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**Working with Sexual Abuse Survivors:
The Effects on Sexual Assault Counsellors**

By

Allison Wood, H.B.A., M.Ed.

A thesis submitted to the Faculty of Graduate Studies and Research
in partial fulfilment of the requirements for the degree of

Master of Social Work

School of Social Work
Carleton University

Ottawa, Ontario
April 2001

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submitted by

Allison Wood, H.B.A., MEd.

in partial fulfillment of the requirements for

the degree of Master of Social Work

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Abstract

Research into the areas of burnout, secondary traumatic stress and vicarious traumatization suggest that counsellors who work with trauma survivors suffer many negative affects from their work. The literature reports that sexual abuse counsellors are likely to experience effects emotionally, cognitively, and physically. These effects are said to impact both their personal and professional lives.

This study was designed to explore the emotional and cognitive effects on crisis sexual assault counsellors of working with sexual abuse survivors. The intention was to explore how they are impacted, how they cope with the difficulty of their work and how they perceive their organizations supporting them.

In this study I found that although sexual assault counsellors do suffer from some of the symptoms of secondary traumatic stress, vicarious trauma and burnout, they also have many personal gains from being involved in this type of work. They reported that though they have experienced some of the negative effects of their work, they feel passionate about what they do. In addition, they consider this work to be a contribution to the women's movement.

The results also indicated that the current theories of secondary traumatic stress, vicarious traumatization and burnout do not take into account the pressures on counsellors due to the social, economic and political context that they work within. In addition to reporting the impact of the calls themselves, the majority of the counsellors said that the most stressful and difficult part of their work is related to societal limitations and organizational challenges. By taking into consideration the context of

the work, I was able to provide a much more inclusive view of their experiences while challenging the restrictions of previous research.

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CHAPTER I

Introduction to the Problem

Research into the area of burnout, secondary traumatic stress and vicarious traumatization has emphasized that work with trauma survivors can be very demanding for counsellors (Cunningham, 1996; Kassam-Adams, 1995; McIan and Pearlman, 1995; Follette, Polusny & Milbeck, 1994). Survivors of trauma who seek help often suffer from painful memories and distressing affective states which brings the helper “close to the soul of pain and injury” (Wilson and Lindy, 1994, p.6). Danieli states that work with trauma survivors calls on counsellors to confront, with their clients and within themselves, extraordinary human experiences. “This confrontation is profoundly humbling in that at all times these experiences try our view of the world we live in and challenge the limits of our humanity” (Danieli, 1994, p.371). Trauma counsellors have a difficult job:

Not only must they routinely carry stories of cruelty and horror from that day but from all the days before. These stories, often stored as graphic images, carry shocking implications about the capacity of humans to willfully inflict harm. They may also challenge the clinician’s sense of professional competence, disrupt interpersonal relationships, and compromise psychological and physical health” (Guzzino and Taxis, 1994)

Consequently, work with trauma survivors can have a drastic impact on counsellors’ emotional, psychological and physical well being. Research on working with trauma victims has created a discourse, which attempts to explain the difficulties of this work (Figley, 1993, 1995; McCann & Pearlman, 1990; McIan & Pearlman, 1995; Kassam-Adams, 1995; Schauben and Frazier, 1995). Within this discourse, concepts such as burnout, countertransference, vicarious traumatization and secondary traumatic stress have been used to describe the experiences of those in the

helping profession. Each of these concepts focuses on different aspects of the counsellor's experience.

Countertransference is a term originally used by Freud (1910) to describe the emotional reactions of therapists. This concept continues to be used to explain the effects of working with clients but is often limited to the reactions that occur during a therapeutic interaction based on the emotional issues that the therapist brings with them. Another term commonly used to understand the difficulty of working in this field is that of burnout. Beginning with Freudenberger in the 1970s, this term was used to describe the helper's reactions to the difficulties of therapeutic work (Freudenberger, 1974). Research on burnout involves the exploration of such factors as the isolation of work, the difficult or demanding client, workload, and the constant tension arising from the need to be both empathetic and bureaucratic (Kassam-Adams, 1995). Maslach and Jackson (1981) developed an inventory called the Maslach Burnout Inventory to assess counsellors' level of exhaustion and cynicism towards clients and towards themselves as helpers. It further attempts to understand the issues that lead counsellors to leave their jobs or to treat clients with contempt rather than compassion.

In the past 15 years, researchers have suggested that concepts of countertransference and burnout are inadequate on their own to describe what is experienced by counsellors who are frequently exposed to traumatic stories. McCann and Pearlman's concept of vicarious traumatization refers to the effects which client's graphic and painful stories produce in the psychotherapist. Their Constructivist Self-Development Theory is based on the belief that all individuals have cognitive structures or schemas which include beliefs, assumptions and expectations about self

and world (McCann and Pearlman, 1990). “It is our belief that all therapists working with trauma survivors will experience lasting alterations in their cognitive schemas, having significant impact on the therapist’s feelings, relationships and life” (McCann and Pearlman, 1990, p.136). They describe shifts that occur, over time, in therapists’ cognitive schemata along the dimensions of: dependency/trust; safety; power; independence; esteem; intimacy; and frame of reference. They suggest that it is inevitable that therapists will experience some changes in their cognitive schemata due to their regular exposure to traumatic material. McIan and Pearlman developed the Traumatic Stress Institute Belief Scale to study cognitive schemas of psychotherapists working with trauma survivors. Researchers (McIan and Pearlman 1995; Cunningham 1996; Kassam-Adams 1995; Schauben and Frazier, 1995) have used this scale with psychotherapists and other counsellors and found that vicarious traumatization is a commonly experienced phenomenon.

McCann and Pearlman also suggest that therapists who listen to accounts of victimization may internalize memories of their clients and may have their own memory systems altered temporarily or permanently. This can take the form of “flashbacks, dreams or intrusive thoughts” (McCann and Pearlman, 1990, p.142). Figley (1995) explored these and other Post Traumatic Stress Disorder (PTSD) -like effects in helpers. He suggests that we need not directly experience trauma to be affected by it. Instead, helpers and family members can experience a reaction from hearing traumatic stories. He calls this Secondary Traumatic Stress Disorder (STSD) and describes it as a syndrome of symptoms nearly identical to PTSD:

except that exposure to knowledge about a traumatizing event experienced by a significant other is associated with the set of STSD symptoms and PTSD symptoms are directly connected to the sufferer, the person experiencing primary traumatic stress (Figley, 1995, p.8).

Based on this theory, the Impact of Event Scale (Zilberg, Weiss, Horowitz, 1982) created for trauma survivors to assess PTSD symptoms, has also been used on therapists (Kassam-Adams, 1995). This research has found that most helpers experience some symptoms of PTSD when regularly confronted by traumatic material.

Maslach (1976), McCann, Pearlman (1990) and Figley (1995), all agree that there can be severe consequences for therapists when working with traumatized clients. They believe that the symptoms experienced by victims can impact the counsellor personally and can lead to disruptions in their personal and professional relationships. Personal relationships may suffer due to increased stress or difficulty with trust or intimacy. Professionally, therapists may begin to miss or cancel appointments, or decrease their use of opportunities to debrief due to feelings of isolation and lack of appreciation. Research suggests that these symptoms can, in turn, have a drastic impact on clients. McCann and Pearlman explain that unless the symptoms are addressed, “it can become difficult for therapists to maintain a warm, empathetic, and responsive stance with clients” (McCann & Pearlman, 1990: 144). Furthermore, it has been suggested that this lack of empathy can result in counsellors becoming “ineffective, or even worse, harmful to the client” (Astin, 1997, p.107).

Researchers have also explored some of the environmental and personal factors that can make therapists more vulnerable to burnout, vicarious trauma and secondary traumatic stress. Increased symptomatology has been found in counsellors: who are isolated from their families (Aylward & Green, 1999), have a history of sexual abuse or trauma (Cunningham, 1996; Kassam-Adams, 1995; McLan & Pearlman, 1995), have lower levels of education (Aylward & Green, 1999), have less

experience (McIan and Pearlman, 1995), and have a high percentage of sexual abuse survivors on their caseload (Kassam-Adams, 1995; Schauben & Frazier, 1995).

Within the field of trauma, some research has specifically explored the impact of working with sexual abuse survivors on counsellors (Cunningham, 1993; Kassam-Adams, 1995; Schauben and Frazier, 1995; Johnson and Hunter, 1997). This research has focused, for the most part, on the traumatic stories heard and the work environment with little consideration for the impact of larger socio-political issues. Samples are most often drawn from a specific professional population (full time staff, male or female, with graduate level education, with earnings over \$60,000.00 (U.S) per year). Only two studies have explored the unique experience of the crisis sexual assault counsellor (Johnson & Hunter, 1997; Schauben & Frazier, 1995). Their experience differs from that of the professional trauma counsellor in that they are generally female with varying levels of education. In addition, they may only deal with clients for a short amount of time, work mostly with clients on the phone, and provide counselling on a part-time basis. These two studies on crisis sexual assault counsellors used quantitative research tools previously used on psychotherapists without consideration of these above-mentioned differences.

Design of the Study

I was interested in studying the emotional and cognitive effects on female sexual assault crisis counsellors working with victims of sexual violence. The concepts of burnout, vicarious traumatization and secondary traumatization gave me a foundation to conceptualize the experience of the sexual assault counsellor. Each of these three theories used a particular focus to view the experience of working with trauma victims. The

combination of all three theories helped me to develop measurement tools to begin to grasp the complex and multi-faceted experience of working as a sexual violence counsellor.

In my study, I selected a qualitative and exploratory approach because little is known about the actual everyday experience of the sexual assault crisis counsellor and I hoped to develop an understanding of the area. It involved a written questionnaire and in-depth face-to-face interviews. Taking into consideration what was lacking in previous research, my intention was to explore with female sexual assault counsellors how they are personally impacted by their work and what factors make their work demanding. This included an exploration of their duties and work environment as well as both the work “context” and personal pressures outside work.

I felt there was a need for organizations and crisis counsellors to understand the effect counselling sexual abuse survivors and hearing traumatic stories has on their work without assuming that their experience is the same as psychotherapists. In addition, though the traumatic stories they are exposed to may be a very difficult and stressful part of their work, I was also interested in understanding other pressures they may be subject to, beyond the content of the calls. For example, I wanted to explore the impact of socio-political issues on their work context. Having worked as a crisis counsellor in a community setting, I have observed that access to counselling of any kind has become increasingly limited and expensive in Ontario. Limited funding results in longer waiting lists at counselling centres and fewer affordable and free services are offered to individuals seeking counselling support. As a result, alternative services such as crisis support centres experience increased demand. Crisis centres

offer some individuals the only support available to them in coping with the aftermath of a traumatizing experience.

Also, limited community resources has resulted in more women struggling to meet their basic needs. Supporting women with multiple needs may increase the pressure on crisis counsellors. It is possible that crisis sexual assault counsellors are expending a great deal of effort helping women with issues they are not equipped to deal with e.g. mental health problems, financial and housing problems. These demands may create frustration and anxiety in addition to the content of the calls themselves. For this reason, I wanted to explore how sexual assault counsellors are impacted by the context of their work such as limited funding.

With the increasingly demanding roles of sexual assault counsellors, I also wanted to hear from the workers themselves what they find rewarding about their work and what has inspired them to continue working in this field. This included asking the counsellors how they manage their feelings and what they do in their personal lives that helps them to deal with what they hear at work. I also wanted to explore the availability of supports in the workplace and gain an understanding of what issues could contribute to high turnover.

Research Questions

In this study, I attempted to understand the experience of the crisis sexual assault counsellor by asking them how they are cognitively and emotionally affected by their work. I was also interested in learning what factors make counsellors especially vulnerable to the effects of burnout, vicarious trauma and secondary traumatic stress. I wanted to know what they do to cope and whether their strategies are sufficient. Finally, I

was interested in finding out what the organizations do to support their workers and if the counsellors perceive this as being sufficient. Finally, my intention was to use the results of the study to 1) educate counsellors about the effects of their work and 2) to provide suggestions to the organizations involved on how to improve the work environment for counsellors.

Assumptions

I began this study with many assumptions. Firstly, as a crisis counsellor, I had experienced some negative effects working with suicidal clients and victims of sexual assault. I found this work especially challenging and soon noticed the toll it had on me personally. Doing telephone counselling, I found it extremely difficult to deal with the feeling of not knowing what eventually happened to callers. Currently, I have the privilege of working with people for a longer amount of time and this allows me to heal alongside the client. As a crisis counsellor this was not always an option. Sometimes I would speak to a caller once and never know what happened to him or her.

I am aware that my personal perspective and experience working as a crisis counsellor is what triggered my interest in vicarious traumatization of sexual assault counsellors. I am also aware that the difficulty of my experience results in a personal bias that I have towards such work. This bias was present in my selection of theories, since the theories that I read on vicarious traumatization, secondary traumatic stress and burnout confirmed the beliefs that I had about the difficulty of the work.

Because of this personal background, I made several assumptions of what the results would be from this study. I assumed that the most stressful part of the job was

the content of the calls that female counsellors are affected by the graphic material they hear and that this would result in individuals only being able to withstand this type of work for a short period of time. I further assumed that the women from these organizations would probably have considered leaving on various occasions due to the demands of the work. I also assumed that their reasons for being in the field were to help but that they would surely suffer from severe emotional and cognitive reactions from listening to sad and violent stories. Finally, I believed that this knowledge could help organizations understand some of the factors that impact turnover.

Definition of Terms

The following terms are used in this study.

Callers: all individuals who access the services at the sexual assault centres, whether by telephone or in person.

Sexual Assault Counsellor: other terms include sexual violence counsellor and sexual assault crisis counsellor. This refers to counsellors who provide mostly telephone support, but may also provide some face-to-face counselling to sexual abuse survivors.

Sexual Violence/Sexual Abuse: rape, incest, childhood sexual abuse, sexual harassment, and any forced sexual act or touching.

Self-Care: behaviours that counsellors engage in which they find comforting that help them to manage their emotional reactions they may have as a result of their work.

Supervision: support provided either by a peer or a supervisor. When provided access to supervision, counsellors have an opportunity to discuss cases that they find particularly upsetting with someone. It may consist of getting advice on how to work with a particular caller or may simply give them an opportunity to vent their feelings and concerns.

Accompaniments: when counsellors accompany callers to the hospital, the police station or other appointments.

Summary

This study examines the impact of working with sexual assault victims on the crisis sexual assault counsellor. It was designed to explore the counsellors' experiences, taking into consideration the stories heard, work environment and the context of the work. In order to understand the impact of work with sexual abuse survivors it was first necessary to begin by providing a review of existing literature and research on this topic. Therefore in Chapter II, I will be discussing the existing theories about the effects of working with trauma survivors. I will also explore the current research measuring the effects of work with trauma survivors and specifically the effects of work with sexual abuse survivors. Following the literature and research review, Chapter III provides an outline of my methodology and the limitations I discovered of my study. In Chapter IV, I present the findings. These findings are then discussed in more detail in Chapter V. Chapter VI contains my conclusions and suggestions for future research.

CHAPTER II

Literature Review

In this chapter, I will explore the concepts of burnout, countertransference, vicarious traumatization and secondary traumatic stress and the implications of these theories for the crisis sexual assault counsellor. I will also review the current research in this area of study, including the specific research on sexual assault counsellors. I will then explain my theoretical standpoint and how I used this lens to both critique current research and create my research tools.

Burnout

In the 1970's, Freudenberger (1974) used the term burnout to describe the experience of physical and emotional depletion resulting from conditions of work. In his work, he found that previously idealistic staff in helping professions became fatigued, apathetic, and emotionally needy, apparently as a result of their daily work with clients (Farber, 1983). Maslach (1976), who eventually developed a measurement tool, the Maslach Burnout Inventory (1981) to study burnout, explored burnout within various helping professions. With increased research, burnout came to be described as a process which impacts the physical, emotional, behavioural, interpersonal and work life of the professional helper (Maslach & Jackson, 1981). As Farber explains in his literature review:

Burned out professionals are more frequently absent or late for work than their non-burned out colleagues; they become noticeably less idealistic and more rigid; their performance at work deteriorates markedly; and they may fantasize or actually plan on leaving the profession. Furthermore, the frustrations attendant to the phenomenon of burnout may lead to emotional stress (often manifest as anxiety, irritability, sadness or lowered self-esteem), psychosomatic problems (insomnia, ulcers, headaches, backaches, fatigue,

high blood pressure), and increased marital and family conflicts (Farber, 1983, p.3).

Research also suggests that not only does burnout effect the professional but it also has a significant impact on clients (Maslach, 1976). The effects on clients is serious since burned out professionals may become more callous, pessimistic and defensive (Kahill, 1988; Maslach, 1976). Staff may also withdraw from clients and or label and pathologize their behaviour (Kahill, 1988). Overall, as Maslach explains, “(b)urned out professionals lose all concern, all emotional feelings for the persons they work with and come to treat them in detached or even dehumanized ways” (Maslach, 1976, p.16).

Research into burnout emphasizes the causal role of excessive demands, unsatisfactory training and inadequate skills of service providers. This points to a mismatch between the demands of the tasks and the capacities of the worker (Heifetz and Bersani, 1983). Over the years, the term burnout has become widely accepted to reflect the experience of many professionals.

Within the counselling field, burnout is a frequently used term to describe what occurs over time to many counsellors. Although burnout literature and research is relevant for therapists working with trauma survivors “the potential effects of working with trauma survivors are distinct from those working with other difficult populations because the therapist is exposed to emotionally shocking images of horror and suffering that are characteristic of serious traumas” (McCann and Pearlman, 1990, p. 134).

Countertransference

Countertransference refers to the trauma counsellor's emotional reactions from working with trauma survivors. The concept of countertransference comes from Freud's work on the techniques of psychotherapy (1910). It refers to the impact that the client and the client's material have on the therapist during the course of psychotherapy. As McCann and Pearlman explain, "it attempts to explain the individual's responses as a function of his or her previous unresolved psychological conflicts" (McCann and Pearlman, 1990). Due to the intense emotional reactions that may be elicited from traumatic material, strong reactions in the therapist can result in a disruption of empathy. Other countertransference reactions include sadness, rage, fear, grief, shame, anxiety, horror, self-doubt, confusion and agitation (Danieli, 1988; Pearlman & Saakvitne, 1995; Wilson & Lindy, 1994).

