevant for Tom. None of his answers revealed that he was thinking on a contextual level, and, when I asked specifically about matters of social justice, he said that he was not politically active. Tom's world view is that the world is generally good; he is not particularly concerned about issues of racism, power, and oppression. He said he is aware of those issues as they were "brought to his attention in his education," and that he addresses those issues when they arise in therapy.

He said that racism exists in society, but that in prison it is different, “those [racial] lines weren’t there.”

Tom: The explanation one of the residents gave me was that, “Well I was raised this way ... until I went to prison, then when I got to prison the White guys are hanging out with the Black guys, the Black guys are hanging out with the White guys, and there are cliques but ... those [racial] lines weren’t there as much as I thought they would be; and I saw people that I would have thought I could trust, but I learned I couldn’t, and, I saw other people that I would have thought I can’t trust this guy, and I found out I could.” This resident said the prison experience shook up a lot of his ideas of racism.

Support from colleagues. Tom asserted that the support he receives from his colleagues is important. He enjoys the humor and collegial atmosphere in the clinical trailer. He described it as like the set of *Barney Miller* (a situation comedy television show about a police station in New York City).

Self-care. Tom practices self-care by attending to his relationships with his girlfriend and family. He said that he and his girlfriend are “homebodies” and enjoy their weekends at home.

Work is gratifying. Tom feels generally satisfied with his work, but he said that it depends on how the day goes. He also teaches classes at a university two evenings a week. He said that he likes his work because of the support and respect he receives. Although this is difficult work, he believes that his colleagues appreciate his work and that society is safer because of his work.

Case Study: Jorge

Demographics

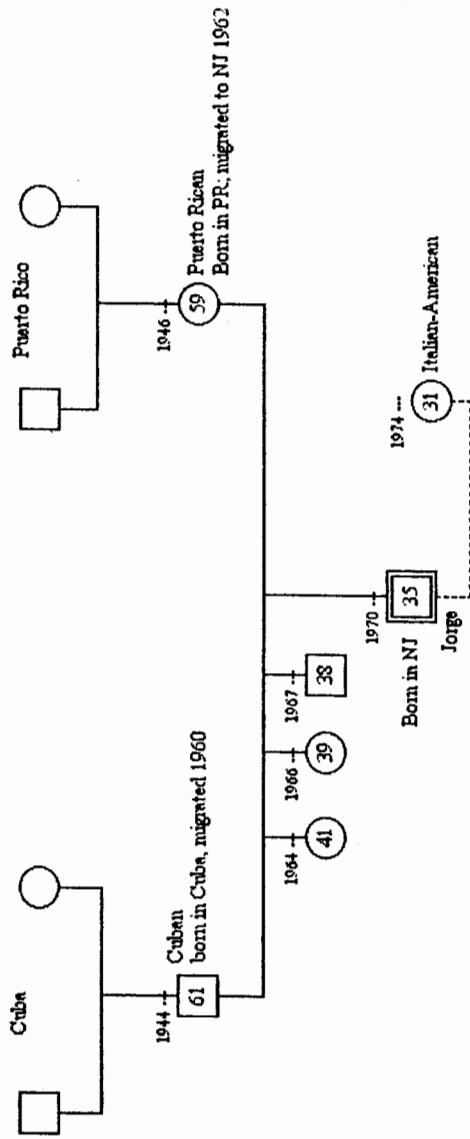
Jorge (see genogram, Figure 10) is 35-years-old. He has a master's degree in marriage and family therapy and is a Licensed Marriage and Family Therapist. His educational background is in the systemic model. He has been working in an institutional setting for 1 year with adults who committed sexual offenses. Jorge is Latino with white skin, his father is Puerto Rican, and his mother is Cuban. Jorge was born in New Jersey, and he is the youngest of four siblings. He is in a long-term relationship with a woman of Italian American descent. Jorge is Roman Catholic and described himself as not very religious.

Within-case Analysis

I interviewed Jorge the next day after Tom's interview in the same private office in the clinical trailer at the northern prison facility. Jorge has a systemic theoretical orientation, and it was evident in the way he spoke about working with sex offenders. He discussed the impact on him, and he related those experiences in context. Jorge described his clinical experience as having worked with domestic-violence cases, homeless families, and inmates in the correctional system, particularly doing assessments. He also has a private practice where he does individual, couple, and family therapy. He does not see sex offenders in his private practice. Jorge said he felt traumatized in the first weeks when he started working with sex offenders. The support and training he received helped him to overcome those feelings.

Jorge

Latino, White-skin, Cuban and Puerto Rican



LMFT, MA, working with SO 1 year
 Catholic, not very religious
 Denied Hx of physical or sexual abuse, or other trauma

Created With Genogram Analytics

Figure 10. Jorge's genogram.

Researcher's Experience

I connected with Jorge in the same way that I related to Miguel. Our conversation flowed easily. Jorge spoke about his work with sex offenders in contextual terms. He related individual issues in the context of larger systems. He spoke about the personal impact on him as a therapist and the ways in which he was affected. Jorge spoke about the cultural pull he felt with Latino clients. Jorge considered himself tri-cultural: American, Cuban, and Puerto Rican. He spoke about his parents and said that, when they migrated, they brought “their values and world beliefs over with them ... I've been able to identify and recognize different [cultural] influences I've had from my background ... and so that in my work [culture] is something that I ... look at.”

Themes that Emerged

Impact. Jorge remembered that he was traumatized in the first weeks when he started working with sex offenders. As he gained experience, the initial feelings of traumatization dissipated.

Jorge: I was traumatized the first week I started there, traumatized in the sense where I was reading a lot of heinous acts and crimes, listening to a lot of tragic stories. They didn't throw me into a group right away, but, you know, you have to get yourself acclimated to your surroundings. So, you know, I had to sit in on some groups, observe, read some of the guys' specific case histories, what were the crimes involved, what were they incarcerated for, and so -- some blood curdling stuff.

Vigilance and protection of family-physical. Jorge worries more about the safety of his family and the community since he started to work in this field. He even gave me a

tip to keep my car doors locked because he knew of offenders who stalked women driving alone, "I'll give you some advice, whether you do it or not. Lock your car doors wherever -- whenever you're driving somewhere, especially at night, lock your car doors." He informed me that he had warned the children in his family about the dangers, "I told my niece and my nephew ... [if] somebody approaches you, or touches you, or threatens you, don't be afraid to tell one of us."

Protection of family-emotional. Jorge protects his family by not discussing his work with them, "Because nobody likes to hear these stories." Jorge avoids talking about his work because he knows that it may upset others. He protects his family in two ways: being aware of the dangers in the world and also by not disturbing them with talking about the stories he hears.

Empathy-connection on ethnic/racial level. Jorge said that his "cultural pull" is strong, and he looks at culture when working with his clients, "I have a strong cultural pull, I identify with Latino culture, and ... that is an easy way to connect."

View of masculinity. Jorge related his work with sex offenders to his personal relationships with children and women. He revealed a level of male discomfort because, as a result of working with sex offenders, Jorge has become more aware of his boundaries as a man relating to children and women, "You're much more conscious of boundaries... what you say, what you do."

Jorge also related the work to the larger context of gender power, and related it to his personal life. His awareness of the gender power differences caused him to check his behavior. This suggests that his level of discomfort rose to male guilt, "You know that most aggressors are male, and you don't want to appear aggressive."

Social justice. Jorge spoke of the ways in which contextual issues such as gender roles, power, and societal expectations contribute to violence against women and children. He spoke about it specifically in terms of gender roles, power, society, violence, and media influence, “Men should be the dominant ones and ... women’s needs are secondary. I’m not saying that’s the sole factor ... but it definitely contributes ... to it.”

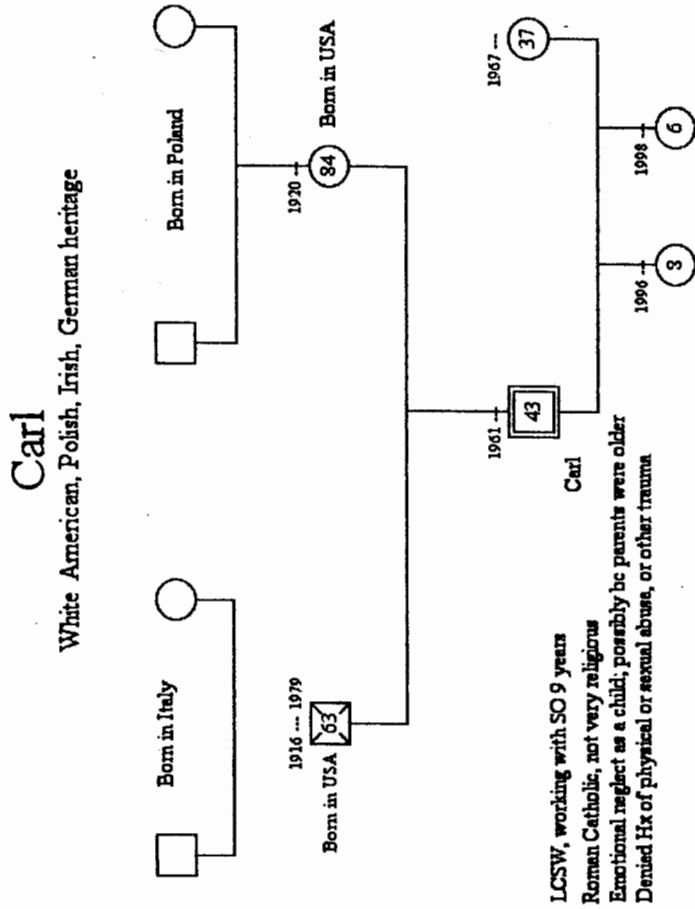
Support from colleagues. Jorge relies on support from his colleagues; they work in teams. He said a person cannot do this work without a team. They process feelings and countertransference in the clinical supervision meetings. Jorge said they also rely on humor as a release, and sometimes have social events on evenings or weekends. Jorge works in the same location as Tom, and like Tom, Jorge received a lot of support from the other clinicians and from the organization.

Self-care. Jorge practices self-care by attending to his personal relationships. He said he keeps himself “grounded” by connecting to people around him. He called his friends, family, and colleagues his support systems. He tries to compartmentalize work away from other aspects of his life. He said that he had gained some weight since starting this work and he thought it was related to the stress. He was concerned about his health, and had begun a program of exercise and a healthier diet.

Work is gratifying. Jorge expressed some frustration about the difficulty in treating men in prison and said that prison is not conducive for therapy. However, he said, although the work is not easy, it is interesting, and he is learning more about sex-offender treatment. He plans to continue working with this population.

*Case Study: Carl**Demographics*

Carl (see genogram, Figure 11) is 43 years-old. He is a Licensed Clinical Social Worker (LCSW) and he has two master's degrees (MSW and MA in counseling psychology). His educational background is in the individual medical model. He has worked 9 years in an institutional setting with adults who committed sex offenses; he also has a private practice where he treats adults and adolescents. His private practice cases are forensic, court-mandated individuals for various reasons, including adults and adolescents who committed sex offenses, and relapse prevention for adults discharged from the institutional setting where he works. Carl is a White American of Italian and Polish descent. His parents were born in the USA, his paternal grandparents were born in Italy, and his maternal grandparents were born in Poland. Carl is married to a White American woman of Polish, Irish, and German descent, and they have two daughters (ages 8 and 6). He is Roman Catholic by family tradition and said he is not very religious. He is disillusioned with the church, but attends Mass occasionally "for his wife and children."



Created With Genogram Analytics

Figure 11. Carl's genogram.

Within-case Analysis

Carl worked in the southern prison facility. I interviewed Carl in the morning, on the next day after completing Jorge's interview. We started later than intended because Carl was delayed due to an emergency at the facility. Carl spoke freely and easily. He shared his personal story. When he started working with sex offenders, he had a pre-existing condition of major depressive disorder, and he wondered whether he chose the work at the time because he was depressed. Carl compared working with sex offenders to serving in the U.S. Marines because it is the toughest branch of service. He was proud to serve in the toughest branch of service for therapists.

Carl was an interesting character; he seemed to thoroughly enjoy the opportunity to speak about his experiences. He said he was happy to entertain his neighbors with stories about his work, and he seemed to enjoy shocking me.

Carl: I am one of the few people in this profession who is at a cocktail party, or we are doing something where people want to come and talk to me about what I do, and I am more than happy to talk to them about it. There are a lot of people here who don't tell people what they do; they keep it covert. Most of the people in my suburban community want to hear this stuff. They want to hear it, so I am more than happy to give it to them.

Sueli: So they ask you about it?

Carl: Oh yes, they say, "You do that?" And then they ask questions about it. I have an outpatient who has sex with road kills--I kid you not.

Sueli: Oh my God....

Carl: I mean, those kinds of stories, they want to hear that stuff, so I am holding confidentiality, nobody knows who he is, but...

Sueli: So he is not a forensic client; he wouldn't be arrested because the animal is already dead?

Carl: No, but the ASPCA might get on him.

Sueli: But it's dead, he doesn't kill them right?

Carl: No, he doesn't kill them; he just picks it up on the road. It is really weird, he puts underwear on them. It is really out there. I am going to write him up one day in a journal.

Sueli: You should, but maybe people wouldn't believe it...

Carl: I can't make this stuff up; it is too wild.

I suspect that Carl embellished this story for my entertainment, or for his entertainment at my expense. I share this story because I believe it helps the reader to appreciate Carl's personality. He enjoys the notoriety of working with a population that most people want to avoid. Also, I believe this is an example of what Carl and the other participants at the prison facilities meant when they told me they rely on humor, and many times morbid humor, to get through the difficult work.

Researcher's Experience

When I entered the southern prison facility on the day I interviewed Carl and Raul, there was a lot of commotion; an ambulance was on the way because a resident died of a heart attack. Some of the clinicians and staff wondered if the resident could have been saved if the prisoners had better access to health care. They were concerned that the emergency services were delayed in reaching the dying man because of the security issues involved in entering a prison. My journal entry for this date said,

Sueli journal entry: I felt slightly uncomfortable the entire time I was there I was glad to be leaving the prison at the end of the day; as I walked by the "yard" the residents were out enjoying the good weather (inside an enclosed courtyard with a very high fence) and I was very aware that I was avoiding looking their way and walking briskly toward the guard to get out.

Having reviewed this entry, and remembering my feelings on that day, I wonder whether clinicians working under stressful conditions have the energy to deal with the difficult feelings that arise when we discuss race and racism.

While interviewing Carl, I probed for contextual issues, but, after my experiences with Sam and Tom, I was not disappointed when there was no evidence of the concept in the responses I received from Carl. A pattern was developing.

Themes that Emerged

Impact. Carl said that the work has affected him. He related that he had a pre-existing condition of major depressive disorder when he started working with sex offenders, and he wondered whether he accepted the job because he was depressed. He reported secondary traumatic stress symptoms describing bad dreams; he actually struck his wife once during the night when he was dreaming that he was fighting back against an offender.

Vigilance. Carl has become more vigilant about who has contact with his children. He stated that listening to stories of sexual assaults has made him more frightened about the world, "I am much more focused on the safety of my children after hearing all of the stories ... I get really nervous... it frightens me."

Cynicism. Carl said that he had developed a cynicism about the world. He related his cynicism to the scandal in the Catholic Church of priests abusing children and observed that it was important to get "over that hump that a child molester is an easy guy to spot." He said he is less trusting of friends and family.

Protection of family-physical. Carl expressed that he has become more protective of his family's safety, especially his daughters.

Protection of family-emotional. Carl struggled with balancing how to protect his children physically and emotionally, and whether to tell his daughters about the dangers of sexual assaults. He wanted to educate them by showing them a video on the topic, but he did not want to take away their innocence, "It is like taking away their innocence when you tell them that bad things can happen and you have to watch out for them."

Empathy. Carl finds it easier being empathic than confrontational with his sex offender clients; but he considers this a problem because sex offenders are "very manipulative." He makes a conscious effort to balance compassion with being tough.

Carl: I have more trouble being tough. I am good at compassion I think. I am working on my own boundaries, trying to get it into an equal balance. So that has always been a problem, at least these men here are very manipulative, and they are targeting something and moving toward it, so you never know what it is. So you have to know, and realize it, or you will fall into the trap.

The excerpt below suggests that he is able to empathize with his clients,

Carl: It has been refreshing seeing that everybody has the same issues. It makes sense, and there is a sense of normalcy that we are on the same page. ... We are all on the same page and how easy it is to veer off. I have also been much more tolerant. ... This [work] has given me a chance to kind of get a little more empathy and more understanding.

Connection on ethnic/racial level. Carl did not have any special connection to men of his ethnic background, although he said that "people will identify my last name and kind of connect with me because they are Italian and that *Goomba* stuff, but I don't get that. I don't identify with that. ... I feel very American ..." (Note: "*Goomba*" is an Italian American slang word for the Italian word "*Cumprade*" commonly used by Italian Americans to identify with each other as fellow Italians or extended family.)

View of masculinity-male discomfort. Carl compared normal dating rituals to the process of “grooming” that sex offenders engage in to prepare their victims. Carl said the first three dates are “grooming for the purpose of sexual gratification.” This seemed to indicate that he was thinking about male behavior on a continuum, and he was identifying with sex offenders on this level. However, when prompted to go further and to relate this to the context of societal expectations for males, Carl did not make a connection. He said he was “lost,” and my attempts to enlarge the context led to his observation that “there are larger issues of sexual families going on, but then just some of the rules are all perverted....”

Male guilt. This theme did not emerge for Carl, and the absence is relevant in the context of race and ethnicity of the participants. When Carl was prompted to relate his knowledge and work to his personal experience, he did not make the connection. He did not engage in the critical consciousness of self-reflection about his own relationships. He said he was hyposexual, and he related that to work because the intimacy “gets taken away from you.” However, he did not connect it to identifying with the offender.

Social justice. Carl did not relate his work with sex offenders to issues of power and oppression in society. When asked about it, he indicated that he had a cynical view of society. He grew up in an urban environment and was surrounded by what he called boys “engaging in deviant behavior.” When asked about social justice, he replied that he did not get involved in social issues. He called himself the “anti-social worker.” The absence of this theme is relevant in the context of races and ethnicities of the participants.

Self-care. Carl noted that in the past he has suppressed his symptoms with alcohol and overeating. He has since become more careful about self-care, and he is

taking weekends off and taking vacations with his family. He thought that he was working too many hours during the week between his work at the prison and his private practice, sometimes working from 7:00 am until 11:00 pm. He worried that his personal life was suffering, and he reduced the number of hours he worked in his private practice.

Support from colleagues. Carl relies on his colleagues to discuss his feelings about working with sex offenders. As an example of how they process their feelings, Carl spoke of the man who died that morning, and the countertransference reactions he and his colleagues felt about his death. Carl and his colleagues had taken some time to discuss their reactions. Carl was very angry with the guy because he had committed “heinous” acts, while a female therapist had a different countertransference experience. She was sad because the event aroused her feelings about her father who had recently died. They heard and supported each other. Carl was proud that his colleagues appreciate him and come to him for support.

Carl and his colleagues speak with each other about work in relation to their personal lives. He discusses his personal problems with them.

Work is gratifying. Carl said his work is gratifying, “When I am doing therapy I enjoy it, I think a lot of therapists don’t admit to that, but they are getting something out of it.” He is proud of the difficult work he does; he said treating sex offenders is to therapy what the U.S. Marines are to the armed forces. He believes he is doing the most difficult work.

