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Carrie J. Tremble

University of San Diego, ctremble@sandiego.edu

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Experiences of Counselors Counseling Clients Who Have Been Sexually Assaulted

Abstract

Approximately one in four women will be sexually assaulted, many of whom will seek counseling as a result. However, the literature regarding the experiences of counselors who counsel clients who have been sexually assaulted is limited. This qualitative, phenomenological study explored the experiences of nine counselors who have counseled clients who have been sexually assaulted. The analysis of participant data revealed several themes, which included (a) self-care; (b) utilizing effective counseling skills; (c) lack of counselor training impacts work; (d) seeking supervision and consultation; (e) societal myths about sexual assault; and (f) legal issues regarding sexual assault. The findings may guide counselors, counselor educators, and supervisors in providing more effective counseling services to clients who have been sexually assaulted.

Keywords

Sexual assault, education, counselor experience, supervision, societal myths

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013) identifies myriad ways in which a person can be traumatized, including sexual violence. Trauma may result from directly witnessing a traumatic event happen to someone else, learning that a close friend or relative experienced a violent or accidental death, and/ or through experiencing repeated traumatic stimuli, as can be the case for medical first responders. While the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) requires that all accredited counseling programs include training on crisis response in their curriculum, CACREP leaves the specifics of crisis and trauma training to individual programs to decide, rather than requiring programs to include a trauma counseling course in their curriculum. Further, counselor training regarding clients who have been sexually assaulted is not a requirement in CACREP counselor training programs.

The lack of required specific training for counselors regarding counseling clients who have been sexually assaulted is concerning, as counselors are likely to see clients who have been sexually assaulted in their clinical practices (Love, 2019; Sommer, 2008; Trippany et al., 2004). Over the years, research has consistently suggested that 25% of women in college have experienced a completed or attempted rape during college (Campbell & Wasco, 2005; DeMatteo et al., 2015; Fisher et al., 2000; Russell & Davis, 2007; Turchik et al., 2010). According to Lanford (2017), one in five women will experience sexual assault at some point in her life. While peer reviewed literature is largely silent on sexual assault incident rates for men, the Rape, Abuse, and Incest National Network (RAINN, 2021) reports that 3% of men will experience sexual assault, and 1 in 10 survivors of sexual assault are male. Of the clients who sought counseling services due to sexual assault, McLindon and Harms (2011) found that significant numbers of women reported negative experiences in disclosing their sexual assault to mental health professionals, also leading

to a concern about the formal lack of training in counselor training programs regarding counseling clients who have been sexually assaulted.

Sexual Assault Defined

Current literature discusses the difficulty in defining sexual assault. Donde et al., (2018) mention that the term *rape* has been used to refer to acts of penetrative sexual acts, while *sexual assault* has been used to refer to acts of both penetrative and non- penetrative sexual acts. For the purposes of this study, sexual assault is defined as anytime any person commits any kind of sexual act, without consent from the other individual(s) involved, and can happen by force, threat, coercion, or by taking advantage of someone's inability to consent (Donde et al., 2018). It should be noted that persons with certain mental or emotional disabilities, those who are under the influence of alcohol or drugs, or someone who is under the legal age of consent, by state law, cannot legally provide consent for sexual activity (Kilpatrick, 2004).

Sexual Assault and Counselor Training

A review of the counselor education literature base reveals few articles about effectively treating clients who have been sexually assaulted. Further, the literature base on counselor experiences in working with clients who have been sexually assaulted has been limited to a handful of researchers, and the available literature predates current findings (Murphy et al., 2011; Lanford, 2017; Love, 2019; Kardatzke & Murray, 2007; Kitzrow, 2011; Kress et al., 2003; Priest & Nishimura, 1995; Sommer, 2008). These authors identify several gaps in the literature including the need for more: (a) effective assessment strategies; (b) interventions that increase the likelihood that clients who have experienced sexual assault will report those experiences to counselors; and (c) effective techniques to treat the psychological symptoms that result from sexual assault.

Additionally, the authors discuss the importance of documenting the impact on counselors who provide counseling services to clients who have been sexually assaulted.