Research into countertransference has shown that the counsellor's reactions can be extremely intense. Danieli (1988) for example, reported on interviews with 61 therapists who treated Holocaust survivors. "Countertransference themes" expressed by therapists were generated through content analysis of the interviews. The most frequently reported theme was avoidance and numbing to defend "against listening to Holocaust stories and against therapists' inability to contain their intense emotional reactions" (p.224). Other themes listed by Danieli (1988) were coming to grips with the Holocaust as murder rather than death, viewing the survivor as victim and therapist as liberator, viewing the survivor as a hero/superhuman.

Herman (1992) also found common countertransference themes amongst trauma therapists. This included taking the part of rescuer or developing a sense of omnipotence to defend against feelings of helplessness, violating therapeutic

boundaries, and identifying with the victim's rage and grief. In Lindy's (1988) research on countertransference reactions of therapists working with Vietnam Veterans, therapists reported several types of difficulties resulting from their work. These included nightmares, intrusive images, reenactments, amnesia, estrangement, alienation, irritability, psychophysiologic reactions, and survivor guilt. The results of Lindy's study suggest that the effect on the trauma therapist's experience goes beyond what can be explained by countertransference theories alone. Countertransference generally refers to the therapists emotional reactions during a therapy session. The results of Lindy's study indicate that trauma therapists also experience disruption in their personal lives in the way of nightmares and intrusive thoughts.

The results of Lindy's (1988) is supported by Figley (1995) who suggests that the concept countertransference is inadequate to explain all of the symptoms experienced by therapists working with trauma victims. Figley (1993) maintains that therapists can experience symptoms nearly identical to Post Traumatic Stress Disorder (PTSD) which he calls Secondary Traumatic Stress Disorder or Compassion Fatigue.

Secondary Traumatic Stress Disorder/ Compassion Fatigue

Figley (1993) coined the term "secondary traumatic stress reaction/disorder" to explain the experience of all those who are indirectly exposed to trauma such as family, friends and professional helpers. He found that helpers and family members may experience the same post-traumatic symptoms as trauma survivors (Figley, 1993). From his work, he concluded that the experience of the individual indirectly

exposed to trauma can parallel that of the individual that has directly experienced it. Figley's research began with family members of trauma victims, over the last 15 years, has extended it to include all individuals that are secondarily exposed to traumatic events including psychotherapists (Figley, 1983, 1993, 1995). In the case of therapists, Figley describes this phenomenon as an acute reaction to client material presented in sessions, and states that this could be a precursor to burnout if not appropriately worked through (Figley, 1993). He defines secondary traumatic stress as "the natural and consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other-the stress resulting from helping or wanting to help a traumatized or suffering person" (1995, page 7).

Figley (1993) describes Secondary Traumatic Stress Disorder as a syndrome nearly identical to Post Traumatic Stress Disorder. The symptoms of PTSD, as defined in the DSM-III-R, are alternate re-experiencing and avoidance of the trauma. Intrusive **re-experiencing** can take the form of intrusive, unwanted memories, images, dreams, and even flashbacks in which the person feels as if he or she is literally reliving the traumatic experience. People can also experience changes in arousal, such as hypervigilance or an exaggerated startle response. In addition, triggers in the environment can remind the individual of the trauma and can cause intense distress. **Avoidance** occurs in the form of efforts to avoid thoughts, feelings, activities or situations which are associated with the trauma. Avoidance can also be experienced as generalized psychological numbing, and may show up as feelings of detachment, a restricted affective range and a sense of foreshortened future (American Psychiatric Association, 1994).

Figley (1995) suggests that helpers experience these same symptoms. He calls for recognition of these effects in order to legitimate the experiences of professionals who suffer from these symptoms. He suggests that in contrast to burnout and vicarious traumatization, which can emerge gradually and are a result of emotional exhaustion, Secondary Traumatic Stress can emerge suddenly with little warning.

McCann and Pearlman's Concept of Vicarious Traumatization

For the most part, Figley's work (1993, 1995) focuses on the physical and psychological symptoms that helpers may experience and does not acknowledge the cognitive effects of traumatic experiences. Cognitive theories of Post Traumatic Stress Disorder (PTSD) have postulated that an individual's core assumptions about the world and about themselves can become disrupted or shattered by a traumatic experience (Epstein, 1989; Janoff-Bulman, 1985; McCann and Pearlman, 1995). According to these theories, our core assumptions and positive feelings of comfort and security associated with these beliefs, provide the groundwork for understanding the psychological impact and aftermath of traumatic life events (Janoff-Bulman, 1985). Janoff-Bulman (1985) identified three types of core assumptions that are severely challenged by traumatic experiences:

- 1) The belief in personal invulnerability; 2) the perception of the world as meaningful and comprehensible; and 3) the view of ourselves in a positive light. Victimization calls into question each of these primary postulates of our assumptive world, and by doing so destroys the stability with which we are ordinarily able to function (p.18).

As Janoff-Bulman (1992) explains, when we experience a traumatic event, we are forced to recognize the real possibility of annihilation, of serious injury, and our own mortality. Our own survival or that of those that we care about becomes

seriously questioned (Janoff-Bulman, 1992). Suddenly, “the self and the worldviews we had taken for granted are unreliable. We can no longer assume the world is a good place or that other people are kind and trustworthy. We can no longer assume that the world is meaningful or what happens makes sense” (Janoff-Bulman, 1992, p.62). The result is a cognitive disintegration which is described as a state of chaos where victims cannot derive equilibrium from prior assumptions because these assumptions no longer serve as guides to the world (Janoff-Bulman, 1992).

McCann and Pearlman (1990) also explored the relationship between assumptions and trauma and consider the disruption of core schemas to be of central importance in the understanding of the effects of trauma on the survivor. They developed the theory of Constructivist Self-Development. The premise of their theory is that “human beings construct their own personal realities through the development of complex cognitive structures that are used to interpret events” (McCann and Pearlman, 1990, p.137). In their exploration of trauma, McCann and Pearlman (1990) found, as did Figley (1993), that the same effects that occur for the trauma survivor can occur for the trauma counsellor. Based on their research, they believe that those exposed to traumatic stories and details can be subject to cognitive as well as psychological and physiological effects (McCann & Pearlman, 1990). They developed the theory of Vicarious Traumatization, which has since become the most commonly used theory to understand the experience of traumatization in trauma therapists. For McCann and Pearlman (1990), vicarious traumatization, unlike Secondary Traumatic Stress, emphasizes the role of meaning and adaptation rather than symptoms. Their theory is an interpersonal theory that attempts to explain the

impact of trauma on an individual's psychological development and adaptation (Pearlman and Saakvitne, 1995).

Pearlman and Saakvitne (1995) suggest that the theory of vicarious traumatization is more inclusive than the theories of burnout, countertransference and secondary traumatic stress since it includes all of the components of these theories. For example, it is similar to countertransference since "it incorporates both a therapist's affective response to this emotional exposure and his or her conscious or unconscious defenses against those affects" (Pearlman & Saakvitne, 1995, p.280). In contrast, it differs from countertransference since "it refers to the cumulative effects of doing trauma work across clients and to its pervasive impact on the self of the therapist" (Pearlman & Saakvitne, 1995, p.280). Countertransference literature also focuses on preexisting personal characteristics since it attempts to explain the therapist's responses as a function of his or her previous unresolved psychological conflicts. McCann and Pearlman (1990) state that they have attempted to provide a theory that is interactive "in that it views the therapist's unique responses to client material as shaped by both characteristics of the situation and the therapist's unique psychological needs and cognitive schemas" (p.136).

Vicarious Traumatization also differs from burnout since it is not limited to "emotional exhaustion resulting from the stress of interpersonal contact" (Maslach, 1976, p.56). This is not to suggest that burnout is not important or that it does not occur to therapists. In fact, McCann and Pearlman (1990) suggest that it is highly likely that therapists will experience burnout due to the "continual exposure to traumatic material that cannot be assimilated or worked through" (McCann & Pearlman, 1990, p.134). Their main argument, however, is that burnout literature does

not address the extent of the symptoms experienced by therapists exposed to traumatic material. According to McCann and Pearlman (1990), burnout theories only focus on the characteristics of the stressor by suggesting that the therapist is distressed because of the external event (isolation, difficult client population, so forth). McCann and Pearlman (1990) emphasize that the experience of the trauma therapist is distinct from those working with other populations because “the therapist is exposed to the emotionally shocking images of horror and suffering that are characteristic of serious traumas “ (McCann and Pearlman, 1990, p.134). Like victims, vicarious traumatization has been suggested to have a drastic effect on therapist’s cognitive schemas or beliefs about the world. Schemas are the cognitive manifestations of psychological needs. McCann and Pearlman (1990) hypothesize that trauma disrupts these schemas and the unique way that trauma is experienced depends upon which schemas are central for the individual. For the trauma therapist:

It results in profound disruptions in the therapist’s frame of reference, that is, his or her basic sense of identity, world view, and spirituality. Multiple aspects of the therapists life are affected, including affect tolerance, fundamental psychological needs, deeply held beliefs about self and others, interpersonal relationships, internal imagery, and experience of his/her body and physical presence in the world (Pearlman and Saakvitne, 1995, p.280)

In their research, McCann and Pearlman (1990) found seven fundamental psychological needs that can be effected by exposure to traumatic stories: dependency/trust; safety; power; independence; esteem; intimacy; and frame of reference. The following description explains McCann and Pearlman’s theory of how exposure to traumatic material can impact each of these psychological needs.

Dependency/Trust

Therapists are exposed to the many cruel ways that people hurt one another by deceiving, betraying, or violating their trust. They also see how people, such as those who abuse children, can undermine those who depend on them. As a result of this, therapists may become suspicious of other people's motives, more cynical or distrustful. An example would include therapist's questioning the motives of parents or assuming that parents are abusing their children (McCann & Pearlman, 1990).

Safety

Therapist may be exposed to images involving a loss of safety including threats of harm to innocent people. According to McCann and Pearlman (1990), this may challenge the therapist's safety schema. This can be particularly disruptive if the helper has strong needs for security. An example given is a therapist who woke at night with fearful images of being violated by a prowler. These images were similar to the images reported to him by his client. Due to the threats to their concept of safety, therapists may experience a "heightened sense of vulnerability and an enhanced awareness of the fragility of life" (McCann & Pearlman, 1990, p.139).

Power

Victims find themselves in situations of helplessness and vulnerability. "Exposure to these traumatic situations through the client's memories may evoke concerns about the therapist's own sense of power or efficacy in the world" (McCann and Pearlman, 1990, p139). Therapists who have high needs for power may inappropriately urge clients to take action rather than helping clients to understand the meanings of their responses. Challenges to the counsellor's sense of power can be helpful if it leads to a constructive self-protection rather than a dysfunctional attempt

to control others. When their sense of power has been challenged, therapists may also begin to feel helpless and depressed about the uncontrollable forces of nature or human violence.

Independence

“Trauma survivors, such as victims of rape or other crime, often experience a disruption in their need for independence, such as restriction in their freedom of movement and a diminishment in personal autonomy” (McCann & Pearlman, 1990, p. 140). Therapists with a strong need for independence can find themselves over-identifying with clients who have lost a sense of personal control and freedom. One example given by McCann and Pearlman (1990) was that of a therapist who found herself identifying with her client’s loss of independence and reported experiencing nightmares in which she was similarly trapped and confined.

Esteem

As McCann and Pearlman (1990) explain, esteem refers to the need to perceive others as benevolent and worthy of respect. People who are harmed as a result of the uncaring and cruel intentions of others can experience diminished esteem for other people or for the human race in general. Like survivors, the helper may find his or her own view of human nature becoming more cynical or negative. This may result in a diminished view of humanity with associated feelings of bitterness, cynicism, or pessimism. Anger may be directed at other people and at the world in general (McCann & Pearlman, 1990).

Intimacy

Trauma victims often feel very alienated from others. Therapists may also experience a sense of alienation resulting from exposure to horrific imagery and cruel

realities. Others who view the work they are doing with disdain may reinforce this. For this reason, therapists may feel isolated from friends, family and coworkers. This can be further intensified by the confidentiality that surrounds their profession, where sharing details with friends and family is considered unethical. This can stand in the way of connecting with others and according to McCann and Pearlman (1990) may result in a profound sense of alienation.

Frame of Reference

According to McCann and Pearlman (1990), humans have a need to develop a meaningful frame of reference for experience. "This need is represented cognitively in part in schemas related to causality, or individual's attributions about why events occur" (McCann and Pearlman, 1990 p.141). Traumatized individuals often wonder why this happened to them. Therapists may also try to understand why an individual experienced what they did. This can become destructive if it takes the form of victim blaming. Therapists can also make the mistake of focusing on the motives of the assailant or the perpetrator (McCann and Pearlman, 1990).

In addition to the cognitive effects, McCann and Pearlman's theory of vicarious trauma (1990) has similarities to Figley's (1993) concept of Secondary Traumatic Stress since they suggest that therapists who listen to accounts of victimization may internalize the memories of their clients and may have their own memory systems altered temporarily or permanently. Therapists may experience their clients' traumatic imagery as fragments of memory without context or meaning. This can be experienced as flashbacks, dreams or intrusive thoughts. These images can be triggered by previously neutral stimuli that have become associated with the clients' traumatic memories (McCann & Pearlman, 1990). They suggest that these alterations

in memory are probably transient in nature but can become permanently incorporated into the therapist's memory system. This permanency:

is likely to occur when the material is particularly salient to the therapist, relating closely to his or her psychological needs and life experience, and when the therapist does not have the opportunity to talk about his or her experiences of the traumatic material (McCann and Pearlman, 1990, p.143).

McCann and Pearlman also briefly discuss other reactions that may occur from work with trauma survivors, such as uncomfortable emotions including sadness, anxiety, or anger. In addition, they explain that therapists may experience denial or emotional numbing.

Research into the Effects of Working with Traumatized Clients

Measurement Tools

Since the development of the theories of burnout, countertransference, secondary traumatic stress/compassion fatigue, and vicarious traumatization, research has led to the development of various measurement tools to assess the effects of working with trauma survivors on therapists. Pearlman and McIan developed a tool called the Traumatic Stress Institute Belief Scale (TSIBS) to assess counsellor's beliefs about themselves and others. This tool is based on Constructivist Self-Development Theory "and it assesses disruptions in psychological need areas that are hypothesized to be sensitive to traumatic experiences and to vicarious traumatization" (McIan and Pearlman, 1995, p.559).

Figley (1993) developed a scale to measure secondary traumatic stress called the Compassion Fatigue Self-Test for Psychotherapists. This test is to measure secondary traumatic stress disorder symptomatology. A more commonly used tool to measure PTSD-like symptoms was developed by Horowitz, Wilner and Alvarez

(1979) called the Impact of Event Scale (IES). This has been used “to assess current subjective distress for any life event” by identifying the degree of severity of intrusion and avoidance (Horowitz, Wilner, Alvarez, 1979, p.209).

Maslach developed a scale to measure burnout called the Maslach Burnout Inventory (MBI) (Maslach and Jackson, 1981). This was developed from interviews and questionnaires to assess the attitudes and feelings that characterized a ‘burned out’ worker. Measurement tools have also been used to measure coping. Folkman and Lazarus (1980) developed a Ways of Coping Instrument to measure coping in psychotherapists. Subscales of the WOC include: confronting; distancing; self-control; seeking social support; taking responsibility; escape-avoidance; problem solving and positive reappraisal. All these scales have been used both in combination and individually to assess the effects of working with trauma survivors.

Current Research on Trauma Counselling

Aylward and Green (1999) explored the relationship between an individual’s isolation from family, community and others in the helping professions, and the counsellor’s level of vicarious traumatization. They used the Traumatic Stress Institute Belief Scale (TSIBS) with a sample of women’s shelter workers in Northwestern Ontario who consistently work with survivors of trauma (including but not limited to sexual abuse). They found that workers who were isolated from their community and family had significantly higher levels of vicarious traumatization. This indicates that trauma workers who maintain a connection with their peers and family tend to be less vicariously traumatized. Aylward and Green (1999) report that education plays a role in vicarious traumatization. They found that those who had

completed high school as their highest level of education appeared to be more vulnerable to the effects of vicarious traumatization than those with undergraduate degrees. Aylward and Green cross-tabulated symptoms with sexual abuse history and found that those with a trauma history had fewer symptoms of vicarious traumatization. They suggest that workers may be able to empathize and help their clients because they share a personal trauma history. In addition, it may allow for them to work on their own recovery and give meaning to their own experience. Aylward and Green (1999) also report that increases in vicarious traumatization were noted in helpers who did not perceive that clients valued their work.

McIan and Pearlman (1995) studied the effects on psychotherapists of doing general trauma therapy. They used many scales including the TSIBS, the Impact of Event Scale (IES), a symptom checklist scale, and a social desirability scale. They also asked some open-ended questions about the participant's trauma history, length of time doing trauma work, supervision available and hours worked. Their sample included female and male self-identified trauma therapists who work with all types of trauma survivors, including those that have suffered sexual abuse. Participants were from a variety of professional fields including psychology, social work, psychiatry and psychiatric nursing. All of the participants earned over \$55,000 (U.S.) per year. McIan and Pearlman found a correlation between two possible contributing variables to vicarious traumatization: length of time doing trauma work, and percentage of sexual abuse survivors on caseload. Those newer to the work had more disruptions in their self-trust, self-intimacy, and self-esteem. Those with more experience "showed less general distress" (McIan and Pearlman, 1995, p.563). Unlike Aylward and Green (1999), McIan and Pearlman found that trauma therapists with a personal trauma

history showed more negative effects from the work than those without a trauma history. The research also indicated that those who were “doing worse”, meaning had more symptoms, had sought or were engaged in personal therapy to discuss the impact of their trauma work on their lives (McIan & Pearlman, 1995, p.563).

