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# Working with Sexually Abused Children

KINSEY DROUET PISTORIUS
*Private Practice, Houston, Texas, USA*

LESLIE L. FEINAUER, JAMES M. HARPER, ROBERT F. STAHMANN, and RICHARD B. MILLER
*Marriage and Family Therapy Program, School of Family Life, Brigham Young University, Provo, Utah, USA*

*Analysis of qualitative interviews with ten female therapists who were currently working with sexually abused children resulted in two major themes. The themes included the impact of working with sexually abused children on the therapist's personal and professional life and coping with stresses associated with working with sexually abused children. The major finding in study was the relationship between the therapists' ability to work effectively with abused children and having strong personal and professional support networks, therapist psychotherapy, colleague group interactions, debriefing/supervision sessions, and increased training. These themes are explored in depth, recommendations and implications for therapists in this field are provided.*

Studies have demonstrated that children's traumas are especially challenging for those who work with them. This challenge is possibly due to the fact that many people view children as innocent, powerless and incapable of protecting themselves (Figley, 1995). Witnessing a child talk about the sexual abuse using his or her young language is not only shocking but also heartbreaking. Therapists who work with sexually abused children embark on a significant healing journey in order to help children emerge from victims into survivors.

Therapists are often asked by other professionals and the public how they are able to handle the difficult task of doing therapy with sexually abused children. This interaction reflects a deeper sense of feeling vulnerable to the impact of discussing sexual abuse. Many professionals choose not to work

Address correspondence to Leslie L. Feinauer, Ph.D., MFT Program, 274 TLRB, Brigham Young University, Provo, Utah 84602. E-mail: Leslie_Feinauer@byu.edu

with abuse because they believe it would have a deep personal impact on them.

The fear of working with this emotionally charged therapy spurred the research question for this paper: "How does working with sexually abused children impact the therapists personally?" While literature was found which addressed the impact sexual abuse had on the type and quality of therapy and vicarious traumatization when working with adult survivors, no literature was discovered which identified the possible effects on therapists' personal lives from working with abused children.

## REVIEW OF LITERATURE

In reviewing published studies for the past ten years, no articles were found which directly addressed the impact of working with sexually abused children on therapists personal and family lives. The majority of the related research focused on therapists who treated sex offenders or other workers in the area of trauma. Participants in these studies displayed signs of vicarious trauma such as hyper-vigilance, symptomatic reactions, relationship problems, lack of communication through denial, repression, isolation and disassociation, a change in world views, and a loss of a sense of meaning related to spirituality (Atkinson-Tovar, 2003).

### Vicarious Traumatization and Therapist "Burn Out"

McCann and Pearlman (1990) first recognized the effects of working with traumatized clients on therapists. They found that it affected the identity, world view, psychological needs, beliefs, and memory system of the therapists. Other researchers discovered that therapists who worked with adult survivors of sexual abuse "found that their inner experiences of 'self' and 'other' transform in ways that parallel the experience of the trauma survivor" (Pearlman & Saakvitne, 1995, p. 150). For example, therapists had nightmares associated with graphic details of events they heard from clients. Some therapists experienced fear or had concerns regarding safety and vulnerability after listening to the stories of survivors.

### Effects of Working with Women Sexually Abused as Children

Although no research has examined the effects of working with sexually abused children on therapists, some of the authors have hypothesized that effects would be the similar to the findings in studies of therapists who treat adult survivors of childhood sexual abuse. Simonds (1997) indicated that therapists reported an increased negative view of the world and increased fears regarding the safety of children. They reported several negative changes

in themselves consisting of anger, rage, tiredness, sadness, disturbed sleep, crying, and feeling numb. In addition, therapists cited a change regarding their own identity, such as a decline in the interest of having sex, dissociating in sessions, uncertainties about their effectiveness as therapists and experiencing alienation from other professionals.

Knight (1997) reported that therapists felt overwhelmed by the work and reacted with anger, sadness and horror to the abuse their clients had endured. Trentham (1995) found that therapists experienced a moderate level of emotional exhaustion. In a qualitative study, Benatar (2000) found therapists reported negative changes in world view, sense of safety, relationship to work, relationship to self, and relationship with others.