There are experts who recommend that mental health professionals receive training specific to treating clients who have been sexually assaulted (e.g., Borja et al., 2006; Love, 2019; Kelleher & McGilloway, 2009). A lack of specialized training can lead to counselors being ill-equipped to respond to client disclosures of sexual assault, possible harm to clients, and can also lead to counselors experiencing vicarious trauma (Ivicic & Motta, 2017; Sommer, 2008). Vicarious trauma affects therapists outside the therapy session, possibly resulting in long-term negative effects which can include anxiety, a sense of shame, feeling incompetent, hypervigilance, and burnout, on both the personal and professional aspects of therapists' lives (Adams & Riggs, 2008; Ivicic & Motta, 2017; Harrison & Westwood, 2009; Love, 2019).

Kitzrow (2011) suggests that CACREP develop guidelines for working with clients who have been sexually abused, and that these guidelines be made available to all counseling programs to ensure consistency and quality of training. As previously mentioned, given the prevalence of people who will experience a completed act of sexual aggression in their lifetime, it is likely that mental health professionals will consult with survivors of sexual assault in their practice (McLindon & Harms, 2011). Therefore, it is critical for counselors to be prepared to respond to the needs of clients who are survivors of sexual assault (Kress et al., 2003; Love, 2019).

In working with clients who have been sexually assaulted, it is important for counselors to implement evidence-based strategies, which include providing survivors of sexual assault with education soon after the assault has occurred, which can lower levels of post-traumatic stress disorder (PTSD) symptoms at three months post-assault (Kress et al., 2003). Educating clients about rape myths can also reduce symptoms of PTSD (Kress et al., 2003, Lanford, 2017). Another

way to reduce symptoms in clients who have been sexually assaulted is to validate the courage of survivors who do come forward to discuss the assault with a counselor (Kardatzke & Murray, 2007). Empowering clients to make their own decisions also can be beneficial to clients, as it leads to increased self-confidence (Kardatzke & Murray, 2007). Kress et al. (2003) caution that survivors who present for treatment soon after experiencing a sexual assault often are not ready to engage in treatment that requires an intense level of involvement. While in the acute phase, it is helpful for the counselor to be active, directive, and supportive of the client, in addition to educating the client about possible sexual assault symptoms (Kress et al., 2003).

The prevalence of sexual assault calls for counselor educator training programs to prepare students to address the needs of this diverse population (Kitzrow, 2011; Love, 2019). A previous study by Campbell et al. (1999) revealed that 29% of students in mental health training programs (i.e., psychology, counseling, social work, and other related programs) reported receiving training regarding sexual assault during their graduate training programs. Current data regarding percentages of students in mental health training programs who receive education specifically regarding sexual assault in their graduate training programs are not available, representing another gap in the current literature base.

Purpose and Research Question

McLinden and Harms (2011) found that of the fifteen counselors who participated in their study, all reported working with clients who had been sexually assaulted. However, little inquiry regarding the counselor experience and training in counseling clients who have been sexually assaulted has been presented in the current literature base, and is an area of research neglect. Therefore, this manuscript clearly identifies the research question for the study in alignment with

phenomenological research: “What are the experiences of counselors when counseling clients who have been sexually assaulted?”

Method

The current study is a qualitative phenomenological study. One of the advantages to conducting qualitative research is that the process of in-depth phenomenological interviewing can help researchers gain an understanding of the common lived experiences people share and the meaning people attach to these experiences (Marshall & Rossman, 2006; Creswell, 2007; Kavale, 1996). According to Moustakas (1994), a small participant pool allows for a greater chance of receiving a clearer picture of the phenomenon than if many participants are included. For this reason, the phenomenological method was an appropriate fit for this study.

Sampling Methods and Description of Sample

A criterion sampling selection method was employed for this study (Creswell, 2007). The nine participants recruited for the study held at least a master’s degree in counseling and had counseled clients who had been sexually assaulted at the age of 18 or older. Before recruiting any participants, the researcher received protocol approval from the Human Subjects Institutional Review Board. The researcher followed all research ethics codes of the American Counseling Association (ACA) Code of Ethics, (2014, Section G), and Association for Counselor Education and Supervision (ACES). The researcher sent recruitment emails on counseling related list serves and consulted with colleagues to assist in identifying participants who met the inclusion criteria. To identify additional participants, the researcher also used snowball sampling (Creswell, 2007). Potential participants were invited to contact the researcher either by phone or by email to receive additional information about the study. Upon request for additional information, the researcher provided individuals the consent form and professional background questionnaire. As part of the

informed consent process, participants were made aware that a condition of their participation in the study was agreeing to have their interviews digitally recorded.