Kassam-Adams (1995) conducted a study of 100 male and female psychotherapists to examine the relationship between psychotherapist exposure to sexually traumatized clients and the therapists’ own symptoms of work stress and post-traumatic stress disorder. She used the Personal Strain Questionnaire of the Occupational Stress Inventory (Osipow and Spokane, 1981) to assess the level of general psychological distress. She also used the IES to measure the level of PTSD like symptoms. The results of this study showed that therapists’ level of PTSD symptoms was related to their level of exposure to sexually abused or assaulted clients (measured as a percentage of a therapist’s caseload that presented these issues in therapy). The therapist’s gender was a significant predictor of higher PTSD symptoms, in that women experienced more symptoms. The counsellor’s personal history, particularly of childhood trauma was also a significant predictor of trauma symptoms, as it was in McCann and Pearlman’s (1995) study. In general, Kassam-Adams found there to be significant support for the notion of secondary traumatization (Figley, 1993) in psychotherapists who treat sexually traumatized clients. They found that PTSD symptoms were not related to exposure to other difficult client problems or diagnoses, such as depression, schizophrenia, or personality disorders.

Cunningham (1996) conducted a study comparing female counsellors who work with naturally caused trauma such as cancer to those who work with a human-

induced trauma such as sexual abuse. She used the theories of vicarious traumatization and secondary traumatic stress to do so. Measurement tools were the TSIBS and the IES. Major findings of the study indicate that therapists working with sexual abuse were more negatively affected than those who worked with cancer victims. The research showed that therapists working with sexual abuse survivors reported more disruptions in their cognitive schemas, including the safety, other-trust and other-esteem. Interestingly though, those with higher percentages of sexually abused clients were less likely than other counsellors to experience the avoidance or intrusion symptoms associated with PTSD. She could not account for this unexpected finding.

With regard to personal history of trauma, Cunningham (1996) found those reporting a history of sexual abuse were significantly more likely to work with sexually abused clients and reported significantly more disruptions on the self-safety, self-esteem and other-esteem subscales of the TSIBS. Overall, Cunningham's (1996) research indicated that work with sexual abuse survivors is more challenging and has a more negative impact than work with cancer patients. "When history of abuse was statistically controlled for, there were still significant differences between the clinicians who worked with sexual abuse than those who worked with cancer" (Cunningham, 1996, p. vi). In addition, she states that the study supports "the usefulness of the concept of vicarious traumatization in understanding the experience of the clinician working with traumatized clients" (Cunningham, 1996, p.v.).

Research Specifically on Sexual Assault Counsellors

Schauben and Frazier (1995) used several measurement tools to assess the effects on counsellors working with sexual abuse survivors. Their sample included women psychologists and sexual violence counsellors. They used the TSIBS to assess the counsellor's beliefs or schemas about themselves or others. They also measured PTSD symptoms, and developed their own tool to measure symptoms of vicarious trauma. They also used the Maslach Burnout Inventory to assess the degree of burnout, and the Brief Symptom Inventory to assess negative affect such as anxiety, hostility, depression and obsessive-compulsive symptoms. Participants were also given two open-ended questions to share their insights into both the difficult and enjoyable aspects of working with sexual violence survivors. Finally, the counsellor's coping strategies were assessed using two techniques. Counsellors were first assessed using a coping inventory by Carver, Scheier and Weintraub (1989) called the COPE. They were then asked to list any additional coping strategies they used to cope with job-related stress. The results showed that counsellors with a higher percentage of survivors in their caseload reported more disrupted beliefs (particularly about the goodness of other people), more symptoms of post-traumatic stress disorder and more self-reported vicarious traumatization.

Schauben and Frazier's results (1995) were consistent with later findings by Aylward and Green (1999) where symptomatology was not found to be related to a counsellor's own history of victimization. "Their symptomatology is related to the percentage of sexual violence survivors in their case-load but not to their own history of sexual victimization" (Schauben & Frazier, 1995, p.61). They also found that working with survivors does not appear to be related to more general measures of

negative affect (e.g. depression, anxiety, hostility). Nor was working with survivors related to burnout, which suggests that vicarious trauma and burnout are “distinct constructs” (Schauben & Frazier, 1995, p.61). Their research shows that counsellors use many types of coping strategies such as: taking care of themselves through exercise and healthy living; expressing emotions and getting support; and figuring out ways to see a difficult situation in a more positive light. Based on the results of the research, Schauben and Frazier concluded, “just as PTSD is a normal response to victimization, vicarious trauma may be a normal response to trauma counselling” (Schauben & Frazier, 1995, p.63).

Johnson and Hunter (1997) conducted a study in New South Wales using a sample of sexual assault counsellors and a sample of counsellors from other therapy areas. They used the Maslach Burnout Inventory, the Ways of Coping Scale and a Beliefs and Values Questionnaire (adapted from McCann and Pearlman’s work) to measure the effects on counsellors of working with victims of violence and to compare these effects with those counsellors not working exclusively with sexual violence survivors. In this study, they found that sexual assault counsellors experience greater emotional exhaustion and use more escape/avoidance coping strategies than other counsellors. In addition, with regard to beliefs and values, they found support for the concept of vicarious traumatization. The areas of power and intimacy were found to be the most highly affected. The factors that made counsellors more susceptible to vicarious trauma and burnout were differences in training and work practices.

Burnout and High Turnover Rates

The above studies explored the effects of working with sexual abuse survivors on sexual assault counsellors. Research has also been conducted to explore the high level of turnover in sexual assault counsellors. Cyr and Dowrick, (1991) conducted a study of burnout in crisis line volunteers. They used a burnout questionnaire in order to identify the rate of burnout and volunteer turnover and the specific relationship between them. The sample included counsellors from sexual assault and suicide prevention agencies. It included volunteers that were presently working at the agency or had left within the past four years. The burnout questionnaire was a checklist of burnout symptoms and an open-ended question about whether they had experienced burnout. In addition, respondents were asked to choose from a list of personal satisfaction factors that they felt served to prevent and or manage burnout. This research found that approximately half of the respondents classified themselves as having experienced “burnout”. It was also found that burnout is by no means the only contributing factor to volunteer turnover (Cyr & Dowrick, 1991). In addition, this research indicated that participants were experiencing symptoms much more severe than those provided on the burnout scale since many participants reported having experienced nightmares and feelings of isolation and that the world is a ugly and unsafe place (Cyr & Dowrick, 1991). As a result, the additional comments given by respondents supports McCann and Pearlman’s (1990) suggestion that burnout does not account for all of the effects on crisis counsellors, especially the cognitive and PTSD-like effects.

Theoretical Framework

The theoretical framework I used was based on the current theories regarding secondary traumatic stress, burnout and vicarious trauma. With little knowledge of the area, I began by exploring these current theories and by reviewing research in the field. I then used a structural feminist analysis to review and critique the current research. This analysis recognizes that personal problems can be connected with problems in the socio-economic and political structure and that this has particular implications for women. As Moreau and Leonard (1989) explain, a structural analysis takes into consideration the realities of racism, ageism, classism, ableism, sexism and heterosexism and highlights the role of the political, economic and ideological forces in influencing the quality of people's lives. This analytic approach helped me to see what was not explored in the previous research and what was missing in current theories of vicarious trauma, burnout and secondary traumatic stress.

Another important part of my theoretical framework came from conversations with sexual assault counsellors and other professional counsellors. These informal discussions helped me to explore other issues that impact the work of sexual assault counsellors that were neglected in previous research. For example; how sexual assault counsellors are impacted by working within a women's organization, within a society that only offers minimal support to such organizations. My structural-feminist standpoint also helped me to see the barriers to services and the impact on the workers' experiences and level of stress. Finally, this approach helped to develop a much richer measurement tool and research plan to explore the experience of the sexual assault counsellor.

It has become evident that the research into trauma therapists, sexual assault counsellors and crisis workers supports the notions of secondary traumatic stress, vicarious traumatization and burnout. There is evidence to suggest that all counsellors are subject to some effects from their work with sexual violence survivors.

Unfortunately, the current research explored above only refers to the counsellor's individual experience of symptoms with only minimal regard for work conditions and no regard for sociopolitical issues. This research does not take into account the context of the workplace such as the pressures on sexual assault counsellors when there are few services to refer clients, perhaps because of diminishing funding for counselling services or limited supplies or office space. This is an example of an issue that may cause frustration and anxiety in addition to the content of the calls. For this reason, I found it important to ask counsellors what suggestions they have for changing the work environment and I also asked what they find to be the most difficult and the most stressful parts of their work. I included two questions in the interview about the work that the counsellors do and the effect of social spending cuts on their work experience. This helped me to explore the effect of limited funding and resources on their work experiences and how this may increase their level of stress.

None of the studies reviewed here involved speaking directly to crisis sexual assault counsellors, asking them to reflect on their personal experience of being a sexual assault counsellor. Schauben and Frazier (1995) provided the only study which even attempted to capture some of the feelings counsellors have about their work by asking counsellors (in written form) what they felt were the difficult and enjoyable aspects of their work. Apart from this one exception, the research focused on symptoms and not the overall feelings that the counsellors have about working with

sexual abuse survivors. Though many of these studies explored the cognitive effects of working with sexual abuse survivors, none gave the counsellors an opportunity to talk about the positive effects of their work on their lives. The emphasis, instead, was on the negative aspects of the work. Thus, respondents were only given an opportunity to share the negative experiences and negative symptoms. The researchers also neglected to discuss why these counsellors have continued to do this type of work and why they have not left. This is important to consider since their research is suggesting that this work is very demanding. For this reason, I found it very important to ask open-ended questions about some of the positive effects of their work and why they continue to do it. I felt that this would help me to explore what it is about this work that motivates people to continue doing it, regardless of the physical, emotional and cognitive effects that counsellors may experience.

Another criticism of these studies is that none of them explored whether counsellors had training in dealing with vicarious traumatization, burnout or secondary traumatic stress and what skills they had learned about coping. Training in these studies only referred to training on sexual abuse (Cunningham, 1996). I feel that training on the effects of the work itself is an important issue to explore, since awareness about the possible negative effects of their work may help counsellors to take care of themselves more effectively. If symptoms are unavoidable it is important to know about them in order to manage these symptoms and what organizations can do to limit the negative effects of the work. For this reason, I included a question about any training provided by the organization in the area of burnout, secondary traumatic stress and vicarious traumatization. In addition, rather than assuming that this was or was not helpful, I asked counsellors to describe whether there was

anything in particular that they learned from this training. I also asked three open ended questions about how the counsellors cope with the difficult material that they hear. My intention was to not only learn about the effects or symptoms they may be experiencing but to learn how it is that these women are able to listen to traumatic stories on a regular basis.

Previous research had also neglected to discuss the organization of the agency, such as supervision and work processes, policies and procedures. Supervision refers to support and debriefing offered to staff either by peers or by supervising staff. In work that requires an individual to be emotionally available to service users, I feel it is important that supervision be available to all counselling staff on a regular basis. Therefore, in my study, I asked about hours of supervision provided. I was careful not to assume that because supervision/debriefing time is offered to them that the counsellors actually use it and are comfortable doing so. Therefore, I also asked whether the counsellors felt comfortable asking for support when they needed it (from staff and or supervisors).

The previous research also did not explore the effects of the types of shifts worked. This came to mind when a colleague suggested that the shift worked, whether it be day, evening, or night, can drastically increase stress and anxiety. I also wanted to ask them if they work alone at home versus work in an office alongside coworkers. I felt this was important since it is possible that working alone may increase or decrease vulnerability to vicarious trauma. For example, it may be more difficult to manage one's feelings after a call there is no one around with whom to debrief.

Many of the studies asked counsellors about their trauma or sexual abuse history but did not ask about other life experiences or personal stressor which may have made the work more challenging. For example, a close family member may have been sexually assaulted which could have resulted in more vulnerability to symptoms of secondary traumatic stress and vicarious traumatization. I was also hesitant to use the word trauma since counsellors may think that their experiences, though possibly severe, were not “traumatic enough” to list. Therefore, rather than asking about ‘trauma history’, I asked the counsellors if they felt they had any life experiences which made this work especially challenging. I also included a question on life stresses over the past year which might have made their work more difficult.

In all the previous research there was never any opportunity for the counsellors to share their personal perspective on the concepts of vicarious traumatization, secondary traumatic stress and burnout. After reviewing the responses to the questionnaires, I felt it would be important to ask how they feel about these concepts. This would give the women an opportunity to challenge the assumption that they are ‘traumatized’ and ‘burned out’. Therefore, as part of my interview, I asked the women about whether or not these concepts fit or did not fit with their experience of working as sexual assault counsellors. I also asked the women to tell me what they would warn me about if I was new to this type of work. This question was to establish some context in helping me assess how they see the organization for which they work and the work they do in general.

Finally, I felt that it was important to ask the women about how they have been impacted by structural barriers such as race, class, gender, culture, ability and sexual orientation in their lives and how this may contribute to the demands of the

work. I also wanted to assess the counsellor's level of awareness with regard to the structural barriers in their clients' lives and how this affects how they work with clients. I was hopeful that this would help them explore another way that their personal experiences have affected their work.

Based on a review of the research, it is apparent that work with sexual violence survivors is sufficiently demanding, to have a drastic effect on the counsellor. One strength of the current research is that researchers did not assume that all counsellors experience their work in the same way. In fact, the research indicates that many factors influence the severity of the effects on counsellors, such as training, years of experience, personal history of trauma, and supports both inside and outside of the work setting.

The literature also suggests that counsellors use a variety of ways to manage feelings and reactions as sexual violence counsellors. Those who use a variety of ways to help themselves cope with the traumatic material to which they are exposed, are less vulnerable to the negative effects of this work. In my study I felt it was equally important to explore the factors which make certain counsellors more vulnerable and how counsellors take care of themselves. My structural-feminist standpoint helped me to see the importance of the social, political and economic context that the counsellor's are working within. By adding additional questions for counsellor's to reflect on this component of their experience, I was able to provide a more thorough and holistic exploration of the experience of sexual assault counsellors; that is, both "inside" and "outside" factors. Exploring all of these factors makes it more possible to grasp the complex and multi-faceted experience of being a sexual violence counselor.

CHAPTER III

Research Methodology

Design of the Research

I chose a qualitative approach for this research, using exploratory and descriptive methods. This approach was selected because little is known about the actual everyday experience of the sexual assault crisis counsellor and I hoped to develop a deeper and more expansive understanding of this specialized field. I wanted to speak directly to the counsellors who are involved in this work in order to explore the effects on their lives of working with sexual abuse survivors. As Combs-Orme (1990) explains, qualitative research is more interested in understanding the human experience from the respondent's perspective. Qualitative methods suited this research best since I was interested in generating multiple perspectives as opposed to generating one, absolute truth about the sexual assault counsellor (Patton, 1990).

The study involved both a written questionnaire and in-depth face-to-face interviews with counsellors. The questionnaire provided an opportunity for anonymity and a range of respondents, while interviews gave me an opportunity to explore the experience of four counsellors in more depth, probing for further explanations and examples.

Sample

Participants were drawn from the three sexual assault support centres in the Ottawa-Carleton Region hereafter referred to as Agencies 1, 2 and 3. Each agency's coordinator was contacted by telephone to determine if the organization was interested in participating. All three coordinators agreed to participate on behalf of

their organization. Each organization was sent a one-page letter explaining in more detail the purpose of the study (See Appendix A). Coordinators were then called for confirmation of participation and to make plans for distribution of the questionnaires to interested staff. Two of the organizations announced the study at staff meetings and asked the counsellors to sign up if they were interested. They then planned a future staff meeting where I would describe the study, distribute and then collect the questionnaires.

The third organization alerted staff to the study via their e-mail system and during the weekly statistics reporting procedure. When staff called in to report their statistics they were informed of the study and asked if they were interested in participating. The agency was then able to gather a list of volunteer participants with their names and contact numbers. I contacted these participants and arranged a meeting time with each of them to review the study, distribute and collect the questionnaire. As with the other organizations, participants were to complete the questionnaire in my presence.

Participants included counsellors providing telephone and face to face counselling from any one of these organizations. All volunteers answered a questionnaire and were given a form asking them to provide their name and phone number if they were interested in participating in an in-depth interview (See Appendix B). Of the twenty-two individuals who participated in the questionnaire, eighteen agreed to participate in an interview. From these eighteen, I selected four to participate in individual interviews by placing their names in an envelope by agency. I then randomly selected participants from these envelopes. I had originally intended on interviewing one counsellor from each agency, but since there were more

volunteers from agency 3, I selected two from this agency and I selected only one from each of the other two agencies.

For both the questionnaires and the interviews, all participants were informed of the purpose of the study and that participation was entirely voluntary. Informed consent forms were distributed before the questionnaire and before conducting interviews (See Appendices D and E). This explained briefly what I hoped to gain from the information and how it would be used.

To protect the emotional safety of the participants, I suggested that the counsellors contact the Ottawa Distress Centre or their supervisor if they needed to talk afterwards. I also ensured that they would not be harmed professionally because I would report all data in aggregate or summary form and with no identifiable information.

It was especially important to protect the confidentiality and safety of the counsellors. For this reason, data were kept in a locked cabinet. Also, questionnaires were anonymous, each participant was instructed not to write their name or to give names of any other staff members or clients. Upon completion, questionnaires were placed in a envelope, by the respondent, rather than being handed directly to me.

Data Collection: Sources and Methods

Questionnaire

Questionnaire Design

The questionnaire consisted of six sections. It began with general information questions about the counsellor, such as: age; education; agency name; position; and number of years of experience. The questions also asked about: supervision available;

duties; hours worked; shifts worked; and if these shifts are worked alone at home, alone in an office or with others in an office.

The second section of the questionnaire was designed to explore how the counsellors manage their feelings in three areas: while with callers; once callers have ended the session; and what they do in their lives in general that helps them deal with the stories they hear. This section also asked about training on vicarious trauma, secondary traumatic stress and burnout.

The third section was developed to ask questions about personal history, both their experiences and some of the specific impacts of this experience. It included questions about sexual abuse history and any other experiences they felt may have made their work more challenging. They were also asked a question about personal life stressors in the last year that they felt has made their work more difficult. I also asked in this section if they had ever felt they needed to work through a traumatic experience and if so, if they had sought professional help.