## Working With Sexually Abused Children

Pistorius (2006) reported that during her five years of experience working with sexually abused children she noted a change in her own personal beliefs and behaviors and those of some colleagues. Most notably she reported therapists with whom she worked reported increased anxiety due to a negative world view (increased distrust of others) and secondly, a change in perception of masculine physicality especially male genitalia. For example, male genitalia were sometimes seen as "bad" and something men used against others (sexually deviant) rather than functional or even pleasurable parts of men's bodies. Although these views were shared by many therapists working with sexually abused children, the other therapists working with this same population seldom talked openly about the various ways their work impacted them personally (Pistorius, 2006).

## Purpose of the study

The major purpose of this study was to determine how providing psychotherapy to sexually abused children might impact the therapist personally. Questions probed and explored the therapists' perceptions of issues such as therapists' emotional well being, personal and professional identity, and their personal interactions with others including their families.

# METHOD

## Research Design

A qualitative research design was used to explore the personal and professional experiences of licensed female therapists working with sexually abused children. Female therapists were selected because they tend to be more frequently involved in working with sexually abused children. Major themes were extracted from answers to in-depth interviews. The interviewing

process continued until theme saturation was reached (Strauss & Corbin, 1990).

## Sample

Fourteen female therapists volunteered to participate in this study. To be eligible for this study, participants were required to have two years of post-degree clinical. All of the participants were licensed to practice in a mental health discipline and had worked with sexually abused children for a minimum of six months. Women were selected as the subject for the study because most therapists who work with children are female and women see a larger number of abused clients (Little & Hamby, 1996).

Therapists were recruited from two clinical sites, one in Texas and one in Utah. Both facilities provided therapeutic services to sexually abused children and their families. Eight therapists volunteered from the Texas site and six therapists volunteered from the site in Utah.

## Data Collection

With the permission of the agency directors, therapists at both facilities were invited to participate in the study. All the full-time therapists from both agencies and all but three of the part time therapists volunteered to meet with the therapist for an in-depth audio tape-recorded interview. Each therapist agreed to have a follow-up interview if needed with the agreement that the interviews could be terminated at any time for any reason.

The interviews were unstructured and consisted of open-ended questions. The researcher then used probing questions concerning topics of self, trauma, impact and coping mechanisms. In addition, as the interviews progressed, remarks given by one subject were shared with other subjects in order to determine if there were comparable experiences.

The goal throughout the interview was to explore how working with sexually abused children impacted the subject's personal life, thoughts, ideas, beliefs and behaviors. The researcher looked for patterns of answers that were repeated throughout many of the different subjects' responses (Salkind, 2003).

## Analysis of Data

Interviews were transcribed and reviewed by the researcher to ensure accuracy. In total, the same researcher conducted 14 interviews; however, due to equipment and/or audio tape malfunctions, four of the recorded tapes were unusable.

Three additional highly trained qualitative analysts in mental health completed the research team. The team of analysts coded the interviews by using the constant-comparative method of analysis to extract the major themes

(Glaser & Strauss, 1967). The steps for analysis were consistent for each interview. Once the analysts had extracted the themes using a triangulation process and named a phenomenon in the data, they grouped the various concepts into categories (Strauss & Corbin, 1990).

### Description of Therapists

The typical therapist was a 41-year-old, single, white, Christian woman with six years of clinical experience. The therapists were all licensed master's level marriage and family therapists, social workers or professional counselors and ranged in age from 26–50. The sample consisted of 8 Caucasians, 1 African-American, and 1 Hispanic female therapist. In addition, 8 of the subjects identified themselves as Christian from a variety of denominations, 1 therapist identified herself as Jewish and 1 indicated her religious affiliation was Hindu. Only 4 therapists were raising their own children. None of the therapists indicated that they had been sexually abused as children.

Subjects' years of experience working with sexually abused children ranged from 6 months to 12 years (average six years) while their overall clinical experience ranged from 2 to 15 years (average six years). No significant statistical differences existed regionally or in regards to age, ethnicity, religion, years of experience or theoretical approach to treatment.

## FINDINGS

Two major themes emerged from the interviews and were labeled as the impact on the therapist from working with sexually abused children, and coping with the stresses associated with working with sexually abused children.