In 2010, the ACA reported that 27% of their members were male (Evans, 2010). Given the demographic paucity of men in the counseling profession, every attempt was made to include men in the study sample, including sending invitations over counseling related list serves, snowball sampling, sending targeted emails on directory lists, etc. However, no qualified male participants were identified for the study, and all nine participants identified as female. Seven participants earned master's degrees from CACREP accredited programs. Five participants identified working with clients who had been sexually assaulted as a specialty area. Four participants indicated they received training during graduate school in working with clients who had been sexually assaulted. The age range of the participants was from the late twenties to the early sixties. Five participants were from the Midwest, one was from the South, and three were from the East Coast. Eight of the participants identified as Caucasian, while one participant identified as African American. Participants were informed that their confidentiality would be maintained throughout the study, and their identity was not attached to any data they provided. The researcher maintained a master list of names that was kept locked in a secure location. At the conclusion of data analysis, the master list was destroyed (Creswell, 2007; Marshall and Rossman, 2006).

Data Collection and Management Methods

Because the goal of this study was to investigate the experiences of counselors who work with clients who have been sexually assaulted, it was appropriate for the data collection method to focus on in-depth interviewing. As stated by Marshall & Rossman (2006), an in-depth interview is more like a casual conversation between the researcher and participant(s) than a formal affair in which there are structured, predetermined response categories. In this way, the researcher is able

to facilitate a process in which the participants are afforded the opportunity to guide the discussion. The data for this study were collected through individual interviews that afforded each participant the opportunity to share their thoughts, feelings, and experiences in an un-interrupted and undistracted manner (Creswell, 2007; Leedy & Omrod, 2005).

Participants engaged in an approximately 50-minute interview. Interviews ranged in length from 50-80 minutes and were conducted via phone. The author of this study conducted all interviews. The interviewer began by asking the participants to discuss their general backgrounds as counselors, including discussing their training as counselors and professional counseling positions held. Participants were then asked to discuss their background and experiences in working specifically with clients who had been sexually assaulted. These questions included how they had been personally and professionally influenced by working with this population of clients. Participants were also asked about the training they had received specifically in working with clients who had been sexually assaulted. Lastly, the researcher inquired about what each counselor had learned and what she would share with other counselors regarding working with clients who had been sexually assaulted. All interviews were transcribed by a professional transcriptionist.

Data Analysis

The data analysis approach utilized for this research was the Moustakas approach to phenomenology (Creswell, 2007). This approach follows a logical sequence: first, the researcher recorded her own experiences in full regarding working with clients who have been sexually assaulted to set aside personal experiences and biases. This process is referred to as epoche (Moustakas, 1994). While the researcher was not able to fully exclude personal viewpoints, it was important for the focus of the study to be on the participants and not the researcher. The process of epoche was documented in a journal kept by the researcher. The researcher maintained a journal

while conducting interviews and analyzing data to continue setting aside personal experiences with the phenomenon (Moustakas, 1994). Next, it was important for the researcher to create a list of relevant quotes from the conducted individual interviews which relate to the counselors' experience in working with the target population. Then, the researcher grouped related statements into themes. Following this process, a comprehensive report was written. This report resulted in providing the essence of what the counselors have experienced in working with clients who have been sexually assaulted (Creswell, 2007).

Data Trustworthiness

Analysis of data included the verification procedures of member checking and triangulation. The researcher employed the process of member checking (Creswell, 2007; Marshall & Rossman, 2006) to ensure all data was confirmed by the participants. Once transcripts were complete, they were mailed back to the participant, which allowed them to add, delete, or change information on their transcripts. Upon transcript review, no participants requested any edits. According to Thurmond (2001), triangulation procedures should be utilized to reduce researcher bias and to increase the value of the research findings. In this study, triangulation served the purpose of allowing one outside researcher to review the data and draw her own conclusions about themes which may be gleaned from the data. The outside researcher was a Caucasian female who was a licensed psychologist with more than 20 years of experience as a psychologist in a university counseling center who specialized in working with clients who have been sexually assaulted. After the researcher came up with the initial write up of data, the report was shared with this outside researcher. Feedback from the outside researcher was included in identifying the themes presented.

