Counselling psychologists' experiences of working with survivors of sexual abuse: An Interpretative Phenomenological Analysis

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A thesis submitted in partial fulfilment of the requirements of the School of Psychology, University of East London for the degree of Professional Doctorate in Counselling Psychology

February, 2020

Acknowledgements

First and foremost, I would like to thank the counselling psychologists who took the time to participate in this research. I am grateful for your generosity and openness in sharing your experiences. I am truly moved and inspired by your commitment to helping others.

I would like to extend my thanks to my supervisor Dr. Pippa Dell for her invaluable guidance, support and inspiration. I would also like to thank Dr. Haneyeh Belyani for her direction in the early stages of this research.

I am incredibly grateful to my fellow trainees and friends for the care, laughter, and support through the good times and the most challenging times in the last 4 years.

I would also like to express all my gratitude to my family. Thanks to my parents, without whom I would not have had this opportunity in the first place. Their consistent support and belief in me has brought me this far. Lastly, I would like to say a huge thank you to my husband, Primož. I will always be grateful to you for taking care of me when I needed it, for understanding me, and for never losing faith in me.

Abstract

This research aimed to explore the experiences of counselling psychologists working with survivors of sexual abuse in the UK. The rationale for this research is illustrated through a critical review of the existing literature examining the impact of working with survivors of sexual trauma on mental health professionals, which demonstrates a dearth of research examining this specific experience in counselling psychologists.

Six counselling psychologists were interviewed with the use of semi-structured interviews. Interpretative Phenomenological Analysis (IPA) was then used to conduct an in-depth analysis of the data, where four super-ordinate themes were constructed: "The experience of being with the client"; "Prevailing responses to the work"; "Being equipped for the work" and "Managing the complexities of the work". Each super-ordinate theme was supported by sub-ordinate themes which highlighted the nuances and complexities that exist in working with this specific client group. The analysis demonstrated the multitude of challenges faced by participants, starting with sitting in the room with the client and extending to lasting changes in participants' perception of the world. More specifically, the emotional cost of the work, the intricacies of the therapeutic relationship, and the prominence with which aspects of this work permeate personal lives were seen. A key component emerging from the analysis was the necessity of being adequately prepared for the work which could be further supported by counselling psychology training. This research also demonstrated that despite the challenges and pervasive complexities of the work, counselling psychologists have not only found ways to cope through the use of different strategies, they have indeed been able to find joy in the work.

This research provides an insight into the lived experience of practitioners working with survivors of sexual abuse, and offers contributions to training, clinical practice, and research. Enhancements to training to facilitate working with this client group and an increase in support offered to practitioners emerged as crucial areas that need to be addressed in order to sustain the well-being of counselling psychologists and other mental health professionals, which will further benefit survivors of sexual abuse seeking therapy.

Abbreviations

BPS: British Psychological Society

CoP: Counselling Psychologist

CSA: Child Sexual Abuse

FDA: Foucauldian Discourse Analysis

HCPC: Health Care Professions Council

IPA: Interpretative Phenomenological Analysis

NA: Narrative Analysis

NHS: National Health Service

PTSD: Post Traumatic Stress Disorder

SA: Sexual Abuse

UK: United Kingdom

VPTG: Vicarious Post Traumatic Growth

VT: Vicarious Trauma

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Chapter One: Introduction

1.1 Chapter Overview

This chapter aims to outline the context and aims of this research. Following identification of the research aims, the relevance of this research will be discussed and my personal context which led to this research will be provided. A brief introduction to the epistemological and ontological foundations which informed this research and its methodology will also be addressed. This will be followed by an examination of the terminology used and a glimpse at the structure of the rest of this thesis.

1.2 Research Aims

The aim of this research is to explore the experiences of counselling psychologists (CoPs) working with survivors of sexual abuse (SA) with the use of an Interpretative Phenomenological Analysis (IPA). This will be done with the accounts of six CoPs working with this client group. My goal is to seek a better understanding of the many facets of this experience, not limited to what takes place within the boundaries of the physical therapeutic space. I aim to pursue a more in-depth understanding of these experiences, with consideration of the values, practice, and training of CoPs. This is done with the wider purpose of addressing psychologists' well-being when working with this often complex client group and associated traumatic material, as attending to well-being is of benefit to psychologists and to clients through enabling the provision of optimal care.

1.3 Relevance of this Research and Contributions to Counselling Psychology

The findings of the research are unique and the first of their kind in the contribution they make to counselling psychology and other mental health professions.

This study highlights the complexities of working with survivors of SA, the varying emotions experienced within and outside the therapeutic space, and the personal and professional impact of this work. It also illustrates self-care, coping with challenges and impact of the work, alongside the influence of counselling psychology training in how this work is experienced. This research is relevant to counselling psychology, firstly through the exploration of the experiences of a participant group consisting solely of CoPs, in addition to the identity, ways of working, and values of this profession that are prevalent throughout the participants' narratives and the analysis. This is further supported by the exploration of facets of training in relation to how the work is experienced by CoPs, which can contribute to the development and improvement of training programmes, and in ensuring professionals working within the values of counselling psychology are equipped for this work. Looking at the larger picture, the exploration of this experience can contribute to further understanding what mental health professionals need in order to manage this complex work and maintain well-being.

1.4 Philosophical Underpinnings

My positioning as a researcher is pertinent to this research as all research commences with pre-existing assumptions founded within philosophical thought (Kasket, 2012; Willig, 2013). I am aware that I contribute greatly to this research process as I am immersed in the process and construction of the data. I do not believe that I have direct access to the reality underpinning a phenomenon, such that co-constructed meaning-making is essential to the understanding of a phenomenon. I am concerned with understanding the subjective realities of each participant, rather than seeking a truth. Hence, the analysis is not a declaration of truth regarding the experience of the participant. Rather, it is my interpretation, influenced by my

assumptions of the world, that contribute to my understanding of the participants' lived experiences. My critical-realist ontological stance and interpretative phenomenologist epistemological position (Willig, 2013) largely inform this research. With this in consideration, I have ensured the presence of ongoing reflexivity throughout this research process.

1.5 Terminology: "Sexual Abuse" and "Survivors"

The terms "sexual abuse" and "survivors" were chosen as the terms that will be used consistently throughout this research. The American Psychological Association describes sexual abuse as "unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent" (APA, n.d.). SA in the case of this research refers to any unwanted sexual activity where no consent was given, including child sexual abuse (CSA) as well as any other such unwanted sexual activity regardless of age.

There is much debate about the use of the word "victim" as opposed to "survivor", and whether either term is suitable (Spry, 1995). It has been suggested that the term victim implies passivity in some sense, while the term survivor alludes to strength (Hunter, 2010). Burke-Draucker and Martsolf (2006) suggest that the term "survivor" refers to someone who is now an adult and experienced SA as a child and the term "victim" refers to the client when they were a child experiencing abuse. Papendick and Bohner (2017) suggest that survivor is perceived to portray strength and brevity, while victim is associated with passivity, innocence, and weakness. I have chosen to use the word "survivor". As with this term and "sexual abuse" I believe that the choice in terminology used fully belongs to the individual whose experience it is, I

have chosen these terms to maintain coherence and consistency throughout this research.

1.6 **Thesis Structure**

Various sections of this thesis are written in first person, this promotes the reader's connection with the research, emphasises my immersion in the research process, and clearly illustrates how I engaged with reflexivity throughout the research. The structure of this thesis is as follows. This introductory chapter is followed by a literature review, which critically examines the existing research in this subject, provides more context and expands on the relevance of this research. The third chapter discusses methodology, providing an introduction into IPA, the rationale behind this choice in methodology, my epistemological position, the research design, and ethical concerns. Chapter four comprises the analysis of developed themes, supported by extracts from the interviews. The final chapter consists of a discussion of the analysis with relevance to existing research, and conclusions of this research with respect to the research aims and question. It also provides the limitations of this study along with the significance of this research and implications for further research and clinical practice.

<center>**Chapter Two: Literature Review**</center>

2.1 Chapter Overview

This chapter aims to present a comprehensive review of the literature that has informed this research. This literature review will provide a description and findings of previous research in this subject area to exhibit the existing knowledge, along with critical considerations of the existing research and its implications, further providing the rationale and research objective for this study. This review intends to provide an understanding of the prevalence and impact of SA, the treatment for survivors of SA and existing knowledge about the experience of working with survivors of SA. This will be done with a close examination of clinical practice, particularly in relation to counselling psychology. This review addresses the purpose of this research and leads into the research question.

2.2 Prevalence

SA has recently featured prominently in the media, following a number of high profile cases and perpetrators. The National Association for People Abused in Childhood (NAPAC, 2016) reported that 3% of men and more than 1 in 10 women in England and Wales experienced SA in childhood. Additionally, a study by Radford et al. (2011) estimated that there were at least 11 million survivors of SA in the UK in 2011.Taking this into consideration, the likelihood of mental health professionals, including CoPs, encountering survivors of SA in different services is considerably high.

2.3 Impact

It is commonly accepted, through centuries of literary work, philosophical interest, and social and behavioural investigation, that experiences of trauma have a

transformative effect (Saakvitne, Tennen, & Affleck, 1998). An individual's unique reaction to trauma is governed by the meaning assigned to the traumatic experience, interpersonal experiences, psychological resources, developmental stage, age, and social, economic, and cultural environment. Similarities in responses can be attributed to common expectations, values, and needs which determine meanings ascribed to the trauma (Saakvitne, et al. 1998).

Research has determined that the impact of SA can be long term. SA has been found to lead to substance abuse, depression, anxiety disorders, suicidal ideation, eating disorders, low self-esteem, difficulties with emotional regulation, and symptoms of Post-Traumatic Stress Disorder (PTSD) (Campbell, Dworkin & Cabral, 2009; Katerndahl, Burge & Kellogg, 2005; Kazantzis et al., 2012; Kim & Cicchetti, 2010; Putnam, 2003; Stern, Lynch, Oates, O'Toole & Cooney, 1995).

2.3.1 The developmental impact of sexual abuse. The impact of SA has also been examined from a developmental perspective due to the prevalence of CSA. The developmental perspective is relevant to how the trauma is processed, how the trauma is expressed at different developmental stages, and how it presents in later life (Kendall-Tackett, Williams & Finkelhor, 1993). Many facets of the abuse influence how CSA is experienced, including the context of abuse, frequency, gender, personality, developmental stage of the child, and the relationship with the abuser (Sanderson, 2006). Experiences of CSA can have a range of developmental outcomes which can be clustered into certain domains: interpersonal, emotional, cognitive, behavioural, sexual, and physical. These difficulties include changed cognitions about the self and the world, fragmented sense of self, adopting an alternative identity that replaces the true self, disconnection from oneself and others, feeling alienated or invisible, feeling a need to

isolate oneself due to shame, a fear of intimacy, oversexualized behaviour, hypervigilance, feelings of loss of control, struggle with emotional regulation arising from over-elevated stress responses, dissociation and memory fragmentation. Not to mention the loss of innocence, safety and security, control, trust, and overall loss of childhood (Sanderson, 2006).

A significant developmental impact of SA pertains to the relational domain and can be understood with the use of object relations and attachment schools of thought. Attachment and object relations theories acknowledge that relational processes, including attachment, abuse, and loss, are significant for development and future interpersonal relationships (Bowlby, 1988; Caldwell, 2007; Holmes, 2001; Winnicott, 1986). A vital task of development is the formation of a cohesive sense of self. This is done from early life through infants' reliance on the primary care-giver to organise their mental and physical self. Empathic caregiving holds the baby together, and in the lack of empathic caregiving, the child can struggle to organise internal structures and form a coherent sense of self, leading to the formation of a false self (Winnicott, 1986), which can cause a disintegration of the sense of self. Similarly, according to Bion's theory of containment, the container is the capacity to process emotional experiences and contain the thoughts and feelings being brought out from emotional experience. The mother takes the emotional experience the infant projects, processes it, and returns it to the infant in a more tolerable way. When a caregiver is unable to be this container, either through being the abuser or not providing protection from the abuse, the emotional experience is returned to the infant in an intolerable way and internalized, which impacts the process through which meaning is ascribed to experience (Caldwell, 2007). This early damage to the sense of self and internalization of intolerable emotion can result in a lack of coherence in the sense of self, a rise in feelings of insecurity and

powerlessness which can lead to the creation of defences as a means to self-protect (Sanderson, 2006).

Attachment theory is based on the premise that the early relationship between infant and caregiver is essential to healthy development and has implications for the infant's future relational framework (Bowlby, 1988). Within this theory, infants are understood to have an attachment behavioural system where proximity to the care giver and comfort received from the caregiver contribute to the infant feeling secure, hence establishing a secure base. These experiences with caregivers lead to the formation of internal working models which contribute to the infant's future sense of self-worth and how adult relationships are experienced. There are four categories of infant attachment styles, one indicating a secure attachment and three different categories of insecure attachments (Karakurt & Silver, 2014). In cases of SA perpetuated by attachment figures, the attachment figure not only becomes the source of threat to a child, but also remains the figure the child relies on to be protected, therefore, the child may increasingly cling to the perpetrator as the fear increases (Holmes, 2001). Holmes (2001) suggests that SA by caregivers may lead to an ambivalent attachment style where the child clings to the caregiver who oscillates between being rejecting or threatening and being sexually invasive. However, while insecure attachment is highly likely, there may not be a clear distinction between different insecure attachment styles in the way a client presents in therapy. In order to cope with the pain and confusing nature of the relationship with the abuser, survivors of SA may develop conflicting internal working models, where disorganised attachment and dissociation may occur (Bowlby, 1988; Holmes, 2001). Security is vital to attachment, such that a caregiver is able to provide security but also accept and contain aggression or a child's asking for help without rejection or retribution. The securely attached are more able to express

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themselves and self-soothe when faced with threat or pain. However, in CSA, a child may be unable to express what they have been through to caregivers, or face rejection and disbelief if they do. Consequently, this can lead to distorted self-understanding, self-doubt and confusion, descriptive of an insecure attachment (Holmes, 2001). Children who experience abuse are likely to go into adulthood with assumptions based on self-blame and lowered self-confidence which act as a foundation for anxiety, depression, and troubled relationships later in life (Holmes, 2001). The impact of SA is known to be persistent and pervasive through different areas of a survivor's life, and has numerous implications for therapeutic treatment.

2.4 Working with Survivors of Sexual Abuse: A Relational Perspective

Various therapeutic approaches have been examined in the treatment of survivors of SA, with research indicating that a relational therapeutic framework is relevant to working with this particular client group due to the nature of the abuse and the often complex relational dynamics present (Sanderson, 2006). In cases of SA, a violation of the core self is experienced; the most vulnerable parts of the self, the protection of which is usually prioritised, is violated. The reaction to this violation can understandably be strong and intense, leading to working with this client group being a powerful experience (West, 2013).

2.4.1 Transference and countertransference. Transference and countertransference are vital to any therapeutic relationship. Transference denotes the client's feeling towards the therapist, often based on a significant person in the client's life, providing a helpful instrument in understanding the client (Bateman et al., 2010). Countertransference is associated with the feelings invoked in the therapist, which can be telling of the client's relational template and facilitates the therapeutic process

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(Malan, 1979). In working with survivors of sexual abuse, specific aspects of the transferential relationship are understood to be salient in this work (Wolf & Alpert, 1991), where the trauma can be manifested in the transferential relationship through re-enactments of past experiences (West, 2013). The abuse dynamics, anxieties and fears can all manifest in therapy. For instance, dynamics of power and control can be prominent, where the client may identify with the abuser and project this onto the therapist, recreating abuse dynamics. Similarly, perceptions of the therapist's power may be related to the abuse, leaving the client afraid to express vulnerability (Sanderson, 2006).

In SA, the transferential relationship can be complex and powerful. In such relational trauma, the trauma is essentially a wound that becomes a crucial organising feature in a survivor's personality, where they keep reacting against the world for continually re-traumatising them (West, 2013). Davies and Frawley (1992) suggest this is the nature of the transference and countertransference dynamics due to a survivor's resistance in accepting the loss of the hope of being provided with a compensatory childhood that is more idealized, and relating this loss to the interaction between themselves as the victim, the perpetrator, and the idealised rescuer (the therapist). Perceiving the therapist as an idealized rescuer or parent is a common transference, and feelings from the survivor's childhood and experiences of abuse can be transferred onto the therapist (Sanderson, 2006). Parent transferences are widely seen in the literature and described as being either idealized or positive, negative, powerful, eroticized, and reminiscent of recreation of the abuse (West, 2013). Other transferences can pertain to an unconscious replication of the client's experience of feeling frightened and suffering by trying to instil fear or suffering in the therapist, or an attempted destruction of the therapeutic relationship. These transferences can also be an attempt at testing the therapist to check if the therapist can tolerate them. Many facets of clients' experiences

including those that are self-destructive and aggressive need to be addressed as they manifest in the transferential relationship in order for survivors to be able to embrace, express, and develop themselves in an individual and relational context (Davies & Frawley, 1992). The transferential relationship with SA survivors is understood to be complex and multifaceted, particularly with regard to feelings towards dominance and submission in the therapeutic relationship, a fear of positive transference, relevance of the therapist's gender, and erotic transference (Wolf & Alpert, 1991).

The various facets of countertransference in working with survivors of SA have been addressed in the literature. Feelings of compassion, anger at perpetrators, grief, helplessness, and shock are some commonly seen reactions in therapists (Saakvitne, 1990; Sanderson, 2006). Wastell (2005) suggests that three aspects of countertransference are prominent when working with survivors of trauma: affective countertransference, action dispositions, and cognitive countertransference. Affective countertransference refers to the emotional responses in the therapist which are a reflection of what the client may be feeling and a result of exposure to client material. Action dispositions pertain to the adoption of different roles, such as persecutor or rescuer, by the therapist, which could be beneficial or unhelpful to the therapeutic process. Cognitive countertransference refers to therapist imagined or fantasized scenarios involving themselves, the survivor, or perpetrators. These cognitive misrepresentations arise from the strong emotional connections to a client's narrative (Wastell, 2005). While the work can have a huge impact on therapists, which is further explored in this chapter, therapists' awareness of their own experiences and how these may intrude the therapeutic work is vital. Due to the complex nature of the work, therapists may have strong reactions that need to be acknowledged in order to continue the work in a manner that is safe and helpful to clients. For example, overwhelming

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anxiety or aspects of client material connecting to therapists' own vulnerabilities and fear may lead to unconscious or conscious avoidance by the therapist (Sanderson, 2006). Withdrawing emotionally from the client, without understanding or explorations of which they may be happening, may fuel fears of betrayal and rejection. Additionally, a premature or unexpected ending to the therapeutic relationship without adequate discussion could be seen as a re-enactment of childhood experiences of perhaps not being believed about the abuse, or lead to further feelings of rejection and re-traumatization (Sanderson, 2006). Therefore, it is important for the therapists to identify and acknowledge reactions towards the client, which can be used to inform the work and ensure that the therapeutic work is continuing to progress in a way that is helpful to the client. Moreover, in order to avoid repeating dynamics present in SA, all countertransference needs to be considered, explored and continually reflected on (Sanderson, 2006; West, 2013).

Another aspect of the relational dynamics of the work pertains to defences. Defences refer to ways of responding when danger or threat is perceived (Lemma, 2016). Various defences can be noted in therapeutic work in general, with some seen as more common when working with survivors of sexual abuse such as splitting, projection, projective identification, idealisation, dissociation, and repression (West, 2013). Splitting and idealisation can be parallel in appearance- the therapist may be idealised, enabling the client to express themselves safely in a way that may not have been possible in their childhood. This can lead to splitting- the keeping apart of opposing feelings; those directed at the analyst and those pertaining to the past and possible perpetrators who are seen as bad objects (Lisman-Pieczanski, 1990). Projection pertains to ascribing an aspect of the self or feeling to another, while projective identification refers to projecting a state of mind on another and responding to them as

though they embody that projection. Projective identification involves an interactive aspect where the person upon whom the state of mind is projected can behave congruently to said projection (Lemma, 2016).

2.4.2 The therapeutic relationship: needs and challenges. Research indicates that the therapeutic relationship could be difficult to form and maintain with survivors of SA due to survivors struggling to establish relationships of an intimate and trusting nature. They may struggle to express their needs and feelings, often due to not having a space to do so in childhood. Feelings of betrayal and fear of closeness pose challenges to therapeutic work (Sanderson, 2006). Gabbard (1997) highlights challenges that arise in working with survivors of sexual abuse, such as the breakdown of the thinking or analytic space, the rigidity and possible struggle in altering the survivor's role as a victim, problematic countertransference such as the therapist's desire to create great distance from the role of aggressor that may impede certain explorations in therapy, limitations in interpretations, and memory related issues where the full extent of early experience may not be accessible.

Considering the challenges, modifications specific to working with this client group therapeutically are considered necessary. These modifications include establishing clear boundaries and having a supportive, active therapeutic approach to prevent intensification of anxieties and conflicts that may be closely tied to the recreation of abuse which can take place with a more abstinent stance (Davies & Frawley, 1992). Particular aspects of treatment are understood to be especially beneficial in addition to the therapeutic relationship; a holding environment, maintaining boundaries in the relationship, attending to countertransference, and a supportive maternal object (Sanderson, 2006; West, 2013). This is further asserted by

attachment-based literature which indicates that an individual needs to feel secure in order to be able to process feelings. In insecure attachments, memory impairments, or overwhelming volume of painful memories, or lack of coherent strategy to cope can be seen. Therefore, a secure holding experience in therapy is needed to form a coherent sense of distinction between fantasy and reality, where the client can re-evaluate the past. By providing a secure attachment consisting of responsiveness and attunement, therapy can be used to improve reflexive function and master feelings in relation to the therapist as a secure base (Holmes, 2001).

2.5 The Impact of Treating Survivors of Sexual Abuse

It is commonly known that mental health professionals face several challenges of a personal and professional nature as an outcome of their work (Leiter & Harvie, 1996; Rossler, 2012). Supporting those struggling with emotional pain can impact the emotional energy and ability to cope of those providing mental health care. It is also acknowledged that the impact on therapists is influenced by the nature of the work; specifically, those working with psychological trauma are suggested to be at increased risk of negative impacts as a result of their work (Collins & Long, 2003)

2.5.1 Vicarious trauma and other related concepts. Research has demonstrated that professionals working with survivors of trauma, and particularly trauma of a sexual nature struggle with negative effects on their own well-being (Cunningham, 2003; Elwood, Mott, Lohr & Galovski, 2011). There are various terms used to encapsulate the range of negative effects that can arise as a result of this work, including vicarious trauma (VT), secondary trauma, burn out, compassion fatigue, and countertransference.

VT, a term coined by McCann and Pearlman (1990), refers to the effects on therapists that arise in response to exposure to a client's traumatic memories. This concerns the process by which the therapist's internal experience is deeply and enduringly changed as a result of empathic connection with the traumatic experiences of clients (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995). Three components of the therapeutic relationship are proposed to enable VT: exposure to and empathic engagement with clients' traumatic material; exposure to and engagement with the realities of human nature and cruelties, and entanglement with re-enactments of trauma particularly through client transference within therapy (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995).

The other aforementioned terms, particularly secondary trauma, are often used interchangeably with VT (Elwood, Mott, Lohr & Galovski, 2011), however, differences between these terms have been illustrated as follows. Countertransference refers to therapists' responses referring specifically to work with one individual (Van Minnen & Keijsers, 2000; Fuertes, Gelso, Owen & Cheng, 2013). While countertransference can individually exist in all therapeutic relationships, VT is a more collective consequence of client work (Adams & Riggs, 2008). Empathic and compassionate engagement for a prolonged period with the addition of being witness to the traumatic history of a client can further lead to compassion fatigue (Figley, 2002). Burnout describes a more general emotional exhaustion, associated with different work-based stressors (Sexton, 1999), rather than specifically referring to psychological trauma or therapeutic work (Jenkins, Mitchell, Baird, Whitfield & Meyer, 2011). Secondary trauma refers to the post-traumatic stress symptoms experienced by professionals working with trauma (Brady, Guy, Poelstra & Brokaw, 1999). Dunkley and Whelan (2006) suggest that VT is a wider

concept that encompasses these other concepts which makes it the most appropriate term for research.

Sexual victimization is a commonly presented trauma in therapeutic settings (Tripanny, Kress, & Wilcoxon, 2004). Cunningham (2003) suggests that working with trauma of a sexual nature which is induced by other humans is likely to lead to increased stress and VT in clinicians. A number of studies reported disruptions to psychological functioning in some way (Benatar, 2000; Cunningham, 2003; Schauben & Frazier, 1995; Way et al., 2004), with some stating that these disruptions surpassed the range considered as normal for mental health professionals (Way et al., 2004; Van Deusen and Way, 2006). PTSD symptoms and self-reports of VT were also found in a number of studies (Ghahramanlou & Brodbeck, 2000; Johnson & Hunter, 1997; Way et al., 2004), including an impact on beliefs (Schauben and Frazier, 1995) such as intimacy and trust (Johnson and Hunter, 1997; Van Deusen and Way, 2006), safety, world view, perceptions of self and others (Benatar, 2000) and increased vulnerability in relationships (Knight, 1997). A range of emotional responses seem to arise from engagement with the traumatic material presented by clients specifically pertaining to SA. Anger, sadness, frustration, fear, helplessness, and shock have all been reported by therapists working with this client group (Iliffe & Steed, 2000; Knight, 1997; Pistorius, Feinauer, Harper, Stahmann & Miller, 2008; Schauben & Frazier, 1995; Steed & Downing, 1998). Additionally, somatic responses such as tiredness, nausea and numbness have also been noted (Iliffe & Steed, 2000; Pistorius et al., 2008).