Carl: This is something a lot of therapists don’t want to even touch, don’t want to even talk about, can’t empathize with what I am doing. It is kind of like if you want the toughest, join the Marines. If you want the toughest in therapy work, work with sex offenders. And that is kind of how I wear it proudly that I can do this That is probably why I do it. If I could do life over again, I would be a Marine.

Case Study: Raul

Demographics

Raul (see genogram, Figure 12) is 41-years-old and is a Licensed Clinical Social Worker (LCSW). His educational background is in the individual medical model. He has been working in an institutional setting for 9 years with adults who committed sexual offenses. Raul is Puerto Rican, born in New Jersey. He and his family migrated back and forth from Puerto Rico to the mainland. Raul is the second of four siblings. He is married to a White woman of Irish descent, and they have two children, a boy, 14, and a girl, 12. He described himself as very spiritual, and said he and his wife became born-again Christians early in their marriage.

Within-case Analysis

I met with Raul on the afternoon of the day that I met with Carl. We met in Raul's office; he had a private office in one of the two clinical trailers in the southern facility. Raul told me that, as a result of working with sex offenders, he had experienced feelings of shame because men perpetrated violence. He also noted that he connected with the Latino men he treated, but that he had not always felt connected to other Latinos. Raul grew up in a city with a diverse population, but in a predominantly White community, and he remembered that he was ashamed that his mother practiced *santaria*.

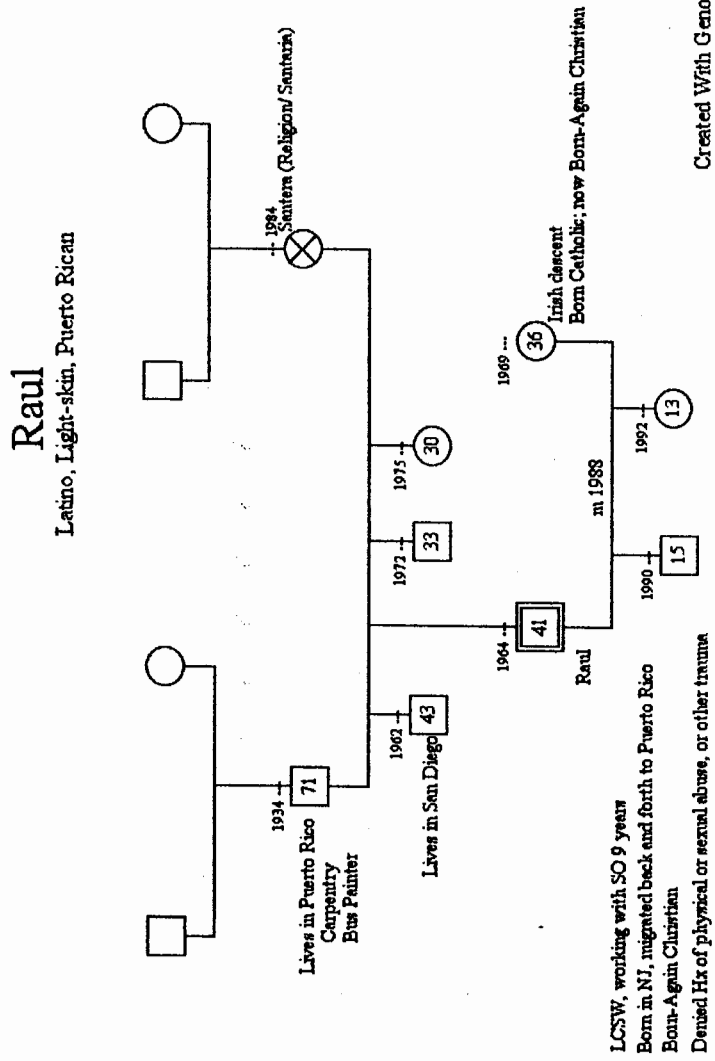


Figure 12. Raul's genogram.

Raul: She had the candles, some weird rituals ... with smoke and sprays and flowers and things of that nature. Animals, not for sacrifices, but more for living sacrifice. She would buy some pigeons and do something, then let them free, to let the evil go ... [I felt] embarrassed [and]... isolated ... I grew up in a diverse community, but predominantly White community, and it was hard to explain your culture to other people. So there was some shame on my part. I think of all the siblings I took it more as shameful.

Researcher's Experience

Raul was verbal, warm, and open in sharing his experiences. However, once again, I got the feeling that we were not speaking the same language. Raul uses an individual theoretical orientation, and it was evident in the way he related his experiences. Raul's responses did not fit the pattern that had been developing. The other Latino and African American men thought more about the contextual issues, whether they had an individual or systemic theoretical orientation. Raul did not. He had some awareness of gender issues, but he did not relate it to gender power and oppression, and he did not acknowledge racial power and oppression. I wondered if perhaps all of the therapists in this organization thought in individual terms because they worked together and had the same clinical supervisor. Perhaps the common denominator was the organization and their clinical supervision, and not some internal or larger social system quality. Yet, Jorge worked for this organization, and he thought about the context. So, maybe Raul's early experiences and feelings of shame about his family and culture made it difficult for him to identify with the oppressed. The pain of shame could have prevented him from acknowledging the injustices.

Themes that Emerged

Impact-vigilance. Raul expressed feelings of vigilance when he spoke of his worries about people who might come into contact with his family and his awareness of the violence. He was more wary of repairmen coming to his home, “It’s affected my trust ... [of] a stranger coming to my house ... to do repairs.... I am more aware of violence.”

Protection of family-physical. Raul said he always asks about his daughter’s whereabouts and gives her instruction about not entering friends’ homes unless he knows where she is. He also worries about the safety of her friends and the other children in the neighborhood. He worries about his sister’s safety. His sister is a single woman in her 20s who lives alone. He said that women should not be so trustful of men.

Protection of family-emotional. Raul worries for the physical safety of his 12-year-old daughter, and he tries to insulate her by not telling her what he does. He thinks that she does not know that he works with sex offenders. She knows he works in a prison.

Enhanced preparedness. Raul understood that his knowledge gained from his work helped him to be aware of dangers and to protect his family, “If you learn to be in tune to the behavior, it could be a good way to prevent. ... that is what I see I have gained in that kind of thinking.” When I asked how the work had changed him, he acknowledged that he was more involved with his children and their friends, and that “it is very important for me for them to know they are having a good childhood.”

Empathy. Raul believed that he is compassionate, but sometimes he is self-conscious, that he is too easy on his clients, and too sensitive. “I wanted to be

compassionate about the feelings they were going through ... [but] sometimes I'm self-conscious that I am being too overly sensitive, or too compassionate."

Connection on ethnic/racial level. Raul did not seem to have thought very much about this before, but he acknowledged a connection with men with whom he shared ethnic identity, "I feel it is easier for me to connect and empathize with them."

View of masculinity-male discomfort. Raul spoke of shame because violence in society is usually perpetrated by men. His expression of shame implied that he felt some discomfort, but the shame did not rise to the level of guilt.

Raul has had intrusive thoughts when he relates to his daughter, but the way in which he speaks about it suggests that he has resolved this issue for himself. He is very cautious about what he says to his daughter and about respecting her privacy, but he does not let it interfere with his showing affection for his daughter. He hugs her, she sits on his lap. He said that if he had not been working in this field these thoughts would probably not have happened, "I am very cautious with my daughter in terms of what I say, and how I act. Those intrusive thoughts do come in I am always checking myself. I think that is work related."

On a societal level, Raul said that men are violent, and he sees it as shameful, as if "we were defective in some way." However, he did not see sex offender behavior as perpetuated by societal discourses.

Social justice. Raul acknowledged that financial power played a role in whether sex offenders are incarcerated or not, suggesting some awareness of class power and oppression, "[I]f you asked me about the people in the priesthood these days, they stand a

chance of getting out because there is a lot of money in the Church. So, good lawyers do help.” However, Raul stated that he has not given too much thought to this issue.

Raul has some awareness of gender issues, but he does not relate it to gender power and oppression. When asked specifically about issues of social justice and racial power and oppression, Raul did not acknowledge racial power and oppression, although he referred to the unfairness in the way prisoners are treated, “The social policy is lock them up, throw the key away. ... They don’t have a good medical staff. We don’t have good medical equipment.... They are not a priority.” When I asked Raul if he believed that race affected sentencing for sex offenders he replied that he had not been vigilant about looking at the race issue, and he did not “know how the numbers turn out.”

Support from colleagues. Raul appreciates the support he receives from his colleagues. He works with Spanish-speaking clients in a small group of four men. He is working without a co-therapist in this group because there is only one other Spanish-speaking clinician at this site, and he has other obligations. Raul processes feelings with his co-workers, and he indicated that he feels comfortable working alone with his group because it is a small group. He said that when he talks about countertransference issues, his colleagues normalize it for him, and he feels supported.

Self-care. Raul practices self-care by spending time with his family and being involved with his church. He has learned to take time off from work when he needs to. He said that he used to worry about taking time off and was “ashamed of himself” when he missed work, but he has learned to care for himself. He reduced his work hours. At one time he was leading a group of sex offenders in an out-patient setting during the evenings, but he felt overwhelmed with the caseload, “I found that working two jobs,

especially with sex offenders, it was too much. If I were to do it in the future, I would have light cases, not too many cases, and I would probably do something different.” Now he believes that taking time off from work is acceptable and necessary. He enjoys working around the house on the weekends.

Work is gratifying. Raul is satisfied with his work when he has a good session and/or has an incident that helps him to feel like he is fulfilling a purpose. At times he is unsatisfied, but he said the majority of the time he is satisfied. He also wondered about how long he can do the work without negative consequences for himself. He related that he heard that the longest that people should stay in this field is 5 years, and he had thought about leaving. Raul also feels that he is contributing something in his profession because he is a bilingual Spanish-speaking therapist, “maybe because of my role as a bilingual therapist, I feel that it has always been needed, so I feel like I am contributing something important in my profession.”

Case Study: Ira

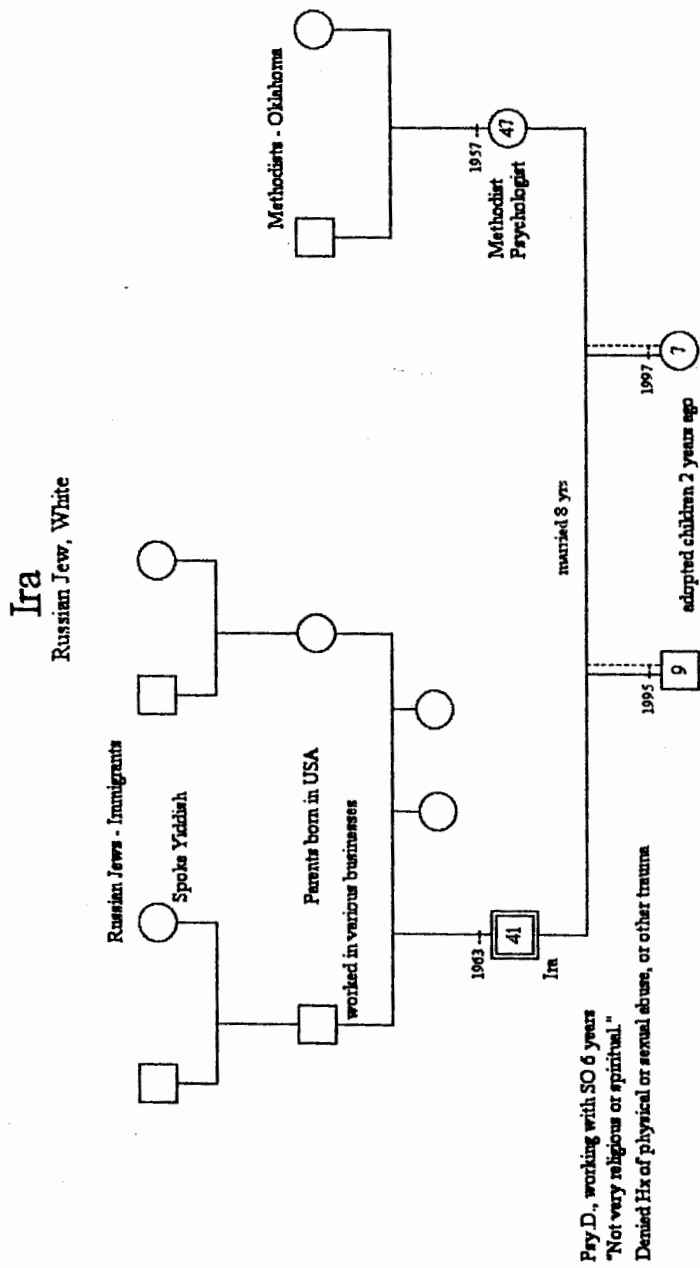
Demographics

Ira (see genogram, Figure 13) is 41-years-old and has a doctoral degree (Psy.D.) in counseling psychology. His educational background is in the individual medical model. He has been working with adults who committed sex offenses in an institutional setting for 6 years. Ira is Jewish; his great-grandparents immigrated from Russia in the 1880s. His grandparents were all born in the United States; however, Ira recalled that his grandmother spoke Yiddish. Although Ira is White, he cannot be considered a member of the dominant White European American culture. As a Jew, Ira would more likely

identify with a position of subjugation due to the history of religious oppression by the dominant Christian culture. Ira is the eldest of three siblings; he has two younger sisters. He is married to a Christian Methodist woman, who is also a psychologist, and they adopted two children (boy age 9 and girl age 7). Ira described himself as not very religious or spiritual and stated that he relied on “talking things over with his wife” in times of stress.

Within-case Analysis

Ira worked in the southern prison facility. I interviewed him approximately 3 weeks after Carl and Raul because of Ira’s vacation schedule. Ira had an individual theoretical orientation. He did not think in terms of contextual issues. At the beginning of the interview Ira denied that he was affected by working with sex offenders. In response to my question, “Have you reacted to working with sex offenders?” Ira replied, “Not that I recall. I don’t really remember having any kind of reaction.... I never had an extreme reaction to working with this population.” Yet, as the interview progressed, he talked about ways in which he was affected. He said that he was desensitized after listening to the stories of abuse, and now, when he hears stories or sees a pertinent item on the news or in a movie, he feels removed from it. He said that in certain ways he is more disgusted with the stories of abuse, but more often he has a “matter-of-fact” attitude about it. He was describing secondary traumatic stress symptoms of numbness and desensitization.



Created With Genogram Analytics

Figure 13. Ira's genogram.

Researcher's Experience

Ira was very soft-spoken, quiet, and thoughtful, often taking long silent pauses before answering. I felt that I needed to probe for answers, but I wanted to allow him to answer at his own pace. I wanted to be able to hear his voice. I don't believe I really heard his voice until I was making my final revisions to this dissertation. Throughout most of the data analysis, I was referring to Ira as White. In reply to questions from my committee, I went back to my original transcript of Ira's interview, because I wanted to understand why I had dismissed Ira's position of oppression as a Jew.

I remembered that by the time I met with Ira (the last participant interviewed) I was aware of the theme of connection with ethnicity that was emerging and I was interested in probing for this theme. From Ira's name I suspected that he was Jewish and I was happy to have his participation because all of the other participants were Christians. However, when he was replying to the demographics questions Ira identified as White and did not mention that he was Jewish.

Sueli: How would you describe your race and ethnicity?

Ira: White.

Sueli: Where did your ancestors come from?

Ira: All my ancestors came from Russia around the late 1800s. I am at least third or fourth generation.

Later, as I gathered information for the genogram I asked him about his religion, and he told me he was Jewish, yet he did not seem to identify with his Jewish heritage.

Sueli: Your parents, you said were born here, how about your grandparents?

Ira: My grandparents were born here; I think all my great grandparents were immigrants from Russia.

Sueli: And your religion?

Ira: I am Jewish.

Sueli: And your wife is Jewish also?

Ira: No, her background is Methodist but she does not really follow a religion at this point.

Sueli: So do you know why your ancestors came to the United States?

Ira: I don't know exactly why, my feeling was that a lot of Jewish people were coming to the United States at that time to escape a lot of oppression in Russia and Eastern Europe, at the time.

Sueli: So, is that something that you learned from family stories that were passed down?

Ira: There really is no family story as far as I know. I am sure that they had some reasons for coming, but I never really asked very much, and it really wasn't handed down.

Sueli: OK, and that is something that I find with many people, the reasons for migration may have been painful and people wanted to forget and start over, start fresh and leave the painful stuff behind.

Ira: Yes. I think that's true.

I suspected that Ira was denying his identity because his family's history of oppression was painful. Also, because he felt the societal pressures to assimilate into the dominant White culture in order to escape oppression. A little later in the interview I returned to this issue, and I asked him about how he fit into the dominant culture.

Sueli: So, speaking of the dominant American White culture, do you feel like you belong to the culture or do you feel outside of the culture?

Ira: I feel like I am very much a part of the culture. I also think that there are very many subcultures within that, and there are parts of it where I really don't belong at all.

Sueli: But when you speak of the subcultures, are you still speaking of American culture?

Ira: Oh, yes.

Sueli: So I am not speaking of subcultures – as far as the main, dominant American White culture – do you feel that you belong?

Ira: Yes.

In reviewing Ira's interview with the benefit of hindsight, I believe Ira played down his Jewish heritage because of his natural human desire to avoid the oppression of being associated with the disenfranchised. I understand him because as an immigrant in the United States, I remembered similar struggles and my own denial of my heritage in an attempt to fit into the dominant White American culture. As a Brazilian American I know that many White Brazilians avoid the label "Latino/a" in order to evade association with a disenfranchised group.

There are two probable reasons why I disregarded this information as I analyzed the data. First, I would still be inclined to join the dominant group in order to reap the benefits, and so this element in Ira's story became invisible for me. Second, likely I felt that I was in a position of subjugation compared to Ira in terms of gender privilege, and thus I disregarded his vulnerability. I disregarded my own privilege as a Christian, it was invisible to me. And, it was uncomfortable for me to acknowledge that I was a member of a group that had oppressed Jews. I colluded with Ira, and dismissed the fact that he was Jewish. Dismissing it made me more comfortable.

I relate this as an example of how unexamined privilege will creep into any relationship, and because it is important in terms of clinical implications for therapeutic relationships.

Themes that Emerged

Impact, vigilance, cynicism, and protection of family-physical. As the interview progressed, Ira revealed increasing ways in which he was affected, describing cynicism about the world and vigilance for his family.

Ira: [My] cynicism ... has definitely increased.... I always believed that I would trust people until they gave me a reason not to, but ... You start hearing all these stories, and ... now that I have children and I am much more aware of where they are going and what they are doing, and who else is around them.

Empathy-connection on ethnic/racial level. Ira finds it easy to be compassionate after listening to his clients' stories; he said that for him compassion is just part of being human. Ira acknowledged that he had a special connection with a Jewish client. Even now that the resident is no longer Ira's client, because there was a rearrangement of the therapy teams, Ira said he still has a bond with him. "I still recognize that connection, and it does affect me sometimes as far as being more willing to talk to him or deal with him, even though I don't work with him, therapeutically anyway." Ira said that his client "attached himself" to Ira because of their common religious background. The phrase "attached himself to me" suggests that Ira perceives that the connection was from the client to him, and not the reverse.

View of masculinity-societal expectations for males. Ira believes that society's interpretations of masculinity serve to create oppression because the "idealized male" is fiction. He believes that some men expect that they will be able to live up to "the stereotype of what a male should be," but they cannot, and that leads to "all kinds of problems."