About the Researcher

The researcher is a core faculty member in a CACREP- accredited clinical mental health counseling program. In addition to a doctoral degree in counselor education and supervision, she holds a master's degree in college counseling. She served as a university based sexual aggression peer advocate while she was a psychology major, having received 60+ hours of training in working with survivors of sexual aggression for each of her four years of undergraduate education. As an advocate with the group, the researcher was part of a 24/7 on-call crisis team, and also provided psycho-education for the university community. She continues to be involved with this organization as an alumna, primarily assisting with advocate selection and training procedures. The researcher has also presented research about sexual assault at national conferences. Additionally, the researcher continues to work with clients who have experienced sexual assault in clinical practice.

A qualitative researcher must identify personal assumptions so the focus of the study may be solely on the participants and not on researcher bias. As a researcher, I expected to learn that participants lacked training in service provision to persons who have been sexually assaulted, thereby creating a barrier in providing quality services to clients who have been sexually assaulted. I find the lack of literature regarding counseling clients who have been sexually assaulted, particularly from the perspective of the counselor rather than the client, to be disheartening and frustrating, and I assumed other professionals may feel the same. To further support recognition of this researcher's assumptions, a journal was maintained as a reminder of my experiences and biases. The processes of writing these assumptions allowed this researcher to bracket personal experiences and focus on the experiences of the participants.

Findings

Six themes emerged through the analysis of participant stories of working with clients who had been sexually assaulted. The themes included (a) self-care; (b) utilizing effective counseling skills; (c) lack of counselor training impacts work; (d) seeking supervision and consultation; (e) societal myths about sexual assault; and (f) legal issues regarding sexual assault. The following is a discussion of these themes.

Self-Care

This study revealed that it is not uncommon for counselors to have challenges in counseling clients who have been sexually assaulted. Several participants stated that they often think of their clients between sessions or after the termination of the counseling relationship. Additionally, participants spoke of the challenges associated with prolonged exposure to people in emotional pain, and several of the participants spoke of the difficulty in having to cope with the emotional reactions of their clients. One participant stated:

There are people I still think about. Something will remind me of them, or another client will remind me of them, and so I wonder how they are doing, if the work we did together helped plant some seeds for them. Clients do not disappear from my awareness because I don't see them anymore.

All participants discussed the importance of engaging in self-care activities to cope with the stress of counseling clients who have been sexually assaulted. These self-care activities included but were not limited to proper diet, exercise, and relationships with family and friends. One participant stated that she is “really diligent about getting exercise, really diligent about doing things I enjoy, diligent about when I am home, I don't do things like check emails from home.”

Another participant stated the need to “be aware of the importance for anybody who is doing this work to really feel grounded personally.”

Utilizing Effective Counseling Skills

In the current study, several participants spoke of the importance of possessing specific counseling skills to effectively counsel clients who have experienced sexual assault. In particular, the participants discussed the necessity of gaining the trust of clients if clients were to discuss their sexual assault in counseling sessions. Further, participants discussed that to gain that trust, counselors must allow clients to speak of the assault on their own terms, and to refrain from asking probing questions. The participants also spoke of the need to support and to meet clients where they are in a patient manner, and to forget the notion of needing to know exactly what happened. A participant stated: “I have to earn their trust and create an atmosphere of safety; that sometimes, when the counselor is asking the questions for details, the counselor is trying to remove themselves away from the pain that is there.”

The participants shared that it is the connection or alliance with clients that is the most important. A participant elaborated on this by stating that questioning clients or withholding support can be damaging, and that training and education are needed to equip counselors with these skills: “it does not matter. You don’t need to know what happened; you just need to support them. It can be a dangerous situation if the counselor does not know these things and they are working with survivors.”

Several other participants spoke of clients coming to counseling and originally not presenting sexual assault as a concern. One shared:

A lot of the time it is anger, stress, or interpersonal issues that are ongoing, and through talking with them we can really assess where this anger comes from. I definitely have to

be aware of my presentation, how I am asking questions and how I'm prompting clients and how I'm spending my time with them.

Lack of Counselor Training Impacts Work

Several participants noted they received minimal training regarding counseling clients who had been sexually assaulted during their graduate counseling programs, and initially felt uneasy working with clients who had been sexually assaulted. One participant shared "It's really hard to ever be prepared for something like that. Sexual assault cases are definitely the cases that make me feel like I'm unprepared." Participants noted gaining increased confidence in working with clients who had been sexually assaulted over time as a result of experience, and that, at first, working with clients who had been sexually assaulted was challenging due to a lack of training. One participant shared that she "is more comfortable with it, because when I first started it was really hard for me. Now I have a little bit more comfort." Another participant stated:

We do not get lots of training, if any training, on victimization. I really do hear licensed professionals still not understanding what we are talking about. Now I will say that many of them are really open to learning more when I raise my concerns about what we do not get. There are real reasons that this work [about sexual assault] is not in the literature yet.