Cunningham (2003) compared the effects of the work on social work clinicians who worked with survivors of SA and cancer patients. Results specified that clinicians who worked with SA demonstrated significant disturbances in schemas such as other-

esteem and safety, and presented with more VT symptoms than those working with cancer patients. Similarly, Johnson and Hunter (1997) saw that therapists of sexually victimized clients demonstrated increased emotional exhaustion compared to therapists doing non-trauma related work. In contrast to these findings, when VT was investigated in therapists working in general practice, sexual violence and oncology, no significant differences were represented between these groups (Kadambi & Truscott, 2004). Arguably, the participant sample contained only more experienced therapists which could have contributed to reduced symptoms of vicarious trauma (Kadambi & Truscott, 2004; Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995). Way and colleagues (2004) also carried out a comparative study of therapists who worked with victims of SA and therapists who worked with sexual offenders. The findings demonstrated the both groups of therapists were within the clinical range for VT. However, the only measure used in this study was the Impact of Experiences Scale which may not in itself be a sufficient measure of VT due to the various after-effects that this term refers to (Pearlman & Mac Ian, 1995). Therefore, validity of the study could have been improved with the use of a second measure.

Brady and colleagues (1999) found trauma symptoms to be prevalent in female psychotherapists working with SA and having a high exposure to this work, however, no significant disturbance to cognitive schemas was reported. Arguably, the lack of data on the client group in question suggests a limitation to these findings. These findings were partially supported by Schauben and Frazier (1995) who examined VT in female therapists working with survivors of sexual violence through quantitative and qualitative methods. Their findings suggest that working with survivors was not significantly related to negative affect, while the qualitative data indicated that a change in beliefs and emotional distress occurred as a result of the work. This study does

possess limitations; first and foremost, VT was assessed with participants identifying themselves as being vicariously traumatized. Participants were provided with a basic definition of VT, stating "enduring consequences" of working with trauma clients, which poses the question of what enduring refers to and how consequences are defined. Due to this, the measure of VT can be understood to be weak. Secondly, details about the qualitative analysis are lacking due to inadequate information about the method used. Nevertheless, the mixed methods approach of this study is the first of its kind, proving to be significant in its acknowledgement of the importance of individual experiences.

While qualitative research in this area is limited, following Schauben and Frazier's (1995) lead, other researchers adopted this approach, contributing to the exploration of previously uncharted aspects of the experience of this work. Benatar (2000) explored the experience of therapists working with survivors of SA and identified five themes related to VT: therapists reported pessimistic world view, isolation, negative alterations in relationships with themselves, alterations in feeling about work life and safety concerns. Similarly, Pistorius and colleagues (2008) also recognised VT symptoms such as exhaustion, dissociation and isolation, in addition to other aspects of the work such as the challenge of maintaining appropriate boundaries in this work. Comparably, Steed and Downing (1998) explored VT in therapists working with survivors of SA, where all participants referred to the negative effects of the work related to VT: fatigue, sleep disturbances, struggles with traumatic imagery, flashbacks, and intrusive thought were all reported. However, this study is limited by the minimal information provided about the analysis and study design. What the aforementioned qualitative studies have in common is the conceptualization of the impact of the work through the use of the construct of VT. This perhaps poses the biggest limitation, due to

the various issues with the construct which will be further explored below. Chouliara and colleagues (2011), in contrast, moved away from the concept of VT, and examined the experience of working with survivors of abuse phenomenologically, and found that mental health professionals struggled to hear client material, particularly due to feelings of helplessness. However, challenges of this work extended outside the therapeutic space to include the challenge of finding the balance between addressing child protection issues and maintaining the sense of loyalty with the client, and problems extending to the level of the health care system such as the lack of resources available for this work (Chouliara et al., 2011). This research highlights the need for the exploration of the numerous facets and challenges of work that do not necessarily pertain to the experience of sitting with the client.

Chouliara, Hutchison and Karatzias (2009) carried out a systemic review of research examining VT in professionals working with survivors of SA, which found psychological disruptions, such as PTSD symptoms, belief disruptions, changes in world view and view of self, to be present in all the studies included. The authors also indicated that the majority of studies in this area are marred by methodological limitations ranging from definitions of terminology used, sampling, measures, and comparison groups. These limitations are stated as jeopardizing generalizability and rigour of findings, in addition to compromising the ability to use the term VT as a clearly defined and useful concept (Chouliara et al., 2009). Although a large body of research adds to the notion of adverse effects on therapists doing trauma work, reinforcing the construct of VT, this construct itself is disputed. It is suggested that the concept of VT was enthusiastically received with much attention being paid to self-care strategies, however, this was perhaps premature due to less attention being given to the investigation of the etiology and occurance of VT (Sabin-Farrell & Turpin, 2003).

Critical considerations of the empirical research into VT indicate that the prevalence and extent of this phenomenon may have been over-elaborated (Kadambi & Truscott, 2003).Empirical support for this concept as one being unique to professionals working with trauma survivors appears to be inconsistent, particularly due to limitations in the measurement and operationalization of the phenomenon (Kadambi & Ennis,2004; Kadambi & Truscott, 2003; Sabin-Farrell & Turpin, 2003), proposing the need for a re-evaluation of this construct (Kadambi & Ennis, 2004). These problematic aspects of this construct highlight the need for distance from it to understand the lived experience of mental health professionals who work with survivors of SA, without being bound by the measures suggesting what one may be expected to experience. Thus the need for a more phenomenological approach to research in this area.

2.5.2 Factors that influence responses to trauma work. Research has demonstrated that various factors in and around trauma work can have an influence on how the work is experienced (Pearlman & MacIan, 1995). Schauben and Frazier (1995) found a relationship between the number of SA survivors on therapists' caseloads and disrupted schemas, PTSD symptoms and VT. Research supporting this suggests that increased levels of VT may be related to being increasingly exposed to SA work (Brady et al., 1999; Johnston & Hunter, 1997). However, studies have also shown that those with an increased caseload reported less VT (Baird & Jenkins, 2003). Nevertheless, the distinction between increased exposure and experience needs to be clarified; increased exposure in the aforementioned studies refers to increased exposure at a particular time, while increased experience happens over time. This is particularly relevant as experience in trauma work is suggested to have a different influence on VT. Way and colleagues (2004) found experience in trauma work to be related to VT, where therapists with less experience struggled with more intrusions. Similarly, increased

length of time doing trauma work was associated with reduced experiences of VT (Cunnigham, 2003). However, this is disputed by Baird and Jenkins (2003) who found counsellors with more experience to report more emotional exhaustion, igniting the consideration of the implications of the build-up of trauma material over time.

Pearlman and MacIan (1995) intimated a connection between personal history of trauma and VT, further supported by Ghahramnlou and Brodbeck (2000). Conversely, this was not found to be the case in other research, where no significant association was seen between therapists' own history of sexual victimization and symptoms of VT when working with survivors of SA (Kadambi & Truscott, 2004; Scahuben & Frazier, 1995; Van Deusen & Way, 2006), and therapists with a SA history did not seem to experience increased vulnerability to VT (Benatar, 2000). Therapists' personal histories of maltreatment were also found to be unrelated to VT (Way et al., 2004), but were seen to be associated with decreased trust in others (Van Deusen & Way, 2006). Other research demonstrated that while a history of childhood trauma was not associated with the clinical activities of mental health professionals, SA in childhood was connected to a significant increase in symptoms of trauma (Follette et al.,1994). Similarly, counsellors with a history of abuse experienced increased distress, though they also described more positive changes as a result of the work (Jenkins et al., 2011), and a personal history of trauma was also found to be a motivating factor for counsellors doing this work. Other research suggests that increased experience in this work plays a mediating role between trauma history and VT, resulting in no increased vulnerability to VT in more experienced therapists with a history of abuse (Benatar, 2000). The inconstancies between studies indicate that the interaction between personal history and response to trauma may be a more complex one, influenced by other factors. (Benatar, 2000; Jenkins et al., 2011). This implies that other facets of the work, the

organization, and therapists' own experiences can play a role in how work with survivors of SA is experienced.

2.6 The Impact of the Therapeutic Relationship

It is widely acknowledged that the therapeutic relationship is central to clinical practice in counselling psychology (Martin, Garske & Davis, 2000; Woskett, 1999). It is also considered to be fundamental to many therapeutic approaches and in treating survivors of SA (Chahal, 2013; Shapiro,1999). Due to the complexity of the presentation of survivors of SA and counselling psychology's complicated relationship with diagnostic labels (Larsson, Brooks & Loewenthal, 2012), diagnostic criteria may not be desired to or able to substantially capture the full extent of the difficulties of survivors (Putnam, 2003). Hence, a focus on the therapeutic relationship instead of diagnostic criteria may be more beneficial to treatment (Chahal, 2013; Chouliara et al., 2011).

Olio and Cornell (1993) advocate that the therapeutic relationship provides the foundation upon which the treatment for survivors of SA can be built, highlighting the need for a safe environment created through the strength of the therapeutic relationship that can facilitate survivors to access and integrate their traumatic material, while experiencing a reparative relationship. Chouliara et al. (2011) explored the experiences of therapists providing treatment and survivors of SA receiving therapy. The therapeutic relationship was highlighted as being monumentally beneficial to the therapeutic experience of both survivors and therapists. Middle and Kennerley (2001) found the therapeutic relationship to be particularly relevant in working with survivors of SA, as survivors placed more value in the therapeutic relationship than those who had not experienced abuse. An open, trusting therapeutic relationship has been seen to be of utmost importance in this work, as it can aid in the development of sense of self, feeling

safe, and minimizing isolation, which can all contribute to therapeutic change and recovery (McGregor,Thomas & Read, 2006; Phillips & Daniluk, 2004).

While the importance of the therapeutic relationship is clearly illustrated, its repercussions must be considered. Empathic engagement, a major component of the therapeutic relationship is proposed to make therapists more vulnerable to negative effects of the work (Sexton, 1999). Empathy in trauma workers was found to be predictive of secondary trauma (Badger, Royse & Craig, 2008), and the construct of VT itself is conceptualized as arising from empathic engagement with the traumatic experiences of clients (Pearlman & Mac Ian, 1995). However, Harrison and Westwood (2009) found empathy to be a protective factor in working with trauma survivors; it is suggested that empathy could in fact contribute to therapists sustaining the work, and predict positive impacts of the work and growth in trauma therapists (Brockhouse, Msetfi, Cohen & Joseph, 2011). These findings were replicated in a study of social workers and secondary trauma, where increased empathy was found to be associated with lower levels of burnout and secondary trauma (Wagaman, Geiger, Shockley & Segal, 2015). This would suggest that the relationship between the therapeutic relationship and experience of trauma work may be a complex one, perhaps best explored on an individual level where the interplay of the therapeutic relationship with the work may be unique.

2.7 Coping with the Work

Much research has examined the impact of trauma work on mental health professionals, bringing to light the complexities and cost that this work bears on them. A newer body of research has been focusing on preventative and coping strategies in mental health professionals working with trauma (Bober, Regehr & Zhou, 2006).

Conrad and Keller-Guenther (2006) state that there is limited knowledge about the factors that may predict well-being and resilience in helping professionals, however, social support and being able to process aspects of trauma work through different avenues such as supervision have emerged as protective factors in trauma work. Sexton (1999) intimates that there are four primary strategies essential to managing VT: recognising one's own responses and themes of the work that could elicit these responses; awareness of one's own unique signs of distress; awareness of early signs to look out for with regard to VT; and the ability to express inner experience with relation to trauma.

Research proposes that experience in trauma work can also act as a protective factor, such that therapists with increased experience in trauma work may be less vulnerable to its negative impacts as they may have developed effective coping strategies over time (Chouliara et al., 2009). Hesse (2002) suggests that a reduced number of trauma cases seen can be beneficial, in addition to having support to address countertransference particularly in relation to a therapist's own personal history. Nevertheless, Norcross (2000) proposes that awareness of the implications of the work is the most important preventative measure in diminishing its negative after effects.

Research specific to working with sexual trauma has explored coping strategies. Active efforts in engaging with activities that bring pleasure, and actively creating a separation between personal life and work, were seen to assist in coping with this work (Illffee & Steed, 2000). Daily behaviours related to self-care were seen to aid in regulating emotions; activities such as exercising, healthy eating, and meditating were reported to be helpful (Illffee & Steed 2000; Pistorius et al., 2008; Steed & Downing, 1998). Interestingly, therapists' own access to personal therapy being important to

coping with this work was minimally addressed (Pistorius et al., 2008). Organizational

factors were also found to be important; Specific training and education related to VT,

managing one's own workload, taking on other roles in addition to individual therapy,

peer support, and supervision were all reported as being important to therapists' ability

to cope while working with survivors of sexual trauma (Benatar, 2000; Haiyasoso &

Moyer, 2014; Illfffee & Steed, 2000; Pistorius et al., 2008).

Killian (2008) stated that there are various coping strategies recommended by

researchers and educators involved in the area of VT, however, the number of studies

that have evaluated the effectiveness of these strategies is limited. This brings to light

two considerations, the first being the impact of the work outside of VT left unexplored

and of how generalizable strategies of self-care are. Certain strategies such as

supervision may be more applicable to a wider group of mental health professionals,

especially when considered to be vital to practice by governing bodies (BPS, 2017).

However, more personal strategies of self-care may be subjective, as illustrated in the

aforementioned research (Benatar 2000; Illfee & Steed, 2000; Pistorius et al.; Steed &

Downing, 1992), magnifying the difficulty of studying the effectiveness of these

strategies quantitatively.

2.8 Positive Outcomes, Compassion Satisfaction, and Vicarious Post-Traumatic Growth

The possibility of positive outcomes following engagement in working with

survivors of trauma is examined by a newer body of literature. These positive effects

have been referred to as compassion satisfaction and vicarious post-traumatic growth

(VPTG), two different constructs (Samios, Abel & Rodzik, 2013). Compassion

satisfaction is described as positive outcomes emerging from the emotional rewards of

caring for others, such as seeing positive change in clients (Slocum-Gori, Hemsworth,

Chan, Carson & Kazanjian, 2011). Compassion satisfaction in therapists doing trauma work is proposed to balance the negative impact of the work (Sodeke-Gregson, Holttum & Billings, 2013). Samios, Abel and Rodzik (2013) studied compassion satisfaction in therapists working with sexual violence and discovered that compassion satisfaction acted as a buffer to secondary trauma, by bettering the impact of secondary trauma symptoms, particularly anxiety.

VPTG on the other hand is the potential for personal growth arising from trauma work, and is embedded within the concept of posttraumatic growth, which is defined as meaningful psychological change of a positive nature following a traumatic experience (Tedeschi & Calhoun, 1995). It is stipulated that an individual's schemas are changed as a result of trauma, triggering cognitive processes which can lead to positive, negative, or no change to existing schemas, wherein these positive changes are equated with growth (Joseph & Linley, 2005). Cohen and Collens (2013) propose that empathic engagement with clients who have experienced trauma is likely to be responsible for VT and VPTG, by initiating a change in schemas.

In an exploration of the perceptions of psychotherapists working with trauma, Arnold, Calhoun & Tedeschi (2005) found that while negative consequences of the work were present, all participants described positive outcomes of the work such as positive changes in character, increased personal strength and spiritual growth. These outcomes are reminiscent of those expressed in posttraumatic growth. These findings are supported in therapists working with traumatized children (Hyatt-Burkhart, 2014), and different professionals, including psychotherapists, working with survivors of violence in hospital settings (Shiri, Wexler, Alkalay, Meiner & Kreitler, 2008)

Research has demonstrated that working with survivors of SA can give rise to positive experiences. One quantitative study demonstrated that VPTG had a moderating

effect on symptoms of secondary trauma, specifically those concerning anxiety, depression, and life satisfaction (Samios, Rodzik & Abel, 2012). Qualitative research has indicated that feeling inspired by clients and their resilience (Benatar, 2000; Schauben & Frazier, 1995; Steed and Downing, 1998), learning life lessons, the professional satisfaction of helping (Wheeler & McElvaney, 2018) and an appreciation of one's own life appear to be messages therapists take away from the work (Benatar, 2000; Pistorius et al.2008). Growth can be seen through a reported change in personal qualities and attitudes such as increased compassion, feeling humbled, and increased self-awareness (Benatar, 2000; Pistorius et al., 2008; Schauben & Frazier, 1995; Steed & Downing, 1998).

In a systematic review of literature pertaining to VPTG in professionals working with trauma, Manning-Jones, Terte and Stephens (2015) demonstrated the strength of VPTG as a construct, and one that had subtle differences to PTG, particularly in the domain of professional enhancement. However, the quantitative research in the area was found to be limited by the lack of a measure devised specifically for exposure to VT, in addition to the lack of longitudinal research, insufficient considerations of validity, and limited consideration of the trauma history of professionals (Manning-Jones, Terte & Stephen, 2015). Moreover, while there is a large body of literature examining the positive outcomes in trauma therapists, there is minimal exploration of this in mental health professionals working specifically with SA. Furthermore, the positive outcomes are largely conceptualised under the framework of VT (Benatar, 2000; Pistorius et al., 2008; Steed & Downing, 1998), which has been disputed, indicating the necessity of further exploration of the overall impact of working with sexual trauma, independent to this framework.

2.9 Methodological and Epistemological Indications in the Literature

A positivist position uses strict scientific procedures with cautiously manipulated or controlled variables to explain relationships between variables, as can be seen with much of the existing research on this subject (Ponterotto, 2005). Results of these studies have been measured objectively with the use of standardised scales. Although the information has provided a foundation for future research in this subject, it proposes a question as to whether standardised instruments can really capture the experiences of therapists working with trauma survivors. These studies tell us that working with trauma victims is complex, however, they set out to answer a question objectively rather than try to understand the nature and complexity of individual therapists' experiences, which may be best addressed with an interpretative phenomenologist epistemology which prioritises subjective experience. These studies are marked by limitations pertaining to measures, where standardised measures do not account for trauma symptoms based on one's own experiences rather than VT (Kadambi & Truscott, 2004; Schauben & Frazier, 1995; Way et al., 2004), and the use of measures that are not known to be validated for VT (Baird & Jenkins, 2003) or lack information regarding psychometric qualities (Knight, 1997). Other limitations pertain to diverse participant samples with reference to training and practice within studies (Johnson & Hunter, 1997; Van Deusen & Way, 2006; Way et al., 2004), the use of small samples and sub samples (Van Deusen & Way, 2006), and importantly, the variations in the construct of VT itself, which is consistently used across the literature. Qualitative research is not free from this construct, with many studies adopting this label as well (Benatar, 2000; Pistorius et al., 2008; Steed & Downing, 1998). The few qualitative studies existing in this subject area do provide an interesting exploration into the experiences of working with survivors of SA, however, they too are often limited by the analysis and lack of information about the analysis. (Benatar, 2000; Steed & Downing, 1998). Nevertheless, the aformentioned research has opened the door to

exploring other aspects of the experience, previously unexamined, such as positive experiences and growth that can emerge from working with survivors of SA. This further necessitates the need for a phenomenological approach which could provide new insights into how this work is experienced through the exploration of the lived experiences of CoPs.

2.10 Rationale for the Current Study

As evidenced above, there appears to be a vast body of literature beginning in the early 90s that has examined the effect of working with trauma on various professionals. However, research in this area is overwhelmed by quantitative methodology with significant limitations. This indicates that there is a clear dearth of research that explores the experiences and views of professionals who work with survivors of SA in the UK (Chouliara, et al. 2011); Majority of the studies in this area were carried out in the USA, in addition to some in Canada and Australia, highlighting the shortage of studies based in the UK. This is especially important as the requirements related to professional practice, such as supervision and training, differ significantly across countries. This research aims to provide a new contribution to this field by firstly providing a comprehensive exploration of the real life experiences of psychologists working with survivors of SA. Second, there is homogeneity in this sample, where participants are CoPs, and have experienced similar training, and practice with similar values. In the previous literature in this subject, the participant samples have either been mixed in terms of qualifications and training or missing information about training. Having a sample of participants who have been through the same training that required accreditation from a governing body enables consideration of the impact of training and overall preparedness for this work, as a CoP. Additionally, Counselling Psychology has a distinct identity with its pluralistic stance and humanistic foundations,

which emphasize the individual as a unique being and prioritize meaning-making (Cooper, 2009). Furthermore, Counselling psychology practice is largely supported by reflective practice which is at the core of being with the client. With these principles of the profession in mind, the way CoPs practice and process their work is relevant to how they experience this work. With careful consideration of the factors above, there is a need for a study that allows the exploration of the unique experiences of CoPs who work with this complex client group. Hence, this research aims to be the first of its kind in highlighting the experiences of CoPs working with survivors of SA.

2.11 **The Current Study: Research Question**

This study will address the main research question of: How do counselling psychologists experience working with survivors of sexual abuse? This is done with the intention that this broader approach will enable a better understanding into the various facets of this experience. In considering this question, two analytic foci were identified: preparedness for the work with respect to counselling psychology training, and management of and coping with challenges that may arise from this work. These analytic foci were used to assist a well-rounded exploration of this experience.

Chapter Three: Methodology

3.1 Chapter Overview

This chapter concerns the research process and the rationale for the design of this study. The process of participant recruitment, data collection, and analytic approach are covered, in addition to an exploration of epistemological positioning and reflexivity.

3.2 Positioning: Considerations of Ontology and Epistemology

Ponterotto (2005) explains ontology as "the nature of reality and being" (p. 127), and epistemology as the study of knowledge, how we attain knowledge, and the relationship between participant and researcher. Willig (2013) suggests that the fundamental question underpinning ontology is "What is there to know?" (p. 12), and that of epistemology is "How can we know?" (p.12), while axiology is concerned with the researcher's values and role in the research process (Ponterotto, 2005). Different research approaches are grounded on epistemological assumptions which stipulate what kind of knowledge can be determined through research which adopts those approaches (Coyle, 2016b). Types of knowledge generated differ between approaches. It is suggested to be imperative that the researcher clarifies the epistemological stance taken in research with respect to what types of knowledge can be attained to ensure this is cohesive with the research objectives and methodology (Ponterotto, 2005). A clear stance also contributes to the rigour of the research through transparency (Kasket, 2012). Hence, my ontological and epistemological stances are crucial to this research.

Firstly, I must start by recognising my position as a trainee CoP. Counselling psychology is built on humanistic values, and has a pluralistic orientation (Cooper, 2009; Kasket, 2012). Counselling psychology is not only founded on these values, but

the essence of the profession lies in applying these humanistic values (Cooper, 2009). The application of the values translates into practice and research, encompassing an honest, realistic outlook, with a focus on subjective experiencing, assisting the realization of potential and empowering of others. This is in addition to the adoption of a critical stance, where we are constantly questioning and engaging with the complexities and paradoxes of experience (Kasket, 2012). Kasket (2012) aptly suggests that CoPs promote our own "negative capability", which she defines as the ability to sit with uncertainty and continue to maintain a sense of being receptive to the way in which phenomena are revealed to us, without needing to reduce these phenomena into categories. Hence, in embodying the values of counselling psychology, I take a pluralistic, curious stance in research, while prioritising subjectivity and the unique experience of others. While a scientific, critical approach is necessary, I also take a reflexive approach to consider my positioning and views in engaging with this research.

Ontologically, I agree there is a real phenomenon, independent of my perceptions, to examine with each participant. However, my observation and experiencing of this phenomenon relies on my interpretations and perspectives (Maxwell, 2012), I stand by the notion that entirely descriptive accounts of experience cannot be provided because listening to and describing are prone to interpretation. This denotes my ontological stance as critical-realist, placed between realist and relativist paradigms (Willig, 2013). In terms of epistemology, I acknowledge the absence of direct access to the reality underpinning a specific phenomenon. My aim is to understand how an individual relates to the world through their distinct accounts and experiences (Larkin & Thompson, 2012). I am not looking for absolute truths, instead, I am concerned with meaning-making. My interest lies in exploring the unique experiences of participants and how they make sense of their experiences. With this in

consideration, I would define my epistemological position as interpretative

phenomenologist (Willig, 2013). With regard to axiology, I recognise that my own

values and experience are brought into the research (Ponterotto, 2005). While I cannot

separate myself from my values, I can acknowledge these values and how they connect

to this research through reflexivity throughout the research process.

3.3 Rationale for Using IPA

Based on the aims of this research and my aforementioned positioning as a

researcher, IPA was chosen to the be the most appropriate methodology for the

knowledge I wanted to gain. The aim of IPA is to explore a participant's personal

perspective, with their own account of the subject under investigation (Smith, Jarman &

Osborn, 1999). IPA is an inductive, pluralistic approach which intends to afford the

viewpoint of an insider, with their own unique interpretations (Larkin, Watts, & Clifton,

2006). It is particularly interested in how people make sense of their experiences

(Larkin & Thompson, 2012). The aim of this study is to deliver an account of the

experiences of CoPs working with survivors of SA. Following an examination of the

literature, where it was found that very few studies have taken a qualitative approach,

and there is no previous research which has examined this phenomenon in CoPs

specifically. This methodology seemed appropriate as it provides an opportunity to to

examine this phenomenon from the perspective of the lived experience of the

participants.