Ira believes offenders have "stereotypic" views of gender roles and that part of the work is to change his clients' views about masculinity. But he did not relate working with sex offenders to the larger context of gender issues. He did not relate work with his personal relationships.

Social justice. This theme was not relevant for Ira.

Support from colleagues. Ira said that he gets support from his colleagues and that he talks about feelings as well as cases.

Self-care. Ira practices self-care by separating work from family/home life. He said that he finds it easy to compartmentalize and that, when he is not at work, “this place is as far away from mind” as it can be.

Work is gratifying. Ira wavers between being satisfied and unsatisfied with his work, stating that he does what he can “to make a difference,” but he accepts that the treatment may not be effective.

Ira: [T]his is a very frustrating thing to do. But ... you do what you can, and you try to make a difference, you try to teach and to help these guys, and, if they get it, they get it, and, if they don't, they don't. Sometimes that is OK, and that works, and I can feel OK.

Themes

Impact

Vigilance. All nine participants said they became more vigilant about their surroundings. They worried about who was interacting with their children and the women in their families, and what was happening in their neighborhoods. They became more alert to dangers, or what they perceived to be dangerous situations. They believed their levels of alertness increased as a result of listening to stories of abuse. The following excerpts illustrate vigilance.

Miguel expressed an increased sense of vigilance in public places where children might be vulnerable to attacks.

Miguel: I think you become hypervigilant. If I go by a school yard, or when if I take kids to a park, if I see anybody just hanging around, especially a man, just looking at the kids, I start to wonder is this guy following a kid, is he getting off on it. In Men's rooms ... when you know the kinds of things that happen in Men's rooms, you get very nervous in Men's rooms ... when you see a kid by himself in a Men's room, you feel like you kind of have to look out for him because you don't know who is in there.

Carl is more concerned for the safety of his children as a result of listening to stories of child sexual abuse.

Carl: I am much more focused on the safety of my children after hearing all of the stories Recently my daughter wanted to sleep over on a play date, and I know the mother very well, and my wife mentioned to me when I got home from work that the mother was doing something, so the father is watching the kids. I got really nervous. It may be baseless, but it definitely frightens me

Raul also expressed concern for his children's safety. He worried about strangers who entered his home, such as repairmen.

Raul: It's affected my trust in the sense of any type of relationships where people in the community have contact with my children. And also, maybe a stranger coming to my house who is going to do repairs to the house, I'll think about "Is he a criminal? Is he a sex-offender?" I am more aware of violence. When I hear violence in the news or radio, or watch violence on TV or hear the news, I kind of have an extra ear for it.

Cynicism. Four participants reported an increased cynicism about humanity as a result of listening to the stories told by sex offenders. They had heard stories of abuse from men who had been in a position of trust within their families and their communities. Two spoke of the scandal of sexual abuse in the Catholic Church and noted that most men who commit a sex offense have an opportunity to abuse because of their positions of trust.

Miguel was more cynical about "everyday" people. His increased knowledge of sex offender dynamics made him aware that sex offenders look like everyday people. He is less trusting, and he takes precautions to keep his children safe. He said that he has to be alert to "even family."

Miguel: I take certain precautions ... even around people I think most people would trust. I guess this work has shown me that people who commit crimes, that hurt other people, are everyday people, so you tend not to think, "I have to watch out for the monster," or "I have to watch out for the stranger." I have to be alert to everyday people, even family, my brothers, my wife's brother, and friends.

Carl expressed a similar feeling of cynicism because he knows that child molesters infiltrate families. Carl discussed one case in particular that frightened him.

Carl: Getting over that hump that a child molester is an easy guy to spot. It is usually the opposite; it is somebody who infiltrates. So those kinds of things are frightening. Recently my daughter wanted to sleep over on a play date, and I know the mother very well, and my wife mentioned to me when I got home from work that the mother was doing something, so the father is watching the kids. I got really nervous It definitely frightens me. ... I remember one guy [a sex offender] in particular was telling me that he enjoyed the process. He gave himself at least six months to

infiltrate the family before he would touch a kid. He would get very well in place and then do it. That was frightening.... My wife says that I am poisoned.

Protection of family-physical. All participants became more protective of their families' physical safety. They worried about who came in contact with their children, and about the physical safety of their spouses, mothers, sisters, and other loved ones. Seven participants said that they changed their behaviors in response to increased awareness. They were more careful about locking doors. They became more involved in checking up on their children. They gave advice about safety. One participant warned me to lock my car doors because one of his clients accosted and raped a woman after he jumped into her running car while she was waiting at a red light. The excerpts below illustrate protection of family-physical.

Carlos worried more about his girlfriend's safety since he started working with sex offenders.

Carlos: [T]here are a lot of offenders.... I worry about her.... Definitely I am more aware, but I do worry more – you know women have to look out because there are a lot of offenders, and they have those things on their mind. So I worry ... I discuss certain things, and she will listen to me ...[but] I think it may make her nervous ... I want her to be aware of it, because it's scary. It really is, and I want her to know these things exist. I feel we have a good relationship, and ... I want her to be aware of what is going on.

Tom also said that work made him more protective of the people around him. He was concerned about his nephews and his sister who does not lock her doors. Now he advises her to lock her doors, but he had not worried about such things before he worked with sex offenders.

Tom: I am definitely protective of the people around me, maybe more than I would be if I never worked here.... I think that has made me more protective of family and loved ones.... I have two nephews with my

sister, and, yes, I am protective with them. ...I worry about them because they are young.... One of the things is that they live in a very, very rural area that is very low crime, and it's very far away from this area. They never lock their doors, and they say nobody around there does that, and I always get on them because these things can happen anywhere.... In a very general way I am protective of them. I probably thought of it before working here, but I would have said, "No they're just doing what everybody else here does." But today I would say, "Hey, you should lock the door."

Jorge warned his niece and nephew about the dangers and spoke to them about letting the family know if anyone approached them or threatened them.

Jorge: It makes you more aware what the dangers are out there, you know. And I told my niece and my nephew ... somebody approaches you, or touches you, or threatens you, don't be afraid to tell one of us. You know things like that. So it makes you more aware that there are evil people out there who do evil things.

Protection of family-emotional. Five of the participants expressed that they tried to protect their families' emotional well-being by not talking about their work at home. They were aware that they had become more vigilant and cynical, but they did not want to impose their fears and cynicism on their families. They struggled in an attempt to balance the needs of their families to be protected physically as well as emotionally. They perceived their own cynicism as somewhat skewed, and they did not want to impose their cynicism on their families. They did not want their children to lose their innocence.

Miguel learned that he could not speak about his work at home because it upset his family.

Miguel: Once in a while, I may talk about something that might be interesting, but not about details because it upsets her [his wife]. When I first started working in this field, I had a case that was very interesting, and I went home. I was at my mother's house, and I was saying, "Oh I have this case, and this kid this happened to him," and I was just starting

the story. When I turned around, she was crying.... I stopped. So, now if I talk about it, I say it in a way that's not going to hurt them.

Carl struggled with whether to show his daughters a video on proper touch. He wanted to warn them about the dangers, but he worried about "taking away their innocence" by telling them that "bad things" happen.

Carl: We have a video on proper touch that I want the girls to watch, and ... I am struggling with that. We still haven't shown them the video, and I want to show them the video....I find myself pulling back because I don't want to take away their innocence. It is like taking away their innocence when you tell them that bad things can happen and you have to watch out for them.

Raul does not think that his children know he works with sex offenders. He is waiting for them to grow older before he will tell them; his daughter is 12 years-old and his son is 14. He also protects them emotionally by turning off the television when the topic of sex offending is on.

Raul: They [his children] know I work in a prison, but they don't know the particular population I work with.... Maybe it is because they are too young; perhaps ... I am waiting until they get a little bit more mature to conceptualize it.... They have learned about bad touch, and good touch. We have talked about that in the family, not as much as we would like to, but they have mentioned the words touching inappropriately, and pedophile, and those things. I think my son is aware of it from the news. That's one of the things, when the news is on, and you hear something about sex offending, I am like, "Turn off the channel, turn off the channel.... I want to change it."

Sueli: Oh you do, for yourself or for the kids?

Raul: For the kids. If I am by myself I don't care what I hear, but if the kids are there, I change the channel.... I don't want them exposed to it.

Enhanced preparedness. An interesting phenomenon that had not been previously mentioned in the literature was that four participants perceived that they were better prepared to take care of their families and to cope with personal or professional difficulties as a result of their work with sex offenders. They believed they had grown

personally and professionally because they had learned to deal with difficult clients and had endured listening to horrific stories.

Sam thought that his increased knowledge about sex offenders helped him to be more aware of his surroundings. Rather than viewing this as a negative consequence, Sam felt better prepared to protect his children.

Sam: I think it has affected me in ... being more open ... keeping my awareness more open.... Working with this population ... my awareness is definitely expanding. Is it uncomfortable? No. It feels like this is what I need to do, to be safe, and this is good, common-sense practice.

Miguel said the work changed him in “good ways.” Although he understood that his increased knowledge did not guarantee he could keep his family safe, he believed he was better prepared to take care of his family in the event of a tragedy.

Miguel: I think [the work has changed me]... in good ways.... All the stuff I know about offenders is not necessarily going to guarantee that my kids are safe. So there is also an acceptance that comes with it. If something were to happen to my wife, how I can respond to her, help her through it, be supportive. If something were to happen to one of my kids, how am I going to create an environment where they would tell me, so that I can protect them, or get them help, or something.

Darryl approached his work, and other tasks, with an increased level of confidence as a result of his work experiences. He felt that after working with such difficult cases he was better prepared to handle most problems that might arise.

Darryl: I am more confident, maybe because I work with difficult cases, feeling like there aren't too many things that will shake me. So I approach all of my work now, on a different level of confidence and preparedness that, “I'm going to handle this.” ... I think that also leaks out in other areas of my life.... It certainly helps in school, and in home life, knowing that I can handle things, and ... really feeling like I can handle this.

In addition to the positive feelings described in enhanced preparedness participants also expressed other affirming experiences that are discussed under the work is gratifying theme.

In summary, as to Impact, all participants reported symptoms of vicarious traumatization and secondary traumatic stress disorder: they became more vigilant and cynical. Their sense of safety for their families was shaken, especially by the stories that revealed how sex offenders infiltrated families by gaining confidence. One participant said he was more suspicious of his own family members as a result of listening to his clients' stories. All participants became more protective of their families' physical safety and seven changed their behaviors in response to their increased awareness. However, four participants did not consider these changes to be negative. Five participants also tried to protect their families' emotional well-being by not telling them about their work. They avoided imposing their fears and cynicism on their families.

Empathy

All participants spoke about empathy in the therapeutic relationship, and all found ways to empathize with their clients, although they acknowledged difficulties in empathizing with sex offenders. Generally, they believed that empathy was needed before they could challenge their clients to disclose details of abuse. They saw empathic connection as an integral part of the therapeutic process. Interestingly, the African American and Latino participants empathized and connected with their clients with whom they shared a common ethnic or racial identity. The White participants denied that they felt a special connection on this level. Ira, the Jewish participant acknowledged a

special connection with a Jewish client, but he understood the connection as coming more from his client toward him.

While the participants understood the empathic connection was important for treatment, they also understood that they were working with a dangerous population. The excerpts below illustrate how they balanced empathy with their responsibilities to prevent abuse and keep society safer.

Miguel: [W]e are not sex offender advocates, although we advocate for them. We are not their personal therapist, or social worker. We are doing child abuse prevention.... I might be connecting with them because I want them to feel better; I am not the champion of the sex offender.... I am advocating for them because I know that if their life is better, they are less likely to offend and hurt people. If I make it a little bit better, there is a chance that they will offend a little less, and I see that balance.

Darryl: I find, for myself, that I need to challenge them, but at the same time I need to leave the room every day leaving them with a sense that I care. Even if I only care because I don't want them to leave and mess up, and I care about the community, but I need to show that I care. And someone can be forced, and challenged, into admitting more about what they did, but I can only do that because they know that I care for them, on some level.

Connection on ethnic/racial level. The excerpts below illustrate the empathic connection on ethnic/racial level described by the African American and Latino participants.

Carlos empathized with the adolescents in general, but especially with the Latino adolescents. He mentioned specifically that he connected with them, and it was easier to develop a therapeutic relationship with the boys from Central America because of their common bond,

Carlos: Yes, I think they connected as Latinos and men – and I think they are more embarrassed when they work with women, and they are pretty open with me. In that sense we connected.... You know I try to engage them too, I ask them where they are from, and let's say they tell me

they're from El Salvador, and I say I'm from Honduras. So that kind of helps, too, to make them feel a little more comfortable and to establish rapport with them. Maybe if I were Caucasian, it would be different; if we didn't share the cultural experiences it might be a little different.

Sueli: Do you think making these connections helps them in their treatment?

Carlos: Yes, I would think yes.

Darryl said that he connects with African Americans. He was drawn to African American clients, and he felt he had to help them. He was more discouraged when those cases did not work out. He was reflective about his feelings. Clearly, the following excerpt shows that Darryl has thought deeply about his empathic connection with African Americans, and he has made some conclusions about the ways it is helpful for the therapeutic relationship:

Darryl: I identify with an African American man, or kid ... in a very internal sense ... I have to help [him] ... in some way, that is the connection that I feel. The connection might at times make me feel more discouraged when those cases do not work out. And I used to think that there was something wrong with that, but I think that it is natural to identify – because I am always trying to find ways to connect with clients.

His experience was that at times this connection was unhelpful for the therapeutic relationship:

Darryl: I also find that for African Americans they might think that I understand something that I don't – they might say "You know, my family was like this" and I have to say "No, I don't." Certainly, African American clients, more often than not, feel more connected to me. They might assume that because we have the same skin complexion, we're both Black, they assume that I know. Or some assume that I am Jamaican. They assume that I know about places in Jamaica, and I say I don't know. And sometimes, given that I am African American, because I am supposed to be connected with them, they feel that when I write reports that is contrary to what they want me to say, or feel for themselves, that in some way I am selling out, or not helping them in a way that another fellow African American man should be. In that case, during those times it makes the relationship possibly a little more difficult because it is your perception about my ethnicity that has led you to make judgments about

me, and that is the part that you are reacting to, as opposed to what is really going on.

Miguel said that he is more successful with African American and Latino kids than with White kids, because of his own issues with racism and his disconnection from White culture.

Miguel: I've been very sensitive to trying to weave in culture into the treatment. I think I am more successful with African American and Latino kids than with White kids, probably in part because of my own issues with racism, and also with not having a handle on White culture to an extent.

Sueli: Do you feel comfortable challenging White clients...?

Miguel: Not challenging them ... I frame my work with more compassion than with confrontation, and I can see why the disenfranchised are angry. It is tougher for me to get past the racial line and see why the enfranchised are feeling disenfranchised. So it is a little further of a reach for me. But, again, they have families who are messed up. The majority of their experience is the same as People of Color. It is just one aspect of life. You can have a horrible life if you're White.

Jorge said that his "cultural pull" is strong and he feels a special connection when working with Latino clients.

Sueli: Have you experienced any kind of connection based on race or ethnicity when working with your clients?

Jorge: Definitely, I feel there is a connection when I'm working with someone of a similar background. There is a mixed population here, and I think I am able to empathize with all of the men here, and I think it is important to be able to connect and find empathy. If you don't, you're not doing good work. You have to challenge them, sometimes they give you bullshit, and you have to be able to challenge, and confront them on it. You can't do that therapeutically if you have not found some way to empathize with the guy and connect with him. So in answer to your question, like I said before, I have a strong cultural pull, I identify with Latino culture, and, when I am working with a guy from a similar background, that is an easy way to connect. I usually ask them about their country, and, if they are Cuban or Puerto Rican, I tell them about my background, and, even when I don't ask, I sense a connection. That does not take away from my work with African Americans and European Americans. I find ways to connect with them, too. I use genograms, I talk about their family patterns, I try to find something in them that I like and can empathize with, and to separate that from their bad behavior.

Raul acknowledged a connection with men with whom he shared an ethnic identity and he said he connected with “all of the guys.”

Sueli: Do you feel any special connection with Hispanic men?

Raul: I do, yes, maybe because I run the Spanish-speaking group, don't know why, but, yes, I feel it is easier for me to connect and empathize with them, although I generally connect with all of the guys.

Generally the White participants denied that they felt a special connection with clients with whom they shared race or ethnicity. When asked about feelings of connection based on race or ethnicity, Carl, Tom, and Ira disregarded race and preferred to address the question in terms of their ethnicity instead. Even then they denied that they felt any special empathic connection based on their ethnicity, although Ira acknowledged a special empathic connection with a Jewish client. Sam answered the question in terms of race, and he also denied a special connection on a racial or ethnic level.

The following excerpts illustrate the way Carl and Tom disregarded race, and instead chose to discuss ethnicity. Yet, they still denied an empathic connection because of shared ethnicity.

Sueli: Have you experienced any feelings related to the gender, race and ethnicity of your clients? Any special connection?

Carl: I was raised an ethnic orphan, not many family on either side, my parents had an argument about what they should teach me, either Italian or Polish, and they decided neither. They didn't bring in any of the cultural issues and they were very Americanized. So people will identify my last name, and kind of connect with me because they are Italian, and that Goomba stuff, but I don't get that.... I can run with it a little bit learning from it, but I don't connect with Italians, and I don't really connect with Polish either.

Sueli: Have you experienced any feelings of association when you share race, gender or ethnic identity with your clients? For example have you

had an Italian American or Caucasian client that you feel somehow more connected to?

Tom: I don't think I have personally worked with anyone from my background. I have done some modules of psychoeducational groups where there were some people of Italian American background, but, no, I didn't feel that I identified with them more than other residents. It's usually for me aspects of their personality that I find myself identifying with, more or less, rather than their ethnicity.

Sueli: Have you had any feelings when you have worked with an African American client?

Tom: Sure, and some of the guys that I work with have been very open with things like "I was brought up in a Black-militant background and I have been exposed to discrimination, and I have discriminated against people." And we would process, "What is it like for you, that you have a White therapist?"

Sam was asked specifically about race rather than ethnicity. In this excerpt Sam displays a discomfort with the question and he had a difficult time deciding whether he empathized more with White men.

Sueli: Have you -- I want to get back to the gender, race, and ethnicity question -- do you experience any feelings of association working with a Caucasian man?

Sam: Yes, it depends on the situation, but certainly a little more identification. Again that is something that I monitor and bring back to supervision, "What's going on? What's my countertransference stuff?" Actually just about like interests, sports interest, I don't know I can't really put a finger on it. But maybe family situations, I'll get that sense that gee I feel like that.

Sueli: So it is easier to identify with the Caucasian man maybe?

Sam: Not necessarily easier to identify, because I think I definitely notice that I identify -- it really depends - I guess it's just more -- Maybe I do identify with somebody more if they're -- I don't know. I can easily identify with where most kids come from because I am working with kids now, and so I identify with where most young men come from. So that's the difference. Maybe with the adults I would identify more with the Caucasian just more in terms of where they are at, their life experiences, maybe their family experiences, whatever they might be. But I find that, now that you have brought something up that I haven't really thought about, because sometimes, for example, where I lived in my life, and the type of home, single-mother-home situation, I lived in a predominantly minority neighborhood, many of my friends were minorities, African

American or Hispanic, and what we experienced was a single-mother home, and so in some sense I can relate to that more. But -- so with kids it is a little more spread out in terms of identifying, if that makes sense.