Another participant discussed her experiences as a counselor educator, and indicated that her students disclosed a lack of discussion about sexual assault in their coursework: "There is a hole that counseling students are interested in, but it is not traditionally in a lot of our materials." The participant further indicated that students in practicum/ internship felt at a loss of how to help clients who had been sexually assaulted, stating "I got feedback from students that there is just this lost area of not knowing what to do." Participants also acknowledged that without training specific to sexual assault, counselors may be more damaging than helpful to a client, stating:

I think it is important for counselors and people who are training to be counselors, to acknowledge that there is some specific training that needs to happen, and if it has not happened then that is not a safe practice. They can be doing damage.

Seeking Supervision and Consultation

Each participant spoke of the importance of seeking consultation or supervision as appropriate, both in an effort to provide effective services to clients and to prevent vicarious trauma and burnout. One participant discussed that not all counselors may feel comfortable working with clients who have been sexually assaulted, stating “I guess I would want to say I hope other professionals feel comfortable saying they are not always comfortable dealing with these situations, and if they are not, that they are seeking supervision for that.” Another participant reported that “those stories are not easy to listen to. I think I have really used supervisors in that aspect.” Participants who had a personal history of sexual assault, those who were new to counseling clients who had been sexually assaulted, and those with several clients who had been sexually assaulted especially noted the importance of supervision. Specifically, participants with a personal history of sexual assault stated that the separation of their own stories from that of the stories of clients can be difficult. One participant stated: “I am a survivor myself, so it is something that can be difficult at times [working with clients who have been sexually assaulted].” Another said “one thing that came up for me when I was participating in this study was my own experience of being sexually assaulted.”

Additionally, some participants observed that if sexual assault happens to others, it can happen to them, as well, with one participant saying “because I'm a female, and you know that something like this could have happened to me.” A second participant shared “there is a real risk there for sexual assault to be a part of any of their lives.” This realization made it difficult at times

for participants to work with their clients who had been sexually assaulted. Participants spoke of the importance of supervision and consultation with respect to the aforementioned instances.

Societal Myths Regarding Sexual Assault

Throughout this study, participants discussed the ways in which counselors and clients are affected by sexual assault myths. Several participants spoke of their experience in working with professional mental health colleagues who subscribed to rape myths. One participant discussed her experience with a supervisor who subscribed to rape myths. She stated that she and her colleagues refrained from discussing sexual assault cases with this particular supervisor given his beliefs about and responses to rape cases.

Several participants discussed the challenge of clients accepting that the responsibility and blame for the assault should be directed toward the perpetrator, not the survivor. One participant spoke of the notion of judgement versus responsibility, sharing: “What they wear doesn't matter. One of the challenges is helping my client get to the point where they can see that and believe that for themselves.” Another participant stated:

I have encountered counselors who work with women who either have substance abuse issues or may have even been on the streets prostituting themselves for money and the counselors say things along the lines of she made that choice to put herself in that situation, and so, is it surprising that she was sexually assaulted?

Participants stated that through their work with clients, they learned that anybody can be sexually assaulted, not just certain people. Several participants stated that they had not had a prior realization that men can be and are sexually assaulted until presented with male clients who had been sexually assaulted, and speak of their experiences working with male survivors of sexual

assault: “Men don't think it will happen to them. They question their sexuality, and they question a lot about themselves.”

Several participants discussed how some of their clients felt they were to blame or at fault for their assault, either because they had been consuming alcohol, wearing provocative clothing, or placing oneself in an otherwise compromising position. Participants also discussed the myths society subscribes to, such as people who were intoxicated or walking alone at night or wearing provocative clothing at the time of being sexually assaulted are to be held at least partially responsible for the assault. The participants also mentioned the realization that counselors are not immune from believing myths about sexual assault, and that believing the myths as a counselor can lead to further harming clients who have been sexually assaulted. Additionally, several participants acknowledged learning about the prevalence of sexual assault from their clients. One participant stated that she “thinks I have learned a lot from clients, because I did not realize how prevalent it was until I started doing research about individual treatment and planning for patients.” Another said that from her observation, “a lot of people don't understand [sexual assault].” A third participant talks about the difference between statistical facts and the emotions:

Knowing about sexual trauma from an intellectual perspective was one thing, but then I got to see it in front of me; it taught me a lot of lessons about how to be present for somebody and not let my reactions take over and be overly present.