Other methodologies were considered in the early stages of this project's

conception. Foucauldian Discourse Analysis (FDA) was one such approach due to the

focus on meaning and knowledge, and construction of social and psychological reality

founded on the interplay of multiple discourses (Willig, 2013). I considered the use of

FDA to examine language used to describe experiences of participants, as discourses offer access to specific ways of being in and seeing the world (Willig, 2013). FDA is distinguished from IPA due to its constructionist positioning, which is based on the assumption that thought and action are constructed by language instead of language being a way to express thoughts and experiences. This implies the construction of the participant as a subject rather than language being a way for participants to communicate their experiences and how they make meaning of their experiences (Coyle, 2016a). Therefore, I felt that IPA was more suitable to examining the embodiment of experience, participants' realities and exploring how meaning is ascribed to experience. Similarly, Grounded Theory was considered due to its premise of identifying and integrating meaning from data (Willig, 2013), while this was of interest to the current study, I do not aim to produce a theory based on this as required by this approach (Starks & Trinidad, 2007). Another approach considered was Narrative Analysis (NA) as it could offer an insight into how participants construct their past and current experiences of working with survivors of SA. However, NA rather than a focus on embodied, lived experience, focuses on how participants make sense of experience as they translate it into a narrative, due to which IPA is more suitable to the focus on the subjective meanings assigned to experience by each participant. Additionally, NA is based on a social constructionist positioning which suggests that subjective reality is not influenced by social structures but by stories told about them, although it acknowledges that meaning construction cannot be fully socially disconnected (Willig, 2013). This poses a tension with my interpretative phenomenological epistemological stance informed by my critical realist ontological position, hence contributing to my decision to use IPA rather than NA. Finally, Thematic Analysis was briefly considered (Braun & Clarke, 2006), as it underpins other qualitative methods through contributing a method of identifying and organising patterns in data, and the flexibility it offers in addressing

research questions that are of different orientations, including phenomenology (Willig, 2013). However, the interest of this research was located in the particular and individual participants' experiences of the world, therefore Thematic Analysis was discounted for its nomothetic focus rather than an idiographic one.

Taking into account the aims of this study and the knowledge I am seeking, phenomenology stood out as the most suitable approach. There are two branches of phenomenology, descriptive phenomenology and interpretative phenomenology. The latter seemed to be a more appropriate choice due to my interest not just in describing the experiences of participants, but also in understanding these unique experiences. IPA allows me to attend to the unique, lived experience of participants influenced by their socio-cultural contexts (Smith, Flowers, & Larkin, 2012).

3.4 Interpretative Phenomenological Analysis

IPA is a qualitative methodology interested in understanding lived experience and meaning-making of participants' personal and external world, with consideration of the context in which the data is embedded (Larkin & Thompson, 2012). There are three principles central to IPA (Smith et al., 2012): Phenomenology, is concerned with how the world is experienced by human beings inside particular contexts, at specific times, it is interested in the phenomena that emerge in our consciousness as we participate in the world (Langdridge, 2007); Idiography, refers to the individual, and understanding the individual as complex and unique (Ponterotto, 2005); and hermeneutics, refer to the interpretative aspect in the analysis of a given phenomenon (Larkin &Thompson, 2012).

3.4.1 Phenomenology. Phenomenology is the study of 'Being', and concerns experience and existence. Phenomenology originated with the philosophical movement

beginning with Edmund Husserl who, through methodological reduction, identified essential components of experience that determined the concepts that different sciences relied on. Husserl suggested that phenomenology concerned recognising and transcending our assumptions (epoché) associated with culture and context, in order to reach the essence of a phenomenon (Langdridge, 2007). Husserl's work contributes to our understanding of bracketing, and has assisted this research through my recognition of what I bring into this research process. Husserl's work was expanded upon by Heidegger, Merleau-Ponty, and Sartre (Larkin & Thompson, 2012). With Heidegger's work, the perspectives on phenomenology took on an existential stance where the focus was on understanding existence, and experience was understood as something that could not be separated from one's "being-in-the-world" (Langdridge, 2007, p.16), or 'Dasein' meaning 'being there'. Heidegger viewed individuals as actively making meaning from experiences, which are embedded within a certain context at a certain time, and he questioned whether knowledge could be attained without interpretation (Larkin & Thompson, 2012). This view contributes greatly to IPA as it is now, and my understanding of the use of interpretation to gain knowledge. Sartre focused on the developmental nature of being, where perception of the world is influenced by one's process of becoming, and he further developed the ideas of positioning within personal and social contexts, relative to the presence and absence of relationships (Smith et al., 2012). Finally, Merleau-Ponty placed an emphasis on the embodied nature of our existence.

In summation, the development of phenomenology has evolved with the contributions Husserl, Heidegger, Sartre and Merleau-Ponty, resulting in an interpretative, worldly position with an attention to understanding our involvement in the world with respect to perspective (Smith et al., 2012). This is a major contribution

to IPA research, which aims to understand the experience of others through interpretation, in an attempt to create meaning of others' relationships with the world.

      3.4.2 Hermenutics. Hermenutics, another principle of IPA, encompasses close engagement on an interpretative level by the researcher, which was vital to this research. This enables capturing and understanding of the phenomenon as it materialises (Willig, 2013). Hermeneutic theorists are concerned with the purpose of interpretation, the possibility of discovering the intended meanings of an author, and the connection between the context in which the text was produced and the context in which it is interpreted. Schleiermacher, Heidegger, and Gadamer contributed to the theory of hermeneutics: Heidegger ascribed phenomenology as a hermeneutic initiative; Heidegger and Gadamer contributed with perceptive descriptions of the connection between the prior understanding and the new phenomenon in focus, which helped solidify our understanding of the process of IPA research (Smith et al., 2012); Schleiermacher attended to the dual process of reading a text where the concern with the author and with language is parallel (Smith, 2007), offering a holistic vision of the process of interpretation, taking into consideration language, and the unique intentions of the author. This understanding enabled my attending further to language, which contributed greatly to my meaning-making during the analysis.

      The hermeneutic circle is vital to hermeneutic theory and is concerned with two processes: first, the relationship between the part and the whole; to understand a part, it is necessary to look at the whole, and vice versa. The second process is one between researcher and participant (Smith, 2007). The hermeneutic circle describes the interpretative process as dynamic, non-linear; an iterative process where the researcher, rather than completing a step by step approach, goes back and forth through various

ways of thinking about the data. This was crucial to my analysis, where I was often stepping into the data and stepping away from it, which was largely helpful in the process of meaning-making. This reinforces the idea that the researcher's access into the meaning of the data can be made at different, related levels, which can offer diverse perspectives on the text (Smith et al., 2012).

The second process, also crucial to my data analysis, acknowledges the role of assumptions in the interpretative process. This process is described by Smith (2007) as a journey which begins with the researcher's involvement with her own assumptions. Once this is acknowledged, there is movement in the circle, where the participant and their experience is attended to. Consequently, the researcher begins to analyse the data. However, this time the researcher is changed by the encounter with the participant's experience, while also being influenced by her own assumptions. The circular journey is continued with re-engagement with the participant's narrative in order to make meaning of the participant's experience. This is descriptive of my journey with respect to the data in this research. IPA is concerned with the double hermeneutic interpretative process, which is the participants' attempt to understand their own experience, while the researcher seeks to make sense of the participant making sense of their own experience (Smith et al., 2012).

3.4.3 Idiography. IPA incorporates a phenomenological stance in getting close to the participant's experience, along with the hermeneutic circle that result from an interpretative, engaging process between researcher and participant. This is further informed by an idiographic approach- the focus on the particular and the meaning of the experience of each participant, prior to an exploration of the similarities and differences across the narratives of participants. Thereby, rather than abjuring generalizations, a

different way of establishing some generalizations is offered by locating them in the particular, leading to a more cautious development of generalizations (Smith et al., 2012). IPA is based on the premise that experience needs to be understood to develop an understanding of the world, and the researcher needs to reflect on their own assumptions and experiences to be able to engage with the experiences of others (Larkin & Thompson, 2011). The aim of IPA is to explore a participant's personal perspective, with their own account of the subject under investigation (Smith, Jarman & Osborn, 1999). IPA intends to afford the viewpoint of an insider, with their own unique interpretations (Larkin, Watts, & Clifton, 2006).

3.5 Validity in Qualitative Research

Validity in qualitative research is often questioned, and Yardley (2000) stresses the importance of addressing this issue to maintain the significant contributions to psychological knowledge. Yardley (2000) recommends four criteria to assess the validity of qualitative research. These criteria have informed this research and will be further discussed in the final chapter (Section 5.3.1). The criteria are as follows: *sensitivity to context*, which concerns acknowledging relevant research and theory along with consideration of socio-cultural contexts, ethical issues, and philosophical underpinnings of this research; *commitment and rigour*, referring to prolonged commitment to the topic, careful data collection and competence in the methodology employed, and immersion in the data for a comprehensive analysis; *transparency and coherence* which highlight that the research in its entirety needs to be coherent and presented in a way that can be understood by the reader, and a demonstration of transparency in the research process through disclosure of all relevant aspects; i*mpact and importance* which consider the usefulness of this research and the potential it has for making a difference, whether on theoretical, clinical, or sociocultural levels.

3.6 Ethical Considerations

Ethical approval to carry out this study was obtained from the University of East London's panel for ethics review (Appendix A). Once this approval was attained, it was decided that social media- Facebook in particular, may also be used to recruit participants. Additionally, Skype and telephone interviews were found to be necessary due to the physical distance of some participants. As these aspects were not included in the initial ethics application, a further application was submitted. Approval was attained for this amendment (Appendix B). The initial title of the research project used the word "victims". Upon further research and reflection (Appendix C), I felt that the word "survivors" was more appropriate. Due to this, I applied for another amendment to my ethics application to change the title of my research. This application was also approved (Appendix D).

Participants were sent a document (Appendix E) containing information about the study, including an invitation to participate, in the recruitment email. In cases where the recruitment was through snowballing, participants were sent this same information sheet upon first contact. Once participants decided to participate in the study, they were given a consent form to sign prior to the interview, which informed them about the security of the data and the adherence to maintaining participants' anonymity and confidentiality (Appendix F).

The interviews were recorded on two voice recording devices. The recordings were then transferred to a password encrypted hard drive and kept locked; only the researcher had access to these tapes. The transcribed interviews were also stored in this

hard drive, and contained no identifying details about the participants. Paper copies of transcripts and consent forms were kept locked in separate cabinets.

The interviews were of a personal nature, due to which participants were informed that they could choose not to answer any questions and could terminate the interview at any time, without having to give reason as to why. Participants were also given a one-month window following the interview, where they could withdraw their participation and their data. Due to the sensitive nature of the topic, it was thought that there could perhaps be some distress in talking about it. Therefore, in the debrief sheet (Appendix G) provided at the end of the interview, sources of support if the participants were to experience any distress, were outlined.

3.7 Conducting the Study

3.7.1 Sampling. Sampling in IPA is purposive and homogenous, with the use of a small sample size which is fitting for its idiographic nature (Smith et al., 2012). As suggested by Smith et al. (2012), four to ten interviews would be required for an IPA study at the professional doctorate level. With this in consideration, the aim was to recruit between five to eight participants to ensure data richness, and account for any participants that may choose to withdraw from the research following participation.

Recruitment was primarily done through emailing counselling psychologists who were listed on two websites, the counselling directory and the British Psychological Society website. Recruitment was also through word of mouth and snowballing. Seven participants were recruited in total. However, following the interviews, a decision was made not to use one of the interviews, as the interview contained a large number of identifying details. Additionally, this interview was seen

not to meet the purpose of this research due to minimal accounts of the participant's experience of this particular phenomenon.

The participants work in a range of settings, including NHS primary and secondary care, private practice, and charitable organizations. The participants were also from a range of services, where some worked specifically with those that have experienced various traumas including sexual abuse, and others worked with a more general client group where sexual trauma was a presentation encountered somewhat frequently.

3.7.1.1 Inclusion and exclusion criteria. The inclusion criteria necessitated that participants are qualified counselling psychologists (accredited by the HCPC), with some experience of working with survivors of sexual abuse in a mental health setting. Both men and women of varying age groups and ethnicities were included in this study. Counselling psychologists who I worked with in placement and university settings, were not asked to take part, due to the personal nature of the interviews, and ethical concerns associated with this.

3.7.1.2 Participants. There were six participants included in this study who were given pseudonyms to maintain their anonymity. Participants' demographic details were sought through the use of a questionnaire (Appendix H) at the start of the study (Participants' demographic information presented in Appendix H).

3.7.2 Data collection

3.7.2.1 The process. Participants were contacted through email which contained an information sheet (Appendix E). Once individuals expressed their interest in

participating, a time and date for the interview was set up. Prior to the start of the interview, participants signed the consent form (Appendix F). Interviews were audio recorded and ranged in length from 40 to 60 minutes. Participants were asked a number of questions, along with prompts, regarding their experience of working with survivors of SA. Following the interviews, participants were given a debrief sheet (Appendix G) consisting of further information regarding this research and resources as to where to seek help if they were in anyway distressed by the interview.

3.7.2.2 The interviews. This study used semi structured interviews, as suggested by Smith et al. (2012) to be the ideal data collection method for IPA. The interview schedule consisted of four areas of focus: Impact, training, counselling psychology identity, and coping. The questions used within these categories were open ended and non-directive.

The interview schedule (Appendix I) was developed with the use of the guidance provided by Smith et al. (2012). Once the interview schedule was created, the interview questions were tested through a pilot interview. This was through a colleague asking me the questions, helping identify any difficulties in the questions, following which amendments were made. The interviews were carried out in person or over the telephone. Participants were first asked if they had read the information document and whether they had any questions. Once any necessary clarifications were made, confidentiality was explained and consent was attained. Consent forms were sent to participants, signed, and returned prior to the interviews when interviews were not conducted in person. Prior to the interview questions, participants were given a form regarding demographic and work related information (Appendix H). Following the first interview, it was determined that the questions regarding participants' work assisted the

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flow of the interview and elicited relevant data. Therefore, in the following interviews, these questions were asked to participants at the beginning of the interview, instead of presented in the form of a questionnaire. Participants were asked to only fill out the demographic information prior to the interview. Once we reached the end of the interview, the recording devices were switched off, participants were given a debrief document and were invited to ask any questions they may have. Following each interview, I wrote down my reflections and thoughts on the interview. The interviews were all transcribed in verbatim before analysis began. Any identifying information from the transcripts was removed, and pseudonyms assigned.

3.7.3 Analytic process. The analysis strategy was based on the guidelines of Smith et al. (2012). These guidelines were chosen due to their clarity, and intimation that these guidelines were not prescriptive and therefore could be adapted (Smith et al., 2012). The 6 stage analysis outlined by Smith et al. (2012), and the analytic journey I took, are summarised below:

3.7.3.1 Stage 1. In-depth engagement with the data was the first stage of analysis. This immersion exercise involved going through the transcripts again while listening to the audio and making notes on observations and reflections. Listening to the audio again assisted my deep engagement with the data, as the voices of participants brought to light the emotion in their words, and helped me identify nuances such as hesitation and emphases, in their narratives. Due to the discussion of sensitive material concerning trauma, I found this stage to be challenging where I often needed to take breaks. I reflected on these challenges, along with those arising from my stance as a novice researcher (Appendix J). This along with supervision, helped me move forward into the next stage of analysis.

3.7.3.2 Stage 2. This stage consisted of initial noting. Exploratory comments of three different kinds were made: the descriptive comments concerned the content, while the linguistic comments explored language use, and the conceptual comments involved engaging on a more interpretative level (Smith et al., 2012). A table was used in this stage, with the column on the far-left consisting of the transcript, followed by a column with initial noting, and a column with developed themes on the far-right. Descriptive comments were written in regular font while linguistic comments were written in italics, and conceptual comments were underlined. Exploratory comments were made in the first instance, and then the process was repeated after a break from the data. Following which the comments were checked with reference to the transcript.

3.7.3.3 Stage 3. This stage concerned the development of themes. The themes were created to depict the salient features of the comments from the previous stage of analysis, and noted on the far-right column (Example of stages two and three in Appendix K). This was done with reference to the transcript and exploratory comments. While this entailed a reduction of content, it was important to ensure that the complexity and meaning are preserved. This was again followed by checking the themes with the transcript.

3.7.3.4 Stage 4. My search for the connections between themes was carried out in this stage. The processes of abstraction, where themes are categorized together under a different name, and subsumption, where a theme is considered to be superordinate and other themes are grouped under it, were used (Smith et al., 2012). A mind map was first produced for each participant, this created a more visual depiction of the themes, and helped me organize the themes (example in Appendix L). A separate table, as

demonstrated in Appendix M, was then created to organise the emergent themes and group them under overarching themes. The table also included extracts from the transcript that corresponded to each theme and line number from the transcript for easy identification further on.

3.7.3.5 Stage 5. Once the previous stage was completed for the data from one participant, I moved on the next participant. The same steps as above were replicated for each of the six participants. I found this stage to be quite challenging as I was so immersed in the data from each participant. Additionally, in order to maintain the integrity of individual accounts, it was important to attempt to bracket ideas emerging from different participants. I found that taking a break between participants helped me in preserving the integrity of each participants' account, however, as I progressed through the analysis, I found it more challenging to separate participants' accounts. Reflexive journaling assisted me in attempting to set aside what I had already seen, to be able to treat each participants' data as separate.

3.7.3.6. Stage 6. This final stage involved putting the data together and looking for patterns across participant accounts. First, I placed the mind maps I created for each participant on a large surface and examined the mind maps together to find connections between themes. I struggled with the large number of themes and felt overwhelmed by the process, but persisted with this method. However, I eventually felt that I was unable to really get a sense of the themes across participants and decided to change my approach. I then used post-it notes of different colours, where each colour corresponded to one participant. I wrote down each major theme I had developed for each participant on a post-it note, with the emergent themes that contributed to the major theme listed below. This resulted in a mass of post-it notes of a particular colour for each participant.

I laid out all the post-it notes on a large surface and began clustering them together. I ended up with clusters of varying colours, with each consisting of related themes (Appendix N). I then named the super-ordinate themes and listed the major themes from each participant that contributed to the super-ordinate themes. This helped me distil the themes into four super-ordinate themes and sub-ordinate themes. The super-ordinate themes were formed on the basis of data from all six participants, while the sub-themes were formed based on data from at least three participants, adhering to the guidelines provided by Smith et al. (2012) who recommend that sub-themes are formed based on data from around half the total number of participants.

3.8 Reflexivity

Reflexivity is defined as a process through which the researcher can be critically aware of her own assumptions, subject position, beliefs, and methods which contributed to shaping the research (Langdridge, 2007). Therefore, the consideration of my own perceptions and experiences is essential.

To begin with, my interest in this subject is very much entwined with my counselling psychology training and experiences of working in different mental health contexts. I found the experience of working with survivors of SA to be powerful, where I experienced a range of intense emotions, anxiety, doubting my abilities and a strong sense of injustice for the painful experiences of clients. While my anxieties about working with this group changed for the better with experience, the emotional experiencing and impact of the work prevailed. This ignited considerations of the counselling psychology identity and how that may influence how I experience this work. Part of the counselling psychology identity lies in "process" which refers to working with the dynamics in the therapeutic relationship (BPS, 2019); this can

oscillate, and encompasses working not just with what is said, but also the unsaid. I considered these dynamics and how they may impact the way in which CoPs experience this work. This, in addition to my own struggles and reflections on the long-standing impact of working with survivors of SA ignited my interest in the experience of CoPs doing this work and what implications there may be for their well-being and continued engagement with this work.

My involvement in working with this client group leads to my position as an 'insider' in this research. Such that I have worked with survivors of SA and I have struggled with the complexity and impact of the work. However, my experiences have been as a trainee CoP, rather than a qualified psychologist. In this sense I am also an 'outsider' to the research. This position as an 'insider' and an 'outsider' poses a tension. As an 'insider' my familiarity with working with survivors of SA could lead to my missing or taking for granted aspects of the participants' accounts which may otherwise be important to pick up on. Additionally, as an 'insider' it was important for me to separate my identity as a therapist from that as a researcher, particularly in conducting interviews which contain material of a personal nature. Similarly, as an 'outsider', I may misunderstand or miss out on details that may be more relevant to the experience of participants than I perceive them to be.

My reflections are offered to clarify my positions and assumptions prior to the presentation of my analysis, to promote transparency and detail how I navigated the impact of what I bring into the research. IPA acknowledges that there is co-construction of meaning-making between participant and researcher (Smith et al., 2012), however there is a concern about overstepping the mark and surpassing co-construction and imposing my views more strongly. Therefore, I needed to be clear and consistently

reflecting on the understandings I was bringing to the research to ensure that my voice did not overtake that of the participants. Therefore, I used a reflexive journal throughout this research process to acknowledge and challenge my assumptions. Additionally, supervision was vital to this process as it facilitated consistent reflexivity through discussions, and helped establish a sense of quality control in ensuring that my analysis was grounded in the data, rather than from my own experiences and understandings.

Chapter Four: Analysis

4.1 Chapter Overview

This chapter presents a detailed exploration of the four super-ordinate themes that were constructed through an exhaustive analysis of individual transcripts and analysis across participants. These themes are illustrated through extracts from participants' accounts. While these themes offer a vivid description of the experience of CoPs working with survivors of SA, it must be stated that due to the volume of data it was not possible to fully encompass all aspects of each participant's experience. The objective of this chapter is to present the prominent areas in participants' accounts that best illustrate the research question.

While I, as the researcher, attempted to gain an insider's perspective, this cannot be done completely or directly, in that the access to an insider perspective is mediated by my own conceptions (Smith & Osborn, 2007). As the analysis is an exercise in meaning making co-constructed between the researcher and the participant transcripts, the themes developed are my subjective interpretation. While my focus was to remain grounded in the data, another researcher may have found alternative themes in the same data. In addition, the developed themes are not considered to be exclusive, the positioning of the sub-themes in relation to super-ordinate themes was again a subjective decision where commonalities are likely. The relationships between themes are demonstrated in the verbatim excerpts, but the excerpts that were deemed the best fit for each theme have been used to provide support for the theme.

4.2 The Themes

In this chapter, the four super-ordinate themes that were constructed from the data will be detailed. These themes are: The experience of being with the client, prevailing responses to the work, being equipped for the work, and managing the complexities of the work. A map of the themes is presented in Appendix O. Each super-ordinate theme consists of sub-themes. Table 1 presents the super-ordinate themes and the related sub-themes. Prevalence of the themes is referred to throughout the chapter, the use of "all participants" refers to all six cases, while "most participants" refers to at least five cases, and "more than half of the participants" refers to at least four cases. Appendix P contains the key to the presentation of participant quotes.

Table 2: Super-ordinate and sub-ordinate themes

Super-ordinate themes	Sub-ordinate themes
The experience of being with the client	1. Myriad of emotions 2. The prominence of anger 3. The centrality of the therapeutic relationship 4. The weight of the work
Prevailing responses to the work	1. Seeing the world differently 2. Changing perspectives of the other 3. Overarching presence of the material
Being equipped for the work	1. The initial struggle of feeling unprepared 2. Shortcomings of training 3. Confronting your own demons
Managing the complexities of the work	1. Self-preservation through detachment 2. The need for support 3. Practice of self-care 4. The use of reflective practice 5. Seeing a light in the darkness

4.3 Super-ordinate Theme One: The Experience of Being with the Client

The first theme explores the different facets of the experience of being with the client. While this theme is one that permeates the whole analysis, it is offered as the first super-ordinate theme as it presents the potency of this experience and sets the

scene for the rest of the analysis. The experience of being with the client can refer to physically being with the client in the room, or emotionally being with the client in and out of the therapeutic space, both of which encompass the relational experience. Subordinate themes that pertain to being with the client are grouped under this theme.