Ira disregarded the race question and spoke about a Jewish client. Ira said that the client "attached himself to me," rather than phrasing his answer in a way that would suggest the empathic connection came from within himself because of their common identity.

Sueli: So in working with the men in your group, have you experienced any kind of connection based on race or ethnicity?

Ira: There actually is a male, Jewish sex offender here.

Sueli: Is he in your group?

Ira: He was. He is no longer in my group.

Sueli: Did you have any kind of reaction to him?

Ira: Yes, there is kind of ... it's kind of a connection to him. I mean -- he was in my group for a while. In the group I don't think I treated him any differently than any other guys in the group, but outside the group he was -- he kind of attached himself to me, and I think that the religious background was one of the reasons, besides the fact that I was treating him at the time. So even now that I am not treating him, I still recognize that connection and it does affect me sometimes as far as being more willing to talk to him, or deal with him, even though I don't work with him, therapeutically anyway.

Sueli: It was a matter of him seeking you out; he realized you were Jewish and he sought you out?

Ira: Yes. [long pause]

Sueli: OK, there is a connection in that he sought you out, and you felt a connection, and is there anything more you can say about that?

Ira: No, I don't think so.

In summary, all participants connected and empathized with their clients. Some found it easier empathizing than confronting their clients, although they were able to confront when it was necessary. The African American and Latino participants all acknowledged a special empathic connection with boys and men with whom they shared

ethnic or racial identity. The White participants denied a special connection, saying that they were able to empathize with all of their clients. Ira recognized a connection with his Jewish client, but he was not clear about his own feelings. Ira believed the client had pursued him.

View of Masculinity

Participants' views about "masculinity" were informed and/or transformed as a result of work and the countertransferences they experienced. Teaching their clients about appropriate male behaviors affected the participants' thinking about masculinity on three levels: (a) societal expectations for males, (b) male discomfort, and (c) male guilt.

Societal expectations for males. Five participants (Carlos, Darryl, Miguel, Jorge, and Ira) made a connection between their clients' offending behaviors and societal expectations regarding masculinity. They said that as a society we cultivate undesirable expectations for men that may influence offending behaviors. We also have some unrealistic expectations. When those expectations are not fulfilled and the boy or man does not have sufficient internal resources and support systems, he may become depressed and resort to aggression, or engage in other self-destructive behaviors.

Carlos said "macho thinking" may lead to sex offending.

Carlos: In our culture, Latino culture, especially, men are taught to be macho--there is a lot of that macho thinking, so it may lead them to think they can do whatever they want. That might have an influence in how they behave.

Darryl said that media, family and community influences sex-offending behavior.

Darryl: [T]he media and family and community affects people's sense of what it means to be male, how you express being a man. You are supposed to know a lot of women, a lot of girls, and this one and that one,

and you are not faithful to any of them.... Or not having respect for women, or particular views about homosexuality--negative views about homosexuality ... in this masculine society.... It just has opened my eyes to all of the things that people associate with masculinity, and how that can be distorted.

Miguel wondered how the concept of masculinity, currently and in the past, facilitated the process of creating a sex offender.

Sueli: Has it changed your view of masculinity?

Miguel: It has informed it ... my work with sex offenders and kind of seeing masculinity like a false masculinity, an exaggerated masculinity, seeing it so exaggerated and so kind of perverse that that has informed my view of masculinity.

Sueli: Has it affected your view of masculinity and ... what happens to create a sex offender?

Miguel: Yes ... a lot of things have to happen to create a sex offender.... As to masculinity, one of the things that I always try to do, is to think about myself and think about what would it take for me to do something like this? What kind of world view do I have to have, to justify this? ... So in view of masculinity, I think I am much more aware of what aspects of masculinity, and of current culture, or past culture, facilitates that process, and why it is not there in women, although women more often than men are at the short end of the stick.

Ira said that society's interpretations of masculinity maintains sex-offender behavior "to some degree."

Sueli: Do you think that society's interpretation of masculinity as strong, confident, virile, adventurous, and sometimes even violent maintains that behavior?

Ira: I think, to some degree, it does. Again, it is a matter of if you believe in the *stereotype* of what a male should be, and that is the only way he can be, then you allow yourself to be vulnerable to all kinds of things, actually. You just open yourself up to all kinds of problems because what is the likelihood that anyone is going to be that idealized male that is promoted, and that you see on television or in the movies. That is fiction. It is fiction, and it is hard for a lot of people to understand that.

Three participants (Sam, Tom, and Carl) specifically said that they did not see a connection between societal expectations and sex-offender behavior.

Sam did not believe that the media influenced sex-offender behavior. He said that only some people are prone to internalizing the messages. He also does not see “men as violent” as a societal discourse. He said he sees those dynamics, but only in terms of some offenders.

Sueli: And do you think that society’s interpretation of masculinity as strong, confident, virile, adventurous, and sometimes even violent, maintain [sex-offender] behavior?

Sam: I am not sure if society promotes that men are violent.

Sueli: Well, I’m thinking that when we see movies, like Terminator and all of that.

Sam: That’s interesting; I did my graduate work in terms of media stereotype images and women because at [name of college deleted] there are a lot of women. I wanted to do men ... how media stereotyped images affect men. But there is an interesting thing that came out, which is something called internalization, which comes from social modeling, if you are a person who is highly susceptible to internalized messages, then you are more susceptible, you are more likely to be affected by that message, whatever that message is. It came out that there were far fewer internalizers than there were non-internalizers, which means that people are not necessarily as receptive as they think they are. It rubs off, it doesn’t stick to them, and they don’t internalize that message. They don’t attribute it to themselves.

Sueli: So you disagree that society promotes violence for men?

Sam: I think that for some people, who it fits into their heuristic, then the answer is yes. Society’s portrayal of men as violent does do it. But I don’t know if it’s discourse, or if it’s a faulty belief, or if it’s there because it is sensational, and sensation is what movies are about.

Sueli: So when you talked about the family, the secrecy, the things that you really think create a sex offender, and you don’t really see this societal message as important as the family and the secrecy?

Sam: ... I guess the way it would be very important would be if a person doesn’t have supports they draw their support and education and viewpoints of the world from what they see in the media, then I could see how that would happen and that would be an interesting research project.

Tom did not see sex offending as a contextual problem; he viewed it as an individual issue and referred to arousal patterns.

Sueli: Has working with sex offenders affected your view of masculinity and male gender issues? For example, have you gained any insight as to what happens to create a sex offender?

Tom: I don't know... it is probably something that I spend more time thinking about, and I think again I don't view the sex offenders as a homogenous group. It is a very heterogenous group, so what creates one is probably very different than what creates another. But the issue of basic arousal pattern is the first place I look at ... (continued lengthy dialog about arousal patterns)

Sueli: Has working with sex offenders changed your understanding of societal discourses about masculinity that maintain a sex offender's behavior?

Tom: Well, this is definitely a hot-button topic. I don't know, I understand totally why society is terrified of these guys, and they should be. There are some very, very dangerous people here. If today the doors opened here and everyone just walked out, I also know that there are a lot of guys here that would never re-offend, just by statistics alone a lot of them would never re-offend ...(continued lengthy dialog about risks to society).

Carl did not connect societal expectations for males with sex offenders. Instead he attributed the offenders' reactions to what they perceived as expectations for male behavior to a "weird collage of social norms and distortions." As shown later in male discomfort Carl compared normal dating rituals to the process of "grooming" indicating that he was thinking about male behavior on a continuum. However, when prompted to relate sex offender behavior to societal expectations for males Carl did not make a connection.

Sueli: Has it changed your understanding of societal discourses that maintain a sex offender's behavior, meaning a sense of entitlement maybe, or any expectation from society?

Carl: I'm lost.

Sueli: Well for instance, some people have said to me that they work with batterers, and well the movies we watch portray men as assertive and women as submissive --

Carl: John Wayne and the Client... "My father beat up my mother and it seemed to work -- it kept her right in line" that kind of stuff?

Sueli: Yes, exactly.

Carl: Certainly there are larger issues of sexual families going on, but then just some of the rules are all perverted. Nobody is there to monitor you, nobody is there to check on you, and you start fondling your sister, and nobody seems to care.... If a guy says "A, B, and C happened and that is why I became a sex offender," and I say what if we work with that for 5 years and find out that is not the case, so we have to look under every rock, and that process is what I encourage them to go for. They are good with that, they respect that. So they like that ... I'm not sure either, and then we work on it, and I tell them, "That's good, you're working hard, I'm proud of you guys for telling secrets that you don't usually tell anybody."

The preceding excerpt illustrates that Carl is not thinking in terms of the larger context of gender power. When asked about societal expectations, he returned to discussing aberrant behavior.

The next question asked was an attempt to bring him back to the context, and his affirmative answer indicated that he was going in that direction, but once again he reverted to aberrant behavior.

Sueli: Do you think that society's interpretation of masculinity as strong, confident, virile, and sometimes violent, maintains the behavior?

Carl: Yes. [long pause]

Sueli: Have you thought about that before?

Carl: Yes, I took some sociology courses and I think that it is perpetuated, we see ourselves as enlightened but I think it still perpetuates.

Sueli: And does it come out in the work with the men?

Carl: There is a weird collage of social norms and distortions. These individuals have distortions and they kind of connect it somehow. That's the work sometimes seeing that it isn't that society says this and condones this, but that is not what you are doing. And it isn't a cultural thing.

Male discomfort. This implies some identification with the offender, resulting in feelings of internal conflict and dissonance. Six participants described an awareness of a continuum of male behavior because healthy males can be assertive in the pursuit of sex, and sex offenders take assertiveness to the extreme of aggression. They made

comments which revealed that they felt some level of discomfort, for example, comparing normal dating rituals to the sex offenders' grooming rituals. For five of these six participants, the feelings of male discomfort led to critical self-reflection (described under social justice) and changes in behavior in their personal relationships with sexual partners and children. Feelings of discomfort are a prerequisite to feelings of guilt. Thus male discomfort is a result of some identification with the offender that led to a feeling of discomfort in their personal lives.

Darryl said that when he was in elementary or high school, boys would slap girls' butts and they would all laugh it off. His knowledge of sexual-abuse dynamics made him aware of how those types of infractions can lead to more severe abuse. He was identifying with his adolescent sex offender clients.

Darryl: [S]omething possibly as playful as doing something like that [slapping girls' butts], or a girl chasing you down the hall, and ... something as potentially as playful as innocent as that can turn into something that is a lot more dangerous.

When asked how this knowledge might have affected his personal relationship he replied that the topic had "come up early on when I started working here," and that he felt determined to "communicate" with his fiancée.

Darryl: You know, I recently got engaged and ... I feel motivated and determined to communicate with my fiancée.... It actually came up early on when I started working here, reading books about how people have difficulty relating in a sexual way, you know, and being intimate with their partners.

Jorge reveals a level of male discomfort because, as a result of working with sex offenders, Jorge has become more aware of his boundaries as a man relating to children

and women. This suggests some identification with the offender which caused him to change his behavior to be more careful of boundaries.

Jorge: How it [the work] affects you is that behaviors and actions that were -- what you thought were insignificant before or really didn't mean much, now become more loaded and you're actually more aware about what you're doing. Case in point, just like playing with a child, the way you touch a child or hold a child, you know, you start thinking about stuff like that. Or your ... relationship with women, okay, you're much more conscious of boundaries, in other words. Careful what you say, what you do, how you approach it, how you approach them.

Carl compared normal dating rituals to the process of "grooming" that sex offenders engage in to prepare their victims. This suggests that he was thinking about male behavior on a continuum, and he is identifying with offenders on this level, implying some male discomfort.

Carl: For these guys, the choice of partners, and the way they went about it are different, but not very different as far as the dynamics from someone who is not a sex offender. It is a very similar dynamic, it is about manipulation, that's grooming. What do you call the first date, that's grooming... the first three dates are grooming for the purpose of sexual gratification.

Raul spoke of "shame" because violence in society is usually perpetrated by men. His expression of shame suggests that he identified with the sex offenders he treated in terms of gender, and he felt some discomfort.

Raul: I do have issues about the male species; somehow it is all related to males. In terms of war, in terms of violence I do see more -- just more shame to males, as if we were defective in some way or other....

Sueli: Is it something that stays with you?

Raul: [I]t passes, but I am aware that historically violence has always been related to men, domination, territory, things of that nature.

Male guilt. Two participants (Miguel and Jorge) expressed a feeling of guilt by association because they were aware that most offenders are male. Miguel specifically

used the words “male guilt.” He did not describe this as an overwhelming feeling of guilt; rather it was awareness in his stream of consciousness that led him to question his behavior. Male guilt implies an awareness of the larger contextual issues of gender power and oppression and the critical consciousness of self-reflection that led to changes in personal behavior. Thus, male guilt was experienced when participants, identified with the offenders, internalized the information and examined their own relationships in the context of gender power and oppression.

Sueli: Has it affected your relationship with your daughters ...?

Miguel: Yes ... I am just more sensitive to it. And again, when you have the male guilt and you hear so much stuff that men do, and when you meet them they are normal men, so you kind of, you become a skeptic in that sense, and sometimes you can be skeptical with yourself. So you're like you know, “Am I having a thought? Am I this?” You are kind of questioning yourself.

Sueli: So it sounds like sometimes you are kind of hard on yourself.

Miguel: Yeah, yeah. I mean it's a struggle between working this population, it's about boundaries, you're teaching them boundaries and you're teaching them all this stuff and then you're at home and like the thought crosses your mind, “Is it OK for my daughters to see me in my underwear? ... Is that crossing the line? What's my motivation?” ... It's stream of extreme consciousness and I don't sit there dwelling on it. It is just a passing thought, but it happens because of the work. Even just sitting them on my lap.... So many offenders start by sitting kids on their lap that you know, it happens in a second, but you talk to yourself and say, “This is OK; this is not in that context.”

Sueli: So it is almost like... you have that thought, and then you have to convince yourself, calm yourself down?

Miguel: But again, it is a passing thought, I am aware of it, just as I am aware when somebody else has a kid on their lap, where I don't think most people are aware of it. People don't usually think about it.

Here Miguel expresses an increased awareness of gender power and oppression when he said that he is sensitive to the exploitation of women.

Miguel: [Because of working with offenders, I am] kind of oversensitive to the exploitation of women and children and things like that, and it is a

conflict because I am also a regular guy, a regular man so you know I catch myself watching an MTV show and enjoying it, and then having kind of conflicted feelings about it, like “That wasn’t cool.”

Jorge’s awareness of gender power differences caused him to check his behavior in his own sexual relationship; he did not “want to appear aggressive.” This suggests that his level of discomfort was elevated to male guilt.

Jorge: Power differential in men and women definitely exists and it’s something that’s acknowledged [when working with sex offenders]. So in doing the work I am aware of the contextual issues of power, and you cannot help but to think about it in your own [sexual] relationships. You know that most aggressors are male and you don’t want to appear aggressive. You are just more conscious of it.

In summary, for seven participants, as they worked with sex offenders and challenged their clients’ assumptions about masculinity, their own assumptions and ways of thinking about masculinity changed. This was reflected as their societal expectations for males, male discomfort and/or male guilt. The level of change was directly related to the participants’ levels of self-reflection, that is whether they internalized the information and examined their own relationships. In this sample, the levels of self-reflection were related to their theoretical orientations (individual vs. systems) and their positions of privilege in society in accordance with race and ethnicity. Certainly other personal characteristics affected their levels of self-reflection; however, theoretical orientation and position of privilege were the most apparent correlates.

Miguel and Jorge (Latino, and the only participants with a systems orientation) expressed some male guilt as they discussed ways in which their own behaviors toward women and children were affected because of the knowledge they acquired as a result of working with sex offenders. All of the African American and Latino participants (Carlos, Darryl, Miguel, Jorge, and Raul) and one White participant (Carl) expressed male

discomfort when they experienced identification with sex offenders because of gender. All of the African American and Latino participants engaged in critical self-reflection regarding their behaviors with their sexual partners and/or children as a result of male discomfort. Five participants (Carlos, Darryl, Miguel, Jorge, and Ira) made connections between societal expectations for males and sex-offender behavior. But more interestingly, three participants (Sam, Tom, and Carl) specifically denied a connection between societal expectations for males and sex-offender behavior.

Not surprisingly, although their levels of awareness varied, participants with an individual orientation thought about the problem of sex offending from an individual medical-model perspective. They were less likely to relate clients' experiences to the contexts of male behavior and less likely to engage in self-examination based on what they learned from their clients. In contrast, the two participants with a systemic orientation related their clients' stories to societal norms and to their own experiences; they engaged in the critical consciousness of self-examination with regard to their relationships and positions of power as men.

The most interesting phenomenon that arose was that all of the African American and Latino participants expressed some identification with sex offenders (male discomfort) that related to their personal lives (critical self-reflection). This implied some awareness of their power as males. Of the White participants, only Carl expressed experiences of male discomfort, but his discomfort did not lead to self-reflection about his personal relationships.

Social Justice

The theme of social justice describes participants' awareness of issues of privilege, power, and oppression in relation to working with sex offenders. Six participants expressed awareness that boys and men who were members of an oppressed group (based on class, ethnicity, race, or sexual orientation) suffered harsher treatment, while those who were members of a privileged group received better care and shorter sentences. Five related gender power and oppression to sex-offender behavior. For five participants, their increased awareness as a result of work led to critical self-reflection about their personal relationships. Two participants spoke about privilege, power, and oppression and how their knowledge gained through work led them to change their behavior so that they became agents of social change.

Miguel provided the best representative quote of the social justice theme.

He spoke of the larger contextual issues of social justice when he said that we are all responsible for a society that oppresses women and children, and he related sex-offending behavior to a culture of exploitation:

Miguel: I'll blame it on Reagan, it is trickle down social economics ... we are all responsible for this mess, we are all responsible for a society for pimping out women and children, and we'd like to catch that guy in the corner and say here is a sex offender, and show him on TV and we are going to punish him, but nobody wants to take responsibility up the road. You know, kind of like a feminist ideology that sex offending is just a behavior that is a result of the fact that in this society, and especially American culture, we just exploit. We take what we want, we don't give a crap. These kids are not doing anything that our President has not done to a country, let's say.... Yes, somebody hurt me, I hurt somebody else. We got bombed, we bomb somebody else.... So when I go up that line of thinking ... it is in the fabric of our society.

Gender power and oppression. Five participants, (all African American and Latino: Carlos, Darryl, Miguel, Jorge, and Raul) referred to gender power and oppression related to working with sex offenders. Jorge believes that the oppression of women, the power differences, and gender roles contribute to sex offenders' abusive behavior.

Jorge: The views of women and men and, you know, the roles that we each play, you know, women should be more receptive to a man's sexual needs and men should be the dominant ones and women are -- women's needs are secondary. That all contributes to the power differential that's experienced, which reflects -- you know, it's circular in a sense that that reflects our views which reflect society's views and vice versa. This obsession that we have with sex in this society, and violence, and how it manifests itself in the media and movies, absolutely.... I mean, I'm not saying that's the cause or the blame. I'm not saying that. I'm not saying that's the sole factor that contributes to how, what they [sex offenders] think or how they've acted, but it definitely contributes -- I think it contributes to it. Maybe in an unconscious level, but it's there. Turn on the TV, you'll see it every night.

Race power and oppression. Two participants, Darryl and Miguel, mentioned race power and oppression related to how sex offenders are treated by the justice system. Darryl was dismayed that African Americans received prison sentences more often than Whites in proportion to the general population, "I guess kind of knowing that happens, trying to understand it, but not being able to."