## IMPACT ON THE THERAPIST WORKING WITH SEXUALLY ABUSED CHILDREN

The first theme identified therapists' perceptions of how working with sexually abused children impacted their personal, relational, interpersonal/social and professional lives.

### Personal Impact

Therapists identified four ways that they were affected by their work including experiencing symptoms of vicarious trauma, maintaining appropriate boundaries, having a greater appreciation for life, and increasing their own personal growth.

VICARIOUS TRAUMA

Symptoms of vicarious trauma included compassion fatigue, exhaustion, extreme sadness, dissociation, or isolation. Participants in this study believed that therapists bear an immense burden of the trauma for their clients.

Participants willingly admitted feeling traumatized by the stories of sexual abuse they heard. Many therapists who were interviewed stated that the stories were devastating to hear and at times, the images of what happened stayed with them. All of the participants in this study stated the sexual abuse of their clients had affected them in one way or another. For example:

> Unless you've done this work, you really have no clue how hard this is and what a toll it can take on you. (Subject 8) I've dreamt about my clients sometimes and unexpectedly it pops up. (Subject 7) Personally it is . . . traumatizing . . . because you get all of the gory details and you . . . have to get used to being in a space with that trauma. (Subject 3)

Therapists talked about compassion fatigue, which included feeling tired when they knew they had to meet with or talk to their clients. The majority identified that there were times when they did not want clients to come for their appointments or felt relieved when clients cancelled.

Participants also mentioned that they felt more "burned out" or tired from this work than other work they had done. Signs of "burn out" that they mentioned included dreading their clients, not helping clients due to feeling tired, working an hour and then needing the next hour to "recoup," or finding that their work was affecting their own personal or family life. They questioned whether they could do this work for a long period of time. A few of the many examples follow:

> . . . you glamorize it and it's not glamorous. It's dirty and it's tedious, and you get burned out and it's tiring. It is definitely a heavy job and . . . I don't know if I can do this my whole life. You don't really talk about these things or even think about it. . . you'd just . . . you'd find yourself crying . . . (Subject 7) . . . that therapist burn-out, you just have to be aware of that always, and maybe you do have to step down for a minute, but I think emotionally . . . it starts affecting your family, and your relationships outside of the office, and those kind of things. (Subject 4)
>
> There are times where they share details with you, or they tell you stories or draw pictures, or make disclosures. And it just makes you sick . . . it's just hard to listen to. Mostly, my heart aches . . . So everyday you're going home crying, or you're freaking out or having nightmares because you're taking people's trauma home with you (Subject 5) There are times, I think, when I am tired of heaviness. (Subject 3) When you start getting into the dark stuff . . . it's so evil that sometimes you don't even want to feel it. It's too dark sometimes. (Subject 1)

One participant described a time when she was working with this population in which it took her a few months to become aware of the fact that she was isolating herself from others.

> I realized that I was not leaving my house from the time I got home on Friday nights 'till the time I had to go to work on Monday morning. (Subject 8)

Another therapist admitted that she often dissociated or fantasized about being somewhere else other than in her office meeting with her clients.

> I've fantasized of . . . looking out the window. I'm like, I'd rather be doing anything than this. Where I go to is like being a waitress in Paris serving coffee to people and not having to make decisions . . . I dissociate. (Subject 7)

### Boundaries

Therapists in this study revealed that working with sexually abused children interfered with their ability to maintain appropriate boundaries. Participants spoke about the boundary between roles such as wife, mother, and neighbor and distinguishing those from their role as therapist. Therapists reported that often people in their neighborhood or community often requested or required them to interact in a therapeutic context.

Therapists experienced distancing from others when they discussed their work. They found that the others were too overwhelmed to continue the conversation. This was true of husbands and siblings as well as friends and acquaintances. The therapists indicated that they had to remind themselves that other people are not used to hearing about sexual abuse and either preferred not to discuss the issues or were disturbed by the information. It became important for therapists to contain the information and to maintain an appropriate boundary around what and how much they shared with others regarding their work.

The challenge of maintaining appropriate boundaries also existed between therapist and client. If the therapist was aware that they were projecting their own issues and needs onto their clients, they took a break in the session and reoriented their focus.