The fourth section of the questionnaire mainly addressed questions about the actual work and the work environment. Questions were asked about what is stressful and rewarding about the work, specifically about what they consider to be the most difficult situation with which they deal with regularly. Further questions were posed about the workplace such as whether they have made changes to their work (e.g. hours worked or time off) or considered quitting due to the difficulty of the work. Questions were asked about support offered by the agency and if they have found it difficult to follow through with any particular organizational policies. All counsellors were also asked to give suggestions for changes to their work environment to make it less stressful for them.

The next section focused on questions related to burnout and secondary traumatic stress reactions. Counsellors were asked about symptoms they may have experienced such as nightmares, trouble falling asleep, wondering what happened to callers, feelings of not wanting to talk to callers or that callers are to blame for their experiences. The final section asked questions related to vicarious trauma and cognitive schemas. The participants were asked questions about their experience since beginning this type of work. Some examples are: had they felt more frightened for their own safety; more suspicious of others; or found it more difficult to be alone. Participants were then asked an open-ended question about changes in themselves which they had noticed since beginning this work.

The questionnaire consisted of both open and closed questions (See Appendix C). My intention in using open-ended questions was to give the respondents an opportunity to write for themselves instead of limiting their answers by providing prescribed options. Questions were in plain English in order to avoid the misunderstandings that may come about by using jargon and psychological terms.

The Pretest

Once a set of questions was selected, the pretest was an important step in creating the final questionnaire (Neuman, 2000). The pretest was used in order to ensure that the questions were as clear and concise as possible. The pretest sample included four participants who were current or past telephone sexual assault counsellors, who were not part of the final questionnaire sample. These volunteers were from the School of Social Work at Carleton University. They answered and

critiqued the questionnaire and from this process I selected and refined the questions for the final questionnaire.

The pretest, discussions with pretest participants, and feedback from colleagues was essential in order to produce a quality questionnaire. Both written and verbal feedback helped to identify unanticipated problems before distribution. Not only was I able to identify what important questions were not included, but I was able to identify problems with regard to language and clarity; format; and question order. I consulted with a sexual assault counsellor currently working in the field for suggestions regarding language and terms that would be clear to the counsellors and not offensive in any way. It was at this time that I decided to use the term 'callers' to refer to clients both calling the phones and coming in for face-to-face counselling. To ensure this was clear to all of the counsellors, I provided a definition at the beginning of the questionnaire of what was meant by 'callers'. From the pretest process I learned a great deal about how my own biases influenced both the questions I asked and the words I used. I found that the clearer I was with regard to my intentions and how I would use the data, the clearer my questions became.

Questionnaire Distribution

The questionnaire took approximately thirty minutes for the counsellors to complete. I remained with the counsellors while they completed the questionnaires.

Interviews

Interview Design

Four participants were asked eight questions in face-to-face interviews. These questions were developed based on the results of the questionnaire and covered topics that were not addressed in the questionnaires. The interviews began with a general question regarding years of experience. After reviewing the questionnaires, it was evident that the counsellors enjoyed their work and had been involved in it for longer than I had expected. For this reason, I asked the counsellors what it was that brought them into this line of work and what has kept them in this line of work.

Responses from the questionnaire had led me to believe that many of the counsellors participating in the study believed their work to be a type of social action and a contribution to the women's movement. I wanted to explore this further in the interviews. For this reason, I asked the interviewees if they see this work as a contribution to the women's movement and how. Since several questionnaire respondents had mentioned both the direct and indirect effects of limited funding, I felt that it was important to gain an understanding of the specific implications of limited funding. Therefore, I asked the counsellors what it is like to work in an organization with limited funding and how this has impacted their work experience and how services are provided to callers.

Several of the counsellors in the questionnaires had made comments to suggest that they were uncomfortable with being 'labeled' as burned out or traumatized in any way because of their work. For this reason, I wanted to hear from the counsellors how they felt the concepts of vicarious trauma, secondary traumatic stress and burnout fit or do not fit for them. I also was interested in finding out what the counsellors find

difficult about the work. To get at these issues, I asked a general question about what they would warn me about if I was new to this work.

The final question was with regard to the counsellors' personal experiences of structural barriers (based on race, class, age, gender, sexual orientation, ability) and how this may have made their work as a sexual assault counsellor more demanding. I was hoping that the women could explore the impact of structural barriers on their personal lives and ultimately on their work. All the questions were open-ended and I used an interview guide (see Appendix F) which consisted of the main questions and probing questions. The probing questions were to help me explain the main questions in more detail and to keep the conversation on track.

Interview Length and Structure

Face-to-face interviews lasted approximately forty-five minutes per person. They were semi-structured; questions were asked to each respondent but I altered the sequence when necessary and I also probed for information when necessary (Hall and Hall, 1996). The interview questions were selected based on results of the written questionnaire and comments of respondents. These questions were all open-ended.

The interviews were taped and once interviews were completed, all individuals were given a copy of the written transcript to review. They were told to contact me if they wished to clarify a point or if they wanted something removed all together. In order to ensure confidentiality and protect anonymity of respondents, they were advised that all notes, transcripts and tapes would be destroyed within three months of the completion of the study.

Response Rate- Questionnaires and Interviews

Twenty-two individuals completed the questionnaire. There were an uneven number of participants from each agency. From Agency 1 there were 4 participants, from Agency 2 there were 8 participants and from Agency 3 there were 10 participants (this was the entire staff of this particular organization). Four individuals were randomly selected for the interviews. Since more staff from Agency 3 participated in the questionnaire, two volunteers were selected from this agency. I then selected one from each of the other two agencies.

Method of Analysis- Questionnaire

As the questionnaires were completed by the participants from each agency they were collected and alphabetized. Consent forms were filed separately. The data were reviewed in order to assess which closed questions could be numerically coded. A list was kept of the meaning of each code number in order to avoid confusion. All closed ended question data were then entered into the computer in the form of a spread sheet with all respondents' answers listed. This allowed me to see both individual responses and the responses in comparison to one another. The closed-ended questions were mostly related to the specific symptoms of vicarious trauma, secondary traumatic stress and burnout such as feelings of hopelessness, flashbacks and feeling more scared for their own safety. By creating a spread sheet of all of these coded individual responses, I could easily review the information provided both individually and by agency. This gave me a good idea of the effects of the work for each counsellor and for each group of participants from each agency.

I compiled the open ended question responses separately. A file was made for each individual respondent, with all of her answers to the open ended questions. A printout of each individual's answers was checked next to the original for accuracy and then the originals were filed in a safe place. Every attempt was made to respect the confidentiality of the participants as promised.

The second task was to arrange the open-ended question responses into categories. "Categories are groups of bibbits which have common properties and seem to 'go together'" (Kirby and McKenna, 1989, p.137). I made three copies of each individual file with each counsellor's responses to the open-ended questions. One copy was kept completely separate from all of the data, the second copy was kept for reference and the third copy was used for cutting and pasting which helped me to compare responses and create categories and themes. On the third copy, before sorting responses by question, each answer to each question was labeled with the respondents identifying letter in order to allow me to return to their original questionnaire if necessary and to compare data to the closed ended response chart. I then sorted all the responses by question and collected all answers in envelopes. Once this was completed I was able to review the responses and find the connections and common themes.

Method of Analysis- Interviews

Once each taped interview was complete, I transcribed the tapes. As with the open-ended questions in the questionnaire, I then kept three copies of each interview. One was kept separate from the data, the second was for reference if necessary and the third was used for cutting and pasting for the thematic/content analysis. The data

were then sorted according to the answers for each question and grouped with the other participant's responses for each question. As with the open-ended questions in the questionnaire, the responses were grouped under the question number. I then reviewed the responses to each question, looking for common themes amongst the interviewees. This thematic analysis helped me to organize the responses according to their similarities and differences and to present the data as clearly as possible.

Limitations of the Study

Since the questionnaires and interviews used in this study relied on self-reported data, the information obtained may be influenced by several factors. While all of the questionnaires were anonymous there is still the chance that subjects were influenced by social desirability and may have not revealed how they really felt about some of the issues asked. This is also very important to consider when reviewing the results of the interviews. Participants in the interviews may have hesitated to share all of their personal opinions since it was a face-to-face discussion.

Participants in both the questionnaires and interviews may have also feared being labeled and felt hesitant to report all the symptoms they had experienced. Also, prior to the study, I knew some of the counsellors who participated in the study. I personally knew one of the coordinators and also knew some of the staff at all three centres. This may have influenced the results since participants are likely to have personal feelings about me. In addition, some of the participants may have been concerned about how I would personally view them if they were honest about their symptoms and feelings. As Miles and Huberman (1994) explain, respondents can for

many reasons, such as knowing the researcher, “craft their responses to be amenable to the researcher and to protect their self-interest” (p.265).

Other limitations of this study include the fact that the participants were all female and mostly white (with only two women of color). It also did not consider the impact of structural barriers, such as sexual orientation and or race or disability, on the experiences of the counsellors. This is an area that could be explored in future research. Another limitation is that all participants were voluntary and therefore, counsellors who did not volunteer can not be assumed to be the same as those who participated. This study also did not explore in depth the differences between the organizations involved and how these specifics could impact the experience of the counsellor, for example, working alone at home vs. working in an office with others. These are other areas that could be addressed in future research. Finally, the study did not involve an exploration of the experiences of those who have left the organizations. This would have added a new dimension to the study because their responses may have provided organizations with a better understanding of changes they could make to improve the work environment for the counsellors.

Quality of the Study

The credibility and quality of the study was enhanced by the pre-test. It helped to assess whether the questions were clearly articulated and to evaluate which questions should be changed or omitted altogether (Neuman, 2000). By triangulating the methods, using both interviews and questionnaires, I was able to prove the consistency of the findings generated by two different data collection methods (Patton, 1990). The combination helped to provide more detailed data and act a check

and balance. In addition, I was able to enhance credibility since the interviews allowed for further clarification and further description and examples from the participant. Member checks of the transcribed interviews also helped to increase credibility since each participant had an opportunity to review what they said and delete any responses they felt misrepresented their considered views (Patton, 1990).

Design checks were also in place since I took into consideration issues that may have distorted the findings. For example, as discussed in the limitations section, I realized that my personal connection to some of the staff might have altered their responses. In addition, I have developed my own credibility as a researcher by being aware and clearly outlining my personal biases (Patton, 1990). I have also used an audit trail (Miles and Huberman, 1994) to keep track of my thinking and how the conclusions I made were linked with the data. Credibility has been further enhanced through detailed descriptions and the dependability of the study has been enhanced by providing clear research questions in addition to providing a clear description of my analytic constructs and theories (Miles and Huberman, 1994).

Using three sexual assault centres in the study augments the transferability of the results. Gathering information at all three sexual assault centres helped me explore responses across organizations. It also allowed for a more complete picture of the experience of the crisis sexual assault counsellor by using more than one type of organization. In addition, the research is likely to provide useful knowledge for both the organizations involved and other sexual assault centres (Miles and Huberman, 1994).

CHAPTER IV

Findings

Section One: Answers to the Questionnaire

Description of Questionnaire Participants

All respondents were female and were found to be between the ages of 25 and 51. The average age was calculated to be 33 years old. Only two of the participants were women of color and the remaining participants were white (based on observation only). Since disability, culture, and sexual orientation were not included in the demographics, I was unable to assess these factors. Education level of participants varied, with all but one listing some level of post-secondary education. Fifteen of the twenty-two respondents had postsecondary education in social work or psychology (college or university). Other participants reported various educational backgrounds including Business Administration, Nursing, and Bachelor degrees in Arts and Sociology, Music and History.

Participants reported having worked as sexual assault counsellors from nine months to fourteen years with the average years worked being 3.75. Sixteen had worked between one and six and a half years as a sexual assault counsellor. Only three had worked less than one year and only three had worked over six and a half years.

Volunteers and paid counsellors, working either full or part time, participated in both the questionnaire and interviews. Five individuals reported working at another job in addition to their volunteer/paid job at their particular sexual assault centre. In this group, depending on the agency, participants worked mostly alone at home or alone in an office. Of those remaining, nine participants reported working sometimes

or exclusively in an office with other people. Counsellors were asked their specific duties. All the counsellors reported that they provide telephone crisis counselling. Thirteen of the twenty-two reported that they also provide face-to-face counselling. Fifteen reported that part of their job is to be available for accompaniments. The counsellors reported being involved in other duties also such as paperwork, public education, administration, facilitating groups, and debriefing volunteers. As would be expected, the variety of duties increased as hours worked increased. Those who worked the fewest amount of hours were generally restricted to phone response duties.

The respondents were also asked how many hours of supervision their agency offers. Participants from one agency were very clear about the amount of supervision/support they are offered. Those from the other two organizations had very unclear responses. For Agency 1 for example, only one person answered the question and responded “4 hrs/wk”. Five staff from Agency 2 responded “unlimited or as needed” and three did not respond at all. At Agency 3, responses varied considerably. One said one hour every three months, one said three hours a month, one said four hours a week, five said unlimited and two did not answer the question.

Information Heard on the Phones

Thirteen of the twenty-two respondents reported that they often hear specific details of what has happened to callers when talking to them (Q #1, Counsellor Questionnaire). They were then asked if they do anything to avoid hearing specific details about the violence/abuse when talking to callers (#2) and “If so, how” (#2.1). Only eight of twenty-two reported that they use specific techniques to avoid

hearing specific details about the violence/abuse when talking to callers. Of these eight, the techniques used were to: help callers focus on their feelings (3/8); reassure callers that they don't need to tell details (3/8); ask them to focus on one issue (1/8); move to coping strategies (2/8). Fifteen of the respondents said that they **regularly hear things that upset them (#3)**. In contrast, seven said that they do not. I cross-tabulated question two and three to see if individuals that said they redirected the conversation reported not regularly hearing things that upset them. There appeared to be no relationship, since of the eight that reported using specific techniques to avoid hearing details, six still reported regularly hearing things that upset them.

Managing Feelings

Respondents were asked three questions about how they manage their feelings: when talking to callers; when callers have hung up or left their office; and in general what they do in their lives help them to deal with the stories that they hear. For each question the women were asked to say as much or as little as they wanted, so many of their responses were not limited to one answer. When asked **how they manage their feelings when talking to callers (#4)**, twenty-one responded. The most common response was to focus on the caller (13/21) and to put their personal feelings on hold- remembering that they can attend to their feelings later (7/21). Other common responses were to remind themselves to keep their focus on the caller and her issues e.g. "remember why I am there and that if this is hard for me to hear, it was much harder for her [the caller] to experience and survive" (6/21) and to use grounding and or self-care techniques such as breathing deeply, or being aware of

their surroundings (5/21). Other responses included being empathetic (1/21), keeping an emotional distance (2/21) and not communicating shock or revulsion (1/21).

With regard to **managing feelings once callers have left or have hung up (#5)**, counsellors also had many common responses. All twenty-two respondents answered this question. The most common way to manage feelings was to call a coworker or a friend to talk (16/22). Counsellors also reported using various relaxation techniques such as: yoga; relaxation techniques; listening to music; or taking a bath (8/22). Many of the respondents also reported engaging in quiet personal activities (11/22) such as: working on crafts; watching TV or a movie; reading; painting; or working in the garden. Many of the counsellors also reported using exercise such as going for a walk (7/22). Other common responses were to think about what had occurred on the phone including focusing on the progress or what they did to help (4/22), journaling or writing notes (4/22), engaging in play with children or having fun (2/22), and reminding themselves to let go of the emotions connected with the call (2/22): “I remind myself the call is over”; “I think about myself, my needs, my enjoyment of life”; “allow myself to let go and trust the woman [caller] knows what she needs”. One counsellor also mentioned that it is helpful for her to cry to release feelings (1/22). Finally, other ways to manage feelings listed were smoking (2/22) and drinking a glass of wine (1/22).

Counsellors were then asked **“What do you do in life that helps you to deal with some of the stories that you hear at work? (E.g. participate in social action, see a counsellor myself, attend as many staff meetings as possible to discuss cases, do yoga, meditation, attend workshops or training, something else such as...) (#6)**. There were many different responses listed by each participant. The most

common was to was to participate in social action (10/22): “I feel the power of people working together”; “being active in women’s issues at different levels is necessary for me as it helps to make me feel empowered and feel that I am contributing to changing the circumstances which led to so many women’s stories”. Many of the women also reported that attending staff meetings /committee meetings (8/22) and debriefing with coworkers (3/22) is helpful, “I stay connected with other women that do this work”.

Other common responses were to attend training/educate self on the issue (7/22), engage in self care including relaxation techniques (5/22), engage in personal activities that they enjoy i.e. cooking, crafts (4/22). Exercise was reported as a specific self-care technique (6/22) as were: connecting with family and friends (2/22); getting support i.e. counselling (2/22); participating in a women’s group (3/22); journaling (2/22); and being sure to have fun (2/22). Other counsellors spoke of the importance of educating others (2/22), the focus that comes from working with a feminist vision (1/22) and valuing the service offered (1/22). One counsellor mentioned that it important for her to set limits on amount of time worked (1/22). Other counsellors spoke of maintaining a balanced life (2/22) and one mentioned the importance of speaking openly with her partner to ensure that her own life is healthy and violence free (1/22). Respondents were then asked **if they have ever taken a drink/drug to forget or to relax after a shift (#7)**. Seventeen of twenty-two respondents said no and five said yes.

Training Provided

Respondents were asked three questions about training on Vicarious trauma, Burnout, or Compassion Fatigue. Firstly, they were asked if they had ever attended

training on any of these topics. Secondly, they were asked if they learned anything new that was helpful and thirdly they were asked if there has been any other training provided by their organization that was particularly helpful around these particular issues.