4.3.1 Myriad of emotions. All participants discussed the range of emotions they experienced while working with survivors of SA. The emotions and their emergence in and out of sessions is captured in the participants' narratives. Yasmin emphasises connecting to feelings of sadness:

Lots of sadness. Yeah, mainly sadness, particularly in terms of the needs, childhood needs not being met and the lack of protection that they may have received growing up. But also, I think more interested in how it affects them now (Yasmin, 145)

Yasmin's repetition of "sadness", and use of "mainly" highlights the predominance of this emotion in the work, while suggesting the presence of other emotions. Although Yasmin's comment uncovers the presence of sadness, as reflected by her empathic language, there may be an undercurrent of other felt emotions that are left unsaid, based on her use of "mainly". It is possible that by recognising unmet needs of protection in the client, she may be directed to question her role in meeting them now. Tracy, like Yasmin, connects to the sadness but also refers to the range of emotions that arise in this work with the use of "lots of things". This also alludes to the complexity of the work:

It's lots of things I suppose It's heart-breaking when someone discloses that it's happened to them. It's also, I suppose, sometimes confusing because they're making sense of perhaps what has happened to them and you're also then at the same time trying to make sense of what's happened to them and help them make sense of what has

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happened to them. I think that process can become confusing and quite complicated. I suppose I probably feel the most anxious when I'm working with someone who discloses sexual abuse (Tracy, 101)

The sadness is apparent, in that Tracy finds it "heart-breaking". Tracy also speaks about how the work is "confusing" due to the various levels of understanding involved in trying to help the client understand their own experience. Her sense-making of the work highlights the emotional weight of the work due to the complexity, and perhaps the ambiguity of it. It appears that the work, described as "complicated" may leave Tracy overwhelmed, leading to anxiety when encountering SA. Ella also communicates strong emotional responses:

The other thing I remember is having a very intense emotional reaction when I went to my dentist once. We have an excellent relationship, but I had been exposed to some very disturbing material about a British nobleman and it had something to do with teeth, the way in which he abused. I just had that memory coming to mind when my dentist was trying to work, and it was a very clear secondary response there. I just felt overwhelmed, I felt panicked. I could not have the work done. I needed a break, I needed to calm down. There haven't been a lot of these, but they're quite well defined (Ella, 291)

Ella's experience takes place outside the therapeutic space and indicates that the work can permeate into life outside work. Ella uses "intense" to express the magnitude of the emotional experiencing. There is a direct relationship between Ella being in what could be considered a vulnerable position at the dentist where she does not physically control what is happening, and the event shared with Ella by her client, where the client was also likely to be in a vulnerable position with no control over the actions of another. There also appears to be an enactment of what is happening with the client; this can be interpreted as the overwhelming emotions rendering her unable to take a removed

stance and to reflect on the dynamics. Ella's response seems to be based in fear, where she felt anxious and had to remove herself from the situation. Her reference to secondary trauma adds to highlighting the strength of the emotional response associated to the work. Rachel also discusses the emotions involved with consideration of VT:

Any distressing thing is upsetting. I empathise with them. When it comes to - I think, for me, it's more abuse rather than the actual act of violence. Say, if it's a child, and it's an ongoing abuse, that is even more distressing. What's it like? Feelings of anger. Feelings of disgust. Feelings of horror. I guess, the same thing that the client is feeling, but second-hand…I'm there as the witness to their narrative and, so I think the of vicarious trauma is also something to be worried about (Rachel, 151)

Rachel expresses the upsetting nature of working with abuse. Her specific mention of children and repeated abuse stresses the impact the particulars of this work have on her, and refer perhaps to the emotional expenditure of being witness to the horrors that children, who embody innocence and the need to be protected, can experience. Her comment also highlights the cost of the work, which appears to last longer than the lived moment, and seems to bring forward a sense of helplessness from bearing witness to the past. Rachel connects to a range of emotions, and addresses that these feelings may mirror those of the client. She also refers to VT being the emotional cost of this work, however, she does not specifically state that she has experienced this. This indicates the she has perhaps created some distance from the negative impacts of client work, which may be necessary for her to tolerate this work. Each of these extracts pertaining to the first subordinate theme convey the emotional experience of being with the client, and the range of emotions expressed within and outside the therapeutic space while working with survivors of SA.

4.3.2 The prominence of anger. While anger could have been encapsulated within the previous sub-ordinate theme, the experience of anger has been categorized into a theme of its own due to the salience of this emotion, the diverse aspects of the work and client experience the anger was directed towards, and the strength with which it was expressed by most participants. This subtheme ignites an image of the therapist sitting with anger directed outwards at the world at large and backwards, at perpetrators, whilst they stand in the middle with the client, holding them. Eric expresses anger towards the sexualisation of children:

I'm very dead set against the sexualisation of children, the 10-year-olds, my daughter does not wear a bikini. I'm sorry, she's a child, or was a child. You do not wear things that are supposed to make you look sexually attractive, do you understand what I mean? She liked to make up all the time and I was very much against - because a society who presents children, you know. Companies make push up bras for nine-year-olds. I would put a fist in the face of whoever comes with the idea of turning them into sexual objects (Eric, 375)

Eric's anger feels raw in its very personal connection to his daughter. Being a parent to a daughter appears to have deeply influenced Eric and his response to the work. Perhaps Eric's meaning making of the work connected him very closely to the fear of any harm befalling his daughter, further leading to anger. His desire to protect his daughter, and being more vigilant to anything that could put her in danger is highlighted. Considering the implications of this sexualisation and the innocence and protection of his daughter has possibly led to the strong description of physical harm he would intend to those that aid in the sexualisation of children. Rachel shares this anger:

The Fifty Shades of Grey rubbish. I don't want to watch that. I don't get why it's okay to make sexy, abuse, because that's what it is. At the time, actually, I was working with

refugees who'd been sexually abused as well, or they were playing tie up and stuff like that. These people had - the reality of the torture had happened to them. Why would you want to put sexy music to that and have a couple - I just couldn't…It makes me angry. (Rachel, 299)

Rachel candidly expresses her anger at the glamorisation of sexual acts that are reflective of SA, which may be fuelled by her deep connection with her work and clients. Her anger is also interlinked with her struggle to understand the acceptability of commercial media that enables this glamorisation. Based on her comments elsewhere (306), It can be deemed that her experiences of working with survivors of SA have led to anger towards a facilitating and inconsiderate society. Anger is also prominent towards the existence of SA and abusers:

I'm extra outraged. Extra outraged. How dare they do that? How dare they do that? There's also the difficulty with how that's worked. I mean, they might be horrible, or might be abusive on a Monday, but on a Tuesday, they buy them ice cream. How do you do that? How do you experience that? It's just so difficult, that there's this intermittent care, and then abuse, that pattern (Lisa, 535)

Lisa's anger is placed with perpetrators in situations of childhood SA where the perpetrator is also a care-giver. The repletion of "extra outraged" reinforces the strength of her anger. Her sense-making of the client's experience is conceivably associated with her role as a protector. Such that others in the role to protect the client failed their roles, and did worse by actually perpetrating harm. The anger in the room is potently expressed in these excerpts, supporting the necessity of a subtheme addressing the anger specifically.

4.3.3 The centrality of the therapeutic relationship. The therapeutic

relationship is not only at the core of therapeutic work, it is also central to the

experience of counselling psychologists working with survivors of sexual abuse due to

the empathic engagement and intimacy this relationship necessitates. The therapeutic

relationship and the nuances of the transferential relationship are explored in this theme.

All participants made reference to the therapeutic relationship when speaking of their

experiences. Rachel addresses how the therapeutic relationship impacts her experience

of the work:

*It's very different hearing about an incident than actually getting to know someone, and
their life, and their story, and all of that. Putting it in the context of someone's life, it is
one aspect of that person's life, so there isn't really - not every session is the intense -
we're talking about the reliving, or if we're doing reliving work with clients. Then,
clearly, that's something where you're going through the absolute detail of everything
that happened (Rachel, 162)*

The pain is perhaps in the detail. The therapeutic relationship is an intimate one, getting

to know the client and their story in depth, and forming this relationship contributes to

the difficulty of the work for Rachel. The intensity, immediacy, and detail all add to the

emotional impact of the work. She also stresses that empathy, and connection are

essential and form the basis of the relationship:

*Because, certainly, for me, this is - this kind of work is - it is distressing. If I didn't feel
what the client feels, or I couldn't empathise with that, then I don't think I'd, A, be
human. I'd be really avoiding or disconnected and I couldn't really be able to do my
job very well. I am quite a… I connect with people (Rachel, 371)*

The closeness of the relationship is understood by Rachel to be instrumental to the

distressing nature of this work. The closeness can also be assumed to be a double edged

sword for Rachel, where she can connect and gain immediacy, but that means feeling the pain and distress. Opening up to the other seems to leave her vulnerable and exposed. Ella also suggests that the work can be difficult owing to the use of her own resources when the clients' are depleted:

I think for me the priority is to keep the hope alive. Especially for someone who has been in that stage for a long time and they've started losing the hope, then I feel that I have to reach down inside me and find every trace of strength and hope that I have because I hold the hope until they they can hold it for themselves. Some sessions can be really difficult (Ella, 222)

It can also be interpreted that the holding of hope refers in some ways to the holding of the client. The therapeutic relationship is monumental for the holding of the client, supporting them, and nourishing them with strength. Ella's meaning-making of the therapeutic relationship may be that it involves giving a lot of your strength and yourself to the client in order to hold and sustain them. Perhaps the difficulty in sessions arises when Ella herself does not have as much hope to give, this is illustrated by her needing to "reach down inside" implying that the hope is sometimes scarce and hard to find. While these excerpts highlight the difficulties arising from the closeness of the therapeutic relationship, Yasmin discussed the struggle of changing dynamics in the relationship, and her oscillating feelings towards clients.

Sometimes I feel a real sense of warmth towards her and that there are other times when I feel really pushed back and really perhaps lacking in the warmth I would usually feel towards her and that push and pull of emotions that presents itself in the room and has an impact on our relationship…that dynamic says a lot about her experience of abuse and lack of protection and also how she interacts with people. But there is a very on-and-off dynamic of warmth and lack of warmth and then warmth and

then lack of warmth, so it's sometimes difficult to remain empathic in the room with her when she's acting out (Yasmin, 241)

This excerpt has been interpreted as Yasmin's countertransference of feeling distant from the client being a reflection of the client's patterns of relating where she withdraws from relationships. The unexpected nature of this countertransference, and Yasmin's ability to stay empathic towards her client adds to the complexity of the work. This excerpt could also be understood as Yasmin's struggle holding the role as a consistent protector which Yasmin understands to be a reflection of the client's lack of experience being protected and perhaps a difficulty in demonstrating enough vulnerability that may necessitate protection. Tracy shares a somewhat similar experience of her struggle to connect empathically in the work:

We're supposed to feel the pain that someone is experiencing, so when you don't feel it, you feel like you're heartless, that you're doing something wrong, I think. But also I suppose sometimes I try to think of it as that is part of the process. That adds to the complexity and the shame and the guilt involved in sexual abuse. That's a big part of it. People don't think they will be believed or don't believe it themselves. So, me having that reaction is maybe quite normal given that people struggle to talk about it because generally it's not believed, or generally people don't have the same - a lot of compassion or empathy for it (Tracy, 353)

Feelings of guilt associated with the perceived emotional distance from the client can be understood from Tracy's account. This may be related to her identifying as a CoP and the values of the profession emphasizing humanization- connecting with clients in a profoundly valuing way (Cooper, 2009). Her reflections on the transferential relationship are vital to this experience; Tracy understands her emotional distance from the client as a response to the client's distance or struggle to connect with their own experience of abuse. Eric speaks about the transference of protection:

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They also acted as a shield to me. Very often they would try to - maybe it was because they didn't trust me but also I think because in a certain way they try to protect you from the full exposure - the full effect of just being exposed, just hearing about it, just being a witness, stops - so they were the main protective element (Eric, 525)

Eric makes meaning from the client's limited disclosure or distance in the relationship as a result of the client's transference of protection. He intimates that it may at times be due to the lack of trust, but suggests that clients can be aware of the impact of their material and behaviour related to the abuse. This can be interpreted as Eric's experience of feeling safe in some ways due to the client's transference of protection. The use of the word "shield" also alludes to having a barrier from the client's material, making sure it does not seep into him. The participants' accounts of the transferential relationship, highlight this large aspect of the therapeutic relationship in connection with how they experience this work.

4.3.4 The weight of the work. This sub-ordinate theme was formed to encompasses the weight of the work related to the sense of responsibility, heaviness of the material, and the confrontation of limitations as a psychologist when working with survivors of SA. Data from more than half the participants contributed to the construction of this sub-theme. Ella highlights the weight of the work in terms of the responsibility associated with it:

It was women - a lot of them were still at risk. If you didn't do the best that you could possibly do and try to convince the Home Office to stop a deportation, that meant someone could actually get killed or trafficked. So, we found our responsibility was such that it was very difficult to allow time to be off sick if I was sick. It was way too intense (Ella, 108)

Working with those at risk can be challenging, fuelled by the threat of deportation and the client being in further danger. Ella's account can be interpreted as alluding to the all-encompassing nature of the work. She highlights the impact of this responsibility seeping into other areas of her life, perhaps this can be inferred to mean that the weight of the responsibility is such that it follows Ella out of work, and leads to guilt even when life necessitates stepping away from the work momentarily. Yasmin on the other hand, addresses the weight of the work in terms of facing her powerlessness.

What gives me, particularly, a sense of our limits as human beings and our limits as psychologists and what we can do. It gets me in touch with those limits, which can be really painful because, as a psychologist, sometimes we have this hope that we'll be able to give someone change and fight change. Sometimes that's not always possible and so facing up to those limits is difficult, but I think necessary for my own mental health (Yasmin, 487)

Yasmin shares the difficulty she experienced in confronting the limits of her ability to help. Her use of "painful" illustrates the struggle of accepting this limits, and her sense-making of this difficulty seems to be linked to her role of a psychologist in working to bring about change despite the odds. It can be interpreted that this confrontation of limits is associated with her perspective of the role of a CoP, and her belief in the profession and overcoming the circumstances. Acknowledging her limitations is seen as a necessary act by Yasmin, particularly to ensure her own well-being. Rachel addresses limitations of another kind:

I think much less, or maybe equal, to the pressures from the emotional side, are also the pressures from the fact that the sense of guilt and all of that, sense of responsibility, where we have waiting lists. People want to be seen. The wider system, or the culture, whatever, fails us. I can't provide the service I'd love to provide (Rachel, 221)

Rachel discusses a limitation that arises from the societal level, but directly impacts the work. Her comparison of the sense of guilt to that of the emotional cost of the work, stresses the huge impact that factors out of her control have placed on her and the work. Her description of the failure of the wider system, can be understood as her disappointment in society connecting to perhaps a disappointment in herself for letting clients down even if it is beyond her control.

These four sub-ordinate themes together comprise the experience of being with the client. While the experience of being with the client transcends over the entire analysis, this super-ordinate theme attempted to capture the dominating features of the participants' experiences of being with the client. The emotional experience of the work stood out as a powerful one, with the fluid experiencing of several emotions. The therapeutic relationship brings forward ideas about the impact of the connection as well as the lack of feeling connected, and the weight of the work connects to the emotions and the relationship, while separating addressing the texture of the work- the roughness and the heaviness of it.

4.4 Super-ordinate Theme Two: Being Equipped for the Work

This super-ordinate theme encompasses a cluster of sub-themes that highlight the readiness and preparation for working with survivors of SA, which contribute to how this work may be experienced. Data from all participants contributed to the formation of this theme.

4.4.1 The initial struggle of feeling unprepared. Most of the participants referred to feeling unprepared when they first began working with survivors of SA and discussed the challenges faced initially. Tracy made reference to self-doubt and questioning herself:

I've experienced a lot of feeling really deskilled and thinking I'm not going to be good enough to work with them and they're going to need something a bit more and I'll need to have a bit more of a specialism and blah, blah, blah. There have been people who I've had to refer on because I thought actually, they will need some other input that I cannot give. I've tried to support that transition as best as possible. (Tracy, 615)

Tracy's excerpt highlights her doubt in her abilities and whether she is ready to do this work based on her assumptions that others may be better suited to handle this work. Conceivably, due to the challenging nature of the work, the fear of not knowing enough to handle the complexities of the work may have dominated over Tracy's confidence and belief in her abilities. This could have had an impact on working with this presentation in the future, alluding to the impact of not feeling adequately prepared. This is shared by Yasmin:

I felt very - what's the word? Not confident. I - early on, I didn't really know how to approach the subject of - unless the patient would approach the subject and open up that conversation. I - yeah, I didn't feel assertive or knowledgeable. (Yasmin, 108)

Yasmin's doubts in her skills influenced the work through her hesitation at initiating of and exploration in conversations about abuse. This could be construed as fear and uncertainty of not feeling prepared inhibiting the scope of the work.

Back in the beginning I would be very, very tired. I often would not want to do much, just want to rest, not being able to switch off that well. Whereas now I feel that I am able to finish a day's work and go and meet friends on a Saturday night and emotionally be in a really good place to be able to connect and engage with my friends and enjoy my time (Ella, 250)

The emotional impact and the way this work can permeate into personal life particularly in the early stages of involvement in the work is highlighted by Ella. This demonstrates a consequence of not being adequately prepared. She attributes the movement away

from the initial difficulties of exhaustion and emotionally carrying the work around to experience. It appears that with experience, Ella is perhaps more aware of the impact of the work, and better prepared to be able to leave it behind and not allow it to trickle into her personal life.

4.4.2 Shortcomings of training. All participants talked about their struggles and feeling ill equipped to work with survivors of SA when they began doing this work. Most participants attributed this to the inadequacies in counselling psychology training programs. Rachel describes not feeling prepared for working with SA specifically due to a dearth of trauma training. She also considers SA in the context of political violence, which was also left unexamined in training:

No. I'd say it [counselling psychology training] didn't [prepare me for the work]. We had, I think, a couple of workshops on sex and a bit on sexual development. It was much more related to gender identity. In fact, we had nothing on trauma really. We had very little on trauma, nothing on political violence, of which, rape is a weapon of war. We had nothing like that. Nothing on rape and sexual assault. No. (Rachel, 258)

Rachel elsewhere (266) highlights the importance of power and political context in the consideration of SA, and suggests that training tends to focus on what is "politically in mode" rather than frequently encountered issues such as SA. Her repetition of the dearth of trauma training suggests that she perhaps felt let down by the training. Ella, like Rachel, sees insufficiencies in counselling psychology training. Her account focuses on the lack of specific advice in dealing with risk and complexities in the work:

There is very little usually that you get told about what you're meant to be doing. So I know from supervising trainees as well that they are given clients who have a lot more complex issues than they should be getting at that level of responsibility, and they're just thrown into that. I think it's very disempowering to know that you should be doing something here, but not knowing what (Ella, 361)

Ella understands the absence of practical advice as being disempowering particularly in the early stages of doing this work. She highlights the presence of a deficiency of specific information provided while holding more responsibility due to working with increasingly complex clients in the early stages. Elsewhere (359) Ella states that she developed the skills to do this work outside of her training. This excerpt can be interpreted as being a reflection of Ella's experience in the early stages of the work, where the gap in knowledge may have impacted her confidence. Yasmin also addresses this gap in teaching by stating the requirement for more specific tools to work with survivors of SA:

Possibly a reflection session on how it feels to work with presenting issues of sexual abuse, what you do with those feelings or emotions, how you - yeah, how you cope with them, what is realistic in terms of the goals for therapy, if that was something that you would be working with. Yeah, more a contained, holding, reflective piece of work might have been very helpful for me. Maybe what to expect when working with clients who may have experienced sexual abuse (Yasmin, 327)

Yasmin also emphasizes that teaching needs to address what to expect when working with this complex group, these expectations pertain to what it is like in the room with the client and the impact it has on therapists outside work. Yasmin's use of "contained" and "holding" allude to her not feeling contained when doing this work, and can be understood as her need to be held while doing this work- her need to be held while she is holding the client and proving containment. As with Yasmin, Tracy also accentuates the need for training to consider what happens outside the work and how to manage therapist responses to the work:

the training is focused on how you are as a professional and doesn't really, I think, leave a lot of space for how are you as a professional, but outside of the settings, what

happens as part of the training, as part of these experiences you have with certain clients. When you leave those settings, how do you then interact in your relationships? Do you become nervous that you're always going to be - that you're going to end up being sexually abused. Do you take it for granted that that's something that happens to other people not me? I think that's probably something that could be woven into the work as well, the training as well. (Tracy, 514)

Tracy mentions the need for a shift from a solely professional focus in training to one that also incorporates therapists managing experiences of and responses to the work outside the work place. Tracy uses "you" when referring the impact this has on her. This could be interpreted as a desire to distance herself from the negative implications of and difficulties arising from this work. Additionally, another level of interpretation can be that the desire to separate from the negatives arising from the difficulties she has faced in her relationships and her life outside of work due to the complexities of the work and being unaware of the consequences of the work.

4.4.3 Confronting your own demons. More than half of the participants spoke about working on yourself, acknowledging and taking care of open wounds you may have before immersing yourself in working with others whose wounds may not be altogether different from yours. Eric suggests acknowledging one's own "demons" before engaging in this work:

You should gauge yourself and think about it really hard before you get in there because you don't - some demons you don't, or can't, really deal with. So you don't want to use the magic words that bring up those particular demons. Now we all have demons, you should think if they are ones you can deal with it I think - especially in this, where the demons can be very powerful, the therapist really should think very carefully about how deeply they go into that area (Eric, 624)

Use of the word "demons" has a negative connotation and brings to mind negative or unpleasant events, thoughts, memories, or emotions one might have hidden; It alludes to

unknown, dangerous entities, perhaps ones you do not want to see or uncover. Eric goes on to highlight that we all have our demons, or rather, struggles deep within ourselves based on our life experiences. His use of "we" following the use of "you" demonstrates a shift from possibly being distant from the topic, to taking ownership of and normalising these "demons". His interesting use of "powerful" stands out and can be understood as these demons having the ability as being all encompassing and perhaps taking over the work and maybe even taking over him, if given the chance to. His remarks also highlight the need for self-reflection to gauge readiness in engaging with this work. Rachel also stresses the need to consider one's own internal world:

I knew one person that I'd worked with, who had been - who was a therapist, who had been - who had experiences of childhood sexual assault. It was something that she was trying to work through all her life, I think. It does impact every relationship. Sometimes, you could see it in how she related to some clients. What I'm saying is that we all have something and, so, that's why it's really important, also, to have a reflective approach to work, and ongoing therapy, ongoing good supervision, and be reflective, and know what's ours and what's the clients'. (Rachel, 475)

Rachel uses the example of someone she knew, which demonstrates some distance from the experience shared. It also alludes to Rachel not having experienced such abuse, which she mentions elsewhere (453). Rachel's narrative moves to then confirming that this work impacts relationships, the use of the word "every" refers to the magnitude of the impact on relationships. She highlights that we all have "something" which could refer to the weight of our pasts, and there is a need to continue to work with that to makes sure there are clear divides between the materials of therapist and client. This can be understood as preparation and ability to do this work are embedded within the readiness to confront her own past experiences. Lisa too stresses the need for knowing oneself:

Make sure you know yourself very well. Make sure you don't have anything in the closet that you're trying to work out through your patients, which is so often the case, and that when you're talking to them, you're actually centred on the patient rather than yourself, and that's not always easy to do. (Lisa, 374)

The use of "closet" in this context refers to the hidden depths of the past and addressing these before working with clients. Lisa's advice centres around the need to focus on the client, and not having worked through your own material impeding the ability to do this. This extract, along the with previous ones, contributes to asserting that working through one's own pain is vital to be ready to work with the pain of others.

These three subthemes relate to readiness for working with survivors of SA. The complexity of this work is undisputed, and being prepared for it appears to largely inform how it may be experienced. These themes allude to the levels of preparation needed and the struggles of feeling unprepared. They also illustrate that while training is essential and needs some improvements, being prepared extends outside the realm of training alone.

4.5 Super-ordinate Theme Three: Prevailing Responses to the Work

The next super-ordinate theme addresses what is happening outside the room for participants when working with survivors of SA. While this theme is closely connected to the theme of the experience of being with the client, this super-ordinate theme encompasses mostly longer term, continuing responses that arise from this work. This superordinate theme was formed from the experiences of all participants.

4.5.1 Seeing the world differently. More than half the participants indicated that this work has impacted their view of the world in different ways. Rachel expresses her anger at society and implies a change in her view of society:

I think we've got a bit of an odd society. It's very - don't get me on the politics - it's uncaring… It's not about care for the other, responsibility for the other, being a community, austerity. All of that is part of it. You look around and there's abuse going on in lots of different ways. Whether it's Grenfell, or whether it's an individual who is being sexually abused, I think all of it reflects - is a reflection of society (Rachel, 313)

Rachel's use of "odd" and "uncaring" highlight her negative views of society, which is further emphasized by her understanding of abuse as a reflection of society. Rachel appears to express frustration at the individualistic nature of society that lacks care for the other. This indicates that the uncaring nature of society, where the 'each man for himself' mentality prevails, leads to the prevalence of SA and other events that could be prevented by a more considerate society. This can be understood as her view of society having developed as a result of this work. Ella too speaks about a changed view of the world:

There's the understanding [behaviour of others] part of it and then there's the keeping yourself safe part of it. But I think it's certainly given me a different perspective on the world. The downside is, it also shows you a world full of violence and human beings are capable of very very horrible things (Ella, 416)

While Ella states that the work has helped her be understanding, it also brings forward concerns about safety. It can be inferred that Ella sees some positives in the world due to the work, but has also closely observed the negative, sometimes horrific, actions of humans, inevitably changing her view of the world. This can be interpreted as a change in world view to one that it not entirely negative, but perhaps an increased awareness of the appalling capabilities of others. Tracy also appears to see the world differently:

It's made me probably more cynical as well that it seems to keep popping up again and again and again and it makes me curious why this seems to be a thing that happens to people, what's not clear about what's okay and what's not okay. (Tracy, 238)

Her increased cynicism is directly related to the prevalence of SA she is witness to in her work, her repeated use of "again" suggests the commonalty of the presentation of SA. She seems to be questioning why the concept of consent is not clear to some, and whether some perceive ambiguity in what is morally acceptable. This could be interpreted as questioning society and what messages are or are not being passed on that are enabling SA in such large numbers. Yasmin relates to Tracy's perspective of adopting a more negative view:

What have I taken away? I guess it just shows the - it sounds really - what's the word? Pessimistic, but it's the level of damage that society experiences and the sadness that I feel towards that (Yasmin, 473)

Yasmin's increased pessimism appears to be directly connected to doing this work. She seems to make sense of the difficult material she has heard from clients as being a result of a damaged society. This, along with the sadness could be understood as Yasmin's desire within her role as a psychologist to be able to help others and in some way undo the damage, but the damage to society may not be one that can be fixed, hence the sadness.