All the participants addressed their experiences with myths and discussed how experiences with clients challenged their beliefs regarding sexual assault: “What they wear doesn't matter. That is a challenge with 95% of the people I work with. I did buy into some of the myths. I thought maybe they could have stopped it, maybe it was kind of their fault.”

Three participants also spoke extensively about their experiences with sexual assault myths in relation to counselor colleagues and counselor supervisors. They stated a realization that counselors are part of the rape culture, too, and that they can be doing more harm than good by engaging in victim blaming with the client. The participants added that if clients feel as though the counselor is blaming them for the sexual assault, the chances of the clients going for help ever again can be slim to none.

A third participant also speaks of the challenges she faces in working with other mental health professionals who, in her perspective, subscribe to one or more myths. She states that peers who do not have training specifically about sexual assault are more likely to subscribe to the myths: “I have worked with other professionals who believe those myths; it’s just the fact that someone would victimize someone and we could, even as counselors, still blame the victim for being victimized. That’s very troubling to me.”

While all of the participants spoke of their experiences with other counselors and supervisors who may subscribe to sexual assault myths, several participants discussed a desire to prevent sexual assaults from happening, possibly by changing group culture and encouraging people to put a stop to violence against others. One participant stated:

So how can we stop this from happening in the first place? That is something I think has been useful to talk about with my own students and in my own life of how can I challenge group culture...challenge victim blaming...is the only way to end violence against women.

Legal Issues Regarding Sexual Assault

A theme discovered was the need to understand the state and federal laws regarding sexual assault. Some participants indicated not possessing an understanding of their state’s laws, and the need to refer clients to legal advocates if the client had questions about the legal system as it related

to sexual assault. Several participants were unsure of the definition of sexual assault in their state. As a result, some participants used a more general description of sexual assault with their clients, such as any penetration or contact that took place without client consent was a sexual assault. Further, several participants stated a reliance on the perceptions of participants in determining if a sexual assault occurred. One participant stated “I resort mainly to the client's perception and how they felt about it, and how that incident made them feel and what it has done for them since.”

Participants indicated a desire to learn more about state laws regarding sexual assault, both to better assist clients in understanding what sexual assault is, and so that they can be better able to advocate for clients when pursuing legal options. Several counselors discussed the challenge in not being able to educate clients regarding what they can expect if they choose to file legal charges. However, two participants disclosed having a thorough understanding of the laws regarding sexual assault in their states and indicated this understanding has helped them in allowing their clients to define their experience as sexual assault. Further, this knowledge also assisted the counselor in providing a clearer picture of the legal system to their clients. Several participants shared their realization that possessing knowledge of state laws both helped counselors to assist clients in determining what happened to them was against the law, and it also aided counselors in advocating for clients who chose to pursue legal action because of the sexual assault. Some participants stated a realization that having knowledge about sexual assault laws is important:

I am realizing I need to be more knowledgeable about laws regarding sexual assault. It is important to know what happens in the legal system to be able to offer the client ideas about what she/he can expect when filing charges and what the law says in general.

Another participant stated the importance “to be able to explain it to a client in a very basic way so that they can really see that what happened to them is real, that really was a criminal thing that happened, that it was not their fault.”

Discussion

The researcher used a phenomenological approach to analyze the data in this study, and the researcher sought to understand the lived experiences of counselors who work with clients who were sexually assaulted. The purpose of the following section is to discuss each of the six identified themes in context with current literature. The first theme identified in this study was self-care. Many participants discussed the importance of engaging in self-care activities in order to cope with the stress of counseling clients who have been sexually assaulted. Additionally, participants spoke of the challenges associated with prolonged exposure to people in emotional pain, and several of the participants spoke of the difficulty in having to cope with the emotional reactions of their clients. These findings can be related to the findings of Adams and Riggs, (2008); Harrison and Westwood, (2009); and Love (2019), who state that counselors who are exposed to clients in pain on a prolonged basis are at risk for vicarious trauma and compassion fatigue. The findings are also consistent with Harrison and Westwood’s (2009) findings, which discuss the importance of having one’s physical, emotional, and spiritual needs met as they relate to being an effective therapist.