Seventeen of the twenty-two respondents reported that they had **attended training on one of these issues (#8)**. Of these seventeen, fifteen responded to the second half of the question **“If yes, did you learn anything that was helpful to you? (Explain what specifically) (#8.1)**. Thirteen reported that the training was helpful and gave specific reasons why. Two reported that it was not helpful. Of those that found the training helpful, five of thirteen said that they were pleased to learn that they were not alone and that they were having normal reactions to their work environment “It taught me to look at the issue as a work related injury (similar to repetitive strain injury)”, “realizing that other women deal with the same issues and that you are not alone”. Others reported that they learned self-care techniques or relaxation techniques (4/13). Respondents also mentioned that the training taught them how to separate their feelings from the feelings of callers (2/13). Finally, counsellors reported that they learned how to recognize the warning signs of burnout/vicarious trauma/ compassion fatigue (2/13). Other respondents stated that they learned the effects of grief (1/13), and how to get support when it is needed (1/13). One respondent said that she found it helpful to share coping techniques with her coworkers. Another stated though she did not find the training gave her any new skills, it reassured her in her own techniques.

Two respondents reported that they did not find the training helpful and made comments about the assumption that underlay the training “most of these workshops

seem to assume that all of us are about to crack” and suggested that training be offered on humour in the workplace or other fun activities. One counsellor mentioned that it was difficult to apply it to herself personally. One counsellor reported some ways that it was helpful but also mentioned a way that it was not: “keeping an emotional distance” sounded trite, uncompassionate”.

When asked if **any other training had been provided by the organization that was helpful (#9)**, twenty responded to the question. Fifteen reported that since beginning work they had some type of exposure to these issues, whether by specific workshops on one of these topics (3/15), or training on self-care and relaxation (7/15). Some counsellors reported that though they had not had specific training it was an openly discussed issue in staff meetings (2/15), or stated that it was an issue that was included in their introductory training (2/15), and/or covered in their staff manuals or handouts distributed (1/15). Of the five remaining, one reported that she had not been exposed to training at all around these issues and four noted that though they had not had training their agencies were planning on providing something in the near future.

By organization:

Findings based on the agencies show different supports regarding training on vicarious trauma/ burnout and compassion fatigue. At Agency 1, all four staff report having specific training in this area and information provided by organization in other ways such as self care workshops, part of training package, and in handouts. At Agency 2, six out of eight said yes when asked if they had had specific training but when asked if other training had been provided which was helpful around the topic, only three said yes, two stated that it was discussed in committee meetings,

informally in staff meetings and was part of the training package. One mentioned a self-care workshop. At Agency 3, seven of the ten staff reported they had specific training on either burnout, vicarious trauma or secondary traumatic stress. In addition, all of the staff from this agency reported having had other training such as self-care or yoga that was described as helpful with these issues.

Personal History of the Counsellors

Of the respondents, twelve said yes to the question **“Are you a survivor of sexual violence?” (#10)** and 10 said no. Those who responded yes were then asked if **they had ever found an increase in their thinking about their own experience of sexual violence after talking to a client (#10.1)**. Seven of the twelve who had a sexual abuse history reported an increase in thinking about their own experience. Of these seven, four said yes but emphasized that it was only sometimes or not often. **“Sometimes, if her story has certain similarities to mine”**. Five said they had not noticed an increase in their thinking about their own experiences after talking to callers and made no further comments.

Respondents were then asked **“Are there any other life experiences (in childhood or adulthood) that you feel make this work especially challenging for you?” (#11)** and were asked to explain briefly. Of the twenty-two participants, thirteen reported at least one individual experience that had made their work challenging. There were a variety of responses given. Two respondents stated that they had experienced long term abuse (either sexual or physical or both), two reported emotional abuse, two reported rape of family and or friends, two reported having children or being a mother, and two reported that being a woman made this work

challenging. Other responses included being a single parent (1/13), exposure to war (1/13), being pregnant (1/13), having lived in poverty (1/13), having a child with learning disabilities (1/13), having a family member with mental illness (1/13), having experienced loss (1/13), having gone through court cases (1/13), surviving a horrible divorce (1/13). Two respondents emphasized that though they had traumatic experiences they felt that these experiences did not make their work more challenging but actually felt that these experiences had helped them in their work. When asked **“Have you ever suddenly or involuntary recalled a personally frightening experience while talking to a caller?”** (#12) eighteen of the twenty-two respondents said they had not. Of the two who said yes, one explained that she had not recalled a personally frightening experience while on the phone but had after she had hung up with the caller.

Counsellors were then asked about personal experiences that were affecting their work. **“Have you ever thought you needed to “work through” a traumatic experience in your life since you realized it was affecting your work?”** (#13). Fourteen respondents said yes and eight said no. They were then asked **if yes, had they sought professional help?** (#14). Though fourteen had said yes to having an issue to work through, only six reported having sought professional help. In a cross-tabulation of responses concerning sexual abuse history and seeking professional help, of the twelve sexual abuse survivors, nine reported that they had realized they needed to work through a traumatic experience and of these nine, 6 sought professional help. In contrast, of the ten counsellors in the survey who were not sexual abuse survivors, five reported that they realized that a traumatic experience was affecting their work but none of these five individuals sought professional help.

Participants were then asked an open-ended question about personal stressors **“In the last year, are there any stressors in your life which have made your work more difficult? If yes, please explain (#15).** Sixteen of twenty-two responded; one response was discarded since it was apparent that the respondent misunderstood the question. Of the twenty-one items listed in the responses, the most common stressor was relationship issues- family or otherwise (9/15). Other stressors included busy schedules and pressures from other jobs and or school (3/15), financial issues (4/15), health problems/issues (4/15), illness of a family member (3/15), death of a loved one (2/15), parental responsibilities (2/15), coworker issues (1/15). Some mentioned the impact of these stressors- **“a busy schedule makes it difficult to deal with callers who are ‘stuck’ in the healing process, I get frustrated easily”.**

The Work Environment

Participants were asked a series of questions about their particular work environment. The first question was regarding the actual work **“Do you consider this work to be stressful?” (#16).** All twenty-two respondents said yes to this question. When asked **what are the most stressful parts of the work? (#17),** twenty-one responded and of these there was a variety of answers. The most common response referred to the stories heard from callers (8/21), the second common dealt with repeat callers not moving forward their healing (5/21)- **“working with a service user who doesn’t seem to be moving forward, although they usually are whether we see it or not”.** The third most common was worrying about callers (4/21). Respondents also commented about limited resources either in the community or in the organization as being stressful (4/21) **“there are never enough resources or women to do all the work**

that needs to be done”. One respondent mentioned a stressor for her resulting indirectly from limited resources-“not being able to advocate for my rights as a worker without taking away time and money from service users”. Others reported stressors such as: being personally concerned about not being able to help callers (3/21); limited progress in society (3/21); societal limitations (i.e. legal system) (1/21); running the organization (2/21); lack of support in the workplace (2/21); accompaniments e.g. accompanying to hospital (1/21); feeling low on energy (1/21); fear of not being able to help (3/21); feeling isolated (2/21); personal financial pressures (1/21); having to set limits and tell callers they can’t call the line anymore (1/21); and dealing with callers in crisis (2/21). Counsellors from all three agencies also reported feeling that things will never change (3/21)-“so little has changed for women in our society with regard to male violence”, “the frustration and anger I feel around hearing over and over again how women have been and continue to be abused and oppressed and sometimes feeling like it will never change”. One counsellor also reported her feeling of concern for the safety of callers and other women; she listed as the most stressful part of her work “hearing a woman’s story that includes violent men still at large”.

Respondents were then asked what they found to be the **most rewarding part of their work (#18)**. All twenty-two responded to this question. Since this was an open-ended question, the majority of respondents gave more than one answer. Twenty of the twenty-two said that the most rewarding part was knowing they are helpful and helping women with their healing (20/22). Another common response was working with women in general, either callers or coworkers (7/22). Three reported that it was rewarding to know they are providing a valuable service and three

reported that they felt that it was a form of social action. Others reported that it is rewarding to: connect women to resources (2/22); educate others (1/22); work as a team (1/22); advocate (1/22); make quick decisions (1/22); and train volunteers (1/22).

When asked about **changes they have made due to the difficulty of the work (#19)**, twelve reported they had made changes. Of these twelve, all reported they took time off and or decreased their hours. Two said that they have done both. Two pointed out why: one said “I have decreased hours but it is often because the rest of my life is nuts or [because of team issues]”; the other said, “(y)es, during busy times in the organization e.g. grant time”.

Agency Policies

When asked about difficulties with policies within their agencies. Seven of the twenty-two respondents reported that they had **difficulty following through with a particular policy (#20)**. When asked to share what policy and why (#20.1) some of the counsellors stated that they had difficulty with the policies around limit setting with callers (3/7). With regard to the policies around setting limits, staff gave examples: “the policy when we have to end counselling with a client when I believe it is not best for her and would like to continue”; and “I had to keep a suicidal call under one hour and I had difficulty doing this due to the caller’s issues”. Others mentioned that the suicide policy had been difficult for them to follow through with (2/7) but each had problems with different suicide policies, since they vary for each organization. One reported that she had difficulty with the policy regarding not calling the police: “re: not calling the police, if no contract is made I fear caller will

do it [commit suicide]”. Another, from a different agency, reported that she found it difficult to follow the policy of “suicide is not an option”. “Policy states we must do everything possible to stop someone (i.e.) call police, ambulance, neighbor etc. We had a long term suicidal client who I felt I could not disagree with when she talked about the horrific abuse she had suffered and that she would/could never escape from it”. Other policies fell in two areas; advice to callers (1/7) and employee related policies (2/7). Employee related policies were: benefits offered (1/7) and job related accountability policies that do not fit for all individuals (1/7).

Support Available

Respondents were asked **“Do you feel comfortable asking for support at work when you need it?” (#21)**. Of twenty-two, four said they were not comfortable asking for support. Each counsellor gave a different reason, including: being afraid of being judged; not wanting to burden already overworked coworkers; and one stated that at her organization there is “no recognition that burnout is a work issue, not a personal failing”. A counsellor with a supervisory role felt that as a supervisor it can be difficult asking for help from part-time or volunteer staff. One counsellor who said she does feel comfortable asking for support noted that she does get support but only feels comfortable getting it from her supervisor, not from coworkers. She did not explain why.

Most Difficult Situation

When asked **“What would you say, for you, is the most difficult situation you regularly deal with in your work?” (#22)**. All twenty-two participants

responded to this question. Of these responses, the most common answers were related to caller issues: repeat callers (6/22); difficult content of the calls (4/22); suicidal callers (3/22); male callers (2/22) “trying not to assume they are all pranks and weirdos”; hang-ups (1/22); unpredictable situations (1/22); sticking to boundaries (1/22); worrying about callers (1/22); not being able to speed up healing (1/22); and the despair and lack of justice callers experience (1/22) “(t)he ongoing despair of callers exhausts me and the trauma and violence described by callers and the lack of fairness, justice in their lives i.e. ongoing complex issues they face”. Responses were also connected to **organizational issues** such as: hearing coworkers frustrated and burned out (1/22); limited resources in the organization (1/22); dealing with mental health issues staff are not trained to manage (1/22); accountability of staff (1/22); lack of support (1/22); when the lines are quiet (1/22); committee work (1/22); and working in isolation (1/21). Respondents also listed reasons that were related to the **structure of society** such as: lack of justice (1/22); limited access to services (1/22); and limited resources in society (1/22).

Suggestions for Change

Respondents were then asked to consider changes to their work environment that might help them. **“Do you think there could be any changes in your work environment to make the work less stressful for you?”(#23)**. Of the twenty-two participants, fifteen made suggestions for change. The most common response was group training i.e. self-care, vicarious trauma, how to manage long term callers (3/14). Others said more financial resources (2/14). Other suggestions included: less time on the lines (1/14); mental health days (1/14); honesty within the team (1/14);

pay equity (1/14); offering additional services like long term counselling (1/14); and more staff meetings (1/14). When compared by organization, it was found that the number of suggestions made were balanced between the organizations. For example: from agency 1, three of the four participants made suggestions; from Agency 2, six of the eight participants made suggestions; and from Agency 3, six of the ten participants made suggestions.

When asked if they have ever considered **quitting due to the difficulty of the work (#24)**, four counsellors said that they have considered quitting. One of the four noted that this was due to difficulties in organizational direction, never due to caller issues. One also mentioned that she would not consider quitting but would expect to eventually alter her duties, anticipating at some point she would want a break from the phone response duties.

Reactions to the Problems and Experiences Callers Bring- Q 25-41

Based on the research of secondary traumatic stress and burnout, several “symptoms” indicate that individuals are being negatively affected by their work (Figley, 1993,1995; Maslach and Jackson, 1981). I attempted to assess these effects by using current research into the field of burnout, and secondary traumatic stress. From this research, I selected specific symptoms that were characteristic of these concepts. I then specifically asked respondents to state whether or not they had ever experienced each of these symptoms. There were 16 symptoms included in the questionnaire which, in previous research, were identified as symptoms of burnout or secondary traumatic stress (Figley, 1993, 1995; Maslach and Jackson, 1981). The most common effects reported by the counsellors in this particular study were

thinking about a caller's story when they didn't want to (18/22), wondering what happened to callers (22/22) though one respondent stated "“yes, but not always, usually after a suicidal call”". Feeling anxious or vulnerable after a call (19/22), feeling down or discouraged as a result of work (19/22) and feeling weak, tired or run down as a result of work (15/22). Several counsellors also said that they had noticed themselves regularly not wanting to talk to callers (16/22). When asked to explain why, fourteen gave reasons. The most common response was that they did not want to talk to callers because they were repeat callers or callers abusing the line (9/14). Other counsellors reported not wanting to talk to callers when: they feel helpless to help or inadequate (3/14); when they feel drained by the needs of callers (3/14); when a call is too similar to their personal experience (1/14); when callers are male (1/14); when feeling personal fatigue (1/14); and when unable to concentrate (1/14).

Other symptoms were reported as follows: nightmares about self or callers after having talked to a caller about a similar incident (11/22); trouble falling asleep or staying asleep because of upsetting pictures or thoughts related to callers coming into their mind (14/22); visualizing what happened to a caller when they didn't want to (14/22); feeling overwhelmed by a caller's story and not knowing what to do about it (9/22); and avoiding debriefing about a caller's story even though they knew that they were upset about it (7/22). Reasons given for not debriefing were: "because I have been busy"; and "I don't call co-workers to feel better. When I do call it's because I think I screwed up and I want honest, blunt feedback". Others reported that they had questioned their ability (13/22), and had doubts about effectiveness of their work (8/22). Less common symptoms were: feeling embarrassed to admit to other

coworkers how they felt about a caller or material that they heard (4/22), and having had difficulty separating work from ones personal life (5/22).

The least common symptom was having felt callers were to blame for their experiences (2/22). Both respondents gave explanations for these feelings when asked to explain why this may occur. One woman stated that she has never felt that callers were to blame for their experiences but has been frustrated by a caller's inability to move on and then she has felt guilty for her own impatience. The other counsellor stated that she sometimes feels that individuals put themselves at risk.

Vicarious Trauma- Impact of Work on Views of Self and the World – Q 42-48

Vicarious Trauma research suggests that individuals who are exposed to traumatic material in addition to experiencing the symptoms of secondary traumatic stress and burnout will commonly experience a shift in their cognitive thinking, meaning their thoughts and perceptions of themselves and those around them (McCann and Pearlman, 1990). When asked about changes that had occurred using the symptoms of vicarious trauma, more than half of the participants reported that since beginning this work they feel more scared for their own safety or the safety of loved ones (12/22). Some of the comments made with regard to this were: “(y)es, this is hard to answer exactly since my children have grown as I have done this work. Sometimes I feel overly anxious about their safety but is it my work or my own life experience?”. One responded stated “more scared no, more aware and a bit more careful”.

Counsellors also reported feeling isolated from others in their lives because of the work that they do (12/22), and a high number reported feeling more suspicious of

others (17/22). Many comments were made with regard to suspiciousness of others. These comments included: “Yes, everyone”; “Mainly I look for warning signs all the time- I can’t turn off!”; “Yes, children with parents and men in general”; “I take care that my children are always safe, that they don’t play outside alone. They are also only baby-sat by relatives and close friends”; “I am especially wary of men and what they are capable of doing given the power of patriarchy, socialization of males”. One counsellor gave a different perspective on this issue: “No, I am not blind to the reality that my children may be harmed sexually. It is the intimate relationships with others that will help protect my children, make them more resilient to the effects of this harm”.

Counsellors were also asked if they ever felt that their exposure to sexual violence at work has affected their intimate relationships. Eleven counsellors responded and explained the effects it has had on their relationships. Comments included: “Yes, especially since I can not openly discuss/debrief with my partner”; “Sometimes I work in my home where I live with my intimate partner. My intimate relationship, in that case can’t avoid being affected, my partner is present when I get off the line, in that case, knows the phone is ringing”; “I see others actions that fall on the sexual violence continuum for the violence that they are. I had not previously thought of things this way”. Other women said: “Not really, on occasion I have felt very fortunate to be in a relationship with a partner who is not abusive”; “Yes, but not in a negative sense. It has made me grateful for the relationship I have, while acknowledging my vulnerability i.e. I’m not protected from such trauma in my own life”. Counsellors were also asked if they had ever found themselves thinking that people in general are no good, six said yes. Comments on this question included:

“Sometimes I am very cynical, can’t believe there are any good men out there”. A counsellor who said no to this question said “I think dominant culture is the major cause of disease, social cause, not evil genes”. Finally, counsellors were asked if since beginning this work they find it more difficult to be alone. Only one reported that she finds it more difficult to be alone. One counsellor who said she does not find it more difficult to be alone noted that this may have been different if it were not for her dog: “I have a [dog] who is always with me at home. If he were not always there, I might at times feel vulnerable”. It is also interesting to note that several of the participants who responded no to this question noted that since beginning this work they actually feel they need to be alone more.

Once these particular symptoms were explored, respondents were asked a more general question about changes in themselves that they have noticed with regard to how they see others or how they see the world. Twenty-one of twenty-two responded to this question. The most common response was noticing the impact it has on their awareness (10/21). This heightened awareness seemed to occur on different levels: some spoke of feeling more suspicious; others explained that they are more cautious, more observant, and less idealistic. Others spoke of seeing the world more clearly and one mentioned that she feels that now she analyzes everything. Some women mentioned that they feel skeptical and or cynical and have poor faith in society (4/21). One woman stated that it has changed how she views men and how men treat women (1/21). On the same note, another woman shared that it has given her “less tolerance of sexist, racist, stereotyped views (no tolerance)”.