4.5.2 Changing perspective of the other. While the previous sub-ordinate theme focuses on a changed view of the world, this subtheme concerns a change in the view of others. These two themes are closely linked, however, the changed view of society can be considered to be a more macro change, while the changed view of others can be on a micro, or more personal level. Most of the participants, in sharing their

experiences, referred to some change in the way they see or relate to others. Eric spoke about the work impacting his view of humans:

In my world that immediacy makes me less positive about the human race. In my private life, only in the fact that it changes me but not really directly. Except as I said I'm very protective of my child… you don't have to be looked after by a male nursery worker (Eric, 282)

Eric suggests that the close, personal experience of the work has given him a less favorable view of humanity. There appears to be a struggle in his acceptance of being directly changed by the work, however, he does highlight increased protectiveness of his daughter particularly from other men. This can be interpreted as a sense of seeing other men as perpetrators or being unsafe due to working with a number of female clients who have experienced SA at the hands of men. Yasmin, also connected to the change in view of others in a personal sense:

I became an aunty this year. So this type of work had made me really think about protection and how important it is to keep children safe, what happens when you don't, how sad actually the lack of connection is. We had a real sense of sadness that parents can't keep - or that anyone has experienced that level of abuse and how it can manifest and how it can occur. It makes me really think about how important safety is for my own - for my nephew, or if anything were to happen, ever, to my nephew, just because it made - I think my nephew more so, connected with my nephew because it made me connect to a more human, very innate burst of emotions (Yasmin, 188)

Yasmin attributes her considerations of safety and protection to the work, further fueled by her becoming an aunt. This extract can be understood as Yasmin seeing a darker side of humanity and the results of the lack of sufficient safety in the care of children through the work. While this darkness may have been witnessed throughout her engagement in this work, it seems like the darkness is perhaps associated with fear now

that she has a close connection with child growing up in the world where the darkness of humanity exists. Tracy's view of others has also changed as a result of this work:

What have I taken away from it? How shit people can be, excuse my language. But yeah, how rubbish people can be, the way that we sometimes treat each other. How strong people can be when they go through certain things which are absolutely shattering and still manage to be kind and to try to function as best they can…that's impacted me both in terms of how I work with people, but outside of that, thinking about what kinds of patterns are in my relationships and the complexity of people being really rubbish sometimes and then also quite nice sometimes and my resilience sometimes (Tracy, 635)

Tracy's use of "shit" and "rubbish" strongly emphasize her changed view of others, in light of what humans are capable of. However, the use of "can" suggests that her view of the other is not entirely negative. This is reinforced by her acknowledgement of the strength and kindness of others despite the odds, as witnessed in her work. Tracy highlights that her views of others have taken a more personal stance as well, in her considering the dynamics within her personal relationships. This can be inferred as Tracy, due to this work, being able to connect more with the reality of her relationships where sometimes she may have experienced negative situations in relationships that she did not realize at the time, and is now able to acknowledge the complexities and her resilience in dealing with these complexities. Participants' experiences here, while all demonstrating a change in view of others, range from a negative view to seeing others from a place of understanding, all as a result of the work.

4.5.3 Overarching presence of the material. This subtheme explores the experience of the presence of the work, outside the workplace and over time. This theme was constructed based on the experience of more than half the participants. Ella shared the impact the work has had on her sexual life:

So, I would say there have certainly been times where I've felt that in my sexual life with my partner I haven't felt comfortable, not because of anything that was going but simply because suddenly something would come up in some shape or form. The other thing was difficulty with sleep. Sometimes I would have nightmares of some elements of stories. I can't really say it was only because of these experiences I've had nightmares (Ella, 141)

Ella credits the discomfort in her sexual life to memories of the work. This can be interpreted as resulting from the intimacy and level of detail often required in this work. Hearing the painful details of non-consensual sexually abusive experiences of others can have a lasting impact, which is likely to have emerged for Ella in light of a shared context of sexual interaction despite the circumstances being different. Conceivably, these memories of client material seem to also be present when she is asleep, leading to nightmares. However, Ella states that it may not only be the work that is contributing to the nightmares, alluding to other experiences, situations, or memories that could be contributing to these nightmares, demonstrating that this work takes place within the context of her life, which extends past the work.

Any other effect on me? Yeah I tend to see more victims, I look there, I look here and I go right I wonder what's happened to this. It doesn't have to be CSA, it can be anything that makes - it can be physical, emotional abuse. (Eric, 290)

Eric demonstrates a sense of hypervigilance to abuse. Perhaps being witness to stores of so much abuse, so frequently, permeates the thoughts and leads to questioning the presence of abuse where there may be none. Rachel shares this sense of hyper vigilance:

you hear the stories, and then you're out at night, becoming even more vigilant than you would usually. That's quite important, actually, because you become more aware of what's out there and what's happened to people. Just being extra safe. I've also talked

to my nephews and nieces about not taking uber and all the online dating stuff. (Rachel, 198)

Rachel's vigilance pertains to safety, and being more cautious of the potential risks that may exist in daily life. Rachel's vigilance extends to her family expressing the desire to protect them from the harm she has seen through her work. This could be understood as fear about safety and the dangers lurking amidst daily life as a result of bearing witness to the stories of clients who may have encountered these unseen dangers in the most horrific ways. Rachel's desire to protect is likely based on the familial bond, however, it may also be a reflection of the protectiveness in her role as a psychologist. This sub-theme, demonstrates another aspect of the prevailing responses to the work, and explores how the work can filter into the lives of participants in unassuming ways.

These three sub-themes are connected by what happens outside the therapeutic space, after being immersed in working with survivors of SA. The profound impact of the work is varied, and these themes capture the nature of this. These sub-themes explore a more enveloping impact of this work which does not appear to be transitionary. This super-ordinate theme considers the experience of carrying the work around even when one is not carrying material specific to a client.

4.6 Super-ordinate Theme Four: Managing the Complexities of the Work

The final super-ordinate theme brings the analysis to completion with five sub-ordinate themes that explore how participants manage the complexities and challenges of the work. This super-ordinate theme focuses on how the work is experienced through the exploration of how participants are coping with the difficult aspects of the work.

4.6.1 Self-preservation through detachment. This subordinate theme aims to depict how psychologists mitigate the impact of the work and protect themselves through separating themselves from the work. All participants discussed needing to

move away from the material, in a physical or metaphorical sense in order to handle the heavy and often distressing client material encountered. Eric talks about separation from client material as a need rather than a choice:

The ability to go home and wash it off yourself. Because you don't want to go home and hang yourself, or attack someone because - I got as far as verbally attacking a friend of mine for treating someone who did it [perpetrated sexual abuse]. Don't get yourself into a place where you actually go and join you know a posse, the vigilantes (Eric, 470)

Interestingly, he uses the metaphor of washing off the work. This could be interpreted as being somewhat dirtied or sullied by the work, and therefore needing to clean it off before resuming his outside life. This can be further interpreted as the lack of washing off the work could in some way contaminate his personal life. Eric's examples of not wanting to "hang yourself" or "attack someone" ignite very visual imagery of the prominence of two emotions: extreme sadness, and rage. His personal example of nearly attacking someone for working with perpetrators of sexual abuse highlights a desire to act on anger. Eric's narrative suggests that the cost of not separating yourself from client work can have severe consequences. Lisa also underlines the necessity of separating oneself from the work:

It depends what I'm told. They stay with me for a while, but I've kind of learned to put all that over there a little bit. So, I was - that was maybe part of this - one of the most important things that came out of my training was, if you keep it there, in your heart all the time, then you won't be able to function for anyone else, or for yourself. So, you need to put it over there. So, look at it, but don't let it get to you, and I try and do that (Lisa, 162)

Lisa suggests the material of the client can dictate how closely, and how tightly you hold on to it. She implies that it is not always easy to set the work aside, and that she has had to learn to do so over time. Informed by her training, Lisa recommends letting

go of the work as holding on to it can impact the therapist's wellbeing. Her use of "for anyone else or yourself" regarding functioning can be inferred to mean that holding on to material of one client can impact the ability to be present with other clients, be present for those in your personal life, and take care of yourself. Lisa's words spark visual imagery of setting aside the material, being able to see it, but not holding it so it does not weigh you down. Tracy describes detachment from the client to be a way of coping:

Sometimes I feel quite detached from it. I think sometimes - I was hesitating saying that because I wasn't sure whether it's because they are detached from it when they're telling me the experience. But I think sometimes not. Actually, I think sometimes I feel a bit detached from it maybe as a coping mechanism (Tracy, 177)

Tracy's hesitation at addressing the detachment could be associated with the perceived role as a CoP where the therapeutic relationship is central to the work and detachment could be seen as a weakened relationship. However, Tracy attributes the detachment as possibly being as aspect of the transferential relationship at times, while at other times being a way of Tracy coping with the difficult nature of this work. Tracy also uses symbolic gestures as a way of letting go of the material:

There is so much of that energy that transfers onto you and you're holding it and carrying it with you, and that can have a real impact on you…any time I have a heavy session, particularly with things like that, I'll try and actually shake it off of me or when I'm leaving the hospital, have a tree that's just outside the exit where I just, in my head, or with my hands, imagine that I'm throwing it onto the tree, just as a - I can pick you back up when I'm going back into work but actually I'm leaving you there because this is too much for you to be carrying all the time. (Tracy, 580)

The cost of holding the material is described as being physical and psychological. The use of the words "holding" and "carrying" allude to the weight of the work, and bring to mind the physical pain of carrying something heavy. Tracy depiction of an energy that

transfers onto you, suggests a sense of being contaminated by the material, with the need to "shake it off" stressing the removal of this contamination. The symbolic leaving behind spoken about by Tracy appears to be a ritual within a specific location where she symbolically takes the material and throws it at the tree. The use of the word "throwing" relates to the use of energy or force, rather than placing the material down, this could be interpreted as such a strong desire to get rid of the material and move it as far away as possible that the material needs to be thrown. The description of picking up the material again, suggests that while Tracy needs to get rid of the material when she leave work, she is entrenched in her work and role as a psychologist and recognizes the importance of needing to connect with the material again and hold it for the client. Yasmin too portrays an image of symbolically getting rid of the material:

We'd open up the windows in the car and we'd literally say everything that we felt. We opened the windows in the car and we just threw it all out in this specific spot in our direction as a symbol of getting whatever we had in our bodies out…That was helpful to discharge any feelings because I guess you do have a lot of individuals' emotions because you are containing their emotions and keeping them and holding them and storing them. I guess storing them wasn't healthy, so we would - we found a way to discharge this storage of emotions (Yasmin, 429)

Yasmin's narrative involves getting rid of the struggles and emotions of the work on the drive back from work. Opening up the windows and releasing the emotions brings forward the image of letting the emotions fly away in the breeze so it cannot have an impact on you anymore. There is also a ritualistic element here due to this being a repeated gesture at a specific spot. Yasmin refers to the "holding" and "containing" of client emotions, and perhaps indicating that psychologists too can only hold so much before the weight of it becomes overwhelming. Therefore, instead of "storing" the emotions, Yasmin depicts the need to release them to protect herself. Participants overall emphasize the importance of separating oneself from the stories of clients and

the emotions associated with this material. Some of these descriptions are heavy in the imagery of letting go with the use of metaphors, reinforcing the heavy force that the emotion and experiences of clients can be and the necessity of separating from this as therapists in order to protect yourself and sustain this level of work.

4.6.2 The need for support. This sub-ordinate theme aims to capture the essence of relying on others due to the challenges of the work which would appear even larger if faced alone. All participants discussed the use of support from different avenues to be vital to the work. Lisa suggests that strong supervision is crucial to the work:

Really, really solid supervision right along the way, and having supervisors who are prepared to name it, and not be wishy-washy about it…the guy [a client] regressed to an eight-year-old. Well, to a foetus, really. I don't know quite what happened to him. It took him a year to get as far as that, but without the solid supervision I had, I would never have been able to work with this guy. So, that's essential. Properly, properly qualified supervisors. (Lisa, 312)

Lisa's use of "solid" indicates being sturdy and stable, perhaps to help anchor her when needed. The use of "wishy-washy" alludes to the opposite, which would not be helpful as she appears to be looking for robustness in supervision, which can perhaps keep her anchored. This can also be interpreted in Lisa seeking a secure base herself to make sense of times the session may not in fact make sense. Her description of a case, her struggle at understanding the case, and how supervision was imperative to this work highlight her belief in the need for competent, strong supervisors. While Rachel illustrates the need for support, she suggests that supervision may not always be enough:

Supervision is a very pressured thing. Supervision is once every two weeks. I've got to fit in clients. Discussing about what to do with clients as well as reflection on yourself, and then learning, so, a lot to fit in (Rachel, 381)

Rachel describes supervision as not always being enough, perhaps due to the pressures on services where time constraints do not allow for extensive supervision. From her account, it seems that supervision is not sufficient for the discussion of clients as well as reflective practice. This highlights the essentiality of a safe, supportive space to share the heaviness of the work. Tracy also highlights the need for support with the use of supervision and personal therapy:

Get a really good supervisor who you can be completely honest with because I think there's a lot of shame, guilt that is transferred onto you as a therapist. That example I give me of maybe not feeling any empathy or sorrow for a client. If I didn't have the sort of supervisor that I've had, where I've been able to say that was my experience, you can end up doing a lot of damage I think in the work. So, I would say get a really good supervisor, get a good therapist so you're processing whatever personal things that might be triggering for you. (Tracy, 557)

Tracy emphasizes the need for honesty in supervision, to be able to adequately address the not so pleasant aspects of the work such as some complexities of countertransference. Her use of a specific example and the potential to do damage instead of the help the client without the use of honest supervision accentuates the need for supervision to do only inform client work, but to assist in the ability to process difficult reflections of the work. Tracy also asserts the need to process the work on a personal level through the use of personal therapy. Ella too, encourages supervision and personal therapy:

Also, one of the things I'm very passionate about is encouraging colleagues to access personal therapy, to do more reflective practice, to ask for supervision, to not stay in that comfort zone that we've been told we are on this side of the line and we are healthy

and sane we don't need to worry about ourselves and that people on the other side of
the line have problems and we provide treatment for that. (Ella, 515)

Ella's description of and denouncement of the line between being mentally healthy or unwell and the idea of the placement of psychologists on one side of the line, asserts the notion that a role as a psychologist does not mean that one is free of their own difficulties and does not need support. This can be interpreted as Ella indicating that being a psychologist does not mean she is not facing her own difficulties. The "comfort zone" Ella speaks of could interpreted as a sense of safety of being well due to being a psychologist. Her words could be understood to mean that the line does not exist, and psychologists need to use supervision, personal therapy, and reflect on themselves in order to be able to work competently and ensure well-being. These accounts highlight that participants value the need for support, from different sources, to be able to work with survivors of SA in a safe and competent way.

4.6.3 Practice of self-care. This next subtheme is closely tied with the last as this too involves looking after oneself to benefit well-being. This subtheme however, is more of an individual process rather than the joint activity that seeking support from others is. Most of the participants talked about various ways of practicing self-care.

If you want it's a bit like replenishment. You know wells come from underground water.
You can take out so much water and it's replenished by the rain. You can take more
than it's replenished but then it will run out. When I was feeling I was running dry I
stopped it, so now I'm replenishing myself more than I am taking out to get back to the
balance. (Eric, 214)

Eric interestingly uses the metaphor of a well running out to water without enough rain to describe his own experience of needing replenishment. His description of "running

dry" could be interpreted as referring to energy, or to the parts of himself he gives to the work. Eric depicts more being given by him than being replenished leading to feeling like he was "running dry". He refers to stopping work with survivors of SA temporarily to regain a sense of balance. The replenishment could be understood to refer to seeing change in the client, other joys in the work, or matters in his personal life. Eric's experience reflects one aspect of self-care, which is knowing his limits, and stepping away from the work when it becomes over whelming to ensure his well-being. Rachel also refers to finding a balance:

It's about finding a balance that works. I'll go jogging. I'll go cycling in the park on my weekends and days off. I'd say, don't do this in terms of five days a week. You can't do it. It's too intense. I watch cartoons and comedies…What else do I do? I do lots of arts and stuff like that…find the things that help you to care about yourself, to alleviate the pressure and the distress (Rachel, 363)

Rachel's self-care involves finding a healthy balance between the work and her personal life with involvement in activities that take her away from the work and help clear her mind. She specifically speaks about activities that involve a different way of thinking or even an escape from thinking, possibly to gain some distance from the work. Rachel also encourages not doing this work full time due to the intensity of the material which could get overwhelming, perhaps alluding to her feeling overwhelmed by the work at times. Rachel underlines the subjective nature of self-care and finding the things that aid self-care in each individual. The thoughts about self-care and how it is practiced vary between participants, suggesting that it is necessary, regardless of the form it takes.

4.6.4 The use of reflective practice. This theme of reflective practice is closely connected to the previous sub-themes, however, this was constructed as a separate theme due to it, on its own, being such a large part of the CoP identity as a reflective practitioner. All participants described their use of reflective practice. Rachel speaks about reflective practice bridging her work with her personal life:

I think I do reflect on relationships. Is that unexpected? I think, any work where I'm with another person, and they're narrating, it's natural for me to reflect on my own life. Reflection, anyway as a therapist is really important, so you want to separate what's yours and what's theirs. Yeah, it does get me thinking about maybe I should be in a relationship and all of that kind of thing. Trauma work, in particular, makes me really reflect about the - what's important in life. (Rachel, 247)

Her account suggests that reflecting on client work, particularly in connection with her own life occurs organically. Rachel highlights the importance of reflective practice in order to ensure clarity about whether the the material belongs to the client or therapist. Perhaps Rachel's reflections on being in a relationship pertain to being a part of the lives of clients who may struggle with relationships, but also rely on relationships to provide love and care. It can be interpreted that perhaps witnessing that horrors and hardships of life, has led to Rachel's consideration of what she wants out of life and what is most important in her life, hence considering that relationships may be so. This can be understood as the work providing a sense of clarity on life for Rachel. Lisa's narrative concerns reflections regarding working with survivors of SA:

Working with sexual abuse? I - first of all, I'd wonder why they want to do that. Yeah. So, why that particular area would be interesting. So, look at themselves, look inside themselves. Why do they want to? Because it's very difficult. I didn't sign up for that. I really didn't. I got sent people, and then was told I seemed to have a way with them, or whatever, and so then I got sent more. (Lisa, 366)

Lisa recommends reflecting on why one would want to do this work due to complex, and perhaps even enveloping nature of it. Lisa's reflections of her own motivation behind doing this work suggest that it was not an intentional choice to do this work specifically. This can be understood as Lisa's considerations of whether she would be doing this work of her own choosing if she had not been given clients with this presentation. The honestly and clarity that reflective practice provides appears to be vital to the work. Eric provides honest reflections of his experience and why he may be doing this work:

Why am I here, why am I interested in this field? Is it genuine compassion and wish to help, or is it I'm getting a bit of vicarious peeping tom-ing? I had to work with that as well, and you know what, I even accept that there might be an element of the peeping tom. Often it's - I say it's like a knife. Is a knife good or bad? I don't know. If you're holding it - in the hand of a chef or a surgeon it's an excellent thing. In the hands of a hoodlum in the street it's a nasty thing. So it's not what it is, it's what do you do with it. (Eric, 183)

Eric's account explores the reasons behind his involvement in this work. His candid narrative explores what could be considered a voyeuristic aspect of the work, and assesses his purpose in doing this work. This excerpt demonstrates sincere reflections on his decision to do this work. He uses the metaphor of a knife to vividly describe the huge impact doing this work can have on others. He suggests that the knife can be used for helpful and harmful purposes depending on who is holding the life. This can be interpreted as his reflections leading to the understanding that his intentions have led him to hold the knife in a way that helps, rather than hurts, others. Overall, participants shared their experiences of reflective practice and emphasized the necessity of it for

different reasons; one reason being the understanding of why one chooses this profession, which perhaps facilitates the work.

4.6.5 Seeing a light in the darkness. A ray of light, or positive aspects of the work stood out in providing participants with the motivation to continue this work in spite of the complexities frequently encountered. All participants talked about seeing the light in the work and the moments that sparked joy. Ella described being strengthened by the work:

Simply being humbled by the strength and the resilience in these women. It has certainly, very often, even to this day very often when I am in a difficult place personally, I always remember that I've met incredible women who have dealt with a lot more and found the strength to get out of bed in the morning. That is so remarkable. Even if I'm going through a difficult phase I know that I definitely have the strength to go through that because women I've met were able to go through their experiences. (Ella, 170)

Her use of "humbled" in this context suggests being moved and perhaps being offered a different perspective by the strength and resilience witnessed in clients. It appears that the perspective offered is one where Ella is able to evaluate her difficult times against those she has worked with, and through that finds strength. Elsewhere, Ella (488) addresses the appreciation for her own life in light of the struggles in the lives of others. This highlights Ella's drawing strength and positivity through the work, which perhaps helps her continue to do this work. Yasmin shares Ella's appreciation for her life:

Much more appreciative, much more grateful, much more aware of perhaps the importance of me and relationships, much more observable. Yeah, yeah, quite a few different things there, I think. (Yasmin, 376)

Yasmin appears to have developed gratitude for her life and the relationships in her life, having seen the relationships and life events clients struggle with. Rachel's narrative describes sharing the joys of the client:

There was a young woman, who is a refugee, who wanted to share some news with me, that she'd just got her residency. Because you're going through it with them. It's just amazing. The detention centre that I visited, there was a Chinese girl who'd been sexually assaulted. She was trafficked. The report that I wrote - she'd failed about five asylum appeals, but the report I wrote, which related to all of that, got her released. That is really rewarding. (Rachel, 434)

Rachel shares examples of client work, where being on this journey with clients enables her to experience happiness in seeing them succeed. It can be understood that she is proud of her ability to make an impact in the lives of others. Despite the difficulties of this work, the light for Rachel seems to be in witnessing the joys in the lives of clients and helping them attain these joys. Similarly, Eric seems to find the light of the work through the progress of clients:

It's amazing the numbers of them that have children and they choose. They have crap parenting, usually their parent couldn't do it, protect them, and yet they very much try to parent....Many of my clients acted as a shield, it happened to me, I won't let it happen. (Eric, 516)

Eric seems to experience joy from seeing the growth in his clients and watching them break free of what could be a painful repeated cycle of parenting. He also contemplates the ability to see the joy in the work:

As I said earlier the realisation, I know some people - do you know cocks, as in cockerel? They stand on a pile of dung but look up at the sky, so that's - our feet are in the dung, our eyes are up to the stars, so this realisation is stronger. Now whether you

choose to sink deeper in the dung or try to lift yourself to the stars is your choice. (Eric, 558)

He uses an interesting metaphor to describe how one can see the light in the work. He seems to suggest that doing this work, we can get caught up looking at the hard parts and the challenges encountered so frequently. However, those that may be dealing with the challenges, but are able to see beyond the challenges and see the stars, or rather the light in the darkness, are the ones that can continue this complex work.

All participants addressed the need to manage the complexities of the work through various avenues. There was a focus on addressing that this work cannot be done alone and without the awareness that it can get very difficult and there is a need to be prepared to face the difficulties in different ways. Important features underpinned in this super-ordinate theme are relying on others, separating from the work, taking care of themselves physically and emotionally, and acknowledging and revelling in the joys of the work to help them keep going.

4.7 Analytic Summary

The analysis explored the experiences of six CoPs working with survivors of SA. The themes that were constructed based on participants' narratives provided an in-depth look into CoPs' experiences of working with survivors of SA. The analysis demonstrates that the complexity of the experience starts in the room and with the formation of the therapeutic relationship. This part of the work appears to be emotionally laden alongside the emergence of various dynamics in the therapeutic relationship ranging from the necessity of closeness with the client to creating a distance from the client. The emotional experience then transitions outside the therapeutic space, with memories and thoughts of the work permeating personal lives.

This is further compounded by the weight of responsibility for clients and the powerlessness that comes with acknowledging one's own limits that are carried in and out of the room. Alongside the impact on personal lives, participants have experienced an altered view of the world and others as a result of this work. Although participants appear to be carrying the challenges and responsibilities of this work, they suggested that did not always feel prepared to be doing so. All the participants suggested that training did not adequately prepare them for this work. However, regardless of the heaviness and challenges of this work, all participants indicated that they are coping with the work. This suggests that although they experience this work to be complex, not only are the participants coping, they also seem to be able to see a light in the darkness and experience joy in doing this work.

Chapter Five: Discussion

5.1 Chapter Overview

This chapter contains an exploration of the results of the analytic process, with respect to the research question and existing research in this area. The present study is also evaluated, with consideration of the methodology and quality, in addition to an exploration of my personal reflexive process and the reflexive process I engaged with in terms of the research. The implications of this research are also discussed, examining the contributions to counselling psychology, future research, and wider contextual offerings.

5.2 Summary of the Research

The aim of this research was to gain a comprehensive understanding of the experiences of CoPs working with survivors of SA. The main research question was: How do Counselling Psychologists experience working with survivors of sexual abuse? This was supplemented by two analytic foci:

1. Preparedness for the work with respect to counselling psychology training.

2. Management of and coping with the challenges that may arise from this work.

The following section will attempt to address these questions, while referring to the existing evidence base.