The use of effective counseling skills was also an identified theme. Upon reflection of their experiences in working with clients with a history of sexual assault, participants noted that clients would often present for counseling to discuss clinical issues other than sexual assault. The participants further discussed the importance of gaining client trust in order for clients to feel comfortable in disclosing their history of sexual assault. Jackson et al. (1991) reported that inquiring about past sexual abuse is not routine for mental health professionals, and that sexual

abuse disclosure rates increase by 12% when psychiatric patients are asked about such abuse. However, mental health professionals report that it is not uncommon for clients to have negative experiences in therapy, leading clients to experience what is known as secondary victimization (Murphy et al., 2009). Love (2019) discusses a personal lived experience of being a licensed marriage and family therapist, supervisor, and survivor of sexual assault, and noted how their experience in therapy to process having been sexually assaulted led to secondary victimization. Participants in the current study concurred, stating the importance for counselors to meet clients where they are, and not to ask clients for details they are not willing to give regarding their experience of being sexually assaulted.

The third theme identified was how a lack of training in working with clients who have been sexually assaulted can affect the counseling process. Participants discussed that while they may have had limited didactic training in working with clients who were sexually assaulted, they were unsure of how to apply that information in session with clients. These findings are consistent with Kitzrow (2011) and Love (2019), in which it was stated that while having a solid understanding of counseling theory is beneficial, the techniques used in working with clients who have been sexually assaulted differ greatly from traditional counseling techniques, so training regarding sexual assault is needed in order to effectively serve this population. Participants and the literature base indicated that the training should cover the effects of sexual assault, including elevated rates of depression, suicide, sexual dysfunction, post-traumatic stress disorder (PTSD), and substance abuse (Love, 2019; Murphy et al., 2009). Additionally, Borja et al. (2006) discovered that mental health professionals who have training regarding sexual assault experience higher report rates of sexual assault by clients in their clinical work, and attributed this to the ability of the specifically trained mental health professional to recognize the symptoms associated with

sexual assault. While literature is clear on the importance of specific training regarding clients who have been sexually assaulted, study participants largely stated that this training was absent from their counselor training programs.

The fourth identified theme was the importance of supervised counseling experience in addition to didactic training. Falender and Shafranske (2007) stated that clinical supervisors have a responsibility to ensure competent services are being rendered to clients by counselor trainees. The participants discussed that having applied, supervised counseling experience with a well-informed supervisor was vital to their development in working with clients who have been sexually assaulted. This is consistent with findings in the literature, where it was stated that supervisors must determine counselor trainees' levels of competence in providing professional counseling services (ten Cate, 2005; Love, 2019). Several participants discussed the notion that counselors-in-training must be able to engage in self-reflection and effectively assess their abilities, and supervisor feedback is vital in this process. Taking the responsibility of the supervisor into account, ethical violations may occur if neither the counselor trainee nor the supervisor has adequate training to address issues of sexual assault (ten Cate, 2005; Love, 2019). Both the results of the current study and the available literature indicate that effective counseling skills, training, and supervision/ consultation are important for the well-being of both clients and counselors.

The rape myth thematic findings in this study are consistent with how Lonsway and Fitzgerald (1994) and Lanford (2016) described rape myths as false attitudes and beliefs that are widely believed, and used to justify sexual aggression perpetrated by men against women. Kassing and Prieto (2003) observed that men are more at risk for buying into sexual assault myths than women are, particularly if they have never worked with a client who has been sexually assaulted. Several participants in this study stated that believing these myths can lead to blaming the survivor

for the sexual assault. Further, participants discussed that these myths lead society to believe that women are largely responsible for preventing sexual assault, not men. This is consistent with the historic focus of some sexual assault training programs for incoming college students often focusing on how not to be assaulted, rather than on not assaulting people (Lonsway & Fitzgerald, 1994). Additionally, Littleton (2011) discussed that because of societal myths about sexual assault, many women may not have labeled their experience a sexual assault. This is a factor that leads to people not seeking assistance post assault.