Other counsellors mentioned that their work has had an effect on how they care for/protect their children (3/21), and how it has lowered their threshold to bear

other people's problems (2/21). Some counsellors spoke of the impact on their emotions such as feeling angrier (1/21) or isolated (1/21). Another said that for her, it has led to feelings of despair at the world and people because of how we treat each other.

Many of the counsellors (11/21) listed positive changes this work has had on how they see themselves and the world. They talked about how this type of work has strengthened their belief in courage and the strength of people (3/21) how it reassures them about the "goodness in some people and their dedication to a fairer, more equal, just society" (1/21); and how it has strengthened their "belief in triumph of the human spirit despite overwhelming odds" (1/21). Others said that they have become more confident/assertive (2/21), better listeners (1/21), and better at interacting with friends and family from the feminist counselling skills they have learned (1/21). And finally, women said they feel other effects such as being stronger (1/21), and less pushy/more patient (1/21).

Organizational Differences in Symptoms of Burnout, STSD and Vicarious Trauma

Respondents from each agency were compared with regard to symptoms of burnout, secondary traumatic stress and vicarious trauma. Agency 1 participants were found to report some symptoms more frequently than participants from the other organizations. These were: thinking about a caller's story when they didn't want to (4/4), avoiding debriefing (3/4), and having questioned their ability to do this kind of work (3/4). For this agency, the symptom which was the least common amongst their staff compared to the other two agencies was feeling down or discouraged as a result

of this work. Only one respondent reported this at Agency 2. In contrast, eight of eight staff at Agency 2 and nine of ten staff at Agency 3 reported this symptom.

Agency 2 staff reported more symptoms than either of the other two agencies. There was a higher incidence of the following symptoms: nightmares (5/8); feeling overwhelmed and not knowing what to do about those feelings (5/8); having doubts about effectiveness of their work (4/8); feeling disconnected (3/8); feeling weak, tired or run down as a result of work (8/8); feeling down or discouraged (8/8); feeling isolated (8/8); feeling more suspicious of others (7/8); and thinking people in general are no good (4/8). Compared to the other two agencies, they scored lower on the following symptoms: avoiding debriefing with coworkers (2/8); feeling embarrassed to admit to others how they were feeling about a client or material heard (1/8); and finding it difficult to be alone since beginning this work (1/8). In fact, it was from this organization that staff commented the most frequently about feeling they needed to alone more since working in this type of work.

Staff at Agency 3 had the highest incidence of the following three symptoms. They reported difficulty sleeping (8/10), were more likely to state that they had noticed themselves not wanting to talk to callers (8/10) and feeling scared for their own safety or the safety of loved ones (6/10). These participants also had the lowest incidence of: feeling overwhelmed and not knowing what to do about these feelings (3/10); questioning ability to do this type of work (5/5); and having difficulty separating work from their personal lives (1/10); and feeling people in general are no good (1/10).

Age and Experience and Symptoms

Symptoms were also cross tabulated with years of experience and age. I was found that for the twenty three questions asked that focused on the symptoms of burnout, secondary traumatic stress and vicarious trauma, the number of years worked did not appear to increase or decrease symptoms. When age was compared with symptoms though, there was an indication of a possible relationship between older staff and fewer symptoms. Of the twenty-three symptoms, there was a clustering of symptoms according to age with a number of people in the older range reporting fewer symptoms and a number of people in the younger range reporting more symptoms.

Sexual Abuse History and Symptoms

When sexual abuse history was cross-tabulated with symptoms experienced, there appeared to be some relationship found between them. Three of the four individuals who experienced the most symptoms had a sexual abuse history. Only one of the four who experienced less than eight symptoms had a history of sexual abuse. The relationship was called into question, however, because the individual with the most symptoms of all respondents (15/23) had no history of sexual abuse and the individual with the fewest symptoms of all respondents (3/23) identified as a sexual abuse survivor.

Section Two: Interview Results

Description of Interview Participants

Four individuals who completed the questionnaire participated in the in-depth interviews. Interviews consisted of eight questions (See Appendix F). Respondents had worked as sexual assault counsellors for between 12 months and fourteen years. Three participants were white and one was a woman of color. Three of the respondents identified themselves as middle class, the third participant reported that she was brought up in a working class family. Respondents were not asked if they consider themselves to be a person with a disability. Respondents were asked about their sexual orientation, and all four participants identified themselves as heterosexual.

Interest in the Field

Each participant was asked “**what brought you into this line of work?**”. All four participants reported a different reason for deciding to become a sexual assault counsellor. Respondent One reported that she realized the prevalence of sexual abuse in her community and how it was a very “hush hush” topic. She became more interested in working in the field when she was looking for a placement for her MSW. She was drawn to her particular agency because of the feminist approach used there. Respondent Two reported that her own experiences and wanting to help women drew her into this line of work. She was drawn to her particular centre for the women-centered approach they use. Respondent Three reported that her past history and her desire to help people influenced her decision to do this work. She said that she found

working with women and the diversity of the type of work you can do in the field very interesting. Respondent Four said that she wanted some practical experience and was interested in working for a women's organization helping women as a way of gaining that experience.

Why Stay?

The next question asked was **“What would you say has kept you in this line of work?”**. The women all reported similar reasons: all four women spoke of the pleasure that comes from helping other women. Two mentioned that this work is their passion: “I get so much out of seeing women survive, being creative, being strong... and I draw on it, it seems to fire me, it seems to energize me...that's what keeps me in it, it's a passion, it's not a job. It's something I believe in. It's right to the core of who I am”. Three of the counsellors spoke of this type of work as being an effort to educate and contribute to change in society: “I just want to work in fighting against violence against women, I think I want to educate people and kind of create change in this area”; “To make attitudes in society change a bit”; “It feels like I am actually doing something as compared to just reading policy or analyzing something”. The last counsellor quoted went on to explain:

I think if I was working in any other organization I would have quit by now but I feel like it is important work that I am doing and that notion of value keeps me doing it... I also like direct change, I wouldn't want to work for a women's organization maybe necessarily doing policy...it is important for me to have direct contact and see change happening.

Another counsellor mentioned that working for a feminist organization has contributed to her continuing to engage in this type of work.

The Women's Movement

Several comments were made about how the counsellors feel they are contributing to a cause by working as sexual assault counsellors. For this reason, I wanted to explore how they feel their work contributes to the women's movement. Therefore, the women were asked **"As a sexual assault counsellor do you see this work as a contribution to the women's movement?"**. All four participants said yes. When asked to explain, they all spoke of the contribution to society and the contribution of helping to empower the women they speak to:

[i]t works to empower women, I also think politically it brings light to the issues of sexual abuse which has traditionally been swept under the carpet.

You are hoping you are raising some awareness of violence against women... You feel like by doing this work, by touching the women and then their spouses, their friends, their children, and the community at large it is making an improvement.

You see people progress and become enlightened.

You see the women being able to say 'yes, I didn't deserve that'...even just being able to see themselves as worthwhile"; "Counselling on the phones you are kind of living it out...living out the whole feminist approach because you are equalizing, you are giving her her voice back.

One respondent stated:

Every woman that realizes she has the strength to make choices in her life and to make changes in her life and that she doesn't have to give in to the trauma that she's experienced makes a contribution for all women and fuels our struggle for empowerment for liberation from forms of control, of domination, of oppression."

The women were very clear about seeing their work as political action:

[t]he fact that we answer the phone is also a political movement because we are there to support her and she can reach and talk to somebody who understands and validates her, who is not judging her and not telling her she is sick or damaged. That makes a contribution right there.

Limits and Cuts to Funding

The counsellors answering the questionnaire had mentioned the impact of limited funding and resources as one of the most stressful aspects of their job. In the interviews I attempted to explore the implications of limited funding on the counsellors and on the callers. I asked the question **“Can you tell me what it is like to work for an organization that is limited in funding?”** to explore this issue further. All four of the respondents spoke of the various impacts of limited funding, how it is stressful for them as counsellors and how difficult it is for service users. The respondents spoke of the frustration of not being able to provide the services that callers need and the effects that this has on their callers. “I find lots of the things we want to do we can’t do...it becomes frustrating because they just, they want all that you can give and you really have to set boundaries, it’s hard”. They also spoke of the pressures of meeting grant requirements and the pressures to provide short term services to their service users:

[r]unning our own business...all of the requirements by funders, all the leaps and hoops we have to jump through, all the internal pressures that we have put on each other because we can only do the work and we feel so guilty when we are turning women away.

A probing question under this category was **“Do you find there is more pressure to provide short term services? And what are the effects of this?”** All four counsellors said that there is a great deal of pressure to provide short term services:

[w]e have had so many women asking for our services that we have to limit the time.

We’re only allowed to do so many visits per year face to face and lot of clients wish our centre would do more.

Because there is such a short amount of money, short amount of time, women get looking forward to the services and then it's like 'sorry the grant's ended' and it's done.

We channel people into short term services because of the lack of long term services. So that is why people end up calling the lines and they are calling all the time and they are repeat callers. And then we have to deal with that but we're really not supposed to do that, it is supposed to be crisis counselling as opposed to... but sometimes we end up providing long term counselling on the lines and there is a lot of repeat callers.

And another said: "You just feel like every time you turn around, what you're doing is being boxed in more and more...you are starting to wonder how much further you are going to get with them".

Two counsellors mentioned that limited funding also limits the education of the community, an important component of making change in the field of sexual abuse. "Public education the money is very limited so it's frustrating...you can only do so much. I can only spend so much of my week doing stuff volunteer wise". "We have no paid public education right now in our centre...because of funding".

Three of the counsellors also discussed the implications of the general funding cuts to social services and the impact this has on their jobs.

(w)e find that we are taking care of other needs, basic needs of women. Helping them with housing, helping them with finding medical care, helping them with basic accessibility, and getting around the city. Because the other services have been cut so badly and we can't refer them, and so our job has gotten even bigger.

There is nowhere women can go. So it's frustrating and it's hard and we're just doing the best we can but it never feels like it's enough. There is nowhere to refer them...it's setting boundaries and it's constantly shutting the door...

It's frustrating, if people can't pay for services, they're really left high and dry... it's hard telling them there is nothing you can do and nowhere they can go, so that's hard". "If I was talking to a woman entrenched in poverty, they couldn't get out of it (their abuse situation) because of the lack of services.

Funding cuts have also played out in services offered, which impacts both the counsellors and the clients-“It has played out in terms of the lines aren’t always covered...huge waiting lists for long term counselling and for the crisis counselling every appointment is booked up”.

Counsellors also pointed out that lack of funding limits their access to support and opportunities to debrief and manage their feelings.

It affects the women [staff] too because once, if they have a hard call, they are the only ones on the line. They have to wait until the next day and that’s depending on their schedules...so they have to carry that for a little while.

Counsellors also spoke of how their jobs would be different if there was more funding for services-“it would be different because women wouldn’t be getting frustrated and saying ‘there’s months and months to wait for long term counselling and I want more than just three sessions’”.

Structural Issues

Three of the counsellors also spoke about cuts to women’s services in society in general and the lack of interest in women’s needs:

(s)ociety equates value with monetary and so you make progress with the women’s movement with this kind of organization...and then the funding gets yanked and people go ‘Well, it’s not that important anyway’ and you lose support all around. So it’s very easy for the politicians or for men to say ‘Well, it can’t be that important if they have taken the funding away from it’.

I don’t think we are given credibility and we’re not seen as being professional. We’re not seen as having a lot of validity, yet we’ve been working with these women, these women have been talking to us, not them”. “We’re not given the same sort of funding as a hospital or as mental health or any of these other agencies and I think that’s because we’re a woman’s organization.

The Concepts of Burnout, Vicarious Trauma and STSD

The next question I asked was about the symptoms explored in the questionnaire. I was interested in exploring with the counsellors how they felt about the concepts of burnout, vicarious trauma and secondary traumatic stress. The question asked was **“What do the concepts of burnout, vicarious traumatization and secondary traumatic stress mean to you? Do they fit with your experience of being a sexual assault counsellor or not?”** Three of the four participants said that they think that these concepts fit for them:

I think they fit with what we do. We hear really hard things, often times really really graphic things, lots of times we have to be present for rape kits, for just really graphic, horrible things and it's important that we do hear those things and that we are able to be there as a support for whatever the client needs to say. But, that being said, it's really hard to deal with after.

Some of the stuff is really hard to hear. So, I just kind of feel it all day. It could carry on into part of my evening and stuff like that and I think occasionally, in my interactions with my friends and with guys for example...And it affects my whole sense of safety, I guess ignorance is bliss before but now I am just more aware of my surroundings and more aware of my safety. I know that things can change in a split second but I'm not really as safe as I had thought myself previously to be...Even when I was doing the survey I was kind of struck by the fact that I was feeling more than one or two things. The numbness and sometimes dreams and stuff like that.

Though the fourth participant said that she doesn't understand how these concepts fit for her, she did say “I have thought of myself on the point of burnout but again, it's the work that energizes me. And it's more the other things that burn me out”. When asked for examples she stated:

[r]unning the business...dealing with the day to day running, dealing with conflict resolution, dealing with training...so those are the things that actually burn me out, not the actual work itself...it isn't necessarily about what you are hearing on the phone, it can be more about the environment, coworkers and conflicts outside of that. It's not that working with trauma doesn't affect me, it does. There are times when...you know, I'm emotional, I'll cry because of a woman's pain, but I also recognize that it's hers and I have my own and I do my own things to deal with mine and I can't take her's on.

One counsellor discussed the concepts themselves and her perception of them directly. “The term burnout for many implies being no longer able to function in your job whereas secondary trauma or vicarious trauma is becoming a little more understandable in terms of the reality of what I feel might have happened”. She also mentioned the benefits of knowing about the concepts of vicarious trauma and secondary traumatic stress. “It’s nice to sort of say, yes its vicarious trauma I’m not just overreacting” and later “it doesn’t mean your not able to keep doing your job”.

Three of the counsellors also talked about how they had personally been affected by their work. “I’ve become more cynical, I question a lot more things. I don’t look at the rosy picture on the surface; I always think there is something bad going on. So yeah, it does impact how I see things”. One woman told me that for her personally, it has impacted how she is as a parent and how she fears for the safety of other children: “It definitely colours your perception of safety, outside of your home and your own circle...I find I watch the interactions between adults and children especially, a lot more closely than other people would”.

Supervision and Support

When discussing the impact of the work and the effects, all four of the counsellors spoke about the importance of supervision and support from coworkers. Participants from Agency 2 and 3 reported that they have a “buddy system” where they are assigned a peer support person for as long as necessary. The counsellor from Agency 1 reported that in her organization they do not have a clearly organized support system at all. She explained that due to the pressures of the job on all of the staff, it can be difficult to ask for support when you need it. “There is always the

option of going and talking to another worker but I just felt like at the centre they have their own things going on, everyone is busy, everyone is doing their own thing, they have their own clients”.

Advice

The counsellors were then asked **“If I was new to this work, what would you warn me about?”** All four participants spoke of self-care, self awareness and limit setting. One counsellor said:

I’d say that the things that you hear aren’t always easy to deal with and I would really emphasize taking care of yourself and taking time out and having “me” time and just doing things that you like and separating yourself from the work.

Another explained: “I think it’s just really having a good support system for yourself and not getting off a call where you are uneasy and saying ‘oh well, I’ll get over it’”.

She also mentioned the buddy system discussed in the supervision and support section: “you need to keep in touch with your buddy and if you have a call that is bad for you, call your buddy and talk to them”. One counsellor mentioned the pressures put on her by the organizations:

[t]his kind of work can just suck and suck and suck you dry, all your energy and your resources because there is not the funding and there is not the staff and they need people so they’re willing to take as much as your willing to give and I think it is really important to set those boundaries and take care of yourself. Because the work is so difficult and it’s hard to hear and support these women because it’s hard work .

The fourth counsellor spoke about self-awareness and the role that this plays:

[t]rust yourself...Try to pinpoint where your reactions are coming from. Just be true to yourself. Always put yourself first so you’re thinking about yourself because if you don’t, it doesn’t help the women. If you can’t be there for them, then you’re not giving anybody any services.

Counsellors also mentioned the importance of new staff knowing the complexity of the issues they would encounter:

I would say that the whole issues of sexual violence and women's issues is not as simple as it is made out to be and I would tell you that it is really complicated and sometimes for me it is just so huge that I just feel like an insignificant little speck.

And that it is important for counsellors to be aware of and accept their limitations:

[u]nderstand that you can't fix the world. You can only deal with the issues as they arise and once you hang up the phone, or once you leave the hospital emergency room, you've done all you can do. And taking it home with you isn't going to make it better for the person you just finished with.

Personal Perspective

I also wanted to speak with the counsellors about their personal experiences of structural barriers and how this may have made their work more demanding. They were asked: **How do you think your experience as a sexual assault counsellor is different from other counsellors- Taking into account your age, gender, class, culture, and race?** It was evident that the women found the question vague but they made some important comments. All four of the counsellors said that they felt that each counsellor experiences her job in a different way. Each of the counsellors I spoke with was consciously aware of their privilege and how their personal perspective influences how they deal with callers. "I think I am a very privileged individual, as a white woman. And I think I've got a lot of opportunities that a lot of other women don't have because of all of the oppressions that they face".

In addition, they also seemed to be aware of how this privilege can make it difficult to understand the situation of callers and to maybe be less patient at times. One counsellor spoke of the influence of her privilege on her work:

[p]robably the hardest thing for me, or where I notice it the most is when clients aren't making change, when they just get stuck and they are calling every week at the same place and I find it so frustrating. I know what I would do in those situations, I would leave or I would tell someone to go to hell, and that's a very privileged position that I'm operating from because I am able to probably pick up and leave. I have a bank account, I have a car, I also have a supportive family and husband. I have things that other people probably don't have access to.