### Appreciation for life

Therapists talked about their experiences of seeing the devastation that sexual abuse caused and the realization of how precious their own lives became to them. They vowed to be more grateful and respectful to themselves, to family members, and to others.

PERSONAL GROWTH

Therapists talked about personal growth and acquiring greater depth from their experiences of working with traumatized children. For example, one said,

> I know that I trust in the process of life, the big picture of life, and that our life experience shapes us and molds us and gives us opportunity for growth . . . I have much greater depth . . . being a therapist has given me that gift . . . (Subject 1)

## Professional Development

Therapists identified immense and unique differences in working with this population when they were beginning therapists compared to where they were at the time of the research interview. Specifically they had improved clinical skills, increased sensitivity, and increased confidence. They believed they were more aware of their own issues and more sensitive to the issues of transference and counter-transference as they worked.

Many of the therapists revealed that they had a great deal of difficulty emotionally when they started working in the area of sexual abuse. In the early phase of doing therapy with sexually abused children, therapists reported that they felt overwhelmed and depressed, doubted the therapeutic process and its effectiveness, and thought they were overly sensitive.

## Interpersonal and Social Impact

AWARENESS OF DISAGREEABLE AND DANGEROUS CIRCUMSTANCES IN LIFE

Therapists described feeling shocked when they learned how "bad" the world truly is. Some therapists admitted they were naïve in that they had "no clue" what was actually happening in the world. Subject 5 stated, "It was a rude awakening to reality." Several therapists agreed with Subject 5's view that," It's just so much more evil in this world. This is a sad, dark, dreary, scary place. . . and there is just so much trash and filth in this world."

> I became for a while stunned at the amount of abuse . . . and the kinds of people who actually were perpetrators on children . . . became more suspicious, I think, of people in general. (Subject 3)
> It made me realize how truly damaging sexual abuse can be. So incredibly . . . rotting it can be. It just doesn't steal kids' innocence, it can steal their entire future, their entire sense of normalcy . . . having any optimism or any thought that they might have of some normal life. (Subject 8)

> It makes me feel less safe, like the world's less safe. The lack of the safety in the world feels more to me like lack of safety for the ones that I love. (Subject 6)

### Fearfulness

In reflecting on their world view, participants in this study revealed irrational fears they had developed due to working in the field of sexual abuse. Therapists confessed that they felt paranoid, thought most people (men) were or could be "perverts," and were very leery of allowing men to interact children. Participants also described feeling fearful that sexual abuse could occur in their own families; therefore, they disclosed reacting in some unreasonable ways.

### Therapists' Personal Relationships with Children in Their Lives

Working with sexually abused children impacted the therapists' own relationships with the children in their lives. The therapists felt they were overprotective, hyper vigilant, tempted to be overly involved and intrusive in their children's lives and often unrealistically fearful. On the positive side, they saw themselves as better parents who were more willing to be open and able to communicate with their children. They more deeply valued the innocence of children and their right to be safe.

### Therapists' Relationship with Significant Others in Their Personal Lives

Finally, therapists in this study revealed that working with sexually abused children impacted their relationships with significant others including spouses, fiancés and boyfriends. This impact affected two specific aspects of intimacy including both the emotional intimacy and physical intimacy of these relationships.

*Emotional intimacy* with their significant other was affected by their work both positively and negatively. One example from Subject 7:

> It affects our relationship in that it's hard for somebody who's not in the field to understand that we come home, you have to kind of deep disconnect and decompress . . . Sometimes I can't deal with his emotional needing me at that moment. I need to disconnect. I've been with people all day long, and I can't deal with this. And I know that my work affects that dynamic in our relationship.

In fact, four of the ten therapists interviewed in this study admitted that at some point in working with this population, they purposefully chose not to be in a relationship. Some talked about avoiding relationships altogether.

*Physical intimacy and sexual intimacy* were affected for participants in various ways. Therapists talked about images or thoughts coming into their minds and methods they used to try to protect themselves from them.