Miguel expressed sensitivity to racial issues. In the excerpt below Miguel discussed race power and oppression, feelings of entitlement, and how they related to working with sex offenders.

Miguel: I am also very sensitive to racial issues. For years, seeing that White kids get sent to treatment and kids of Color get sent to the youth house, it triggers in me a whole other reaction, more on the social-political side. It plays a factor. Again, if you're White in this country you have a sense of entitlement that given certain things, could lead to you feeling that you could take advantage of other people. If you are disenfranchised in this country it could give you a sense of anger, or revenge, or even entitlement that could lead you to take it out on kids.

Class power and oppression. Six participants, all of the African American and Latino participants and Sam, related socioeconomics and class oppression to work with sex offenders. Carlos thought that lack of resources might serve to make a person an offender. Here he is referring to his native Central America,

Sueli: Do you have any thoughts about what makes a person an offender?

Carlos: [Discussion of various characteristics leading to differences in cultures, and then larger context] ... Well yes, I am only saying that because I see there are certain people that are in control, and the countries are so poor that they can't deal with sex offenders, and I'm sure there is a lot of ignorance too around sex offenders, and there aren't enough resources to help and to make them see that they are abusing. The law in my country is not what I would hope it would be, but, again, I think a lot of it has to do with the fact that people don't have the resources, and there is a lot of poverty.

Darryl and Sam were aware that class power and oppression affected the way adolescent sex offenders were treated. Financial power influenced adjudication when they were arrested and whether they received treatment or prison sentences.

Darryl: I do think money plays a large role in who ends up in prison and who ends up in treatment.... And I wasn't as aware of this until I got into the work, and going to prison and writing the reports, testifying in courts and thinking to myself, "Wow these kids are here, how come?" Certain cases end up certain ways and others don't. Some people have an attorney, have people to take care of them, and others don't, and the cases go differently because of that.

Sam expressed an awareness of class power and oppression and how sex offenders are treated. Although he mentioned race and ethnicity, he quickly disregarded those attributes and ascribed the differences in treatment to economics and the ability to pay for legal representation.

Sueli: How about your views of social justice, has the work affected your views about social justice, for instance as to who gets arrested?

Sam: Yes, certainly about who gets arrested and who doesn't. I think we see a broad spectrum, but I think it's about after they get arrested what is their adjudication? The African American kid who comes from a poor community using a public defender is going to get aggravated sexual assault. The African American, or Caucasian, or Hispanic, or Oriental kid who is from an affluent area, who has a good private attorney, is going to get endangering the welfare of a child.

Sexual orientation power and oppression. The following excerpt illustrates that Darryl related sexual orientation power and oppression to offending behavior because society's negative views about homosexuality might lead some adolescents to experiment, and consequently to offend.

Darryl: Generally, for them, the media and television and watching family members or friends disregarding women, or ...particular views about homosexuality--negative views about homosexuality and therefore making someone who might be unsure of what to think any more, and might lead them to experiment on their own.

Critical self-reflection. Five participants (all of the African American and Latino participants) expressed some identification with the offender, resulting in internal conflict and dissonance that led them to reflect on their personal sexual relationships or their power as men in relation to women and children.

Miguel's awareness of gender power issues caused feelings of internal conflict and dissonance. He reflected on his own behavior which led to growth and changes in his personal life, as shown in the excerpts below.

Miguel: [Working with sex offenders] you become conscious of the role that physical strength and threat of violence plays in many male/female, male/child relationships and you don't want that in your own [relationships].

Miguel: I think I was chauvinistic at times.... That is the way I grew up.... [My cultural values were] male centered and paternalistic, but I think I identify with them to an extent. I feel like I am my family's protector and things like that, I have that role ... [but] I don't see myself as any more important than my wife. I don't tell her what to do, she didn't take my last

name, she's an individual. So I guess in that way, in the every day kind of role ... if something is dirty somebody cleans it. It's not, "These are her roles and these are my roles."

Jorge also related the work to his personal life. He identified with the aggressor, "most aggressors are male and you don't want to appear aggressive." Working with sex offenders increased his awareness of the power differences between men and women and caused him to reflect on his own relationships.

Jorge: Power differential in men and women definitely exists and it's something that's acknowledged [when working with sex offenders]. So in doing the work I am aware of the contextual issues of power, and you cannot help but think about it in your own relationships. You know that most aggressors are male, and you don't want to appear aggressive. You are just more conscious of it.

Carlos also identified with the offender and experienced feelings of dissonance and internal conflict that led to his reflecting on his personal sexual relationship. However, he concluded that he did not need to change his behavior.

Carlos: So I kind of feel a little bit uncomfortable, because you're here treating a sex offender and they are talking about something that when you were their age you thought about it, or you did it, and it makes you feel uncomfortable, like "Am I an offender?"

Sueli: OK and then that feeling – does that translate to the way you treat your girlfriend?

Carlos: ... [Y]ou're identifying with them as a man and having a relationship.... I know that I have strong feelings for her, and I know that what we are doing is what people do when they have a relationship.... It does not affect the way I act towards her.

Therapist as agent of social change. Two participants, Miguel and Darryl, stated that their awareness of the social injustices caused them to change their behavior in order to initiate social change. They wanted to make a difference and to empower people. Darryl stated that he wanted to make a difference with the work he is doing "on a case-by-case basis."

Darryl: I think it [class oppression] forces me think about it when I write recommendations, for what I think should happen to people, being very clear in what I think should happen and why, hoping that on a case-by-case basis people get what they need.... So I am hopeful that I can help, and the doctor in front of my name carries more weight, so that, when I make recommendations, it will carry more weight.

The following excerpts illustrate that Miguel is aware of gender power and oppression, and that he acts as an agent of social change by modeling an equitable relationship between men and women, and by teaching and empowering people.

Miguel: I find that doing the work and making sure I am aware of my interactions with females in front of the patients, and otherwise, but especially in front of the patients, when I have a co-therapist who is a female and that I am not hogging up the time because I like to talk, because there is a bigger impact to that. So if they see a strong woman who is not a bitch, because most men, especially these men think if she is confident she is a bitch. So she is not a bitch, she is confident, she is a co-leader, she was right and I was wrong, it has a big impact.

...

Miguel: I tend to be more active. I try to be informative.... A lot of my friends come to me for help with dealing with social systems and certain situations, whether it is sex abuse kind of stuff or mental health stuff, so I try to be me - an agent of empowering people, you know, write a letter, cc it here, do this, do that, things like that.

Absence of awareness of social justice, privilege, power, and oppression.

Interestingly, Tom, Carl, and Ira did not relate any social justice issues to working with sex offenders, and Sam only spoke of class oppression, but not the other issues. The African American and Latino participants, who likely had experienced oppression because of their positions of subjugation with respect to race and ethnicity, were attuned to issues of social justice, but the White participants were not. The excerpts below are presented to verify that Tom, Carl, and Ira disregarded all social justice issues, and Sam only acknowledged class oppression, even when I pursued the topics in various ways.

Tom did not relate gender power and oppression to sex-offender treatment. In my first interview with Tom, I made the observation that all of the men I had interviewed, including him, told me that they were not confrontational with their sex-offender clients, and I wondered whether it was a gender issue. Tom worked with a female co-therapist, and I asked him if he thought that as a man he had more power in the room. Therefore he would not need to be as confrontational, whereas a female therapist might have less power, and perhaps feel more of a need to confront. Tom's reply reflected his individual medical-model orientation as he referred to countertransference based on personal issues of the client and the therapist.

Sueli: This is my thought, because I have a feeling from interviewing several men who kind of talk the way you talk, like "I'm not going to beat them over the head..." saying they are not very confrontational, and I am thinking that maybe because you are a man, they respect you on that level, man to man, you have more power and you don't have to be as confrontational.

Tom: ... I think that it depends on the type of sex offender, for instance if they are adult female rapist type, and depending on their motivations and what kind of general rapist typology they might fit I could see how they might give a woman a harder time if their dynamic is more one of trying to assert power and control over a female, and I could see them getting into a power struggle more, and a female therapist being in a situation where she has to set limits more with the male of that sort.... Although, because we are co-therapists in the group, I think what I have noticed here is less of a differential in the perception of the resident and how they might treat the co-therapists on gender lines, and more on educational lines. But I am sure there are subtleties in their experience of male and female therapists that are qualitatively different, and as a result the male and female therapist's approach to working with them is probably different as well.

Sueli: Do you find that the women are more confrontational than the male therapists?

Tom: There are women here that are very confrontational, and then there are some that aren't. So, it is hard to say.

Tom also spoke in individual terms when asked about societal discourses that maintain a sex offender's behavior, as illustrated earlier in view of masculinity.

When asked about matters of social justice, Tom indicated that the work had made him more aware of social inequalities related to race and class power and oppression, but he said he is not "politically active."

Sueli: Has your behavior changed in matters of social justice?

Tom: Well I am not terribly politically active, I vote but I am not politically active outside of that. It has made me more aware of a lot of social inequalities and injustices ... I am more aware of it. ... I work personally with a lot of African Americans here, and I know that there are a lot of wealthy white sex offenders out there doing things, and there are, by and large not a lot of them in here. There are some, but it is not proportionate. Sure, you become much more aware of that when you are confronted with it in such a tangible way, so yes.

As illustrated earlier in view of masculinity Carl did not relate sex-offender behavior to gender power issues. In the first interview, Carl did not acknowledge an awareness of social justice issues of power and oppression:

Sueli: Has it changed your views in matters of social justice?

Carl: No.

Sueli: Are you more socially active?

Carl: No. That is one thing. I am the anti-social worker.

Then, later in the follow-up interview Carl confirmed his initial remarks. He said that he was aware that some therapists related racism, sexism, power, and oppression to sex-offender behavior, but Carl believed that "current political correctness creates an environment of ambiguity for all ... [and] that opinion may be more rooted in political correctness and subsequently have little to do with the therapeutic population."

Ira also did not relate societal issues of power and oppression to working with sex offenders. When I asked him about contextual issues he answered in terms of individual or family characteristics.

Sueli: Has it changed your understanding of societal discourses that maintain a sex offender's behavior?

Ira: I think that there are certain things that maintain their behavior, especially when things occur within the family. I think family decides how it should be handled, especially certain families who are very adamant about keeping things very well contained.... So it is like that whole sense of, "What happens in the family, stays in the family, and we don't air our stuff in public." So it just perpetuates things going on that we know shouldn't be going on, that we know are harmful, but what do you do?

Sueli: Has it affected your view of social justice?

Ira: I just look, and I say I am really glad this place is here. But then, there are other guys who got caught up in here, who I believe could be functioning very well outside of this place, and yet they are being lumped in with everybody else. So in that respect, my sense of social justice has ... I am not sure it has changed a whole lot, but I have become much more aware ... I guess I am much more able to talk about it from more of a first-hand perspective than I was before.

When asked about societal discourses related to sex-offender behavior, Sam replied that he had not thought about it before. He conceded that there was an element of expectations for boys that contribute to the behavior, but he was not sure if it was a "faulty belief." In his follow-up interview, Sam stated that it was important for him to be "aware of societal biases on [his] clients," but he negated the significance of societal power and oppression when he said that clients maintain denial by "externalization of blame."

Sam: In working with a diverse cultural clientele it would be important for me to be aware of the impact of societal biases on my clients. I believe that I am aware, and bring that to the work I do, and in the sessions we have. [But] I think clients maintain denial through externalization of blame – so this topic must be handled appropriately.

In summary, for the five African American and Latino participants, working with sex offenders affected their views of social justice on various levels. Participants' experiences with respect to social justice correlated to their experiences in view of

masculinity. The African American and Latino participants all reported some awareness of issues of social justice in their work with sex offenders, and the work caused them to reflect on their personal relationships with sexual partners and/or with children.

Generally, the African American and Latino participants were aware of their own gender power and of societal oppression as to race, gender, class, culture, and sexual orientation. Two of the participants (Miguel and Darryl) indicated they hoped to counter societal forces of oppression in their work by assisting oppressed people on a case-by-case basis, teaching, and empowering.

Tom, Carl, and Ira did not relate any matters of social justice, power, and oppression to working with sex offenders. Sam made the connection between class oppression and financial privilege and the consequences of adjudication for sex offenders, but he did not make a connection with the other social issues. None of the four related their work with sex offenders to their own gender power and privilege. None of the four said anything to indicate that they engaged in the critical self-reflection that would have led them to examine, question or adjust their behavior with women and children. For Tom, Carl, Ira, and Sam, their gender privilege was invisible to them.

Support from Colleagues

Participants were unanimous in acknowledging the benefits of the support they receive from colleagues in the field. They enjoyed camaraderie among their colleagues and said that the support was very important for their well-being and for their professional development. Sam, who was more isolated, sought support by joining professional organizations and reaching out to colleagues outside of his workplace.

Participants were recruited from four sites. Three participants (Carlos, Darryl, and Miguel) were recruited from an adolescent out-patient treatment center. Five (Carl, Jorge, Ira, Raul, and Tom) were from two prison settings within the state. One (Sam) was from an adolescent residential minimum security site. Sam had the least support in his facility. He thought this was because he had just transferred to this facility, and he was a supervisor. He was uncomfortable talking to the people he supervised about his countertransference. To compensate, he reached out to colleagues outside of his facility in order to expand his circle of support.

Sueli: Do you seek support from your colleagues?

Sam: Yes, yes, I look up to mentors. I consult with ... three of my very good friends. They are three social workers, and one is really good with addictions, the other she works really well with victim work, which I am not very good at. The other is my guru. He is the guy who sits on top of the mountain. I get a little something different from each of them. So there is a core of three and then there are several others I'll reach out to.

Sueli: And you work together at the same facility?

Sam: Well, they are friends that I have accumulated working in different areas. ... I don't have as much support because I will be in a supervisory or a management role, so I have to bring my own resources ... and so I reach out. Whether inside the facility or outside, like right now I don't have much supports in the facility because I am new, so I rely more on the ones I have developed just as friends.

Darryl was in the process of searching for another position at the time of his interview, and he said that in his job search he paid attention to the other clinicians and staff and how they related to each other. He asked questions about whether they socialize outside of work and how they get along with each other, because he believed this work cannot be done effectively without a good team.

The participants in the prison sites were aware of the benefits of their support from their colleagues; they enjoyed the humor and collegial atmosphere in the clinical

trailers that served as their office. Tom described their work environment as “like the set of Barney Miller.”

Self-Care

Participants were well-informed about the need for self-care because of the training and supervision they received. They were aware of the potential for burn-out and compassion fatigue. They took the time to engage in pleasurable activities, and attended to and valued their personal relationships. One participant said that a few years ago he had not been exercising self-care and described it as burn-out. Participants cited the following ways they cared for themselves: spirituality, personal relationships, sense of humor, and engaging in outside interests and activities.

Darryl expressed that he did not dwell on the difficulties at work. He did not talk much about it after work, and he concentrated on other activities, or his relationships with family and friends, and he read the Bible.

Darryl: I approach the work, I do what I need to do to provide to the population that I am working with, but I am generally able to leave whatever I do ... at work, and to seek comfort in family and friends when it is outside the work that I do. For example, the sex offenders and what I have heard during the evaluation today, I am generally able to separate my life when I leave work.... I don't really talk that much about what I do, and I like it that way. I play sports, I weight-lift as often as I can, I go fishing and camping, I hang out with friends and just have a drink every now and then. I live my life the fullest outside of work so that it does not become the only thing that drives my life. I like to read the Bible. I try to keep myself as grounded as possible, and I think that certainly helps me in the work that I do.

Miguel relied on his spirituality and religion to give him a sense of peace and acceptance when he was worried about the possibility that one of his clients may re-offend.

Miguel: [I] do things to take care of myself. I've been reading a lot of Taoism. I've been getting in touch with religion and spirituality to offset this. In a given situation I might be less trusting than other people, but overall I think I am more trusting than other people.... I think I do a very good job of taking care of myself.... I hang out, I play a lot, I have fun, I put things in perspective, I pray, if it's not working out with a kid, when I have to leave work, I say "It's in God's hands now, which are better hands than mine," so then I go home. I talk to my friends. I prioritize friends over work at times.

Carl indicated that he cherished his family. He made an effort to be a good father and "to do it right." He believed that working with the difficult cases of sex offenders made him sensitive to the good things in life.

Carl: All the positive healthy things that I see are very much embraced. I miss those because sometimes you are dealing with such a rough edge, here so I am sensitized to experience the good things in life.... [My girls] see Daddy as a really tolerant and fun guy... 99 percent of the time I am very easy going and very passive.... Family values are important. I see so many dysfunctional families, that I cherish mine and try to make it as least dysfunctional as possible. It is also a conscious effort to do it right. To do it in the way I think is right. I hear stuff about, "My father was never home," and I try to re-evaluate where I am at, should I be home more?

Carl also said that a few years ago he experienced burn-out; he had not been exercising self-care, instead he had resorted to alcohol, overeating, and overwork. He said that he has been taking better care of himself more recently; he has reduced his hours, and stopped drinking. He lost 45 lbs. and is at an average weight now.

In summary, participants were well-informed about the need for self-care. They cited spirituality, personal relationships, sense of humor, separating work from leisure, and engaging in outside interests and activities as the ways they cared for themselves. Carl was the only participant who said he had experienced burn-out; he became aware that he needed to take better care of himself, and he took steps to do so.

Work is Gratifying

Eight participants expressed that they were satisfied with their work and described a sense of gratification because they were doing difficult and important work. Feelings of gratification came from an understanding that they were making society safer, their opinions were respected, they were doing difficult work, and their clients benefit from their work.

All participants acknowledged that they worked to make society safer. Miguel said, "We are doing child-abuse prevention." Tom said, "I am working with these residents, but ... society is my client."

For eight participants, a sense of pride was evident as they spoke about the work they do. Carl asserted that the toughest branch of the military is the Marine Corps, and he compared serving in the U.S. Marines to doing therapy for sex offenders. He proudly said he joined the "Marines" of therapy.

Darryl felt rewarded when he saw improvement in treatment or when he received positive feedback from his clients' parents.

Darryl: When I can see that I have reached someone, or I can see that there is some positive result coming out of a treatment case, or an assessment, let's say I just evaluate someone and I make recommendations ... or I get positive feedback, in the juvenile cases from parents about things getting better, or even slight changes in attitude, school behavior, motivation. Those are the times when I can feel like, "Wow this is really rewarding, I'm really getting a lot out of it." Not only was the case successful, but the treatment in general is successful, and those are times when I feel like things are going really great.

In summary, eight participants reported they enjoyed their work and described a sense of gratification in their professional life because they were making society safer. Only one participant, Ira, replied negatively when I asked

him about job satisfaction, "Some days are better than others. I don't know if I'm completely satisfied, I mean there are times that this is a very frustrating thing to do." The other participants were proud to be doing good work with a difficult population. They believed that their clients benefited from their work.

Chapter V

Summary

This was a phenomenological, qualitative study of the impact of treating sex offenders on male therapists. Semistructured interviews and a thematic genogram were used to capture the experience of men treating sex offenders, because previous studies that addressed gender issues did not focus on men. My interest in this topic evolved from my personal feelings of discomfort as a therapist working with children who had been sexually abused. My personal commitment to matters of social justice influenced the way data were elicited. The questions I chose to ask in the interview were a reflection of who I am and my experiences, just as the phenomena were reflections of the participants and their experiences.