5.2.1 The experience in the room. Working therapeutically as a mental health professional is known to be challenging in various ways (Rossler, 2012), this is particularly so in working with survivors of SA (Collins & Long, 2003). Shock, sadness, anger, frustration and fear have all been reported as a response to doing this specific work (Iliffe & Steed, 2000; Knight, 1997; Pistorius et al. 2008; Schauben &

Frazier, 1995; Steed & Downing, 1998). In an attempt to explain the emotional responses to the work, Knight (1997) differentiated between countertransference and emotional responses to the work. She suggested that the former stemmed from unsolved issues that belong to the therapist. Considering this from a theoretical perspective, while this definition can be compared to Freud's initial understanding of countertransference, the understanding of countertransference has evolved since, to now consist of the emotional responses of a therapist towards the client which can be used as a tool to inform the work. In fact, the object relations and Kleinian schools of thought suggest that every reaction the therapist has towards the client is countertransference (Lemma, 2016).

All participants referred to the strong emotional responses to the work, with sadness, shock and anger being the most prominent. Anxiety was also discussed; Tracy spoke about being anxious doing this work, particularly due to its complex and confusing nature. Yasmin also shared this anxiety which appears to stem from feeling not knowledgeable or skilled enough to do this complex work. Rachel, interestingly refers to concerns about VT, but does not state that she feels she is vicariously traumatized, and none of the other participants refer specifically to VT. This demonstrates the necessity of the shift from quantitative research in the subject, where only specific markers of VT were measured.

Anger was a salient emotion is the data. Although other research has touched upon feelings of anger, the magnitude of this anger has not been illustrated as prominently (Iliffee & Steed, 2000; Knight, 1997; Schauben & Frazier, 1995). The strength of the anger and the multi-faceted nature of it are demonstrated in this study; the anger was directed towards perpetrators, witnesses, society, the abuse itself, and the

sexualisation of children. Outrage towards children being harmed can be understood from a more personal sense as well, as Eric, Yasmin, and Rachel, referred to children in their families who they cared for and felt protective of, perhaps indicating an over-identification with the work. Another aspect of anger that comes through in the data is its accumulating effect, such that it has built up over time of doing this work, resulting in a continued outrage that is notably multi-faceted. This research contributes to the existing literature on the prevalence of anger, but explores this emotional response further to provide a more detailed understanding of where it is directed.

The emotional experience can be understood to result from connecting with clients and hearing their pain which could resound with participants on a deeply human and heartfelt level (Chouliara et al., 2011). Moving from a phenomenological stance of experience to psychodynamic framework to explain the experience, this can be understood as countertransference, allowing a glimpse into the client's relational template (Malan, 1979). Similarly, the concept of projective identification can be useful; the anger and other potent emotions may be projected onto the participants who them embody these emotions (Lemma, 2016). Action dispositions, a component of countertransference, may be in play here as participants could be adopting the role of protector resulting in the magnitude of anger and other emotions (Wastell, 2005). The implications of the emotional experience and the prevalence of anger will be further discussed.

5.2.2 The therapeutic relationship. The therapeutic relationship is understood to be at the core of various therapeutic modalities and is fundamental to Counselling Psychology (Chahal, 2013; Shapiro, 1999; Martin, Garske & Davis, 2000; Woskett, 1999). The therapeutic relationship is understood to be a primary factor in positive

client outcomes (Horvath et al., 2011; Lambert & Barley, 2001), in fact, this is more so with survivors of SA, than other presentations (Middle & Kennerley, 2001).

When discussing their experiences of this work, all participants referred to the therapeutic relationship, and did so in different ways that appear to explore its various dimensions. The necessity of a genuine and honest therapeutic relationship was one such way. Rachel stated that the work cannot be done without the connection, similar to the findings of Chouliara et al. (2011), where both survivors of abuse and therapists highlighted the benefits of being in a trusting therapeutic relationship. Expressing one's own emotions was described as assisting in the work and in the formation of a closer relationship, reinforcing the benefits of openness in the therapeutic relationship. This was similar to research examining female SA survivors' experiences of therapy, where openness and equality in the relationship were expressed as vital to the work (McGregor, Thomas & Read, 2006). This highlights the counselling psychology identity by underlining the importance of the therapeutic relationship and alluding to the humanistic value base which emphasizes the humanness and non-hierarchic stance in the work, where CoPs are not outsiders analysing the client, but are very much walking alongside the client (Cooper, 2009).

Participants' accounts acknowledge that the connection can be painful - especially when one hears the horrors of clients' experiences and shares this intimacy with them- but also unavoidable. Lisa also stresses the importance of recognition of the injustice of the client's experience which, alongside the the demonstration of empathy, positive regard, and congruence, is understood to provide validation for the client (Baker, 2002). Ella's narrative illustrates the pressure in the therapeutic relationship, such that she is holding the hope for someone who has lost hope. This concerns the use

of oneself and one's own resources to hold the client, as referred to by other participants. Pistorius et al. (2008) found that therapists indicated that they held the huge weight of the trauma for clients. Stepping away from the phenomenological perspective, the use of psychodynamic and relational theories assist in explaining this. The idea of holding the hope can be understood with Winnicott's (1986) assertion of the essentiality of a holding experience in childhood, which when lacking, can be reparative when provided in therapy (West, 2013). Similarly, Bion's theory of containment provides an explanation which understands the mother to be the container who takes the emotional experience of the infant, processes it, and returns it to the infant in a more tolerable way (Caldwell, 2007). This can be understood as the participants' role, as CoPs, where their own resources are used to process emotional experiences for the client. Attachment theory is also applicable here as the participant can be seen as a secure base holding the client (Holmes, 2001).

Participant accounts revealed some interesting dynamics in the therapeutic relationship while working with survivors of SA, illustrating a nuanced exploration of the therapeutic relationship in working with this specific client group in a way in which previous literature has not done. Tracy and Yasmin discussed the push and pull in the therapeutic relationship where there was an oscillation between feeling warmth for and close to the client, and feeling distant from the client. Similarly, Tracy talked about how she was surprised by not feeling empathy for a client and guilt associated with this. It is as though the complexity and nature of the work pushed the limits of empathy in some ways. In examining this from a psychodynamic framework, rather than a phenomenological stance, the transferential relationship is helpful in providing an explanation. The transferential relationship largely contributes to how the relationship between client and therapist is experienced and understood (Bateman et al., 2010). The

transferential relationship is not one that is stagnant, it can continue to change throughout the therapeutic process (West, 2013). This oscillation in closeness can be explained in different ways within the transferential relationship, for instance this could be the client's transference informed by their patterns of relating which may be abuse related (Malan, 1979). Alternatively, or additionally, this countertransference may be the employment of a coping strategy on the part of the participants to protect themselves by gaining distance from the deeply traumatic material, which may also be anxiety provoking (Sanderson, 2006). As Wastell (2005) suggests, this countertransference could also be explained as affective countertransference where this distance is a reflection of what the client may be feeling. Similarly, the guilt and shame experienced by participants may be an unconscious replication of the client's feelings of guilt and shame (West, 2013). Moreover, considering the identity of participants as counselling psychologists, these emotions may be related to the humanistic value base and feeling pressured by a need to feel empathy as a CoP. Reverting to the phenomenological stance, another understanding of this distance in the relationships is provided by Eric and Lisa, suggesting that the client may be maintaining a distance in order to protect the therapist, which may be due to the client's transference (Lemma, 2016). It appears that it is not only intimacy of the therapeutic relationship that contributes to how the work in experienced, but also the lack of closeness and empathy. These interesting dynamics in the therapeutic relationship provide an insight into the complexities of this work, and the knowledge required to understand these dynamics and use them for the benefit of the client. Psychodynamic literature and previous research assert the importance of identifying and addressing the dynamics that appear in the transferential relationship in order to facilitate the ability of SA survivors to express themselves and develop interpersonal and intrapersonal contexts (Davies & Fawley, 1992).

5.2.3 The weight of the work. The weight of the work refers to the sense of responsibility, powerlessness, and heaviness of the material that can exist within and outside the therapeutic space. The sense of responsibility as a therapist can emerge from various aspects of the interaction, including risk and safeguarding. Ella stated that this responsibility led to her struggle to take days off while unwell. This portrays the unrelenting heaviness of the work which can filter into psychologists' personal lives. Ella also stresses that a huge responsibility arises from increased risk that can often be present in this work, where interventions need to be carefully timed, as does safeguarding and risk management. This is similar to the study by Chouliara et al. (2011) who found timing to be paramount to the work, they also saw that therapists were anxious about the significance of safeguarding on the therapeutic relationship.

Helplessness and frustration at the powerlessness of being unable to change situations in lives of clients is demonstrated in previous research (Chouliara et al., 2011; Schauben & Frazier, 1996; Steed & Downing, 1998). Moving on from the phenomenological position, psychodynamic and developmental theories can be useful in providing an explanation for this experience. The powerlessness may be a projection of the client's helplessness with regard to the abuse (Lemma, 2016). Alternatively, Sanderson (2006) suggests that the therapist's countertransference of adopting a rescuer stance, and possible over identifying with that stance could lead to feelings of powerlessness. From an attachment perspective, Liotti (2014) offers an understanding of the shared powerlessness between therapist and client. Liotti (2014) suggests that as the therapist can take the role of a caregiver, and the sharing of powerlessness between client and therapist can assist the therapeutic process by modifying feelings of being alone and in pain. This can be followed by the therapist offering a restorative relational

experience as a caregiver, providing a secure attachment (Liotti, 2014). Attachment

theory highlights the importance of feeling secure for an individual to be able to process

feelings, therefore this attunement on the part of the therapist can facilitate the

therapeutic process (Holmes,2001).

An addition to the weight of the work comes from increasing pressures on

mental health professionals. For example, Rachel talks about the pressure of waiting

lists. One study found that the accessibility of services and the consistency and

continuity of services offered were seen as a challenge for survivors of abuse, and

therapists also underlined the need for increased resources for mental health care in

general and for specific presentations such as this (Chouliara et al., 2011). This is a

reflection of a larger problem where the NHS seems to be in a situation where care is

required for growing numbers of people with limited resources (Sizmur & Raleigh,

2018). Challenges services face can be examined on a macro level, where the political

context has contributed to a lack of funding in health care directly affecting the

provision of mental health care. This lack of funding has placed increased pressure on

services to provide optimal care with minimized funding. This not only impacts

individuals awaiting metal health care due to increased time on waiting lists and time

constraints on the length of therapy, but it also has a direct impact on professionals who

face the additional pressure of adapting to these constraints and providing optimal care

(Rao, Bhutani, Clarke & Sanjiva, 2016). These additional pressures contribute to the

experience of this work, where extended waiting lists and lack of availability of

sufficient supervision lead to perceiving the work as increasingly complex.

5.2.4 Carrying the work: life outside work. Client material appears to filter

into the everyday lives of participants, where cues to the material have an impact in

different areas of their lives. For instance, one participant spoke about the impact of the work on their sexual life, due to memories associated with the graphic details of client material, an account supported by other research (Knight 1997; Pistorius et al., 2008). Impact on sleep, and having nightmares was also described as a lasting impact of the work. Ella also gives a vivid description of her experience at the dentist which brought forwards memories of client material. This visceral experience where she had to remove herself from the situation provides an in-depth look at the extent to which this work can seep into one's personal life. Additionally, participants discussed becoming hypervigilant to the possibility of others having experienced abuse, and more vigilant towards safety in their own lives, as in other research (Benatar, 2000; Steed & Downing, 1998). This increased vigilance is described by Rachel as resulting from increased awareness about what is out there and what can happen, similarly Tracy asserts that doing this work leads to increased awareness of how common SA is. Rachel, Eric and Yasmin also talk about how this work has made them more vigilant towards their families and protecting them from ever encountering such horrors, exhibiting how the repercussions of the work are experienced.

5.2.4.1 Seeing the world differently. Previous research has demonstrated the widespread impact that working with survivors of SA can have, including on life outside work (Benatar, 2000; Cunningham, 2003; Schauben & Frazier, 1995; Way et al., 2004). In accordance with previous research (Benatar, 2000; Schauben & Frazier, 1995), more than half the participants described a change in the way they look at the world. Rachel expressed disdain and frustration towards society as a whole, particularly due to the glorification of sexual acts that are reminiscent of abuse; her description of abuse being a reflection of society highlights the way in which she sees the world. Ella appears to relate to this world view by stating that the work has led to her seeing the

violence and horrors humans are capable of. Tracy and Yasmin too agree to having a more pessimistic world view with increased cynicism. These changes in world view are similar to that of a qualitative study by Benatar (2000), which highlighted cynicism and seeing the darkness in the world. However, this data provides an understanding of why participants see the world differently, and provides a more in-depth exploration of this connection with the darkness.

In addition to seeing the world differently, there appears to be a change in the view of others, with participants describing decreased positivity about humanity. Mistrust of others is in line with other findings (Knight, 1997). This is in connection to seeing a darker side of humanity due to this work, and becoming more vigilant about their own safety and safety of others, as seen in previous research (Benatar, 2000). However, there is also recognition of the strength of people who have been through hardships and appreciation for the kindness they can still exhibit. While other research touched upon the changes in world view and perspectives on humanity, it is mostly attributed to VT (Benatar, 2000; Schauben & Frazier, 1995). However, this research demonstrates that irrespective of the terminology used, the subjective experiences of participants highlights that the world is perceived differently regardless of PTSD symptoms or any of the other makers that denote VT.

5.2.5 Preparation and training. Upon discussion of the complexities and repercussions of the work, the questions of "why is it so difficult?" and "What can be done to minimize the struggle?" come to mind. Addressing preparation for the work, training is crucial to readiness in working with survivors of SA. Counselling Psychology training, while differing between training institutions, adheres to a set of

guidelines that outline the standards required for accreditation with the British Psychological Society (BPS, 2019).

All participants in this study stated that Counselling Psychology training had some inadequacies that impacted how prepared they were for working with this client group. This led to them feeling underprepared, doubtful of their own abilities, and struggling with the work seeping into personal lives. Ella summed it up by saying that feeling unprepared for this work in disempowering, while Eric said he did not blame the training, as there is no real way to be prepared for this work until you are actually doing it, all the other participants mentioned that they would have benefitted from additions and improvements to the training they received. Adams and Riggs (2008) in a study of trainee therapists found 25% of participants to have worked with trauma clients without formal training in working with trauma, and they recommended the inclusion of adequate training and realization of how intense the work can be. Nevertheless, the majority of the literature in this subject area uses a varied group of participants with different qualifications, and as such does not address the implications of a specific training programme. This study is the first of its kind to examine this component of the experience of working with survivors of SA. Participants indicated some limitations in trauma training, especially concerning sexual trauma. It was suggested that training could benefit from experiential learning. According to Grant (2006) experiential learning can be helpful as it allows the use of different techniques in a safe environment, particularly due to difficulties in the therapeutic relationship if the client feels a lack of congruency between themselves and the therapist. Participants discussed the need for training to further address dealing with issues such as risk, and specific skills and therapeutic modalities for this work. Participants also indicated that the weight of this work and holding clients required for participants themselves to be held

more, particularly when they were training. Despite participants suggesting that training needs to be improved, there is a strong indication in the data that participants are coping. It can be interpreted based on the ways in which participants are managing the complexities of this work, that there were aspects of training that perhaps helped them learnt how to adapt to the work and be able to cope with it. This indicates that while there may be aspects of training that need improvement, there are facets of training that are beneficial to the development of CoPs working with SA.

An important message in this data was that training did not adequately attend to the connection between the work itself and the impact it has on therapists' lives outside of work. Addressing the impact this may have on psychologists at the early stages of training may influence how the challenges of the work are responded to due to feeling more prepared. Similarly, participants highlighted the need to "confront your own demons", and while personal therapy is a requirement during training, the need to work on yourself and be in touch with your inner self prior to doing this work was emphasized. Participants' narratives pertaining to training illustrates how counselling psychology training has influenced their experiencing of working with survivors of SA. The implications and recommendations for these gaps in training will be further addressed.

5.2.6 Continuing this work. Participants illustrated the myriad of challenges arising from working with survivors of SA. However, all participants continue to do this work and they reflect on what helps them cope with the challenges and continue working with this client group. The most important factor that emerged as being vital to this work, as outlined by all participants, was having adequate support which was attained from different avenues. For instance, similar to previous research (Benatar

2000; Kadambi & Truscott, 2004; VanDeusen & Way, 2006; Way et al., 2004), all participants agreed that supervision was essential for this work, however, there were some varying impressions on supervision. Rachel spoke about how pressured supervision was, as addressed in other studies (Pistroius et al., 2008). This can be understood as a scarcity in supervision due to the aforementioned pressure services are under due to insufficient funding. Nevertheless, Tracy spoke about how a large part of her learning was due to supervision. Lisa and Tracy highlight the quality of supervision, and the necessity of having a supervisory relationship where you can be honest and open.

While having support was frequently listed as necessary for the work in previous research (Schauben & Frazier, 1995; Way et al., 2004), the study by Pistorius et al. (2008) stands out in its reference specifically to the use of personal therapy to cope with this work. Previous literature has illustrated the personal and professional benefits of therapists accessing personal therapy (Daw & Joseph, 2007; Macran, Smith & Stiles, 1999; Wiseman & Shefler, 2001), particularly so when working with trauma (Neuman & Gamble, 1995) however, the lack of research concerning work with survivors of SA addressing personal therapy is surprising. As Ella suggests, this could be a reflection of the view where there may be a dichotomy between "them" and "us", where mental health professionals are seen as being healthy and clients unwell. However, most participants spoke about the importance of personal therapy. This alludes to the practice of having personal therapy, as required in counselling psychology training, and the humanistic values of counselling psychology where a non-hierarchical view is employed with clients who are seen as subjective human beings, not as unwell individuals who seek therapy (Cooper, 2009).

Neuman and Gamble (1995) stressed the importance of self-care when working with clients who have experienced trauma, which seems to be supported by other literature (Pistorius et al., 2008; Schauben & Frazier, 1995; Steed & Downing, 1998). Self-care appeared in the accounts of most of the participants, for example, Eric used the metaphor of a well running out of water to explain the need for replenishment through self-care when running low on reserves that are given to clients. Sanderson (2013) outlines self-care strategies, separated into four categories, with reference to working with clients who have experienced abuse-related trauma: emotional self-care, physical self-care, self-care related to the work place, and self-care of a spiritual nature. Participants referred to all of these categories aside from spiritual self-care. For instance, emotional and physical self-care are described through activities and practices such as mindfulness, and work place self-care is referred to through reaching for support, using groups at work and the support of colleagues. Emotional self-care is also addressed through the use of reflective practice, which is not only essential to the work, but also in self-care as seen in Rachel's narrative. The reference made to reflective practice by all participants also highlights the presence of the counselling psychology values, and the coherence with the counselling Psychology identity as a reflective practitioner (Hammersley, 2003).

All participants discussed the need for detachment from the work with the use of metaphors such as "washing off" to describe this separation. Actively extricating oneself from the work is specified as being essential to the work, as not doing so may inhibit the therapist in a professional and personal context. Tracy identified that this detachment is a coping mechanism for her, which enables her to continue doing this work. Symbolic separation also appears in Tracy and Yasmin's narratives where they symbolically leave the material behind at the place of work, or symbolically throw it

away. There is a sense of needing to get rid of the material at least temporarily in order to be able to engage in their personal lives and work competently with other clients. Therapists in Pistorius et al. (2008) study spoke about burn out and dreading their clients. Although the participants of this study referred to a need to detach from their clients and the need to replenish themselves, they did not refer to these specific difficulties. This suggests that although participants did refer to various challenges of the work, they have perhaps found helpful ways of coping that help them persist with this work and contribute to how they experience it.

5.2.7 Joy. Some of the existing research refers to the positive aspects of working with survivors of SA. The positive effects of the work are illustrated as pertaining to positive views of the self and others, increased self-awareness, the satisfactions of enabling change, and personal growth (Benatar, 2000; Chouliara et al., 2011; Pistorius et al., 2008; Schauben & Frazier, 1995; Steed & Downing, 1998). Participants described some of these effects, such as developing a positive view of others and the fulfilment they feel in having assisted change. Other positive effects also emerged in this study, and seemed to enable participants to continue working with this group. Ella discussed being humbled by her clients and their strength, which gives her strength to cope with challenging times. Yasmin talked about gratitude for her own life, while Eric used a metaphor to explain that there is a light in the darkness. Lisa and Rachel talk about happiness at victories in the lives of clients and the pleasure of seeing change.

Although there is research examining the positive effects of working with trauma, most of it is defined as compassion satisfaction and VPTG (Cohen & Collens, 2013; Samios, Abel & Rodzik, 2013; Slocum-Gori et al., 2011). While compassion satisfaction can lend to understanding the positive effects of the work, VPTG may not

be as suitable to explain this, due to the term implying that VT has taken place in the first place. Nevertheless, an important positive effect that emerged from this data is joy; joy at the successes of clients, joy at witnessing change, and joy at enabling change. From the experiences of participants in this study, the joys of the work, truly appear to a be a light in the darkness, which enables them to continue working with survivors of sexual abuse.

5.2.8 Summary of the discussion of analysis. The review of the analysis provides an in-depth look into the many facets of CoPs' experience of working with survivors of sexual abuse. Although the present study is based on and related to the existing research in the area, it offers a first look at the experience of CoPs working with this presentation. The many challenges of this work within the therapeutic space and beyond emerged in this study, along with a comprehensive look at counselling psychology training and how it is so closely tied to how this work is experienced. The short-comings of training were highlighted, along with how participants cope with this complex work. While the challenges are undisputed, it would be amiss to not recognize the incredible strength and resilience of these participants, who continue to work with such a challenging group, and make a difference in the lives of many, despite the profound ways in which their own lives are impacted.

5.3 Evaluation of the Study

5.3.1 Evaluation and quality. Yardley's (2000) criteria for good qualitative research was used as a tool to evaluate the quality of this research. This criterion examines four qualities: transparency and coherence, commitment and rigour, sensitivity to context, and impact and importance. The first three will be discussed

below, while the criteria of impact and importance will be discussed further on in considering the implications of this research.

5.3.1.1 Transparency and coherence. According to Yardley (2000), persuasiveness and clarity are at the core of transparency and coherence. In terms of transparency, the data collection and process of analysis are detailed in this study (section 3.7.3), in addition to my personal reflexivity and that as a researcher, to ensure complete transparency. As the themes were constructed from the data by me, the coherence of the themes with the experience of participants is a concern; such that there was the risk of stepping too far away from reflecting the experience of participants in my themes. This was resolved through discussions and guidance from supervision. Coherence is exhibited in this research through the presentation of a congruent argument, and narration of the research as a story, that consistently addresses the research aims and research question.

5.3.1.2 Commitment and rigour. Yardley (2000) states that immersion in the data and prolonged engagement with the research are central to commitment and rigour. As a novice researcher, I used supervision and engaged with the literature pertaining to IPA to further my knowledge. Due to the nature of IPA and its focus on subjectivity, my position as a researcher and my interpretations of the participants making sense of their experience is central to the methodology. Therefore, another researcher may have arrived at completely different interpretations. Similarly, another researcher may have elicited a different narrative from the participants. My immersion in the data was both as an empathic researcher and a suspicious researcher (Langdridge, 2007), with extensive exploration of the data to avoid surface level understanding. My data analysis

involved various stages, trial and error (section 3.7.3), and some creative endeavours which are evidenced in appendices L & N.

5.3.1.3 Sensitivity to context. Yardley suggests that sensitivity to context has many facets, one of them being the theory and literature pertaining to previous findings in this field. This has been demonstrated through the literature review (Chapter 2). The methodological context has also been addressed through the exploration of the philosophy and history of the conception of IPA (section 3.4). Additionally, my reflexivity, as the researcher is discussed throughout this study, including attention to the relationship between the participants and myself, and my characteristics and actions as a researcher within a specific context at a specific time (sections 3.8 and 5.4).

5.3.2 Methodological evaluation. The use of IPA methodology in this study was suitable for the aims of this research. The use of IPA has provided a rich, detailed exploration of the experiences of CoPs working with survivors of SA. In agreement with the principles of IPA, this research is idiographic and its purpose is to make sense of the individual experiences of participants in order to add to the knowledge-base in this area (Smith et al., 2012).

5.3.2.1 Critical consideration and limitations. IPA has gained popularity as a method in recent years, which has instigated critical considerations of IPA. As with all methodologies, IPA has its limitations. Tuffour (2017) suggests that there are four main limitations to IPA: a restriction in how IPA attends to the function of language; concerns about the ability of IPA to precisely capture experience and associated meanings instead of opinions; a focus on perceptions, and the suggestion that IPA is involved with cognition which is not necessarily compatible with features of

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phenomenology. Throughout this research, I have attempted to address the limitations of IPA. Firstly, IPA acknowledges that it is in the context of narratives and language that meaning-making takes place (Smith et al., 2012), and while the focus of this study was not an analysis of discourse itself, I attended to language and metaphors throughout the analysis. In consideration of IPA being able to capture experience rather than opinion, it is proposed that researcher and participants need to have adequate communication skills in order for the specifics of experience to be fully communicated (Tuffour, 2017; Willig, 2013). Awareness of this limitation of IPA enabled me to be more vigilant towards the collection of rich, thorough data. Furthermore, all participants in this study had the ability to elaborately articulate their experiences. Nevertheless, it is a concern that due to the sensitive and personal nature of the data, participants may not have chosen to describe certain experiences. Another restriction of IPA is considered to be its focus on perceptions which limits understanding of why the lived experiences occur (Willig, 2013). This study has therefore focused on meaning-making though the practice of IPA that is idiographic, hermeneutic, and contextually situated to understand participants' experiences (Smith et al., 2012). Finally, the Limitation of IPA's concern with cognition (Tuffour, 2017; Willig, 2013) is addressed by Smith et al. (2012), stating that IPA's foundation of meaning-making comprises reflective activity, within which cognition occurs. They argue that cognition is multi-dimensional, dynamic, embodied, affective, and closely linked to how we engage with the world, hence it is central to phenomenological research (Smith et al., 2012).