> Certainly it interweaves itself there at times, but the impact has been minimal, and the strength of my husband and my relationship is such that I can just let that through with him, and so the impact of that has been minimal. (Subject 1)
> Yeah, just more of . . . feeling yucky. Like having to remind myself that my husband is very respectful and very loving and would never do anything to hurt me and never violate me. But sometimes my definition of sex. . . is almost a violated definition . . . yeah, I have to remind myself, because if I don't, I just . . . avoid sexual intimacy. It just makes me cringe a little bit. (Subject 5)
> . . . I had conversations with my husband about was that if I start having images of anything, my work, while being intimate, then we would just call a time out . . . I think having that in place before has made a difference. (Subject 8)

## COPING WITH STRESSES OF WORKING WITH SEXUALLY ABUSED CHILDREN

Issues of coping included the participants' personal ways of coping with their clients' abuse and the agencies' way of coping with the impact of sexual abuse on both the clients themselves and the staff personnel.

### Personal Ways of Coping

Therapists identified the support of others, spirituality, personal therapy, self-awareness, working on personal issues, possessing therapeutic skills, humor, caring for themselves, and avoidance as methods they used to survive being a witness to numerous abusive stories.

#### Support Systems

A majority of the therapists interviewed in this study mentioned that some form of support from others enabled them to better cope with the work they did. Speaking of the significance of being a witness to her clients' stories, one participant added that therapists needed a witness too. Another stated

that she had to come to the realization that she could not do this work by herself. She soon realized the value of having others with whom she could talk to about her work. Primarily, therapists spoke about the vital importance of receiving support from colleagues, family, friends, and even pets.

### Personal therapy– self-awareness and willingness to work on personal issues

Eight of the ten therapists in this study had been in personal therapy for themselves during the time they were working with sexually abused children. Of the two therapists who had not been to therapy, one stated that she would like to be, and the other indicated that she had been in therapy when she was in graduate school.

Therapists initiated therapy for various reasons such as client triggered personal issues, marital issues, or family problems. Several participants believed that personal therapy was the most important thing they had done for themselves.

> I think [therapy] was . . . a safe place . . . , just a place I could go talk things over. I hadn't really worked through all that with myself and then having clients, I felt I needed to do some work in that area so that I could help my clients. (Subject 6) Keeping a therapist on retainer. . . just keeping her phone number handy, knowing that her phone number is there. The nice thing is that I've been in therapy with her for so long that I can just have the conversation with her in my head, so I don't really have to go see her. (Subject 8)

They continued to speak about the fact that if someone wanted to work with this specific population, they would need to be able to process their own issues. They discovered that when they knew how their own issues impacted them, they engaged in less counter-transference.

Therapists also talked about the detrimental effects that occurred when therapists did not do their own work and continued to work with sexually abused children.

> And there's times with your issues hampering your work . . . if you are not willing to go the journey yourself with your own issues, you shouldn't be working with the sexually abused population. If you are not willing to lay yourself rotten, . . . but really looking your own issues in the face, you should not be working on sexually abused clients. (Subject 1)
> If your own issues are being triggered, you can only harm your client. But, that's when you become the client, and your client becomes the therapist. And that is a detrimental thing on the client. (Subject 5)

### Spirituality

Participants consistently mentioned spirituality as a way to cope the horrors of sexual abuse on children. Therapists listed prayer, meditation and a faith in God as helpful tools.

### Possessing therapeutic skills of compassion and empathy

Another coping mechanism that enabled these therapists to work with sexually abused children was possessing fundamental therapeutic skills such as empathy, objectivity, and sensitivity. In addition, participants spoke about loving children and making children feel comfortable and safe.

### Humor

In coping with the occupation of working with sexually abused children, a number of participants disclosed that having a sense of humor helped. The ability to laugh at themselves and take joy in humorous experiences was essential especially on the tough days. Laughter often provided relief to heaviness and deep emotion.

### Self-care

The importance of self-care was mentioned by most of the participants. They advocated taking care of their physical bodies through walking and exercise, eating during the day, getting enough sleep, vacations, and tangible hobbies like painting or woodworking.