The main question addressed in this study was: How does the experience of treating sex offenders affect male therapists? A review of the literature confirmed that therapists who are exposed to stories of sexual abuse are affected by their work (Pearlman & Saakvitne, 1995a, 1995b), and that therapists cannot avoid being affected by listening to stories of trauma (Davies & Frawley, 1994; Wilson & Lindy, 1994). The focus on males treating offenders filled a gap in the literature which previously addressed some gender issues of female therapists working with male offenders, or male therapists working with female survivors (Davies & Frawley, 1994; Pearlman & Saakvitne, 1995a, 1995b). The focus on males of varying ethnicities provided an opportunity to explore issues relating to our patriarchal system in which there is inherent power in being male, as well as power and privilege with respect to race, culture, and ethnicity (McGoldrick, 1998). Phenomenology was an appropriate method for this study because this method of

analysis was focused on the meaning of the experiences allowing for multiple perspectives and voices, congruent with systemic and feminist theory (Creswell, 1998; Olesen, 1994). Finally, specific themes found in the literature and the pilot study formed the basis for the semistructured interview questions and, as hypothesized, those themes were prevalent in this study (Davies & Frawley, 1994; Pearlman & Saakvitne, 1995a, 1995b).

Qualitative analysis allowed for an examination of each participant's reality to understand the process by which he understood his experiences and construed the world. It provided a framework for probing the complexities of processes in a comprehensive manner that included the context of the therapist and the researcher's processes and reflections (Marshall & Rossman, 1999).

Nine participants were interviewed, four White, four Latino and one African American. Participants in this study were therapists with master's degree or higher in the behavioral sciences, who were treating sex offenders, and had worked as a therapist for at least 1 year treating adult or adolescent sex offenders. Three participants treated adolescents in an out-patient setting, one in a residential setting, and five treated adults in an institutional prison setting. Eight of the nine participants had some experience with both adolescents and adults through other work or internship placements. All participants identified themselves as heterosexual, all were in monogamous relationships, five were married.

Data were collected from various sources: the interview consisted of a demographic data sheet, a three-generational, cultural and thematic genogram, and the

semistructured interview. Each interview lasted approximately 3 hours. All interviews were audio-taped. The audio tapes were transcribed for data analysis.

Data analysis revealed that Participants were indeed affected by their work. The main categories in which they were affected were: impact, empathy, view of masculinity, and social justice. The analysis also revealed various ways to minimize the negative effect on participants: support from colleagues, self-care, and a sense that work is gratifying.

My Experience as the Researcher-Participant

In qualitative studies the researcher-participant is a part of the study, and, while I was mindful of the need to remain open to all possible experiences, it was a constant struggle. The structured interview questions evolved from the literature, but my questions were also guided by my contextual lens. What I chose to pursue for further inquiry during the interview, and the themes that seemed to jump off the page at me, were shaped by my perceptions.

I was pleased to see that themes of social justice were emerging. In my first reading of the transcripts I noticed themes which I called view of society. Later I changed it to view of power and privilege in society because it became evident to me that what the participants were experiencing was related to issues of power and privilege. After going through several drafts, and receiving feedback from my committee members, view of power and privilege in society was changed to social justice. I believe the term social justice names the phenomena that emerged more clearly and succinctly. The excerpts of my journal entries illustrate some of my process as this theme emerged.

Sueli journal entry: 7/5/04 Darryl is much more aware of his feelings and his own reactions to what he hears. He was aware of his feelings about African American kids and how he connects with them. He said that it is sometimes helpful in therapy, and sometimes not.

Sueli journal entry: 8/18/04 Observation that the White therapists were not thinking much about racial issues ...the conversation about racial inequality, entitlement, and privilege did not feel productive for me when I spoke with the three White therapists. This may be because as members of the enfranchised group they have no reason to question the system; the benefactors do not question the system. However, this may be harsh on my part because today my last interview was with Raul, a Puerto Rican man, and the conversation with him regarding these subjects also was not productive. ... Another thought is that maybe the training is what makes the difference, even more than being a member of the disenfranchised group. My impression is that Darryl and Miguel were the ones who spoke more extensively on these topics. They had more of a handle on the issues of social justice and racial inequality; they are also currently in doctoral programs that are cognizant of these issues. So I am not sure if the education made the difference; Raul has not been in school for a long time; perhaps these issues were not addressed in his graduate program.

As I worked with my advisor and my research team member, I was reminded by them to follow the process of *epoche* and to bracket my preconceived ideas in order to understand the phenomena through the voices of the informants. This was a topic in almost every session with my advisor. In the earliest days of the literature review, I strove to consider all possibilities by including literature on psychoanalytic countertransference; gender issues; men's studies; context of race, culture, and ethnicity; feminist studies on power and privilege; and family systems. Later, while creating the structured interview questions, rehearsing how to remain open and receptive in listening to the participants, and through the various stages of analyzing the transcripts, we always seemed to return to the same question: "Was I keeping myself open for the participants' experiences, or were my perceptions getting in the way?"

Complicating this likely impossible task of remaining open and without preconceptions was the fact that my advisor, research team member, and committee members all have similar theoretical and practice frameworks. We all think about mental health issues systemically and in the context of race, gender, culture, and ethnicity. Indeed, I chose to work with them because we have similar interests. As we talked about the processes, I realized that possibly someone with a different background might analyze the same transcripts and interpret the data in a different way. I see issues of race, gender, culture, and ethnicity in almost everything I read, see, or hear. To check myself, I sent my interpretative statements of the phenomena to all participants for approval. They agreed with most of my interpretation and we had follow-up interviews to resolve the few discrepancies that arose. The results reported have been approved by the participants as accurate representations of their experience.

When I teach about cultural sensitivity, I emphasize that we can never be fully culturally competent; we cannot fully understand even one culture. The point in cultural sensitivity training is for the student/therapist to better understand his or her own culture in order to better understand his or her inclinations. Nonetheless, I struggled along with my advisor, research team, and committee members to understand our inclinations and to come up with alternative interpretations in order to gain the best possible understanding of the participants' experiences.

Based on the literature review and my pilot study, I expected to find that therapists would report more experiences of vicarious traumatization and secondary traumatic stress disorder. Although they reported some symptoms, the participants reported many positive experiences which countered the symptoms. Participants

acknowledged they were more vigilant and cynical, but they believed that it made them better prepared to protect their family, or better prepared for the challenges they faced. The enhanced preparedness theme that arose was not expected and had not been predicted.

I also expected to find that most of the men in this study would report countertransference feelings of shame and some levels of identification with the offender and consequently feelings of male discomfort or guilt. I was surprised that for the most part, only the African American and Latino participants reported experiences that suggested identification with the offender, resulting in male discomfort and male guilt. I also suspected that the White participants did not identify with their offender clients because they were behaving within cultural norms. The dominant white culture in our society values the scientific approach which distances the scientist from the subject studied. Following their cultural expectations, the White participants likely would not identify and connect with their clients.

These were some of the processes that I engaged in while working on this research project. I hope that sharing some of my thoughts and feelings helps the reader to understand the content more fully.

Discussion

This section is not a conclusion, because qualitative researchers resist the temptation to conclude (Wolcott, 2001). Instead, it is a discussion of the phenomena that emerged. Therapists working with sex offenders have different experiences. Who they are as people, the context of time, location, environment, and stressors all influence the

phenomena. This discussion is largely devoted to the participants' experiences in relation to their gender, race, and ethnicity because I am interested in exploring these matters.

Impact

Congruent with the literature on secondary exposure to trauma, including the trauma of sexual abuse, and the literature on the impact on providers of treatment to sex offenders, participants reported symptoms of vicarious traumatization and secondary stress disorder. They became more vigilant, cynical and more alert to dangers, or what they perceived to be dangerous situations. (Brady, et al. 1999; Daskovsky, 1998; Davies & Frawley, 1994; Edmunds, 1997; Farrenkopf, 1992; Figley, 1995; Gerber, 1995; Herman, 1997; Kearns, 1995; Lea, et al. 1999; Pearlman & Saakvitne, 1995a, 1995b; Peaslee, 1995; Saakvitne & Pearlman, 1996; Stamm, 1995; Steed & Bicknell, 2001; Stukenberg, 2000; Wilson & Lindy, 1994).

For all participants, their sense of safety for their families was shaken, especially by the stories that revealed how sex offenders infiltrated families by gaining their confidence (protection of family-physical). They became cynical about humanity as a result of listening to the stories of men who had abused their positions of trust within their families and their communities and had committed sexual offenses against children. One participant said he was more suspicious of his own family members as a result of listening to his clients' stories. All of the participants believed they were more cynical than the general population because of the knowledge they had acquired through their work. Participants became more protective of their families' physical safety and changed their behavior in response to their increased awareness.

There was a nuance in the theme of protection of family-physical in relation to gender that deserves attention. The participants in this study, unlike the previous literature, were mostly concerned about their loved ones' safety. The distinction here is one of impact on participants, compared to impact on the participants' interactions with their families. Previous studies that included men and women focused on impact on participants and mentioned worries about family members as an aside. Only one study including men and women reported that the men expressed concern for family, rather than for themselves. (Scheela, 2001). In this study the impact was mostly related to participants' interactions with their families, perhaps even related to impact on the family, as when Carl lamented, "My wife said I am poisoned," because he worried about his children's safety, or Sam asserted that "the rules of where my daughter can go shrink ...but in a safe environment... I allow more freedom." The male participants were not concerned for their own safety. Women therapists might have reported a different experience of increased vigilance and cynicism, because of fears for their personal safety and well-being, since more often women are the target of personal violence and oppression.

Participants protected their families' emotional well-being by not talking about their work at home (protection of family-emotional). The enigma was that while they felt they needed to protect their families, they did not want to impose their fears and cynicism on their families. They were apprehensive about how much they shared with their families, because they wanted to preserve their children's innocence and their families' emotional well-being. They perceived their own views as somewhat skewed in relation to the general population because they were more knowledgeable about abuse, and they

were careful not to taint their families with their cynicism. The experience of protecting their families emotionally was not specifically discussed in earlier literature, except for a few studies that mentioned therapists working with sex offenders tended to avoid verbalizing their worries (Bengis, 1997; Ellerby, 1997) and speaking about their work (Jackson, et al. 1997). Yet, five of the men in this study reported taking pains to protect their families emotionally by not discussing their work or their fears. Raul does not even tell his teenage children that he works with sex offenders, because he feels they are too young to know.

This was an interesting development, and it adds another dimension to the literature on impact to providers of treatment for sex offenders, especially with respect to gender. I suspect that, again, the gender of the participants made this theme more prominent. The men in this study protected the women and children in their lives by behaving within their gender role expectation, remaining stoic and silent. Although protection of family-emotional had not been elaborated on in the earlier literature, it is a typical human behavior. Parents protect their children, physically and emotionally. The men in this study protected their families within their gender role norms.

The enhanced preparedness theme was also an interesting development that may have emerged because of gender issues. Previous studies reported impact, vigilance, and cynicism as having a negative affect on therapists. In contrast, participants in this study did not experience the change as negative. They said that their vigilance was necessary, that they were more cynical about the world because they were more knowledgeable, and that their increased vigilance and cynicism did not have a negative effect on their lives. Not only did the participants say the impact was not detrimental to them, some even saw

themselves as more prepared and better equipped as protectors of their families. The enhanced-preparedness theme raises some questions: Why did these participants have a positive attitude about the usually negative feelings of impact? Possibly, the enhanced-preparedness theme is more likely to emerge for participants who do not fear for their personal safety and have more power. Perhaps the women in other studies had a more difficult time dealing with sex offenders because of the gender power differential between female therapists and male sex offenders. Although the women were in positions of power as professionals, they were in subjugated positions as women. The women may have experienced the impact in negative ways because they had less power than their male counterparts, who were in positions of power on both levels, as professionals and as men. Another possibility is that the women identified with the victims, resulting in feelings of vicarious vulnerability in the presence of the offenders. Men are less likely to identify with victims.

Gender-role expectation is another probable explanation for the feeling of enhanced preparedness. The male participants in this study may have been fulfilling a gender-role expectation as “protector of the family,” and thus they felt empowered with their increased knowledge about sex-offender dynamics. Another possibility is that they did not admit the negative feelings, even to themselves, and thus fulfilled two more gender-role expectations: strength and stoicism.

Still other explanations may be the participants’ personal trauma history. Often difficult countertransference feelings arise when memories of personal trauma are triggered. It may be relevant that none of the participants had a history of abuse or trauma. None reported that he felt abused or neglected as a child.

Other participant variables that may explain the positive feelings of enhanced preparedness are that currently all were in supportive monogamous relationships. Four of the participants acknowledged that spirituality played a significant role in their sense of well-being. All said they felt secure in their employment and in control of their professional decisions. The literature informs us that therapists handle secondary traumatization symptoms through means consistent with upbringing and spiritual beliefs (Figley, 1995), and that people's views of the world, including how they experience pain, are defined by their ethnic values and culture (McGoldrick & Giordano, 1996). Perhaps the participants in this study reported a positive outlook about their experiences because of the gender issues, and because they were buffered from negative consequences by their early childhood experiences and their supportive personal and professional relationships.

Scheela's (2001) qualitative study of men and women working in a sexual-abuse treatment center found that, although sex-offender treatment is stressful, the therapists there, like the participants in this study, found the work rewarding. Therapists in Scheela's study reported negative impact of constantly worrying about offenders re-offending and transference and countertransference issues. They spoke of feeling either desensitized or hypervigilant. The women reported feeling more vulnerable while the men focused more on their feelings of vulnerability for their families. Yet, they felt that the negative impact was outweighed by the positive impact of the challenge of the work, working as a team, witnessing the offenders' growth, and contributing to the safety of the community.

In comparing the phenomena that emerged in this study to the results of other qualitative and quantitative studies, it is likely that the method of analysis was

meaningful. The quantitative researchers were accurate in reporting symptoms of vicarious traumatization, secondary traumatic stress, compassion fatigue, and feelings of negative countertransference. They just stopped too soon because the quantitative measures did not allow for elaboration of themes. The participants in this study also reported some of these symptoms, but as they engaged in prolonged conversation about their experiences, it became evident that the symptoms were not as detrimental to them as had been predicted. Further exploration through the qualitative methods of analysis, the semistructured interview, and a follow-up interview, allowed the positive impact to emerge more fully.

Empathy

Two sub-themes surfaced: (a) empathy and (b) connection on ethnic/racial level. All participants found ways to empathize with their clients, although they acknowledged difficulties in empathizing with sex offenders. They said that empathy was needed before they could challenge their clients to disclose details of abuse. This was congruent with the literature. Other studies have acknowledged that the therapeutic alliance was important and therapists searched for and found ways to empathize. They would not be able to work otherwise.

However, all the participants in this study reported that they found it easy to empathize and to connect with their clients on a human level. Some characterized their experiences as finding it easier being empathic than being confrontational. The fact that participants in this study found it easy to empathize and connect was incongruent with the literature. Previous studies described therapists' negative countertransference, anger, and

feelings ranging from unpleasant to repulsion toward sex offenders (Edmunds, 1997; Ellerby, 1997; Jackson, et al. 1997; Mitchell & Melikian, 1995; Peaslee, 1995).

Only two qualitative studies specifically addressed how providers of treatment for sex offenders could maintain a positive or caring attitude. Polson and McCullom (1995) interviewed therapists and perpetrators and investigated how therapists were able to sustain a caring attitude with sexual-abuse offenders. She found that, although the therapists worked hard to develop positive attitudes regarding their offender clients, they had to defuse thorny issues to manage and maintain caring attitudes and behavior. Lea, et al. (1999) also used a qualitative method of semistructured interviews and thematic analysis to investigate the attitudes of professionals working with sex offenders. However, they interviewed only three therapists (two psychologists and one social worker) and 20 police and probation officers, for a total sample of 23. They found a central theme of fundamental tension between the need for the professional to develop a relationship with the sex offender while simultaneously negotiating the desire not to develop a relationship because of a personal abhorrence of his criminal activity. The tension of this dilemma was heightened by certain countertransferences such as when the victim was the same gender and age as the professional's own son or daughter, or in relation to the severity of the crime. Certainly this must be considered in the context of the sample; police and probation officers would not be expected to be as empathic as therapists.

The quantitative literature on the impact on therapists treating sex offenders revealed that, while the therapeutic alliance is essential for treatment efficacy, negative countertransference makes it difficult for therapists to empathize with sex offenders

(Edmunds, 1997; Marshall, et al. 2003; Nelson, et al. 2002). Quantitative studies ask participants to answer questionnaires rather than talk about their experiences at length; thus they might have been erroneously portrayed as less empathic.

Perhaps the semistructured interview format of this study allowed the participants to expand on their answers and reveal that, although they may have been disgusted about their clients' acts of aggression, they were able to get past their negative reactions and to empathize with them nonetheless, as was found in Polson and McCullom (1995). In a review of their interviews, it is apparent that the participants in this study also had negative countertransferences toward their clients. However, when they were asked about empathy and compassion, they remembered and spoke about their experiences that it was easier being empathic than being confrontational. Perhaps the nature of the inquiry and interview made it seem as if their experience was different from what others reported when in reality their experiences were not all that disparate. The method of data collection, the way the questions were posed, and the analyses and interpretations influenced their responses. Polson and McCullom found that therapists worked hard to maintain a caring attitude. Maybe the participants in the present study were doing the same, but they were remembering and reporting the experiences as easier than they were.

On the other hand, participants in this study may have felt more empathic because they enjoyed a hefty dose of the variables known to mitigate the ill-effects of working with traumatic material: adequate and consistent self-care (Figley, 1995; Pearlman & Saakvitne, 1995a, 1995b; Stamm, 1995) and support from colleagues and supervision (Brady, et al. 1999; Daskovsky, 1998; Davies & Frawley, 1994; Edmunds, 1997; Farrenkopf, 1992; Gerber, 1995; Herman, 1997; Kearns, 1995; Lea, et al. 1999; Munroe,

et al. 1995; Pearlman & Saakvitne, 1995a, 1995b; Peaslee, 1995; Saakvitne & Pearlman, 1996; Steed & Bicknell, 2001; Stukenberg, 2000). All participants reported that they had sufficient supervision and support from their colleagues; they took time to engage in pleasurable activities and to nurture their friendships and family relationships; they derived gratification from their work; and they were generally satisfied professionally and personally. Likely, feeling supported made it easier to be empathic.

Connection on Ethnic/Racial Level

Participants differed only in the ways they were able to connect with their clients. The African American and Latino participants empathized and connected with their clients with whom they shared a common racial or ethnic identity. The White participants denied that they felt a special connection with clients with whom they shared race or ethnicity. Feminist theorists have examined the invisibility of White privilege and said that White men are frequently unaware of White privilege (McGoldrick, 1998; McIntosh, 1988, 1998; Neville, et al. 2001). If they become aware, their awareness usually arises through connections with people who were racially or sexually different from themselves (Dolan-Del Vecchio, 1998). Perhaps the White participants in this study assumed a “neutral” stance with respect to their White clients, because for them race is invisible since they do not have to think about race because White is the norm.

Or, perhaps they were being politically correct, and as “good” White men they were color-blind and treated everyone equally. A large body of literature in counseling psychology informs us all human beings go through a process of developing a sense of racial or ethnic identity and that color-blind racial attitudes are rooted in our society

(Helms, 1992, 1995; Neville, et al. 2001; Sue & Sue, 1990). I believe that human beings always relate to others whom we perceive to be like ourselves, because we are relational beings. Thus, it is my opinion that the White men did indeed have empathic connections to others like them, but that they were not aware of the bonds because they were "color-blind."