Some limitations pertaining to the sample and language used in the study were identified. With regard to the sample, all participants were qualified, accredited CoPs which provides homogeneity in the sample, however, their qualifications are from different institutions. While this brings the homogeneity into question, the differences in

institutions provide an interesting perspective, where the participants' accounts indicate a sense of verification and commonality across training programmes. Similarly, participants' age, gender, experience, additional training, and ethnicities varied. However, this provided rich data, and the experience of participants although varied was seen to meet a minimal threshold due to the CoP training. Additionally, supplementary training and length of experience was not specifically attended to and will be further discussed (Section 5.6.3) Another concern is with the use of the term "sexual abuse". Although my rationale for the use of this term is offered (Section 1.5), this was not clarified in the invitation letter, which may have deterred some participants. The clarification of this term may have assisted in gaining a larger sample, nevertheless, as per the guidance offered by Smith et al. (2012), six participants is suitable for a study of this kind.

5.4 Reflexivity

Kasket (2012) asserts that reflexivity is essential to research in ensuring rigour, as the researcher is not removed from the research; The researcher's own knowledge, positioning, and assumptions play a role throughout the research process, necessitating methodological, epistemological and personal reflexivity.

5.4.1 Research reflexivity. Willig (2013) states that exhibiting transparency in reflecting on the development of this thesis is essential to the quality of research. This thesis was conceived based on my own experiences as a trainee CoP and the challenges I faced, which framed my perspective on the issue. This further determined my epistemological and methodological choices. My critical-realist ontology and interpretative phenomenological epistemological stance informed my choice of methodology. Rather than a focus on absolute truths, I wanted to understand how

certain individuals related to the world through accounts of their experience, but with acknowledgement that my interaction with their narratives are influenced by my experiences and assumptions (Larkin & Thompson, 2012; Willig, 2013). Based on this, IPA stood out as the most suitable for the knowledge I wanted to gain. Nevertheless, it is important to recognize that different methodologies or different researchers would have different views, resulting in the gain of different information.

Through the research process, there have been different issues I have encountered, some of which could pose limitations to this research. It must be stated that my approach to the literature review may have been influenced by my preconceived assumptions, posing a potential limitation. However, Brocki and Wearden (2006) suggest that it is doubtful that a researcher can begin a study without some existing ideas about the literature present. As with the literature review, at the very beginning of this research, I understood the experience of this work to be complex with negative impacts arising, primary conceptualised under VT. Therefore, this concept impacted my initial perception and review of the literature. However, upon further critique of the literature, I was able to see that viewing the literature and current study with the lens of VT was likely to be problematic in many aforementioned ways. Therefore, I used reflexive journaling and supervision to address the presuppositions I brought with me in order to transcend the use of this restrictive, problematic term, and assumptions I had about the experience of this work being primarily negative, to fully access and understand the experiences of participants.

A possible limitation to the current study pertains to the interview questions and whether they implied that many facets of how the work is experienced are negative. I questioned whether the linguistic framing of the questions alluded to negative aspects of

experience which may not have otherwise emerged in participants' narratives. However, in using Smith et al., (2012) guidelines, I attended to the open nature and order of the questions, incorporated a question regarding anything "surprising" that participants may have experienced to allow for a more open answer, used a pilot interview, and considered the potentially leading nature in any of the questions in supervision.

I was concerned about how I could even begin to make sense of, and attach language to the experience of my participants. I experienced a tension between wanting to make the participants' voices heard, while also analysing the data and attaching my interpretations to the data. I had to reach an acceptance that I would not be able to access their realities in the data without using myself (with all my existing notions and knowledge). Therefore, I was aware of my subjectivity throughout the process and this was mitigated through the use of supervision and reflexive journaling to question my interpretations to make sure they stayed true to the participants' narratives rather than be rooted in my own assumptions. Another challenge I encountered was further on in the analytic process where I struggled with the creation of the themes; I struggled with not being able to use all of the data, where I felt that I was somehow taking away from the voices of the participants and neglecting the richness of their accounts. However, continued immersion in the analytic process and reading and re-reading my data and initial stages of analysis, assisted me in the necessary selection of themes and ensuring they were based on relevant extracts in order to remain cohesive with IPA's idiographic focus. This was also a huge area of learning for me, as I felt I constantly got lost during the analysis. Through supervision, I came to appreciate becoming lost as part of the process. It was through getting lost, and stepping away from the data after prolonged immersion in it, that I was eventually able to achieve clarity on my themes. The

hermeneutic circle is evidenced in this process, where my understanding of each part was influenced by the whole, as I had to step away from the part and look at the whole to understand the part, and similarly, my understanding of the whole was informed by understanding of each part, evidenced by closely examining and engaging with each part of the data.

I was also aware that participants' accounts of their experiences involved them having to look back over varying amounts of time. Such that some participants had been working with this client group for a much longer period of time. Therefore, it is likely that commonalities and differences across participants may be due to memory recall, in addition to being a reflection of the amount of time each participant has had to process the experiences of doing this work. However, I acknowledge that the idiographic nature of this research is of utmost importance and my focus has been on meaning-making rather than seeking an absolute truth. Through the use of reflexive practice, I have been able to explore the assumptions and experiences I brought into this study. In acknowledging and challenging these assumptions, I was able to get closer to participants' true experiences and adhere to IPA's idiographic commitment.

5.4.2 Personal Reflexivity. Personal reflexivity is relevant in order to provide a context of my experiences and how they may have contributed to this research. The research journey was one I travelled alongside my training and personal journeys. During the time that I was conducting the interviews and in the early stages of analysis, I was also in placement where I was working with clients who had experienced sexual abuse. I found the transcripts difficult to read, and needed to constantly step away from them. The parallel process with my client work at the time is likely to have amplified the difficulty in sitting with these transcripts and my perception and meaning-making of

the data. This necessitated constant reflection and journaling on my part to adhere to my role as researcher and tell the participants' stories and not mine.

Due to the double hermeneutic fundamental to IPA, I was making sense of the participants making sense of their experience. Therefore, interpretation is vital to the research and the interpretations in this study are my own, and may be very different from those of a different researcher. Similarly, other researchers' process of meaning-meaning and the use of theoretical understandings to make sense of the data is likely to have been different. Such that I have chosen to draw on psychodynamic and relational frameworks to explain the phenomenological experiences seen in the data. Another researcher may have viewed these through a different lens and used different theoretical knowledge to explain the data.

During this journey, I had to step away from the research due to personal circumstances. Coming back into it was challenging as I felt a huge distance from the research. While this distance seemed a monumental challenge to begin with, once I was connecting with my research again, I found that the distance had actually enabled me to examine my research from a far. This contributed to the iterative process of the research, where I was able to gain new perspectives on it by seeing it from a far, before eventually immersing myself in the research again.

5.5 Significance of this Study

Although this subject area appears to be extensively studied, there are many gaps in the existing literature. This study is the first of its kind to explore the first-hand experience of CoPs working with survivors of SA. The inclusion of a homogenous participant sample allowed the examination of this experience from many angles,

touching upon the values of CoPs, well-being and gaining an in-depth exploration of counselling psychology training. A phenomenological study of this experience, in all its complexities and successes, provides original qualitative data that has implications for future research, training, and practice.

5.6 Implications and Recommendations

The implications of this research are varied and encompass various facets of the role of a CoP including training, clinical practice, and research. The implications will be primarily discussed with relevance to Counselling Psychology, while also commenting on the impact for other mental health professionals, educators, and researchers.

5.6.1 Implications and recommendations for training. One of the primary messages conceived from this study is the limitations of training which impacts trainees and CoPs once qualified. Despite the increased prevalence of SA (Radford et al., 2011), and the frequency with which this presentation is seen in mental health services, training appears to be somewhat limited with regard to this client group. I understand that there are limitations and challenges faced by training institutions, particularly the tension between the aspiration for training to be centred more around reflection and personal development rather than one that is mechanic, and the societal motivation towards models that are more competence-based (Hammersley, 2003). However, there can be consequences due to the gaps in training; working with survivors of SA without adequate training has been suggested to lead to breaking trust and dismantling the therapeutic relationship, potentially leading to re-traumatisation (Newgent, Fender-Scarr & Bromley, 2002). This is in addition to impacting the well-being of mental health professionals. Thus, I would recommend that training institutions attend to this, and incorporate specific training pertaining to SA. Moreover, as suggested in the data,

training in specific skills and therapeutic modalities would be helpful, in addition to a focus on risk and the practicalities of dealing with severe risk. Other research, although not specific to counselling psychology, has suggested the need for an increase in training pertaining to SA and issues related to trauma such as handling disclosure, interventions specific to trauma, increased supervision and issues around safeguarding for therapists working with CSA (Chouliara et al., 2011).

This research demonstrates the challenges of this work inside and outside the therapeutic space, and participants identified a limitation in training in addressing the relationship between client work and life outside work. With this in mind, I urge training institutions to bridge this gap. Training may benefit from the incorporation of a guide, based on the existing research, that addresses the repercussions of this work. This would allow for trainees and qualified psychologists to be prepared for when they encounter this kind of work. This could impact how the work is experienced and practitioner well-being, through practitioners already having adequate support and self-care strategies in place. While this research dealt specifically with counselling psychology, this applies to all mental health training programmes to ensure that practitioners are equipped to work with survivors of SA. Additionally, personal therapy emerged as vital to participants coping with this work. One of the sub-themes, "confronting your own demons" addressed working through one's own experiences and knowing oneself before working with this group. Although counselling psychology training requires personal therapy, this does not start until the training, and due to the prevalence of SA, trainees may encounter survivors in their initial stages of training. Therefore, I would recommend that educators encourage trainees to engage in personal therapy prior to the start of training. Moreover, many other training routes for mental health professionals do not require personal therapy. I encourage other training

programmes to consider the benefits of personal therapy (Daw & Joseph, 2007; Macran, Smith & Stiles, 1999; Wiseman & Shefler, 2001) and to implement it as a necessity for trainees in mental health professions.

5.6.2 Implications for practice. The implications for practice begin with preparation for the work. As with training, this begins with having sufficient support and self-care. One consequence of the work that emerged in the data is the anger CoPs experience while working with survivors of SA. This brings forward the concern of what mental health professionals are doing with this anger. Although coping with this work as a whole and anger towards clients (Pope & Tabachnick, 1993) have been studied, the multi-directional nature of the anger and how to cope with it have not. This indicates the necessity of increased support for mental health professionals to ensure their well-being. In this participant sample, most participants spoke about the importance of personal therapy, however, that may not always be the case. Similar to my recommendations for training, I urge CoPs and other mental health professionals working with this client group to engage in personal therapy to contribute to their own well-being and to prevent anger from inappropriately entering the therapeutic space.

Another aspect of practice that necessitates attention is within the wider context of the workplace. Supervision being limited due to pressures on services can have a huge impact of professionals who rely on it as their sole source of support. The pressures on services may continue due to the political climate, but I would recommend that services create other opportunities for group supervision such as informal discussion groups or a weekly group to discuss the challenges in client work. Although the practicalities of this in a high pressure environment may be a challenge, the lack of adequate supervision is likely to impact the well-being of mental health professionals.

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5.6.3 Recommendations for research. This research contributes to the knowledge-base while opening up avenues for future research. Although anger was a prominent emotion expressed by participants in this study, the experience of anger related to this specific work and how professionals manage it has not been studied. Examination of anger in this specific context could be beneficial to the understanding and management of this emotion, contributing to the well-being of mental health professionals. Another avenue for future research is the client experience of therapy when they have experienced sexual abuse. Chouliara et al. (2011) examined both therapist and client experience in their study, however, it would be interesting to take it a step further and explore the client experience of the therapeutic relationship and emotional experience in detail. This stems from the transferential relationship noted in this study and the interesting dynamics of potentially being protected by the client.

Previous research has examined the impact of the number of years of experience doing this work on how the work is experienced (Cunningham, 2003; Pearlman & Mac Ian, 1995; Way et al., 2004) however, this was done quantitatively; it would be interesting for future research to explore this phenomenologically by perhaps having an inclusion criteria of participants that have a specific minimum number of years of experience. This could provide an understanding of the experiences of clinicians who have worked with sexual abuse for a number of years, further contributing to the knowledge base. As this research has specifically addressed counselling psychology training, it would be beneficial for other training routes in the mental health professions to examine how their training programmes are experienced before or during work with specific complex groups. This can enrich training programmes and ensure that

professionals are adequately trained which would be helpful to the well-being mental health professionals and clients.

5.7 Conclusions

This study is the first of its kind in offering an in-depth exploration of the experiences of working therapeutically with survivors of SA in the UK. Furthermore, it is also unique in that it examines the experiences of CoPs working with this particular group. By presenting an interpretative phenomenological view of the complexities of working with this client group, this study offers an understanding of the experience that extends from within the therapeutic space into the personal lives of psychologists, while also capturing concerns and implications that permeate into organizational and societal levels. This study illustrates the day-to-day intricacies of this work and the challenges they pose on various levels, impacting what feels like the very essence of being of CoPs. Through the exploration of feeling prepared for this work, the gaps in training are also addressed, enabling consideration of recommendations for educators. While the outlook appears grim at times, some light emerges in the attention given to coping strategies that support CoPs in doing this work. The light is further strengthened in the discussion of the positive aspects of the work, that appear to act as a driving force keeping psychologists motivated despite innumerable challenges. This study not only offers a foundation for further research on the well-being of CoPs and other mental health professionals who may work with other complex groups, it also offers a basis for future research and conversations regarding the larger systems- organizationally and in a political context- that influence the level of care psychologists are able to provide. This research highlights the need to ensure that mental health professionals are well-trained and protected if they are to be able to keep offering this help to a growing population of survivors of SA. Whilst this study illustrates the complexities of the work,

it also illustrates the strength, resilience and motivation of CoPs who appear to persist

with this work despite the challenging and demanding nature of it.

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Appendix A: Notice of Ethics Review Decision

REVIEWER: Dr Josie Malinowski

SUPERVISOR: Dr Haneyeh Belyani

COURSE: Professional Doctorate in Counselling Psychology

STUDENT: Sasha Sharada Somasekar

TITLE OF PROPOSED STUDY: Understanding the experience of Counselling Psychologists working with victims of sexual abuse

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY
(Please indicate the decision according to one of the 3 options above)

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES

Minor amendments required *(for reviewer)*:

In the information sheet: as well as pointing participants to support services if they become uncomfortable, please also remind them of their right not to answer any question they prefer

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not to answer, and to terminate their participation at any time without reason or negative consequence. Also, data will not be anonymous as you will know who they are, so please remove this, however, it will be anonymised in the write-up.

Major amendments required *(for reviewer)*:

ASSESSMENT OF RISK TO RESEARCHER *(for reviewer)*

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐	HIGH
☐	MEDIUM
x	LOW

Reviewer comments in relation to researcher risk (if any):

While there is some risk to the researcher in terms of dealing with a difficult subject area, since they have support systems in place as a trainee counselling psychologist this should mitigate this risk – the researcher should ensure they make use of this support if the research causes them any distress.

Reviewer *(Typed name to act as signature)*:   Josie Malinowski

Date: 20.02.17

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

2

October 2015

Student's name: *Sasha Somasekar*
Student number: u1518829

Date: 14/03/2017

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

PLEASE NOTE:

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here: http://www.uel.ac.uk/gradschool/ethics/fieldwork/

Appendix B: First Request for Amendment to Ethics Application

UNIVERSITY OF EAST LONDON
School of Psychology

REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology.

Note that approval must be given for significant change to research procedure that impacts on ethical protocol. If you are not sure about whether your proposed amendment warrants approval consult your supervisor or contact Dr Mary Spiller (Chair of the School Research Ethics Committee).

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. When submitting this request form, ensure that all necessary documents are attached (see below).
4. Using your UEL email address, email the completed request form along with associated documents to: Dr Mary Spiller at m.j.spiller@uel.ac.uk
5. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.
6. Recruitment and data collection are **not** to commence until your proposed amendment has been approved.

REQUIRED DOCUMENTS

1. A copy of your previously approved ethics application with proposed amendments(s) added as tracked changes.
2. Copies of updated documents that may relate to your proposed amendment(s). For example an updated recruitment notice, updated participant information letter, updated consent form etc.
3. A copy of the approval of your initial ethics application.

Name of applicant: Sasha Sharada Somasekar

Programme of study: Professional Doctorate in Counselling Psychology

Title of research: Understanding the experiences of counselling psychologists
working with victims of sexual abuse

Name of supervisor: Dr. Haneyeh Belyani

Briefly outline the nature of your proposed amendment(s) and associated rationale(s)
in the boxes below

Proposed amendment	Rationale
An addition to recruitment: Inclusion of social media (facebook) for recruitment of participants.	The recruitment of the necessary number of participants can be quite challenging, therefore I would like to maximise the potential for recruitment by including facebook as a recruitment tool.
Data collection: Data to also be collected through skype and telephone interviews.	Recruiting the necessary number of participants can be challenging. I would like to conduct interviews through skype and telephone in order to be able to include participants outside London. This will just consist of participants inside the UK, there will be no international recruitment of any kind. Data collected through skype and telephone interviews will be strictly confidential, with only the research able to hear the conversation. This data will be anonymised in the write up, as with data collected in person.

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	√	

Student's signature (please type your name): Sasha Somasekar

Date: 08/05/2017

TO BE COMPLETED BY REVIEWER		
Amendment(s) approved	YES	
Comments		

Reviewer: Mark Finn

Date: 10/05/17

Appendix C: Extract from Reflexive Journal- I

Reflections

direct blame on perp.?

→ innocence?

Victims (circled in green)

Passive?

unable to give consent?

VS:

Brave

strengths

Survivors (circled in orange)

moving away from crime of perp/direct blame?
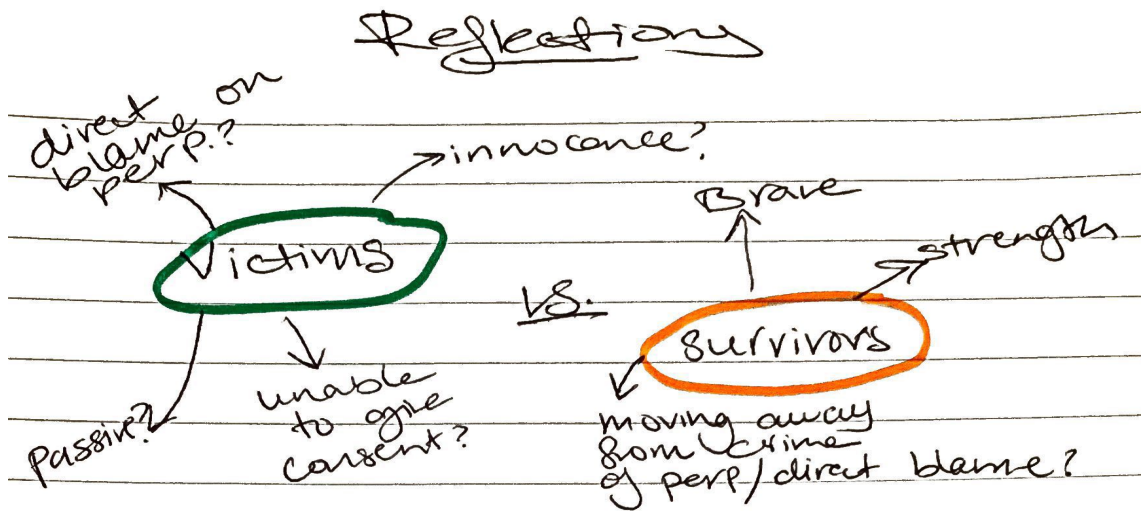
HOW CAN I CHOOSE
- power of languag
- implications of languox

position of power?
my voice instead of theirs?

why do I need to choose? → consistency
→ coherence

Victim maybe perceived more negatively? BUT I'm NOT interviewing survivors/victims.

I DO NOT have the power to choose which is correct, it is NOT my place.
BUT the research requires it.
"Survivors" → I need to clarify this & make my position clear.

Ethics ETH1819-0208: Miss Sasha Sharada Somasekar

Date	03 Jul 2019
Researcher	Miss Sasha Sharada Somasekar
Student ID	1518829
Project	Counselling psychologists' experiences of working with survivors of sexual abuse: An interpretative phenomenological analysis
School	Psychology

Ethics application

Project details

S1.1 Title of research project

Counselling psychologists' experiences of working with survivors of sexual abuse: An interpretative phenomenological analysis

S1.2 UEL Researchers

Miss Sasha Sharada Somasekar

S1.3 Supervisor(s)

Dr Lisa Fellin

Dr Philippa Dell

S1.5 Original date of approval from RRDE, CREB, SREC, or NHS

20 Feb 2017

S1.6 Reference number of approved research project

-

S1.7 Start date of project for which ethical approval is being sought

20 Feb 2017

S1.8 Anticipated end date of project for which amended ethical approval is being sought

15 Aug 2019

S1.9 If this project is part of a wider research project please provide the RRDE, CREB, SREC, or NHS research ethics approval number.

S1.10 If this project is part of a wider research study, please state the start and end dates of the wider study.

S1.11 Is the amendment required for a NHS research project?

No

S1.12 If yes, is the amendment to the NHS research project minor or major?

Details of amendment **S2.1 Please indicate the reason for the amendment to your project.**

Change of project title

Supporting documents S2.2 Please provide details of the amendment(s) required for your research project and the implications for the project. At the time of initial ethics approval the project was titled: Understanding the experiences of counselling psychologists working with victims of sexual abuse

Following initial ethic approval, I decided to change the title of my research project to: Counselling psychologists' experiences of working with survivors of sexual abuse: An interpretative phenomenological analysis

I chose to make this amendment primarily to use the word "survivors" instead of "victims". Through the research process I encountered various interpretations of the use of each of these terms. One such interpretation is that "victim" could be seen as implying passivity in some sense, while the term "survivor" alludes to strength. Although I believe the choice of terminology belongs to the individual whose experience it is, after taking into account the various interpretations of the use of these terms, "survivor" was selected to more appropriate in this research, as it could be considered to be a more respectful term. Other changes to the title involve a change in phrasing, and statement of the methodology used.

S2.3 If the amendment involves a change to the extension of ethical approval please provide the period of time requested.

Changes in the study team **S3.1 Is there a change to University staff member(s) on the research team?**

No

S3.2 If yes, please provide details of the University staff member(s).

S3.3 Is there a change to student(s) on the research team?

No

S3.4 If yes, please provide details of the student(s).

S3.5 Is there a change to members of the team outside the University?

No

S3.6 If yes, please provide details of the team.

Ethical issues relating to the proposed amendments

S4.1 Are there any specific ethical issues relating to the proposed amendment.

No

S4.2 If yes, please provide details of the ethical issues.

Dear Sasha Sharada

Application ID: ETH1819-0208

Original application ID: -

Project title: Counselling psychologists' experiences of working with survivors of sexual abuse: An interpretative phenomenological analysis

Lead researcher: Miss Sasha Sharada Somasekar

Your application to Research, Research Degrees and Ethics Sub-Committee meeting was considered on the 24th of July 2019.

The decision is: Approved

The Committee's response is based on the protocol described in the application form and supporting documentation.

Your project has received ethical approval for 2 years from the approval date.

If you have any questions regarding this application please contact the Research, Research Degrees and Ethics Sub- Committee meeting.

Approval has been given for the submitted application only and the research must be conducted accordingly.

Should you wish to make any changes in connection with this research project you must complete 'An application for approval of an amendment to an existing application'.

Approval is given on the understanding that the UEL Code of Practice for Research and the Code of Practice for Research Ethics is adhered to.

Any adverse events or reactions that occur in connection with this research project should be reported using the University's form for Reporting an Adverse/Serious

The University will periodically audit a random sample of approved applications for ethical approval, to ensure that the research projects are conducted in compliance with the consent given by the Research Ethics Committee and to the highest standards of rigour and integrity.

Please note, it is your responsibility to retain this letter for your records.

With the Committee's best wishes for the success of the project

Yours sincerely

Fernanda Silva

Research, Research Degrees and Ethics Sub-Committee

Appendix E: Participant Information Document

<u>UNIVERSITY OF EAST LONDON</u>

School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

The Principal Investigator

Sasha Somasekar
Contact Details: u1518829@uel.ac.uk

Invitation to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this research study. The study is being conducted as part of my Professional Doctorate in Counselling Psychology degree at the University of East London.

Project Title

Understanding the experiences of Counselling Psychologists working with victims of sexual abuse

Project Description

This research intends to understand the unique experiences of Counselling Psychologists who work with victims of sexual abuse. Working with victims of sexual abuse has been found to be rather complex, with professionals experiencing this work in various ways. This research aims to understand how Counselling Psychologists experience this work, and the professional and personal impact of it. This will be done with the larger aim to understand the effect and what can be helpful in professional and personal capacities to ensure the well-being of Psychologists who work with victims of sexual trauma.