As one counsellor explained, it is important for counsellors to learn how to question their assumptions and biases:

[a]s white women we have more choices.. we have to be careful of the choices that we offer women. Because that may not be a choice. You're stalling her, you're not helping that woman and you're hurting her healing process because you are judging her and then she's judging herself saying 'See, I can't make that choice therefore there is something wrong with me...'. We try very hard to educate ourselves...we cover this in our training, don't make assumptions, don't make offers of things that could possibly involve money.

The counsellors were also very much aware of the perspective they bring and the advantages and disadvantages of this perspective on their work and to clients. Several examples were given of how the counsellors were able to connect or not connect with callers. When discussing the clients accessing services at one of the rural area centres a participant said:

[t]here are very few Francophones in the area and there is very few ethnic minorities so, there is no language barrier, which really helps when you're doing counselling. And it helps to have people who look like you who are there saying they know how you feel. That always helps.

And one woman, who comes from a non-mainstream culture who works in an urban centre said:

I have a different perspective on things, not a mainstream perspective...and it would influence the struggles I have daily. Like in our culture women are kind of like second class citizens. [When working with women of a non-mainstream culture] I would be a lot more aware of the cultural aspect of things and how culture plays itself out.

Consequently, it would appear that the women were very much aware of how one's background and self-awareness as well as an awareness of structural barriers impacts their experience as sexual assault counsellors.

CHAPTER V

Significant Findings and Implications

Taking into consideration what was lacking in previous research, the intention of this study was to explore with female sexual assault counsellors how they are personally affected by their work. I wanted to explore all of the factors which make their work demanding, including the impact of the social, political and economic context. I also wanted to gain an understanding of the ways that counsellors cope with their work and what counsellors perceive that their organizations do to support them.

From the results of this study I was able to determine that all of the counsellors in the sample have experienced some emotional and cognitive effects from their work and all of them use many different techniques to cope with these effects. Though these are very valuable findings, several other findings are especially significant since they offer new knowledge about the experience of the sexual assault counsellor.

The comments by the counsellors suggest that the theories of secondary traumatic stress, burnout and vicarious traumatization offer only a limited view of their experience. The results indicate that there are many pressures on counsellors who work within a women's organization with limited funding. The pressures of the work are not only from the calls that they receive and the graphic stories that they hear. Rather, many of the stressful and most difficult situations encountered in their work go beyond the content of the calls and are related to limitations of the organization or larger social, political and economic issues. For example, I asked the counsellors how they felt about the concepts of vicarious trauma, secondary traumatic

stress and burnout. I phrased this interview question in this way in order to allow them to move beyond the psychological diagnoses and tell me what they think of these concepts and if they fit with their experiences. By doing this, I hoped to give the participants a voice, to explain how they see their experience, beyond the symptoms. All those interviewed said that these concepts did fit for them in some way but they were careful to emphasize the impact of workplace and societal issues on their work lives and how this contributes to the stress of their jobs, often more than the actual content of the calls.

The counsellors regularly mentioned the impact of the social, political and economic factors on their work lives. Limited social service spending and the effect of this on the counsellors' work was a common theme throughout the results. For example, "repeat callers", meaning specific clients who are continuously accessing the crisis lines for support, is a serious issue. It was reported as the second most stressful part of the work and the most difficult situation that the counsellors regularly deal with. I felt that it was highly likely that the over reliance on crisis lines by some women was directly related to limited resources for referral in the community. For this reason, in the interviews I explored with the counsellors the effects of limited funding on their work and on the callers. It became evident, from these discussions, that the impact of limited funding is significant for both counsellors and callers. In fact, the implications go far beyond the issue of repeat callers, in that counsellors are only able to offer limited services to sexual abuse survivors. As one counsellor noted in the interview, more funding would give women more options to choose from. They explained that it is these limited choices of services that results in "repeat callers" needing support but experiencing little progress. They explained that many of these

women need long term services that are not readily available to them and have no choice but to use the crisis lines as an ongoing support system.

On a larger scale, the counsellors explained that limited access to funding for all social service programs makes it difficult for them to refer clients to appropriate services. Counsellors are not able to refer women to the resources that they need since they may not exist or waiting lists are extensive. Thus, limited community resources result in more demands on sexual assault counsellors. As one interviewee explained, callers need more support and help from the sexual assault counsellors than should be expected of their jobs, such as providing housing and financial information. Callers with mental health issues may also be using the crisis services since they have nowhere else to get support. Overall, sexual assault counsellors are not equipped to deal with these issues.

Limited funding also impacts the amount of support available to counsellors to cope with the effects of work. It can limit access to training and can result in counsellors feeling guilty about asking for support and debriefing time from overworked coworkers. Generally, though, the counsellors seemed to feel supported by coworkers. When they were asked if they could suggest any changes in the work environment to make it less stressful, the most commonly suggested changes were: more training, more staff, and fewer working hours. Counsellors also mentioned that it would be beneficial to have mental health days (time off when they are feeling drained) and to offer long term counselling to clients. These responses, once again emphasize the effects of limited funding. Although organizations may want to provide more support, training and options to their staff and to offer more services to their clients, their financial constraints make this impossible. It is difficult to make

suggestions for how the organizations can provide more support to these workers when it is highly likely that the agencies are doing the best they can with what they have to work with.

Therefore, a further investigation of the issue of limited funding made it apparent that it has a significant impact on counsellors. With the concepts of burnout, vicarious trauma and secondary traumatic stress focusing mainly on symptoms, the context of the work is ignored. Consequently, focusing only on the symptoms experienced serves to ignore the effects of larger economic and political issues on the lives of crisis sexual assault counsellors and the women they help. By taking into consideration this context, it became clear that were it not for limited resources, many of the women in this study might not find their work as difficult or as stressful. Also, it is evident that female sexual abuse survivors and women in general do not have access to the services they need. So, although there may be changes that can occur both organizationally and individually to deal with burnout and traumatization of counsellors, change needs to occur on a much larger scale. Limited funding for women's organizations and inadequate resources for women in general has had a significant effect on the services offered by organizations which directly impacts both staff and service users.

Awareness of Structural Issues

Throughout the study, the counsellors spoke of structural issues. As noted above, they openly discussed the various structural barriers in society for women's organizations such as limited resources and lack of funding and the impact of this on their work. I had hoped to also have them explore the impact of race, class, gender,

culture, ability and sexual orientation on their own lives and how this may have contributed to the demands of the work for them personally. When I asked the counsellors about this, it was difficult for them to relate to the question and so it did not go in the direction I had hoped. Nevertheless, some very valuable discussion came from it. The counsellors spoke of ways that they put into practice their knowledge of the impact of structural barriers on their clients' lives. The responses helped me to understand that self-awareness is important for counsellors to be able to empathize with clients. They told me about the importance of being aware of structural issues and one's personal perspective in order to be a supportive counsellor. They also spoke of how their jobs would be more stressful if they did not take into consideration the structural barriers experienced by the women accessing their service. The counsellors I spoke with were aware that they are privileged and had taken time to examine their own personal biases and assumptions. They emphasized that this self awareness has helped them to be more patient and understanding of caller issues and has helped them to become aware of the impact of their personal biases on their work. As one counsellor explained, what you suggest to callers has to be within their means, otherwise you only further oppress them and take their power away. Consequently, though I had intended to explore the impact of structural barriers on their personal lives, I ended up learning one of the practical ways that the counsellors apply their understanding of structural issues to their work. I also learned that structural awareness is essential in order for counsellors to understand the context of clients' issues.

The Gains of the Work

In the theories of burnout, vicarious trauma and secondary traumatic stress and the research in the field, there is very little mention of how counsellors are positively impacted by their work. Instead, the emphasis is on traumatization and the demands of needy clients. In my study, all the counsellors reported various ways that this work had contributed to how they see others and how they see the world. Many of the counsellors mentioned very positive impacts of their work such as increased belief in the triumph of the human spirit in spite of overwhelming odds. With several respondents reporting some of the positive effects of their work, it is evident that even though these counsellors have experienced some of the symptoms of vicarious trauma, secondary traumatic stress and burnout, they have also had many personal gains from their work.

In the questionnaires, the counsellors emphasized that they consider this work to be a form of social action, enjoy knowing that they are providing a valuable service to women, and find it rewarding to work with women in general. Others spoke of how much they enjoy advocating for women, educating society about women's issues, and working as a team. This was an important finding since I had not thought of the gains of this work in such a way. It became clear that, more than anything else, the knowledge that they are making a contribution is what helps them cope with the traumatic stories that they hear. I attempted to explore these issues further in the interviews by asking the counsellors why they have continued in this line of work. The four counsellors interviewed all said that they were motivated by seeing change in women and by making a contribution to the women's movement. They felt that by working in this field, they were participating politically in change for women. They

explained how their work impacts the lives of women and how it works to educate society about sexual assault. For example, they discussed the way that their work empowers women and that this is, in itself, a political change- for women to learn that they have a choice and that they are strong.

The commitment of these counsellors to help other women and to change perceptions in society was intense. This helped me to recognize what it is that motivates the counsellors to continue to work in this field. I began to understand why, regardless of the symptoms that were reported, nineteen of the twenty-two counsellors have worked for their organization for between one and six and a half years and some as long as fourteen years. In addition, only four people of the twenty who completed the questionnaire had ever considered leaving the work and, even then, one reported that this was not due to the content of calls but to workplace issues. I realized that the counsellors are not as concerned about the effects of the work on themselves as they are about the effects of the work on the lives of the women whom they touch. I learned that contrary to the previous research and to my own beliefs, the symptoms were secondary to the value of the work. This knowledge helped to bring new meaning to the work of sexual assault counsellors.

Conclusion

The results of this study taught me about the symptoms sexual assault counsellors experience but I also learned about the challenges that counsellors face in the workplace that can contribute to already stressful jobs. I learned that even in the face of these challenges and symptoms, the counsellors feel passionate about continuing in this line of work. These women are choosing to continue doing this

work, regardless of the symptoms they have experienced, the content of the stories they hear and the demands of the work environment.

The most important findings of this study were uncovered when I looked beyond the symptoms that the counsellors reported. My structural feminist analysis helped me to uncover what has not been explored in previous research. The women taught me that though some aspects of this work may impact them negatively they are also positively impacted and motivated by helping women and contributing to the women's movement. By looking beyond the symptoms reported and listening to the women's voices, I learned how important it is to examine what occurs on a socio-political level which has an impact on the work of sexual assault counsellors. I learned about the drastic impact of limited social spending on crisis sexual assault counsellors and the sexual abuse survivors they help. It became clear that the concepts of burnout, vicarious trauma and secondary traumatic stress can be used to blame organizations and their counsellors. By being labeled as 'burned out' or 'traumatized', counsellors can be blamed for not doing enough to care for themselves and organizations can be blamed for not caring enough for their staff. Using these theories in such a way allows governments to justify ignoring their responsibility to provide adequate social service funding. In this process, counsellors can become convinced that they are incompetent and incapable of doing their jobs. In reality, if there were proper access to resources for women, the work of sexual assault counsellors would be very different and less stressful. Researchers must be careful when using the concepts of burnout, secondary traumatic stress and vicarious trauma in order to understand the experiences of counsellors because they alone do not

account for all of the issues involved and can result in research that overlooks important social issues.

CHAPTER VI

Personal Reflections

I became interested in the impact of sexual assault counseling after taking a course on trauma and sexual abuse last year. The stories discussed in the classroom were often disturbing and I began to reflect on my personal experiences working with sexual abuse survivors as a counsellor throughout my career. I began to realize that when I work with sexual assault victims it has a drastic impact on me personally, and I wondered what the experience was of counsellors who exclusively work with this population. I felt that within the counseling community, the most challenging job of all would be to work with victims of sexual violence, in crisis situations, on the telephone, for a limited amount of time. I imagined that this work must be the most traumatic and distressing work that counsellors could ever engage in. This would be enhanced by the fact that they were anonymous and working with women for such a short amount of time. By the very nature of the work, they would not have an opportunity to heal alongside their clients. It was for this reason that I became interested in the area of crisis counsellors working with sexual abuse survivors.

The written material available on the impact of working with trauma survivors focuses on the symptoms experienced by counsellors and the negative impact of the work. This research confirmed many of my beliefs about this work, that it was very demanding and traumatic. I decided to explore the symptoms of burnout, vicarious trauma and secondary traumatic stress with sexual assault counsellors and learn about their experiences as much as possible. Having worked in the counselling field for five years, I was aware of the limited access to affordable counseling services in Ontario. So, although I believed the content of the calls would be traumatizing, I was also

interested in exploring the impact of social, economic and political pressures on the work of sexual assault counsellors. I wanted to learn about how they cope with such demanding jobs and I wondered what the organizations they work for do to support them.

It was with these questions and with the current research that I created the questionnaire. When I received the responses to the questionnaires I began to realize that there were many issues I had not addressed that could be explored further. Fortunately, I still had the opportunity to speak with some of the counsellors individually in interviews and so was able to add some interview questions to explore new issues.

From the questionnaire results, I began to realize that the counsellors see their work as tremendously rewarding and as a contribution to the women's movement. It was at this time that I began to shift away from the symptoms and to focus on the context and the gains of the work. By exploring these issues further in the interviews, I discovered that the counsellors had a great deal of passion for their work. They explained that they see each conversation they have with a woman, on the phone or in person, as an opportunity to empower women and contribute to the women's movement. In addition, the content of the calls, though upsetting, was not their major complaint. Instead, it was the constraints of limited funding and the impact of this on their work. It was also the frustration that comes from limited progress in society for women. My curiosity about their work helped me to be open to this new way of understanding their work and to challenge the assumptions I had started with. The more time I spent with these counsellors the more I came to respect and admire them for their commitment to women. I learned that for many counsellors, the value of the

work is more important than the difficulty of it. Overall, I gained a new perspective of their work and became aware of issues that I had never considered prior to beginning this research.

Implications for Research and Social Work

This experience has taught me many lessons. It has taught me the importance of context and how exploring symptoms is not enough. It would have been simple to label the counsellors that participated in this study as burned out and traumatized. Instead, I was open to hearing what they wanted to say and letting go of my beliefs and assumptions. Consequently, I was able to really hear what they were saying and to look beyond the symptoms to see their work in a new way. From this experience, I learned that as researchers and as social workers, we must be aware of how we see people and problems and not blame individuals for their circumstances. Instead, we must look to the context for explanations. We must also be critical of current theories and research- they may not be accounting for important issues.

I hope that this research serves as an example for other researchers to be aware of their biases and to be open to truly learning from those they study instead of being constrained by previous theories. I am hopeful that my research will influence how others approach research and will help to educate others about the importance of context. I intend to use this knowledge to educate social workers about the limitations of the theories of burnout, vicarious trauma and secondary traumatic stress. As part of my agreement with the organizations, I offered to present the findings to the counsellors at all three organizations. I am pleased that I will have the opportunity to share what I have learned with the women who participated in this study. I am

confident that this research will help them to feel motivated and to see the strength of their organizations and the power of their personal contributions. Also, I am hopeful that the results of this study, specifically the impact of limited funding, will be used by sexual assault centres to advocate for increased financial support for their organizations.

Future Research

I feel that there are several areas that have been only touched upon in this study that could be explored further in future research. For example, I had hoped to explore the structural barriers that the counsellors experience in their personal lives. This includes barriers related to the counsellors' sexual orientation, race, culture, class and ability/disability. These barriers may make an individual more vulnerable to the effects of the work and may make the work more demanding. This issue was not clearly investigated in this study but it is a very important one to be addressed.

In addition, I had also hoped to gather information on staff turnover that would be helpful to the organizations involved in the study. Since so few counsellors had considered leaving, and since I did not include counsellors who were no longer working at the organizations in my study, I was unable to explore issues surrounding turnover. Understanding the experiences of those who have left would give the organizations a better idea of changes they could make to improve the work environment. It would also allow for comparison between those counsellors who stay and those who leave.

Conclusion

This study has been an eye-opening experience for me. I have learned about the limited resources that so many organizations work with and the impact of this on counsellors and the women they help. I am saddened to see how women, as workers and as clients, suffer from the restrictions of our current political and economic system. At the same time, I feel reassured by the commitment of the group of women who participated in this study. They are sincerely committed to changing the circumstances of women. They taught me a great deal about the strength and power of a group of passionate people and the power of one person to make a contribution. As a counsellor I have become more aware of the importance of my role and I am pleased to have the opportunity in my work to be involved in helping women feel empowered. Overall, I have been pleased to have had the opportunity to learn from such a strong and commendable group of women.

References

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders. Fourth edition. Washington, D.C.: APA.

Astin, M.C. (1997). Traumatic Therapy: How Helping Rape Victims Affects Me as a Therapist. Women and Therapy, Vol. 20, (1), p.101-109.

Aylward, J., and Green, C.L. (1999). Trauma busters: Coping with the occupational hazard of vicarious traumatization. Published by the authors.

Carver, C., Scheier, M., & Weintraub, J. (1989). Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56, 267-283.

Cunningham, M. (1996). Vicarious Traumatization: Impact of trauma work on the clinician. Ph.D. Thesis, Adelphi University School of Social Work, Garden City, NY.

Cyr, C. and Dowrick, P. (1991). Burnout in crisisline volunteers. Administration and policy in mental health, Vol.18, (5), pp. 343-354.

Danieli, Y. (1988). Confronting the unimaginable: Psychotherapists' reactions to the victims of Nazi Holocaust. In Wilson, J.P., Harel, Z. and Kahana, B. (Eds.). Human Adaptation to Extreme Stress: From the Holocaust to Vietnam. New York: Plenum.

Danieli, Y. (1994). Countertransference, Trauma and Training. From J.P. Wilson and J.D. Lindy (Eds.), Countertransference in the treatment of PTSD. New York: Guilford Press.

Epstein, S. (1989). The self-concept, the traumatic neurosis, and the structure of personality. In Hogan, R. (Ed.) Perspectives in Personality. Vol. 3A, 63-98. London: Jessica Kingsley Publishers.

Farber, B. (1983). Introduction: A critical perspective on burnout. From Barry Farber (Ed.) Stress and Burnout in the Human Service Professions. New York: Pergamon Press.

Figley, C.R. (1983). Catastrophe: An overview of family reactions. In C.R. Figley and H.I. McCubbin (Eds.), Stress and the family: Vol 2. Coping with catastrophe (pp.3-20). New York: Brunner/Mazel Inc.