Carl, Ira, Sam, and Tom believed that race was important when they were speaking to African American clients, but not essential otherwise. When asked about empathic connections in relation to race and ethnicity, they mostly disregarded race and spoke about ethnicity. Tom said that, when the topics of race and discrimination were brought up by an African American client, he would process, "What is it like for you that you have a White therapist?" For them race was important in the sense that they wanted to attend to it if it became an issue in the therapeutic relationship.

I believe that race, just like gender and ethnicity, is always an issue in the therapeutic relationship, even when a White therapist is working with a White client. As a White Brazilian woman I have experienced this, and, in my effort to become a more culturally competent clinician, I have studied it extensively. I did not have to think about race or gender when I was working with a White woman in the same way that I had to address it when working with someone different from me. The first time I worked with a White Brazilian woman and her little girl who was sexually abused, I was unprepared for the instantaneous sense of bonding I experienced as we spoke in our native Portuguese.

For a White therapist there is immediate rapport with a White client. The therapist would not recognize this immediate rapport unless he analyzed and compared his feelings when a White person enters the room to when a person of another race enters.

There is an automatic sense of comfort with a person of the same race. The therapist does not have to wonder about whether to bring up issues of “race in the therapeutic relationship.” Compare that to when a person of another race enters the room, then the therapist is forced to think about how race might affect the therapeutic relationship and whether he should address it or not. Immediate rapport and sense of comfort for a White therapist working with a White client exists, but it was invisible to Carl, Ira, Sam, and Tom because they did not really have to think about it. They only thought about it when it was not there.

Very likely, the African American and Latino Participants were more aware of racial and ethnic connections because they are in subjugated positions. Just as they expressed in view of masculinity and social justice, they were not blind to the context of race and thus acknowledged their connections with others like themselves. They were probably more aware of their empathic connections because of their life experiences.

What does this tell us about the White participants’ felt experiences and the subsequent implications? Consider Ira’s comments on this topic. He did not sense a special connection with the White Jewish client as coming from himself; rather he said the client “attached himself to me.” All of the participants were committed to doing good work, and all attended to their countertransferences in therapeutic relationships. However, the phenomena of connecting to someone like themselves on the basis of race did not exist for them. This is especially interesting in light of the fact that the White participants in this study were not truly members of the dominant White American culture because of their religions (Roman Catholic and Jewish). This suggests to me that

the desire to assimilate into the dominant group in order to reap the fruits of our society is formidable, and if one has white skin, assimilation is more attainable.

For the African American and Latino participants, racial and ethnic connection existed, unequivocally. Because of the invisibility of privilege, unless addressed specifically in training, the phenomena will continue to be non-existent for White therapists. I believe this has negative consequences in treatment; more awareness would result in better treatment. I know it has negative consequences in matters of social justice: it serves to preserve the status quo of the privileged and the disenfranchised.

View of Masculinity

Five participants expressed an understanding that societal expectations for males may cause some boys and men to become violent. They believed that idealized notions of masculinity leave many boys and men feeling shamed, leading to negative consequences that might include sexual offenses. This was congruent with the literature on masculinity (Bergman, 1995; Jakupcak, et al. 2002; Krugman, 1995; Levant, 1996; Pleck, 1995). Only five participants were aware of this concept. It was clear that some had become aware of societal expectations for males from their training, while others were generalizing from their life experiences. This suggests that therapists who treat sex offenders would benefit from training regarding gender studies, and specifically male gender studies. Treatment and training in the individual medical model leaves a huge gap in the understanding of societal issues that lead to offending behavior.

For six participants, their views about “masculinity” were transformed as a result of work (male discomfort and/or male guilt). The phenomena that arose expanded on

Farrenkopf (1992) who observed that male therapists became more sensitive in their intimate relationships with their female partners after listening to stories of abuse, and Lea, et al. (1999) who found that some male therapists were aware of an increased “collective guilt” over male abusive behavior, and as a result became more considerate of their partners in their sexual relationships. This theme was explored more extensively in this study than in Farrenkopf or Lea, et al., and it had not been addressed at all in other studies on the impact on providers of treatment to sex offenders.

The process of listening to stories of abuse and teaching their clients about appropriate male behavior led participants through a process of identifying with the offenders. It caused some participants to question their positions of male privilege and to change their behaviors. The processes also led to feelings of guilt or discomfort, depending on their levels of awareness. Discomfort is implied before one can feel guilt. Discomfort was experienced when there was identification with the offender that led to feelings of internal conflict and dissonance with respect to their own behaviors in their personal lives. Guilt was experienced when participants identified with the offenders, internalized the information, and examined their own relationships in the context of gender power and oppression.

Systemic therapists often think about the larger context in relation to therapeutic and personal relationships. The two participants with a systemic orientation described processes which led them through all three levels societal expectations for males, male discomfort, and male guilt. Regardless of their theoretical orientation (systemic or individual), all of the African American and Latino participants and Carl, expressed some identification with the offender and related the work to their personal relationships (male

discomfort). Notably, only one White participant (Carl) expressed male discomfort. The men in a position of racial privilege were less aware of their gender privilege, while the men in a position of racial disenfranchisement were more aware of their gender privilege.

These observations are not intended to be conclusive. This is a small sample, and several of the participants know each other and speak frequently about their clinical work and their feelings in relation to the work. Several of them have been colleagues for years and have become friends. So, these observations are reported as the phenomena that arose. No more, no less. However, the phenomena reported in the areas of view of masculinity and social justice is congruent with feminist literature on issues of power and privilege (Almeida, 1994; Dolan-Del Vecchio, 1998; McGoldrick, 1998; Rosen, 1999).

Sue (2003) asserted that the “group that ‘owns history’ controls the gateway to knowledge construction, truth and falsity, the definition of normal and abnormal, and ultimately the nature of reality” (p. 74). I propose that the participants with racial and gender privilege constructed and defined masculine privilege as the nature of reality, and thus it was invisible to them. Feminist-family therapists have bemoaned the invisibility of male gender issues saying that, if we hope to deconstruct the patriarchal system of power and privilege, we must make gender visible to men (Almeida, 1994; Dolan-Del Vecchio, 1998; Kimmel, 1996; McGoldrick, 1998; Rosen, 1999). For the White participants in this study, gender was invisible. Thus they saw their clients’ abuse of power as individual aberrations, and there was no inclination to examine their own personal sexual relationships as a result of what they learned from their work. They did not see their clients’ acts of aggression in the context of a patriarchal society’s system of

power and privilege, because the nature of reality is that power and privilege is invisible for those who reap the benefits.

While this observation is reported as an occurrence that arose for this small sample, I believe that the participants in subjugated positions of race were much more aware of societal oppression because of their own personal experiences. Awareness of societal oppression made them more aware of their privilege as men.

As a researcher, I am required to consider other variables that might account for the increased awareness of the African American and Latino participants. I wondered what other reasons might account for their reported experience. Some possibilities could be that in this sample (a) the African American and Latino Participants were characteristically more introspective than the White Participants (although I did not detect this, except for Miguel who is very introspective -- he meditates and studies Eastern philosophy); (b) the African American and Latino participants had experienced more difficulties in their personal relationships and thus were more inclined to think about better ways of relating (again, there was no indication of this); (c) the White participants were entrenched in the medical model which views sex offending as individual pathology, and thus were not inclined to connect what they learned from their work to their personal lives (this is not the likely cause because only two Latino participants were not trained in the individual medical model); or (d) some other unknown factors.

Whatever the reason, the fact remains that in this sample the African American and Latino participants were more aware of their power as men. The White participants were blind to their power as men.

Social Justice

The ways in which the participants' views of social justice and power and oppression were changed was related to their own personal experiences and their tendencies to examine their own relationships. While the experiences participants reported in this theme were similar to their experiences reported in view of masculinity, the focus here is on the larger context of social justice. Some men were more aware of racism, sexism, and oppression and related it to the work they do. Others were not. Those who were more aware of the power issues between men and women were also more aware of other power and privileges in society. Essentially, participants' views of social justice correlated with their view of masculinity. If the phenomenon encapsulated here is that awareness of personal gender power and privilege was generalized, then it is supported in the literature on power and privilege (Almeida, 1994; Dolan-Del Vecchio, 1998; Franklin & Boyd-Franklin, 2000; Kimmel, 1996; McGoldrick, 1998; Rosen, 1999; Sue, 2003).

The ideas covered here are somewhat repetitive, but there are nuances. In view of masculinity participants' levels of awareness as to power and privilege in their personal relationships were explored. In social justice their awareness of societal power, privilege and oppression was revealed, and their levels of awareness correlated with their awareness in view of masculinity.

Support from Colleagues, Self-Care, and Work is Gratifying

Participants reported positive experiences that minimized the negative impact of this work. They received support from their colleagues, they took time and effort for

self-care, and they had a sense of gratification from their work. These positive experiences were found to mitigate the ill-effects of secondary traumatic stress, vicarious traumatization and compassion fatigue (Dalenberg, 2000; Danieli, 1994; Figley, 1995; Herman, 1997; Pearlman & MacIain, 1995; Pearlman & Saakvitne, 1995a; Scheela, 2001; Stamm, 1995; Wilson & Lindy, 1994).

The participants' positive experiences most likely minimized the negative effects of their work and influenced their outlooks. Likely the feelings reported in enhanced preparedness were a result of the positive experiences of support from colleagues, self-care and a sense of gratification from their work.

Participants actively sought out support from their colleagues and also provided support. Except for Sam, participants were employed in organizations that had established mechanisms for consistent support. The standard practice of the organizations allotted 2 hours weekly for clinical group supervision. The therapists worked in teams, and the teams had regularly scheduled case conferences. Participants said that the impact on providers was a topic that was frequently discussed. They were all familiar with *Impact: Working with Sexual Abusers* (Edmunds, 1997), and it had been required reading as part of their on-the-job training. They were comfortable with discussing these issues with their colleagues and supervisors.

Implications for Future Studies

Researchers in the future should explore the issues of power, privilege, and oppression that emerged under view of masculinity and social justice. Competency in treatment and the effectiveness of the therapeutic relationship demand that therapists

have an awareness of power and privilege. Society has a long way to go on this topic, and the phenomena experienced by the participants in this study suggest that we have a long way to go in the mental-health field.

The invisibility of race for White participants was evident in empathy and social justice. The invisibility of privilege for those who are privileged was evident in view of masculinity and social justice. Future studies might address the efficacy of cultural competency training. In this study only a few participants had some training in cultural competency.

The enhanced preparedness theme suggests a need for further research on gender issues. For instance, a future study might address why some participants in this study felt the impact was not detrimental to them, and some even saw themselves as more prepared and better equipped as protectors of their families. My hypothesis is that enhanced preparedness was related to (a) gender issues of power and oppression; (b) gender-role expectations; (c) personal history of trauma; and (d) the minimizing variables of supportive relationships, self-care, and professional gratification.

Limitations

In qualitative research the threats to the internal and external validity of a study, that is the limitations, are referred to as the trustworthiness of the study. The steps taken to ensure trustworthiness were described in chapter 3; nonetheless several limitations must be noted. Credibility, dependability, and confirmability in qualitative research are equivalent to internal validity in quantitative research. Credibility was developed by providing the preliminary interpretations to all participants and making the necessary

adjustments to ensure they were accurate representations of the participants' experience. Credibility was also enhanced by maintaining prolonged engagement and consultation with my advisor and research team throughout the process, from initial concept to completion of the research.

Nonetheless, in the course of recruiting the participants, gathering personal information to complete their genograms and the extended interview process, I developed a relationship with each of the participants. They were sympathetic to me as a graduate student working on a research project because they all were currently, or had been recently, in a similar position. Although I am confident that I took sufficient precautions to ensure credibility by having participants review and make adjustments to my interpretative statements, and by my prolonged consultation with my advisor and research team, there is the possibility that the participants were influenced by me in a way that I have not accounted for.

Dependability and confirmability are limitations of this study because replication is inherently problematic in the qualitative assumption that knowledge and the social world are always being constructed, and thus ever-changing. Dependability may be addressed by the researcher's accounting for how her personal influence and the situational factors may impact the research process. Likewise, confirmability refers to objectivity and whether the study is both reliable and valid, and not based on subjective measures. I attempted to meet these criteria by creating a system to maintain objectivity, neutrality, and transparency among the researchers (Lincoln & Guba, 1985). A personal biography was developed for each researcher, including the researcher's assumptions, reasons for engaging in the research, and a brief personal history. I also kept a reflexive

journal including my feelings, reflections, observation, personal challenges, interpretations, and experiences with the participants, as well as my role of clinician versus researcher during the interview process. I shared this information with my advisor and research team member throughout the prolonged process of collecting and interpreting the data. Therefore, while conceding that dependability and confirmability are inherently problematic in a qualitative research design, I took the steps recommended and commonly accepted in the field as sound research practice.

Transferability in qualitative research is equivalent to external validity in quantitative research. External validity presumes causal relationships that can be generalized across different populations. The small sample limited the transferability of this study in several ways. My original research question was proposed to examine the impact on male therapists treating sex offenders. My own orientation as a systems-oriented family therapist and psychologist guided me to include participants of varying race and ethnicities. As the study was in progress, it became evident that there were clear delineations in the ways the participants made sense of their experiences in accordance with their racial identities. The small sample size of 1 African American, 4 Latinos and 4 White participants was a limitation because the issues of race and ethnicity could have been explored further with a larger and more diverse sample.

The sample also created a limitation in that participants were mainly from two sites. Therefore, they were familiar with each other and had similar experiences in clinical supervision, training, and support from colleagues. They spoke about their countertransferences and other clinical issues with each other, and undoubtedly influenced each others' thinking.

However, since this was a phenomenological study and the main research question was answered, it was not necessary to recruit more participants in order to complete this study. Furthermore, all of the participants reviewed the results and validated the interpretations of their experiences. Thus, although the small number was a limitation, sufficient precautions were taken to maximize transferability.

Another limitation of this sample was that half of the participants were men who had recently obtained, or were pursuing, doctoral degrees while they worked with sex offenders. Although they had several years of experience, they had been students during much of that time. Therapists treating sex offenders while they are engaged in academic pursuits such as graduate school would be more likely to experience feelings of support and satisfaction from their work, and probably have felt less negative impact. Therapists who work with sex offenders exclusively without the benefit of other diverse professional affiliations, such as graduate school, might have reported more negative impact such as vicarious traumatization, secondary traumatic stress, compassion fatigue, and countertransference. While the experiences of the participants in this sample may not be transferable to a population of therapists who had completed their graduate work long ago and were working exclusively with sex offenders, my confidence in the results regarding this point is bolstered by Scheela's (2001) confirmatory findings that therapists working with sex offenders had positive experiences and liked their work.

Implications for Clinical Practice

The phenomena revealed in view of masculinity, social justice, and empathy suggests that we, as mental-health professionals, must take action to engage in self-

examination with regard to power and privilege. The White participants in this study were thoughtful, competent professionals, yet they were unaware of the contexts of power and privilege and how they affect treatment. In our roles as presenters, supervisors, and colleagues, it is important to take the opportunity to empower others to explore these issues.

As members of the human race, it is our duty to address the invisibility of race that arose in empathic connections. It is important for our survival as a society, and for effective treatment. One can never be a fully culturally competent therapist, but we can become more culturally competent. Cultural competency is required for effective treatment.

Raul's story reminds us that, as culturally competent clinicians, we should help our clients seek supportive environments to counter the oppression of racism. Raul grew up in a predominantly White community and he was ashamed of his mother's religious practices of *santaria*. He was isolated within the dominant White culture and found it hard to explain his culture to his White friends. How different would Raul's adolescence have been if he had lived in a community where his family's cultural practices were accepted? How much pain did he endure because he was ashamed that his mother practiced *santaria*? It is important for people in minority populations to have the support of their own community. Encouraging clients to join organizations where they can commune with other people from their countries of origin, or with similar religious or racial backgrounds, will buffer them against the pain of isolation within the dominant White American culture.

Ira's story suggests that we are inclined to deny loss and painful family history. This can lead to negative consequences and has implications for treatment. Unresolved loss may be manifested as depression, substance abuse, aggression, violence, and other health problems. Clinicians must be prepared to probe for unresolved loss when treating any mental health issue.

My initial disregard for Ira's position of oppression and my blindness to my own privilege in this case illustrates that even when we are thinking about these issues deeply, we can miss the point. Each of us has multiple selves. At times we will find ourselves in a position of privilege in a relationship, at other times we will be in a position of oppression. If we are to provide competent treatment we must constantly examine and challenge ourselves to be aware of our own positions of privilege or oppression.

The phenomena revealed in this study also suggest that we should take better care of our health-care professionals who work with trauma in order to reduce negative impact on them. The participants in this study felt their increased cynicism was not detrimental and they were generally satisfied with their work. Likely, this is because they enjoyed support from colleagues, time for self-care, and felt respected in their work environments. The clinical implications are that if we provide support for those who are prone to secondary trauma, we increase the sense of well-being, and they will be better therapists.

The participants in the prison settings said that their work environment was supportive and minimized the negative impact on them as a result of the work. Therapists working with sex offenders would benefit from a system that provides support for them. Organizational support for therapists working with sex offenders should

include adequate supervision, encouraging collaboration and teams, lighter caseloads, organized leisure activities for their staff, and allowing for personal leisure time off.

Some participants said that they relied on spirituality to deal with the work and to accept the precarious outcomes of treatment. Spirituality nourished them and replenished their sense of well-being when they had difficult days. Training for therapists working with sex offenders should include education about the benefits of finding ways to replenish a sense of well-being.

Closing Remarks

This study on the impact of treating sex offenders provided rich information from therapists working in the field. This is useful information for the systemic treatment of sexual abuse. Echoing the participants' sentiments, I am not a sex offender advocate. I am in the business of treating and preventing child sexual abuse. Yet, I firmly believe that in order to treat survivors, we must also be willing to treat the offenders. I hope to be able to present this research, and other follow-up studies, to clinicians working with sex offenders. Supporting those who treat offenders will help the survivors.

The phenomena revealed regarding the invisibility of gender, race, and ethnicity were particularly interesting for me. No matter where we work and whom we treat these issues are present. I will continue to raise these issues as a matter of social justice, in my personal and professional life. Silence perpetuates the current system of injustice.

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Appendix A

Oral Script for Recruitment of Research Participants



COLLEGE OF EDUCATION AND HUMAN SERVICES
DEPARTMENT OF PROFESSIONAL PSYCHOLOGY AND FAMILY THERAPY
(973) 761-9451

Seton Hall University

South Orange, New Jersey 07079-2685

APPROVED

MAY 28 2004

IRB
SETON HALL UNIVERSITY

Oral Script for Recruitment of Research Participants

Introduction

My name is Sueli S. Petry. I am a doctoral student in the Ph.D. in Marriage and Family in the Department of Professional Psychology and Family Therapy at Seton Hall University, South Orange, NJ, and I am soliciting your participation in research I am conducting for my doctoral dissertation.

Explanation of Research and Duration of Participation

The aim of this study is to gain a greater understanding of some of the experiences of male therapists working with sex offenders. Specifically, I would like your permission to interview you for approximately three hours (over the course of several days, or all in one day, as you prefer), with a possible follow-up interview of approximately one hour, for clarification.