Participants in this study will be asked to partake in an interview that will last between 60 and 90 minutes. This interview will consist of questions pertaining to your work with victims of sexual abuse, and the professional and personal impact this work may have had on you. The interview will take place with only yourself and the researcher present, and will be audio recorded.

Working with this particular client group can be a difficult experience and speaking of this experience may bring up memories of this difficulty. If you do experience any discomfort as a result of this interview, contact information for services you can access to further discuss this will be provided, along with a debrief following your participation.

Confidentiality of the Data
Your confidentiality as a participant will be maintained at all times. The data you provide will be anonymised in the write-up. The data will be stored securely in a password encrypted device which only the researcher will have access to. Any hard copies taken of the data will be locked securely, with only the researcher having access. Your identifying information will also be securely stored in a password encrypted device separate from the interview data. Once the study has been completed, the audio recordings of the interviews will be erased, and transcripts of the interview will continue to be stored securely for the purpose of further analysis and potential publication of the research.

Location
The study will be carried out primarily at the University of East London, Stratford Campus. If you are unable to attend at this location, the researcher will be flexible to an alternate location.

Disclaimer
You are not obliged to take part in this study and should not feel coerced. You are not obliged to answer any question that you may prefer not to answer. You are free to withdraw from this study at any point before, during, and up to 1 month after participating in this study, and all data acquired from you will be destroyed. If you choose to withdraw after 1 month from the time of participation, the researcher reserves the right to use your **anonymised** data in further analysis and in the write-up of the study. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason.

Please feel free to ask me any questions. If you are happy to continue, you will be asked to sign a consent form prior to your participation. Please retain this invitation letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor Dr. Haneyeh Belyani, School of Psychology, University of East London, Water Lane, London E15 4LZ. Email: H.Belyani@uel.ac.uk
or
Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mary Spiller, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Tel: 020 8223 4004. Email: m.j.spiller@uel.ac.uk)

Thank you in anticipation.

Yours sincerely,
Sasha Somasekar

Appendix F: Participant Consent Form

<u>UNIVERSITY OF EAST LONDON</u>

Consent to participate in a research study

Understanding the experiences of Counselling Psychologists working with victims of sexual abuse

I have the read the information sheet relating to the above research study and have been provided a copy to keep. The nature and purposes of this research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. The procedures in which I will be involved have been explained to me, and I understand what is being proposed.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher involved in the study will have access to identifying data. It has been explained to me that my identifying information and audio recordings of my interview will be destroyed following completion of the research, but anonymised data may be securely preserved for further analysis.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent, I understand that I have the right to withdraw from the study within 1 month of my participation in this study, without any disadvantage to myself and without being obliged to give any reason. I understand that if I do withdraw, any data provided by myself and my identifying information will be destroyed. I also understand that if I withdraw from the research more than 1 month after participation, the researcher reserves the right to use my anonymised data in further analysis and in the write-up of the study.

Participant's Name (BLOCK CAPITALS)

………………………………………………………………………………….

Participant's Signature

…………………………………………………………………………………..

Researcher's Name (BLOCK CAPITALS)

…………………………………………………………………………………..

Researcher's Signature

…………………………………………………………………………………………

Date: …………………..…….

Appendix G: Participant Debrief Document

Understanding the experiences of Counselling Psychologists who work with victims of sexual abuse

Debriefing Information Sheet

Thank you very much for making this study possible.

This study aimed to explore the unique experiences of Counselling Psychologists who work with victims of sexual abuse. I was interested in:

- What it was like for you to work with victims(s) of sexual abuse
- What kind of an impact this work has had on your professional and personal life
- Whether this work has had an impact on your perception of others and the world
- Whether this has had any impact on your personal identity and identity as a counselling psychologist
- Were there any factors (personal and professional) that helped you cope with or protected you from any difficulties that arose from this work

The existing research is this subject area has demonstrated that mental health professionals who work with trauma are often impacted by the nature of their work. Changes in world-view, self-identity, and trust have been some of the effects on mental health professionals that have been seen. However, most of this research was done by giving participants questionnaires listing changes they may have seen following work with clients who have experienced sexual trauma. This research is done in a phenomenological way in order to give participants the space to contribute their unique, subjective experiences, that cannot be fully captured by standardised questionnaires. In this study, an interview with non-specific questions was used in order to fully capture a broad range of experiences.

Ensuring the well-being of mental health professionals is vital, not only to the professionals, but also to clients in order for them to fully benefit from the treatment they receive. The intention is to disseminate this research to ensure well-being of professionals working with client groups who have experienced sexual trauma.

Sources of help

Talking about your experiences may have served as a reminder of difficult experiences. If this has left you feeling low, or in need of help to address any difficulties that may have risen from this interview, there are local sources of support and comfort which may already be familiar to you.

1. The most immediate sources of comfort and support are likely to be family and friends.
2. There are organisations who can offer you support, for example:

   - The Samaritans (tel: 08457 909090; www.samaritans.org). The Samaritans helpline in open 24 hours a day for anyone in need.

150

- Mind (tel: 0300 123 3393; [www.mind.org.uk)](www.mind.org.uk). The Mind helpline is open 9 am to 6pm Monday to Friday

3. You are welcome to contact me again to discuss any aspect of your participation in this research, to share any concerns or ask questions.

   Contact details:
   Name: Sasha Somasekar
   Email: u1518829@uel.ac.uk

4. If you have any further concerns that you would like to raise with the University of East London, you can contact my academic supervisor.

Contact details:
Name: Dr. Haneyeh Belyani
Email. H.Belyani@uel.ac.uk
Address: School of Psychology, University of East London, Eater Lane, London E15 4LZ

Thank you again for your co-operation.

Appendix H: Participant Demographics and Work-Related Information Questionnaire

UNIVERSITY OF EAST LONDON

Please can you complete this form to provide us with some information about yourself

Gender:

Age:

Ethnicity:

White

Asian/British Asian

Black/African/Caribbean/Black British

Multiple/Mixed ethnic groups

Other ethnic background:

Work-related questions

1. How long have you worked in the field of mental health?

2. When did you qualify as a counselling psychologist?

3. Do you have any additional/speciality training?

4. What setting(s) do you work in?

5. How many clients do you work with in a week?

6. What client groups do you generally work with?

7. How frequently does sexual abuse present in the clients you are working with?

8. What therapeutic modality do you use in working with clients who have experienced sexual abuse?

Table 2. Participants' demographic information

Participant demographics	
Gender	5 female participants and 1 male participant
Ethnicity	White, Mixed ethnicity, other
Age	Late 20s to early 60s
Number of years qualified	Ranging from less than1 year qualified to 20 years qualified

Appendix I: Interview Schedule

Interview questions

- Could you give me a brief history of your work with clients who have experienced sexual abuse?
  Prompts: Do you have a sense of how many of these clients you worked with?
  Are you currently working with any such clients?

IMPACT
- Can you tell me a little bit about what it was like for you to work with this client group?
  Prompts: What was it like in the room when you were with these clients?
  What was it like after sessions?
- Has working with this client group had an impact on your life?
  Prompts: Has it or does it have an impact on your personal life?
  Does it have an impact on your professional life?
  Any unexpected experiences?
- Can you give me an example of what may happen in a session with a client? What is that like for you?
- Research in the area suggests that psychologists' experience of the work could be influenced by personal experiences. I am not asking about your personal experience, but what do you think the impact would be on Psychologists who have experienced anything like abuse themselves?

TRAINING
- Do you feel your Counselling Psychology training prepared you for working with this client group?
  Prompt: How so?
- If you were training someone in counselling psychology who wanted to work with this client group, what would you include in the training?
  Prompt: What could have been done in terms of training that would have better supported you with this work?

IDENTITY
- Do you think this work changes you?
  Prompts: has it changed the way you work?
  has it influenced the way you relate to others?
- What advice would you give someone who is doing this kind of work?

COPING
- Is there anything that has helped you manage difficulties you (may) have faced in working with this client group?
  Prompts: any professional support?
  Any personal factors or strategies?
- What issues would you/have you brought up in supervision regarding work with this client group?

- What have you taken away from this work?

- I'm interested in why you agreed to take part in this research?

- Is there anything else I haven't asked about, that you think is important when talking about working with this client group?

Appendix J: Extract from Reflexive Journal- II

CoPs' experiences working w/ survivors of SA

Reflections

- Stuck on stage 1 → how do I progress?
HUGE task ahead + terrifying amount of data!

fears

- Overwhelming mass of data to tackle → • Start w/ one case.
  • one step @ a time
  • focus only on the one to begin w/.

- HEAVY material → Breaks - its ok to take the time I need. Make sure I think about my own self-care when sitting w/ this heavy stuff.

- How do I attend to each individual?

- No IPA experience (How do I get it right?)

- **Where do I begin?**

• take breaks btwn cases
• Can't separate myself from what I know but I can try to bracket.

what am I looking for?

what knowledge do I hope to contribute?

Clinical practice / Research / training?
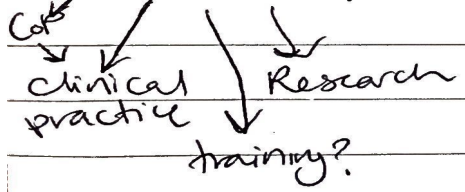
Can I get it "right"? What is "right"?

I'm bringing myself into the research. I can't remove myself from it. I can try to bracket but the analysis is co-constructed w/ the use of my interpretation - I am deeply involved. Can my interpretation be considered right or wrong? as long as I remember to stay true to participants' narratives & not step too far away from their accounts in my interpretation.

Appendix K: Example of Transcript Analysis

| Transcript	Line	Analysis	Codes
women. I mean yeah, that's one way I guess, a way of looking at the sexual assault, it's about power. Power and manipulation. Power and control. All of that, rather than just - with these training courses, it's about what's politically in mode or in fashion to talk about gender identity and homosexuality and all of that. No, we didn't really, at all, talk about violence between men and women, domestic violence, how sex plays a part in that. We didn't talk about that with same sex. No.	268 269 270 271 272 273 274 275 276	outlook. The importance of power was not considered in the training. The training seemed to focus on what was *"in fashion"* at the time. *The use of this terminology alludes to frustration about the lack of teaching around SA.* What is taught is a reflection of society where important things go unaddressed.	Shortcomings of training
			Training did not address power
			Frustration with shortcomings of training
I: Do you think that aspect should be added…	277 278 279 280	Some anger and frustration about the lack of teaching and consideration given to SA and domestic violence	Training a reflection of society, underrepresenting the underrepresented in society
P: Yeah, it's totally ambient. My course didn't prepare me to work with refugees. It didn't prepare me to work with trauma, violence, or any of that. It was my interest. I looked up the trauma service in the third year. There were no - usually, in - where I was training, in Surrey, they provide suggestions of the placements, but there was nothing like this. There's a complete gap. There's nothing like this. It is like it was invisible. But this is so prevalent in society. It is hidden, with taboos around it. It's almost as if their echoing that in the training.	281 282 283 284 285 286 287 288 289 290	Compares the course not teaching this to the taboo around the topic, the course teaching a reflection of what is acceptable in society *Repetition of "nothing" demonstrates anger towards the shortcoming of the training, and the perception that these topics are "hidden".* Anger at such an important topic being left out of training.	Training shortcomings a reflection of what is acceptable in society
			Anger at inadequacies of training
I: Do you think this work changes you, or has changed you?	291		
P: That's really hard. I think, inevitably, any contact that I have with any client, at some level, changes me, because it's a human interaction where you're going through their life story with them. That touches me. Does the sexual aspect change me? It could make me quite cynical, but I don't think I am.	292 293 294 295 296 297	Client work all together changes R constantly moved by the work. The sexual aspect of the work has not made her more cynical. Perhaps a struggle to accept being even mildly touched by cynicism	Moved by the work
			Changed by the work
I: Has it influenced the way you relate to others?			
P: For example, that stupid book and film that was out, what was it called? *The Fifty Shades of Grey* rubbish. I don't want to watch that. I	298 299	*"rubbish" contributes to the strength of the*	Anger at glamourization of SA in films

Appendix L: Example of Mind Map
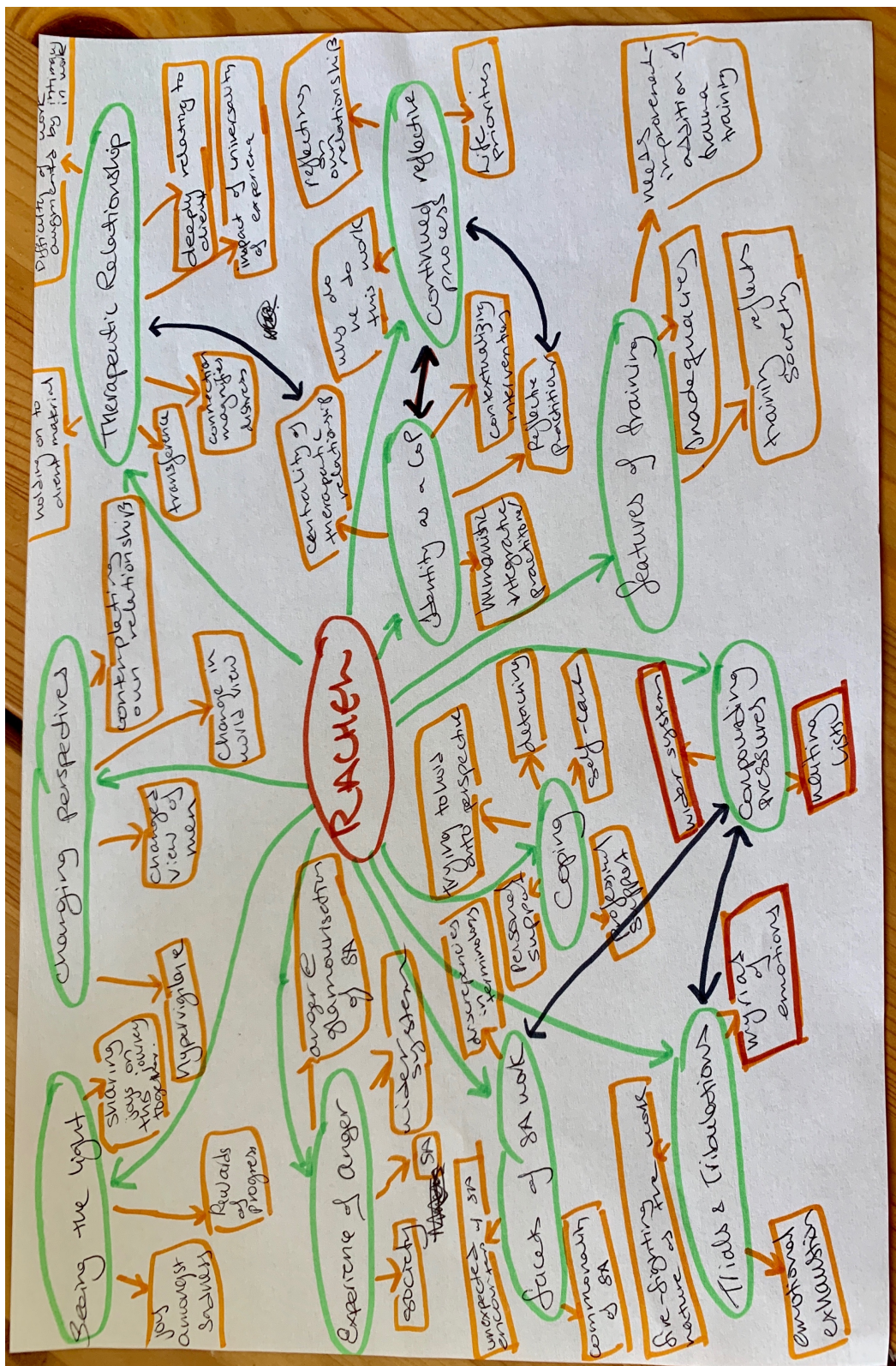
Appendix M: Example of Table with Themes and Extracts

Changing perspectives		
Contemplating own relationships	194	I'm not in a relationship. I have wondered what it would be like having sex, say, with a partner, whether I would get - whether that would be something that would be pleasant for me.
	249	Reflection, anyway as a therapist is really important, so you want to separate what's yours and what's theirs. Yeah, it does get me thinking about maybe I should be in a relationship and all of that kind of thing
Changed view of men	197	We have joked about how we view men. I think we've all experienced - certainly, initially, when I was here, and you hear the stories, and then you're out at night, becoming even more vigilant than you would usually
	340	It's a bit of a sick society. Not all of it is. It is really important to keep a perspective. I think, in this work, you can end up hating men
Hypervigilance	196	I think we've all experienced - certainly, initially, when I was here, and you hear the stories, and then you're out at night, becoming even more vigilant than you would usually. That's quite important, actually, because you become more aware of what's out there and what's happened to people. Just being extra safe. I've also talked to my nephews and nieces about not taking uber and all the online dating stuff.
	208	even myself, with online dating and stuff, we've become much more aware here of what online dating sites are dangerous. Of course, it affects in a practical sense
Change in world view	222	People want to be seen. The wider system, or the culture, whatever, fails us. I can't provide the service I'd love to provide. That's from that professional side. There's a lot of stuff around the other stuff that doesn't help with the emotional stress, that just makes that worse.
	302	These people had - the reality of the torture had happened to them. Why would you want to put sexy music to that and have a couple - I just couldn't. That kind of thing just makes me a bit sick, to be honest. What the hell is society? What

Appendix N: Process of Clustering and Constructing Themes
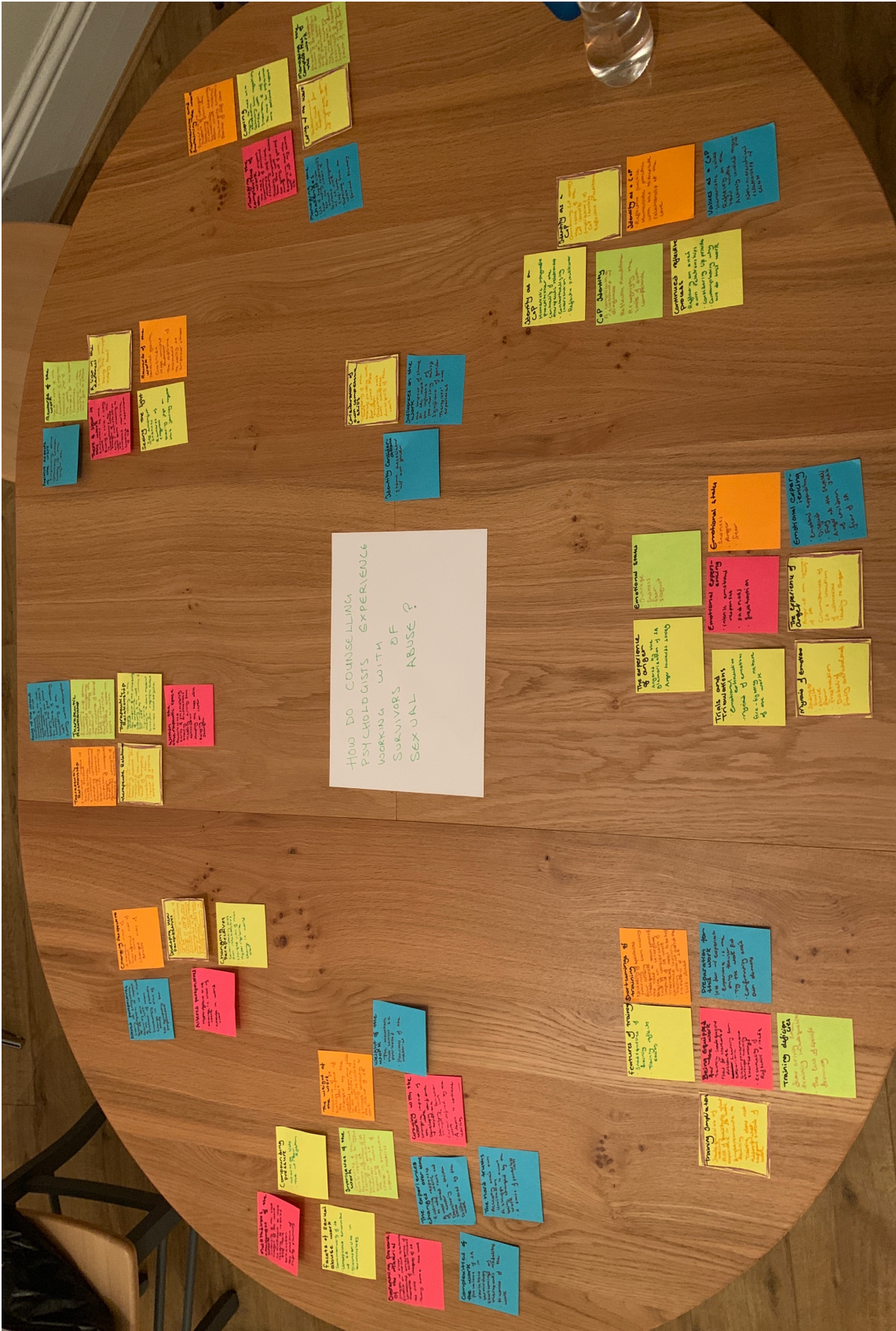
Appendix O: Map of Final Themes
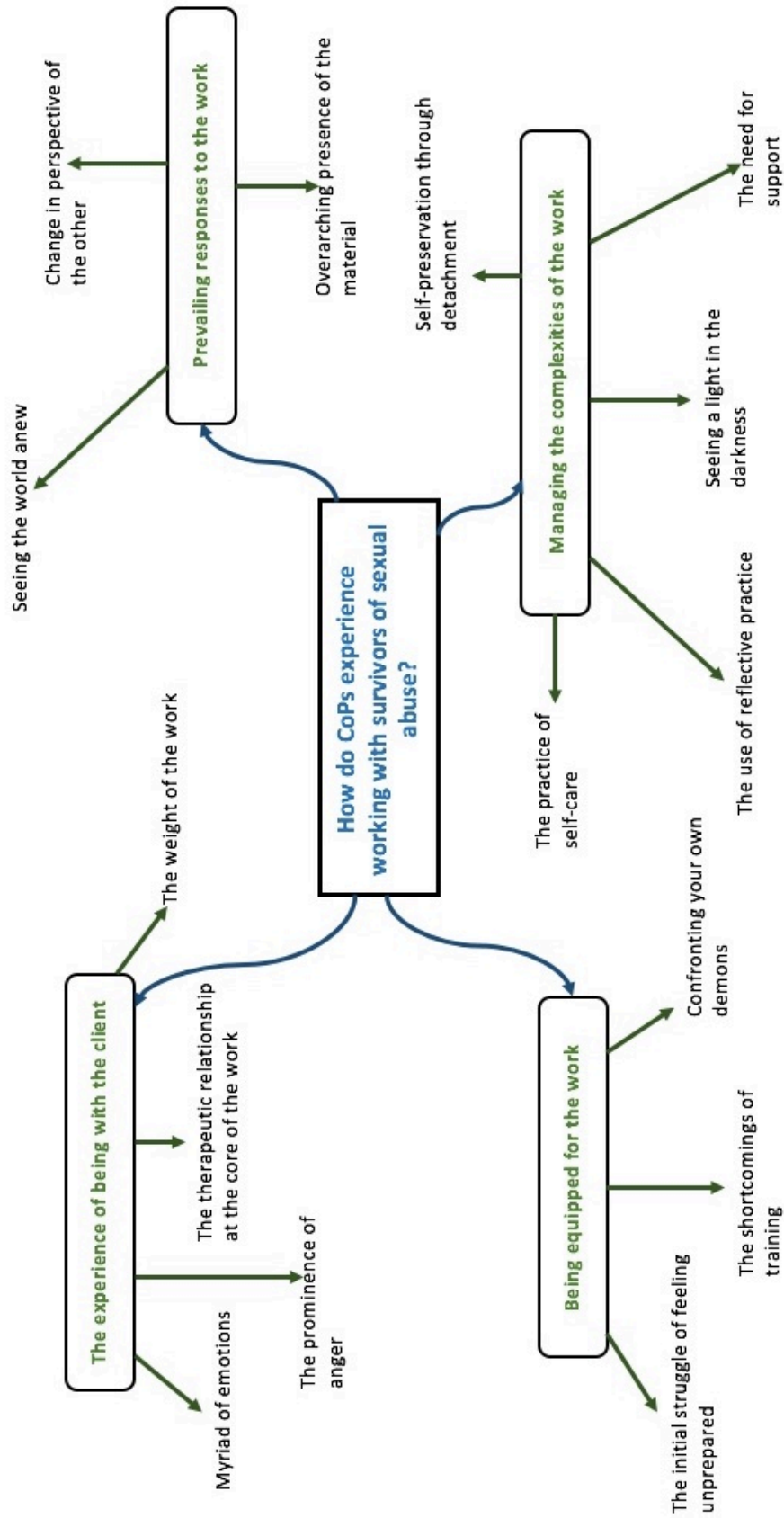
Appendix P: Key to Presentation of the Quotes

- Quotes are followed by the pseudonym of the participant and the line number in the transcript from which the quote was extracted. For example, (Yasmin, 238) refers to Yasmin's transcript and line 238 in the transcript table.
- In the verbatim extracts presented, some minor changes have been made to facilitate ease of reading.
- Word repetitions and minor hesitations have been removed in cases where they were found to be irrelevant.
- Added material to indicate what the participant is referring to have been denoted in square brackets [ ].
- Ellipses … within the extract indicate that some material has been removed.