Figley, C.R. (1993). Compassion stress and the family therapist. Family Therapy News, (February), pp.1-8.

Figley, C.R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. From C.R. Figley (Ed.), Coping with Secondary Traumatic Stress Disorder in those who treat the traumatized. New York: Bruner/Mazel Inc.

Folkman, S. & Lazarus, R. (1980). An analysis of coping in a middle-aged community sample, Journal of Health and Social Behaviour, 22, 219-239.

Follette, V.M., Polusny, M. and Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. Professional Psychology: Research and Practice, Vol. 25, (3), 275-282.

Freud, S. (1910). The future prospects of psychoanalytic therapy. In J. Strachey (Ed. and Trans.), The standard edition of the complete works of Sigmund Freud, Vol. 11, 141-151. London: The Hogarth Press.

Freudenberger (1974). Staff burnout. Journal of Social Issues, Vol.30, 159-165.

Guzzino, M. and Taxis, C. (1994). Leading experiential vicarious trauma groups for professionals. Treating Abuse Today, Vol. 4, (1), 27-31.

Heifetz, L. J. and Bersani, H.A. (1983). Disrupting the cybernetics of personal growth: Toward a unified theory of burnout in the human services. From Barry A. Farber (Ed.) Burnout in Human Service Professions, New York: Pergamon Press.

Herman, J. (1992). Trauma and recovery. New York: Basic Books.

Horowitz, M., Wilner, N. and Alvarez, W. (1979). Impact of Event Scale: A measure of subjective stress. Psychosomatic Medicine, Vol. 41, (3), p. 209-218.

Janoff-Bulman, R. (1985). The aftermath of victimization: Rebuilding shattered assumptions. In C. Figley (Ed.), Trauma and its wake: The study and treatment of post-traumatic stress disorder (pp. 15-25). New York: Bruner/Mazel

Janoff-Bulman, R. (1992). Shattered assumptions: Toward a new psychology of trauma. New York: The Free Press.

Johnson, C. and Hunter, M. (1997). Vicarious traumatization in counsellors working in the New South Wales Sexual Assault Service: An exploratory study. Work & Stress, 11, (4), 319-328.

Kahill, S. (1988). Interventions for burnout in the helping professions: A review of the empirical evidence. Canadian Journal of Counselling Review, 22, (3), 310-342.

Kassam-Adams, T.(1995). The Risks of Treating Sexual Trauma: Stress and Secondary Trauma in Psychotherapists. Unpublished Ph.D. Thesis, University of Virginia.

Kirby, S. and McKenna, K. (1989). Experience, research and social change: Methods from the margins. Toronto: Garamond.

Lindy, J.(1988). Vietnam: A casebook. New York: Brunner/Mazel

Maslach, C. (1976). Burned out. Human Behaviour, Vol. 5, 16-22.

Maslach, C., and Jackson, S.E. (1981). The measurement of experienced burnout. Journal of Occupational Behavior, Vol. 2, p.99-113.

McCann, L. and Pearlman, L.A. (1990). Vicarious Traumatization: A framework for understanding the psychological effects of working with victims. Journal of Traumatic Stress, Vo.3, (1), 558-565.

McIan, P.S. and Pearlman, L.A. (1995). Vicarious Traumatization: An empirical study of the effects of trauma work on trauma therapists. Professional Psychology: Research and Practice, Vol.26 (6), p. 558-565.

Miles, M.B. and Huberman, A.M. (1994). Qualitative data analysis: An expanded source book. (2nd Ed.). Thousand Oaks, CA: Sage Publications.

Moreau, M.J. and Leonard, L. (1989). Empowerment through a structural approach to social work. Montreal: Ecole de Service Social, University de Montreal.

Osipow, S. and Spokane, A.(1981). Occupational Stress Inventory. Odessa, FL: Psychological Assessment Resources.

Pearlman, L.A. and Saakvitne, K. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. New York: W.W.Norton.

Schauben, L.J. and Frazier, P.A. (1995). Vicarious Trauma: The effects on female counsellors of working with sexual violence survivors. Psychology of Women Quarterly, Vol.19, 49-64.

Wilson, J.P., Lindy, J.D. and Raphael. (1994). Empathetic Strain and Therapist Defense: Type I and II CTR's. From J.P. Wilson and J.D. Lindy (Eds.), Countertransference in the treatment of PTSD. New York: Guilford Press.

Zilberg, N.J. Weiss, D.S and Horowitz, M.J. (1982). Impact of Event Scale: A cross-validation study and some empirical evidence supporting and conceptual model of stress response syndromes. Journal of Consulting and Clinical Psychology, Vol.50 (3), p. 407-414.

Appendices

Appendix A
Letter to the Organizations

Appendix A

Dear .

As we discussed on the phone, many counsellors and supervisors have noted that crisis work can, at times, be stressful for the counsellor. I am writing to invite counsellors at your centre to participate in a research project that will examine how working with sexual abuse survivors has an impact on the crisis counsellor's level of stress and well-being. Understanding these effects can help counsellors to cope with their own stress, and can assist program coordinators in planning high quality programs with minimal turnover. I am conducting the present study as my Masters thesis in Social Work at Carleton University.

Counsellors are invited to participate voluntarily: their confidentiality will be assured. Participants will complete a questionnaire concerning themselves and their experiences working with clients. This will take about 45 minutes to complete. Participants will also be invited to participate in a more in-depth interview to be scheduled at a later time, in order to explore the results of the study further. I know that you have many demands on your time. If you desire, I will schedule a time to meet with your staff briefly to explain the general purposes of the study and to distribute the packets to potential participants (this will likely take place in November). I will also be glad to come to a staff meeting or inservice (after research packets are completed and results are explored) to present the results of the study and facilitate a staff discussion on crisis counsellor stress and coping.

If you have any questions please call me or my thesis supervisor at the numbers listed below. I plan to call you in the next several weeks to speak with you further about the study. At this time, if your organization is interested in participating, I will need to find out the number of potential participants from your organization. Thank you for your time and I am looking forward to talking to you soon.

Sincerely,

Allison Wood MEd., MSW (Candidate)

Office xxx xxxx

Home xxx xxxx

Gillian Walker- Thesis Supervisor- 520-2600 x1376

Appendix B
Interview Form

Appendix B

Interview Form

Once the data from the questionnaires has been gathered, I hope to meet with a small number of people individually to discuss some of the questions in more depth. This will take place in the form of an hour long audiotaped interview and will likely take place in January.

The taped interview will be transcribed and will be available for you to review. You will have the option of omitting any identifying information or any responses that you do not feel represent your thoughts accurately.

If you are interested in participating in an in-depth interview, once the results of the questionnaire are completed, please sign this form and give your name and a phone number of where you can be reached to set up an interview time.

If you are not interested in participating in the interview process please do not give your name but feel free to answer the question below.

Signature:

Name and Phone number:

If you are not interested in participating in an interview it would be helpful for me to understand why you feel you cannot do so. Please feel free to explain below:

Appendix C
Counsellor Questionnaire

Appendix C

Counsellor QuestionnaireGeneral Information

Gender : Female__ Male__

Age: _____

Education and area of study: _____

Organization that you work/volunteer for: _____

Position/title: _____ Voluntary/Paid (circle one)

Number of years/months working as a sexual assault counsellor (including work for similar organizations): _____ months/years (circle one)

Apart from the training required for your position, have you had any additional training in the areas of sexual violence or counselling not listed under education?

How many hours do you work per week or (if you don't work every week) per month: _____ weekly/monthly (circle one)

Do you have any additional work outside of your position at SASC/Lanark/ORCC that involves counselling sexual violence survivors?

If so, how many additional hours per week/ month does this involve? _____ weekly/monthly (circle one)

Average number of hours of supervision available to you through your organization: _____ weekly/monthly (circle one)

On a regular shift, what does your job involve? (check as many as apply)

- ☐ Telephone crisis counselling
☐ Face to face counselling
☐ Accompaniments
☐ Other
- _____

What shifts do you normally work? (check as many as apply)

- ☐ Day
☐ Evening
☐ Night

Do you normally work:

- ☐ Alone at home
☐ Alone in an office
☐ With others in an office
☐ Other _____

For the purposes of this questionnaire the term **Caller** refers to all individuals that access the services at your organization, by telephone or in person. **Sexual Violence** refers to: rape, incest, child sexual abuse, sexual harassment, and any forced sexual act or touching.

Part I

These questions are to explore the different ways that you deal with your feelings while you are working with sexual violence survivors.

1. When listening to callers, do they usually share specific details of what has happened to them?

☐ Yes ☐ No

2. Do you do anything in particular to help you avoid hearing specific details about the violence/abuse when talking to callers?

☐ Yes ☐ No

2.1. If so, what do you do?

3. When taking calls, do you regularly hear things that upset you?

☐ Yes ☐ No

4. What do you do to handle your feelings while you are talking to a caller?

5. Once the caller has hung up or the person has left your office what do you find are some of the most helpful ways that you deal with the stories that you have been hearing? (e.g. I call a coworker to discuss the call, I call a friend, I exercise, I listen to music, I take a bath, I read a novel, something else such as...):

cont'd

6. What do you do in your life that helps you to deal with some of the stories that you hear at work? (e.g. participate in social action, see a counsellor myself, attend as many staff meetings as possible to discuss cases, do yoga, meditation, attend workshops or training, something else such as...).

7. Have you ever taken a drink/ drug to forget or to relax after a shift?
☐ Yes ☐ No

8. Have you ever attended training or workshops on vicarious traumatization, burnout or compassion fatigue?
☐ Yes ☐ No

8.1. If yes, did you learn anything new that was helpful to you? (Explain what specifically)

9. Has there been any other training provided by your organization that was particularly helpful around issues of burnout/compassion fatigue?

Part II

These questions are to give an idea of your personal history.

10. Are you a survivor of sexual violence?
☐ Yes ☐ No

10.1. If yes, do you ever find an increase in your thinking about your own experience/s of sexual violence after talking to a caller?
☐ Yes ☐ No

11. Are there any other life experiences (in childhood or adulthood) that you feel make this work especially challenging for you? If yes, please explain briefly.

12. Have you ever suddenly and involuntarily recalled a personally frightening experience while talking with a caller?

☐ Yes ☐ No

13. Have you ever thought you needed to “work through” a traumatic experience in your life since you realized it was affecting your work?

☐ Yes ☐ No

14. If so, did you seek professional help?

☐ Yes ☐ No

15. In the last year, are there any stressors in your life which have made your work more difficult? If yes, please explain.

Part III

These questions ask about your work with sexual violence survivors and about the place you work. Please answer YES or NO to the following questions and feel free to give examples and explain.

16. Do you consider this work to be stressful?

☐ Yes ☐ No

17.1. If yes, what would you say is/are the most stressful part/s of your work?

18. What would you say is/are the most rewarding part/s of your work?

19. Have you ever felt it necessary to make changes e.g. decreased hours, less client contact, take time off, etc. due to the difficulty of the work? If so, please explain what you did.

20. Have you ever found it difficult to follow through with the practices/policies of your organization?

☐ Yes ☐ No

20.1. If so, what policy and why?

21. Do you feel comfortable asking for support at work when you need it?

☐ Yes ☐ No

21.1. If not, why do you think this is?

22. What would you say, for you, is the most difficult situation you regularly deal with in your work?

23. Do you think there could be any changes in your work environment to make the work less stressful for you?

24. Have you ever considered quitting due to the difficulty of the work?

☐ Yes ☐ No

Part IV

This section of the questionnaire refers to your overall experience as a counsellor and your reactions to the problems and experiences callers bring to you.

25. Have you ever had a nightmare about yourself or a client after having talked to a client about a similar incident?

☐ Yes ☐ No

26. Have you ever had trouble falling asleep or staying asleep because of upsetting pictures or thoughts related to callers coming into your mind?

☐ Yes ☐ No

27. Have you ever found yourself thinking about a caller's story when you didn't want to? ☐ Yes ☐ No

28. Have you ever found yourself visualizing what happened to a caller when you didn't want to?

☐ Yes ☐ No

29. Have you ever found yourself wondering what happened to a particular caller and/or worrying about them after they hung up or left your office?

☐ Yes ☐ No

30. Have you ever felt overwhelmed by a caller's story and not known what to do about those feelings?

☐ Yes ☐ No

31. Have you ever avoided debriefing about a caller's story even though you knew that you were upset about it?

☐ Yes ☐ No

32. Have you ever noticed yourself not wanting to talk to callers?

☐ Yes ☐ No

32.1 If yes, what are some of the factors that led you to feel this way?

33. Have you ever felt that a caller was to blame for her experience?

☐ Yes ☐ No

33.1 If yes, please explain what led you to feel this way.

34. Have you ever felt embarrassed to admit to other co-workers how you felt about a caller or about material that you heard?

☐ Yes ☐ No

35. While working as a crisis counsellor, have you ever questioned your ability to do this type of work?

☐ Yes ☐ No

36. Have you ever had doubts about the effectiveness of your work by thinking thoughts such as, "Why bother to help people when they never seem to get any better?"

☐ Yes ☐ No

37. Have you ever felt feelings of disconnection, where you felt as if you were mechanically going about your work with a loss of feeling of caring/concern about others?

☐ Yes ☐ No

38. Have you ever felt weak, tired or run-down as a result of your work as a counsellor?

☐ Yes ☐ No

39. Have you ever felt anxious and vulnerable after a call?

☐ Yes ☐ No

40. Have you ever felt down or discouraged as a result of your work?

☐ Yes ☐ No

41. Do you find it difficult to separate your work from your personal life?

☐ Yes ☐ No

Part IV

These questions are to explore how your work with sexual violence survivors has affected your views of yourself and the world around you.

42. Have you begun to feel more scared for your own safety or the safety of your loved ones since working as a crisis counsellor?

☐ Yes ☐ No

43. Have you ever felt isolated from others in your life because of the work that you do?

☐ Yes ☐ No

Since working with sexual violence survivors:

44. Have you ever found yourself feeling more suspicious of others? (e.g. of parents with their children, of men...)

☐ Yes ☐ No

45. Have you ever felt that your exposure to sexual violence at work has affected your intimate relationships?

☐ Yes ☐ No

46. Have you ever found yourself thinking people, in general, are no good?

☐ Yes ☐ No

47. Since beginning this work do you find it more difficult to be alone?

☐ Yes ☐ No

48. Are there any other changes in yourself that you have noticed with regard to how you see others or how you see the world in general?

Do you have any comments that you would like to add?

Do you have any feedback on the questionnaire and the process?

Appendix D

Informed Consent Form- Questionnaire

Informed Consent Form- Questionnaire

I, _____ agree to participate in the study conducted by Allison Wood of the Masters' of Social Work Program at Carleton University. I understand that this research is to explore my experience as a sexual assault counsellor.

The information I provide in writing will be kept confidential. My name will not be associated with any of the research findings. All identifying information will be destroyed no more than three months after the completion of the research. However, I understand that the results of the study belong to Allison Wood and will be published by her in a thesis as one of the requirements for a Master's Degree in Social Work and may also be published in other forms in the future.

I understand that participation in this study involves filling out a written questionnaire.

I understand that I can call Allison at any time if I have any questions about the questionnaire. Also, if for any reason I need support it has been suggested that I call the Ottawa Distress Centre (or the support centre of my choice) or my supervisor to talk about these issues.

Finally, I understand that I am free to withdraw at any time and I am free to not answer any particular questions without jeopardizing my participation.

Name (please print)

Signature:

Date:

Appendix E

Informed Consent Form- Interview

Informed Consent Form- Interview

I, _____ agree to participate in the study conducted by Allison Wood of the Masters' of Social Work Program at Carleton University. I understand that this research is to explore my experience as a sexual assault counsellor.

The information I provide will be kept confidential. My name will not be associated with any of the research findings. All identifying information (transcripts, tapes, notes) will be destroyed no more than three months after the completion of the research. However, I understand that the results of the study belong to Allison Wood and will be published by her in a thesis as one of the requirements for a Master's Degree in Social Work and may also be published in other forms in the future.

I understand that participation in this portion of the study involves taking part in a face-to face interview. This interview will be audiotaped and will then be transcribed. A copy of this transcription will be available for me to review and I will have the option of omitting any identifying information or any responses that I do not feel represent my thoughts accurately.

The only possible risk of participating in an interview is that I may find some of the questions upsetting. For this reason, if I need support once the interview is completed, it has been suggested that I call the Ottawa Distress Centre at 238-3311 (or the support centre of my choice) or my supervisor. Nonetheless, I understand that I am free to withdraw at any time and I am free to not answer any particular questions without jeopardizing my participation.

Name (please print)

Signature:

Date:

Address (to receive a copy of the transcript for review):

Appendix F

Interview Guide

Appendix F

Interview Guide

Part I

- 1. How long have you been working as a sexual assault counsellor?**
- 2. What brought you into this line of work?**
What led you to think that you would like to work as a sexual assault counsellor?
- 3. What would you say has kept you in this line of work?**
- 4. As a sexual assault counsellor, do you see this work as a contribution to the women's movement?**
If so, can you explain how?
If so, does this help to motivate you to continue?
- 5. Can you tell me what it is like to work in an organization that is limited in funding?**
How has it impacted your work experience?
How does it affect you personally, when funding is limited? Does it increase the demands of the job for you? OR Do you feel that this adds pressure to your job?
How have general funding cuts to women's services impacted your work with callers?
How have they affected how services are offered to callers?
Is it more difficult to refer people?
Do you find there is more pressure to provide short-term services?

Part II

- 1. What do the concepts of burnout, vicarious traumatization and secondary traumatic stress mean to you?**
From what you understand these concepts to mean, do they fit with your experience of being a sexual assault counsellor? OR
Do you feel that these concepts apply to your experiences as a sexual assault counsellor?
- 2. If I was new to this work, what would you warn me about?**

Part III

- 1. Finally, from your personal perspective: How do you think your experience as a sexual assault counsellor is different from other counsellors-Taking into account your age, gender, class, culture and race?**
Meaning, how is your experience different from someone of a different: age, gender, class, culture or race?