Description of Procedure

The interview will include questions about your personal history of trauma, your family and cultural background, and your professional experiences with stories of trauma. If you complete the interview I will provide you with a transcript of the interview and you will be asked to review the transcript. At that point you may be requested to participate in a follow-up interview, of approximately one hour, for clarification.

Participation is Voluntary

Your participation is entirely voluntary. You may decline to participate at any point, even if you start the interview and decide you do not wish to continue, without penalty or prejudice.

Risks/Discomforts

It is important to note that in exploring issues related to countertransference (feelings and reactions that occur in the course of therapy), gender, ethnicity, history of trauma, and impact, it is possible that some feelings of anxiety or other strong emotions may arise. If this is the case, you will be able to process these feelings with me, and you will be given referrals as to where you may obtain other professional help.

Benefits for Participating

Some participants in similar studies have reported benefits such as feeling cared for and valued. Some said they felt good because they were providing valuable information that may enhance professional development and may improve treatment for sex offenders.

Protecting Participant's Identity

The interview is confidential. This means no one will be able to connect your name to the recorded tape interview except for the research interviewer (me). All identifying information will be removed from the transcription and all names will be changed.

Data will be Kept Confidential

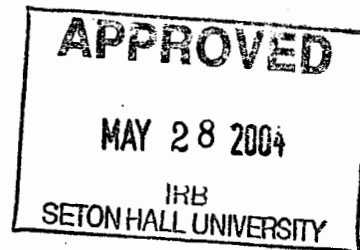
The data (e.g. tapes, transcriptions) will be securely stored in a locked cabinet, in my home office, to maintain confidentiality. No other researchers will have access to the tapes. Other researchers may have access to the disguised transcriptions. Results of this study may be published and may be presented to the public at the discretion of the researcher. If I wish to present any portions of tapes of the interview I will obtain written permission from you, before such presentation.

Asking for Oral Assent:

If you are interested in more information so that you may decide whether you would like to be a participant let me know and I will send you a Letter of Solicitation with more details.

[If the potential participant answers positively]:

Thank you for your interest. I will mail the Letter of Solicitation to you and follow-up with a telephone call approximately one week later.



Appendix B

Letter of Solicitation



COLLEGE OF EDUCATION AND HUMAN SERVICES
DEPARTMENT OF PROFESSIONAL PSYCHOLOGY AND FAMILY THERAPY
(973) 761-9451

Seton Hall University

South Orange, New Jersey 07079-2685

Letter of Solicitation



Dear _____:

My name is Sueli S. Petry and I am a doctoral student in the Ph.D. in Marriage and Family in the Department of Professional Psychology and Family Therapy at Seton Hall University. I am currently working on my doctoral dissertation on the impact of treating sex offenders, and I am writing to request your participation in an interview.

The aim of this study is to gain a greater understanding of some of the experiences of male therapists working with sex offenders. Specifically, I am interested in learning about feelings of *vicarious traumatization*, which refers to the enduring deleterious effects of trauma therapy on the therapist, and *compassion fatigue*, a form of burnout as a result of working with traumatized clients that leaves therapists feeling drained and traumatized themselves. I am particularly interested to learn about men's experiences because other research in this area has mainly focused on women's experiences.

I would like permission to interview you for approximately three hours. The interview may be completed over several days, or in one day with breaks, at your discretion. You may be requested to participate in a follow-up interview, of approximately one hour, for clarification. You may decline to participate at any point during any interview, without penalty.

The interview will include questions about your personal history of trauma, your family and cultural background, and your professional experiences with stories of trauma. If you complete the interview I will provide you with a transcript of the interview and you will be asked to review the transcript. At this point you may be requested to participate in a follow-up interview, of approximately one hour, for clarification. You may decline to participate at any point during any interview, without penalty.

Participants will meet the following criteria: male therapists who (1) attained education of masters' degree or higher; (2) worked as a therapist for at least one year; and (3) currently

treating adults or adolescents who have committed sexual offenses. As part of the interview I will create a *cultural genogram*, which is a schematic of your family and cultural background, typically over three generations. I will also use an *interview protocol* of open ended questions designed to allow you to talk about your experiences in as much, or as little, detail as you wish. Typical questions include: (1) Does the experience of listening to what sex offenders say affect you? (2) Has the work changed you?, and (3) Has it affected your view of masculinity and male gender issues?

Your participation in this study is completely voluntary. You have the option to not participate, without prejudice or penalty.

This interview is confidential. This means no one will be able to connect your name to the recorded tape interview except for me. I will personally transcribe the interviews. All identifying information will be removed from the transcription and all names will be changed. You will be referred to by a pseudonym in any publications and presentations. Upon transcription of the interview, you will have the option to review the transcript of your interview and provide feedback and comments to your interview. You should disguise any identifying information of clients and cases you discuss, according to ethical standards.

The data (e.g. tapes, transcriptions) will be securely stored in a locked cabinet, in my home office, to maintain confidentiality. No other researchers will have access to the tapes. Other researchers may have access to the disguised transcriptions. Results of this study may be published and may be presented to the public at the discretion of the researcher. If I wish to present any portions of tapes of the interview I will obtain written permission from you, before such presentation.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject's privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached at (973) 275-2977 or 313-6314.

Sincerely,



Appendix C

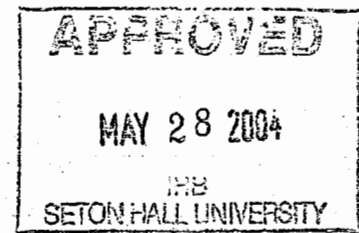
Informed Consent Form for Seton Hall University Research Project



COLLEGE OF EDUCATION AND HUMAN SERVICES
DEPARTMENT OF PROFESSIONAL PSYCHOLOGY AND FAMILY THERAPY
(973) 761-9451

Seton Hall University

South Orange, New Jersey 07079-2685



Informed Consent Form for Seton Hall University Research Project

My name is Sueli S. Petry. I am a doctoral student in the Ph.D. in Marriage and Family in the Department of Professional Psychology and Family Therapy at Seton Hall University, South Orange, NJ, and principal investigator of this project. This research is for my doctoral dissertation.

Explanation of Research and Duration of Participation

The aim of this study is to gain a greater understanding of some of the experiences of male therapists working with sex offenders. Specifically, I am interested in learning about feelings of *vicarious traumatization*, which refers to the enduring deleterious effects of trauma therapy on the therapist, and *compassion fatigue*, a form of burnout as a result of working with traumatized clients that leaves therapists feeling drained and traumatized themselves. I am particularly interested to learn about men's experiences because other research in this area has mainly focused on women's experiences.

I would like permission to interview you for approximately three hours. The interview may be completed over several days, or in one day with breaks, at your discretion. You may be requested to participate in a follow-up interview, of approximately one hour, for clarification. You may decline to participate at any point during any interview, without penalty.

Description of Procedure

The interview will include questions about your personal history of trauma, your family and cultural background, and your professional experiences with stories of trauma. If you complete the interview I will provide you with a transcript of the interview and you will be asked to review the transcript. At this point you may be requested to participate in a follow-up interview, of approximately one hour, for clarification. You may decline to participate at any point during any interview, without penalty.

Participants will meet the following criteria: male therapists who (1) attained education of masters' degree or higher; (2) worked as a therapist for at least one year; and (3) currently treating adults or adolescents who have committed sexual offenses.

Instruments

As part of the interview I will create a *cultural genogram*, which is a schematic of your family and cultural background, typically over three generations. I will also use an *interview protocol* of open ended questions designed to allow you to talk about your experiences in as much, or as little, detail as you wish. Typical questions include: (1) Does the experience of listening to what sex offenders say affect you? (2) Has the work changed you?, and (3) Has it affected your view of masculinity and male gender issues?

Participation is Voluntary

Your participation in this study is completely voluntary. You have the option to stop participating in this interview at any time or decide not to answer any question, without penalty.

Anonymity/Confidentiality

This interview is confidential. This means no one will be able to connect your name to the recorded tape interview except for me. I will personally transcribe the interviews. All identifying information will be removed from the transcription and all names will be changed. You will be referred to by a pseudonym in any publications and presentations. Upon transcription of the interview, you will have the option to review the transcript of your interview and provide feedback and comments to your interview. You should disguise any identifying information of clients and cases you discuss, according to ethical standards.

Records will be Kept Confidential

The data (e.g. tapes, transcriptions) will be securely stored in a locked cabinet, in my home office, to maintain confidentiality. No other researchers will have access to the tapes. Other researchers may have access to the disguised transcriptions. Results of this study may be published and may be presented to the public at the discretion of the researcher. If I wish to present any portions of tapes of the interview I will obtain written permission from you, before such presentation. If you would like a copy of the study or a summary of the findings, please provide me with your address, and I will send you a copy in the future.

Risks/Discomforts and Referral Information

It is important to note that in exploring issues related to *countertransference* (feelings and reactions that occur in the course of therapy), gender, ethnicity, history of trauma, and impact, it is possible that some feelings of anxiety or other strong emotions may arise. Negative reactions may be more severe if you have a personal history of trauma. After each interview you will be asked to discuss any feelings or issues that may arise for you. I am an experienced clinician and you will be able to process these feelings with me. Alternatively, you may wish to seek other professional help. Referrals may be obtained from the NJ Psychological Association (800-281-6572), the National Association of Social Workers NJ Chapter (800-932-0004), the American Association of Marriage and Family Therapists-NJ (609-771-2119), or your insurance company.

Part of this research will explore the ways in which you make sense of your experiences and cope with your professional responsibilities. If through the course of the interview, you were to reveal information that suggests to me that this work is affecting you in a way that may interfere with your performing work-related duties adequately; I would advise you to take appropriate steps such as obtaining professional consultation or assistance, and to seek guidance from your professional Code of Ethics. If refused I may be obligated to report such refusal, as prescribed by the APA Code of Ethics 2.06 and 1.05



Benefits for Participating

Some participants in similar studies have reported benefits such as feeling cared for and valued. Some have reported they appreciated the opportunity to process their feelings and reactions to listening to stories of trauma because it made them feel better. Some have reported feeling validated because researchers were interested in their experiences. Some said they felt good because they were providing valuable information that may enhance professional development and may improve treatment for sex offenders.

Contact Information

If you have any questions or concerns you may contact me, Sueli S. Petry in the Department of Professional Psychology and Family Therapy at Seton Hall University (973-761-9451; Petrysue@shu.edu) or my advisor, Dr. Wesley Matsui (973-761-9451; Matsuiwe@shu.edu).

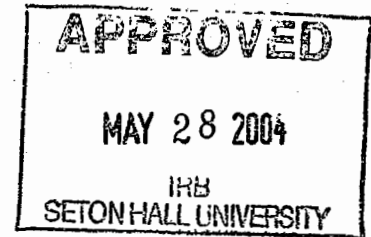
Permission to Tape

I agree to have the interviews audio-taped for transcription and videotaped for backup, or for future presentation. I understand that these tapes will not be presented without my prior written permission. I also understand that I have the right to review all or any portion of the tape and request that it be destroyed.

(Circle one)

Yes

No



Approval of the Institutional Review Board

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject's privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached at (973) 275-2977 or 313-6314.

I have read the material above, and any questions I asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw without prejudice at any time.

Participant's Signature

Date

Investigator's Signature

Date

Thank you for your participation in this study. Please sign and date one copy of this Informed Consent form and return it to me. The other copy is for you.

ADDENDUM TO INFORMED CONSENT

Participation is Voluntary Anonymity/Confidentiality

I will be interviewing approximately 8 to 10 male therapists for this study. A possible risk to participants is that your comments may be recognizable due to the low number of participants. As stated above, I will take precautions to protect your anonymity. As an added precaution, I will provide you with a copy of the transcript and you may delete portions, you may also ask me to completely eliminate your transcript from my data. You may also stop the interview at any point if you feel uncomfortable. You should be aware that since this is a qualitative phenomenological study your withdrawal will not harm my dissertation process. If I do not collect sufficient data I will write about the difficulty in collecting data.

I have read the material above, and any questions I asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw without prejudice at any time.

Participant's Signature

Date

Investigator's Signature

Date

Thank you for your participation in this study. Please sign and date one copy of this Informed Consent form and return it to me. The other copy is for you.

Appendix D

Demographic Data Sheet

Demographic Data Sheet

Age

Race/Ethnicity

Number of Years working with sex offenders

Type/# years of training

Responsibilities other than clinical work

Sexual orientation

Hours of supervision per week

Client-Population Demographic

Male/Female

Age Group

Race

Ethnicity

Appendix E

Questions for Genogram

Questions for Genogram

I believe that each person deals with listening to stories of abuse and trauma in a way that is consistent with whom he or she is as a person. I believe that you, as a professional treating sex offenders, are informed by your professional training and also by your personal experience as a man, and a human being. For the purposes of this study, I would like to ask you some questions about your history of trauma or abuse, your family of origin, ethnicity, spirituality, and any other variables that you would like to share with me that may contribute to the way you deal with listening to stories of sexual abuse and treating sex offenders. Of course, you may decline to answer any questions at any point.

1. What ethnic groups, religious traditions, nations, racial groups, trades, professions, communities, and other groups do you consider yourself a part of?
2. When and why did you or your family come to the U.S.? To this community? How old were family members at the time? Did they and do you feel secure about your status in the U.S.?
3. What language did they (do you) speak at home? In the community? In your family of origin?
4. To whom do family members in your culture turn when in need of help?
5. What are your culture's values regarding male and female roles? Education? Work and success? Family connectedness? Family caretaking? Religious practices? Have these values changed in your family over time?
6. Do you still have contact with family members in your country of origin?
7. Has immigration changed family members' education or social status?
8. What do you feel about your culture(s) of origin? Do you feel you belong to the dominant U.S. culture?
9. How many siblings do you have? Where do you fall in the birth order? Who is the oldest? And the next? ...
10. Is your mother living? What is her ethnicity? And your father? And his ethnicity?
11. Are your mother's parents living? What is your grandmother's ethnicity? And your grandfather?
12. Now we'll go to your father's side and I'd like to ask the same questions. What is your grandmother's ethnicity? And your grandfather?
13. Is there any history of sexual or physical abuse or neglect in your family? If yes, who were the people involved or affected.
14. What type of work/employment do your parents do? And your siblings? And your grandparents?
15. Since these questions are personal and you may have some reaction to answering them, I would like to give you an opportunity to debrief. Do you have any questions for me? Do you have any questions about this process? This study? Or anything at all?

Appendix F

Interview Protocol

Interview Protocol

(1) Have you reacted to working with sex offender clients?

- Does the experience of listening to what sex offenders say affect you?
 - Have you experienced feelings of sadness, rage, fear, grief, shame, anxiety, horror, self-doubt, confusion, intrusive images, nightmares, somatic reactions, sleep disturbance, agitation, drowsiness, dissociative reactions, decreased impulse control, or hypervigilance [*i.e.*, PTSD symptoms]?
 - Have you experienced feelings of association when you share gender or ethnic identity with your client?
 - Has it affected your trust of people?
 - Do you look at TV programs differently?
 - Has it affected the way you view movies or TV shows involving sexual topics?
- Has the work changed you?
 - Has it changed your beliefs?
 - Has it changed your views of masculinity?
 - Has it affected your personal sex life?
 - Has it affected your relationship with your loved ones?
 - Has it changed your role as a [lover/partner/spouse/father/brother/son]?
- Does the experience of listening to what sex offenders say affect your work?
 - Do you feel satisfied or unsatisfied with your work?
 - Do you seek support from your colleagues?
 - Do you process your feelings with your colleagues?
- Do you imagine others perceive you have changed?
 - Has anyone in your family noticed any changes in the way you relate to them?
 - Have your children noticed any changes in the way you relate to them?
 - Has your partner noticed any changes in the way you relate to him or her?
 - Have your colleagues noticed any changes in the way you relate to them?
 - How do you reconcile the perception that you have to be tough as well as compassionate in order to work therapeutically with sex offenders?

(2) Has the experience of working with sex offender clients changed your knowledge and views?

- Does it affect your professional knowledge?
 - Has your knowledge of theory and training changed since you first started working with sex offenders?

[Get clarification in what ways they are using professional knowledge.]
- Has it affected your view of masculinity and male gender issues?
 - Have you gained any insight as to what happens to create a sex offender?
 - Has it changed your understanding of societal discourses that maintain a sex offender's behavior?
 - Do you think society's interpretation of masculinity as "strong, confident, virile, adventurous, and violent" maintain this behavior?
 - Does a sense of entitlement play a role?
- Has it affected your view of society and social justice?
 - Get clarification – *i.e.*, if they talk about "oppression" ... What do you mean in general by "oppression"?)
 - Have you gained a different understanding of community dynamics?
 - Have you gained a different understanding of family dynamics?
 - Does migration and disruption play a role?
 - What about gender roles?
 - Have you been affected by your clients' racial and cultural identity?
 - Have you been affected by your own racial and cultural identity?
 - Has your behavior changed in matters of social justice?
- Has it affected the way you do therapy?
 - What have you learned from your clients?
 - Does your own worldview of masculinity affect your work?

Appendix G

Figure Captions

Figure Captions

Figure 1. Participant's demographics.

Figure 2. Primary researcher's genogram.

Figure 3. Research team member's genogram.

Figure 4. Themes that emerged.

Figure 5. Carlos' genogram.

Figure 6. Darryl's genogram.

Figure 7. Miguel's genogram.

Figure 8. Sam's genogram.

Figure 9. Tom's genogram.

Figure 10. Jorge's genogram.

Figure 11. Carl's genogram.

Figure 12. Raul's genogram.

Figure 13. Ira's genogram.

Appendix H
Initial Coding Template

Initial Coding Template

CE- Connection Ethnicity and Race: Therapists connected with their clients because of their own race or ethnicity – or any comments about identifying or not identifying based on race or ethnicity.

I- Impact: Working with sex offenders has an impact on the therapist which is similar to the impact reported by those who treat sexual abuse survivors and others who have suffered trauma.

PK- Professional knowledge of sexual-abuse dynamics: Therapists grow and learn from the work; their professional knowledge increases.

S-C- Self-care: Self-care buffers therapists against the ill-effects of working with sex offenders. Some of the ways to practice self-care include paying attention to intimate and family relationships, fostering nurturing friendships, participating in pleasurable activities, and enjoying a healthy lifestyle with a proper diet, regular exercise and time for rest and relaxation.

SF- Support from Family: Support from family mitigates ill effects of working with sex offenders and buffers therapists against vicarious traumatization or secondary traumatic stress.

SFC- Support from colleagues: Support from colleagues mitigates ill effects of working with sex offenders and buffers therapists against vicarious traumatization or secondary traumatic stress.

SUP- Supervision: Therapist's perception of the quality and value of the supervision influence the impact of listening to stories of trauma and abuse.

VM- View of Masculinity: Therapists describe their view of masculinity.

VS- View of society: The therapist's view of society as a patriarchal system of power and privilege. Did listening to the stories of abuse have an impact on the therapists' world views about patriarchy, power and privilege?

WG- Work is gratifying: Working with trauma victims and sexual abuse survivors is gratifying. Therapists working with perpetrators found fulfillment in their work. / OR opposite – not gratifying.

WV- World view: Therapists reported a change in world view as to gender and sexual dynamics (i.e.) more awareness and consideration for partner's feelings in sexual matters, or a negative change in world view – saying they became more cynical and described having fewer illusions as a result of working with perpetrators of sexual violence.