### Avoidance

Throughout several of the interviews, therapists deflected questions, were ambivalent about their answers, contradicted themselves or simply used denial as a way to talking about their personal responses when they worked with sexually abused children. Interestingly, the therapists who had undertaken personal therapy were much less likely to avoid discussing personal coping styles and issues than those who had not. One therapist admitted that she does not ask the child for details of the abuse because she does not want to hear it. Another therapist expressed that she never reacted to what a client said. Yet, she disclosed that certain clients created negative feelings for her when she thought about them or had to see them.

## Agency Environment

Participants identified ways their agencies were helpful. Both agencies had an atmosphere of teamwork, offered supervision, and provided training.

### Teamwork

Collaboration and support among therapists seemed to be valued by the agencies. Therapists commented that the solidarity therapists experienced added a feeling of love, respect, and trust among colleagues. Therapists described the agencies as having an open environment where they were free and encouraged to talk about cases.

### Supervision

Therapists described their supervisors as confidants and "experts" to help with difficult or stressful clients. In addition, therapists spoke of their experiences as supervisor to student interns as helpful and enriching to be in a teacher role as well as that of a therapist.

### Training

Both agencies provided ways for therapists to receive training during the year. Therapists spoke about attending play therapy conferences, conferences on sexual abuse, as well as purchasing books and materials that enabled them to feel more confident in their practice.

## DISCUSSION

Working with sexually abused children affected the therapists interviewed personally, professionally, in their view of the world, and in their relationships with others. Therapists indicated that they used specific coping mechanisms to help them cope with their work experiences. Clinical, supervision, and work environment recommendations emerged from the interviews.

### Clinical Implications and Recommendations

Therapist alliance and attunement are critical components of therapy. Clients need to have someone with whom to share their story. If the therapist emotionally distances from them, it may impede the client's progress in therapy. When therapists feel uncomfortable with the clients' stories, they may send a message of shame to the client. Therapists in this study who minimized the effects of trauma in their own lives seemed to minimize the client's trauma as well. If this continued, the therapists might become desensitized to the trauma and lack empathetic and authentic responses to the experiences. In this study, therapists identified several critical components to help therapists maintain effective clinical practice with sexually abused children. First, therapists stressed the importance of having a strong support system both personal

and professional. These recommendations were supported by Killian (2005) in his recent study on enhancing resiliency and self-care of therapists. He also found that social support was a crucial factor in increasing satisfaction with one's job as a therapist. Second, therapists reported that working part-time or diversifying the types of clientele they treat helps alleviate the symptoms of vicarious trauma. Third, the majority of the therapists mentioned the importance of personal therapy to identify and heal their personal issues related to matters such as power and control, intimacy, and helplessness. Personal therapy helped the therapists to heighten their own self-awareness and evaluate their own responses to clients and client stories. It enabled the therapists to deal with the overwhelming nature of their work.

## Training Implications and Recommendations

The results of this study also have implications for training. During training, student therapists in all clinical mental health fields should engage in personal therapy. For years, therapists have engaged in therapy in order to help in coping with the stress of their jobs (Guy & Liaboe, 1986). Personal therapy is helpful to identify and treat any "triggers" that come up especially when treating sexually abused children issues of counter-transference, fused boundaries, or symptoms of vicarious trauma. In addition, creation of training manuals, which include cautions or warnings in dealing with the effects of working with sexually abused children, would be helpful. Finally, supervision should be available for both students and clinicians in the field to help strengthen the supervisee's skills and address self-of-therapist issues, such as self-care and self-nurturing.

## Agency Implications

Agencies that predominantly treat sexually abused children and their families need to provide support for therapists and other employees. They should offer individual therapy and group therapy for the staff therapists in order to help deal with the impact of the job as well as hold weekly staff meetings so that therapists can discuss cases and issues of concern. Going out to lunch on a regular, perhaps weekly, basis help employees bond and provide the comradely needed to cope with the effects of working with sexually abused children. Attending training together and annual retreats provide important support for therapist. It is also important for agencies to provide compensation time where therapists are able to take time off and offer vacation time to revitalize the therapist.

Working with sexually abused children affects the personal lives of therapists. Even so, therapists continue to do this work no matter the sacrifices and bravely embark on the healing journey helping to transform child victims

into survivors. By better understanding the challenges that these therapists face, therapist can better cope with these challenges, and training programs and agencies can provide the training and support that therapist need.

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