The legal issues thematic findings are consistent with information presented by Ahrens et al., (2010), who report that up to 75% of women who have been sexually assaulted do not realize their assaults meet the legal definition of rape. Additionally, a client may not believe a rape or sexual assault occurred if there is no significant or life-changing physical damage to her body (Du Mont et al., 2003). Therefore, it is important for the counselor to have an understanding of the state law in order to identify that what happened to the client fits the legal definition of sexual assault. The study participants stated this is particularly important if the client wishes to pursue legal options. Further, the participants stated that possessing knowledge about state and federal laws pertaining to sexual assault provides counselors with the opportunity to serve as advocates to clients who have been sexually assaulted. This is consistent with the work of Kress et al., 2003. This study has reiterated the importance for counselors who work with clients who have been sexually assaulted to have an understanding of rape myths and knowledge of their state laws regarding rape and sexual assault.

Limitations

The nature of qualitative research is that findings are not generalizable to a larger population. Thus, though the results of this study of nine counselors may be descriptive of the

experiences of this group of counselors, they may not necessarily be descriptive of other counselors who work with clients who have been sexually assaulted. In addition, these perspectives were provided by counselors; the perspectives of other mental health professionals may also be beneficial and differ from the current sample. Also, it is important to note that all participants in the current study were female. Additionally, most of the survivors discussed were female. Including and studying the experiences of male counselors in working with clients who have been sexual assaulted, as well as discussing male survivors of sexual assault may yield very different perspectives and findings, and is an area for future inquiry.

Implications for Counselors and Counselor Educators

This study is a modest step toward understanding the lived experiences of counselors who provide services for clients who have been sexually assaulted and designing evidence-based training programs to prepare counselors to address the needs of this underserved population using best practices. This research identified the need to more fully comprehend the experiences of clients who have been sexually assaulted. The perspectives of counselors can only be grasped by acknowledging the societal and cultural view of sexual assault in the United States, and how blame and responsibility continues to be ascribed to survivors. Definitions of sexual assault and legal issues are not widely understood, and myths about sexual assault further complicate the issue. Counselors and counselor educators are not immune from widespread societal myths about sexual assault (Kress et al, 2003; Love, 2019), and data from the current study support this idea. Therefore, counselors need to be aware of the legal definition of sexual assault in their state and educated about the myths regarding sexual assault before counseling clients who have been sexually assaulted, so as not to inadvertently place blame on clients for having been sexually

assaulted. This research also identified the importance of counselor training in order to effectively work with clients who have been sexually assaulted.

In addition to receiving didactic information about sexual assault, it is essential for counselor trainees to receive close supervision in providing counseling services to clients who have been sexually assaulted (Borja et al., 2006; Kelleher & McGilloy, 2009; Love, 2016). It is important for counselors to be aware of the symptoms survivors of sexual assault may display, including (a) depression; (b) decreased self-confidence; (c) substance abuse; (d) increased sexual activity; and (e) an increased risk for suffering from post-traumatic stress disorder (Kardatzke & Murray, 2007). It is also vital that counselors understand the critical need to develop a strong and trusting therapeutic alliance with their clients. This is important because many clients who have been sexually assaulted are not always forthcoming about the history of sexual assault until they feel they have a safe, trusting connection with their counselors. This study also shows that clients who do not feel safe with their counselors may never seek help from a counselor again. Additionally, counselors need to be able to meet their clients where they are and let them tell their story as they are comfortable; counselors should be patient and listen carefully rather than asking probing questions. It is also of importance for counselors to be able to appropriately challenge their clients to regain meaning in their lives and to practice healthy coping methods throughout the therapeutic process.

The study also shed light on the need for counselors to appropriately seek supervision and consultation, both to provide appropriate services to clients and to prevent counselor countertransference, vicarious traumatization, and counselor burnout. For counselors to be appropriately prepared to provide services to clients who have been sexually assaulted, counselor educators and supervisors need to be aware of the sequelae of sexual assault on clients, the client

experience with mental health professionals, and the counselor experience of counseling clients who have been sexually assaulted. Participants discussed their experiences in working with supervisors who did not have training regarding sexual assault, which, in some cases, led to counselor feelings of mistrust with the supervisor. Love (2019) discussed personal experience as a therapist trainee and survivor of sexual assault, and how having a supervisor who understood the dynamics of sexual assault was critical to their development as a therapist. Therefore, it is important for counselor supervisors to have training regarding working with clients who have been sexually assaulted in order to form trusting alliances with supervisees who are working with clients who have been sexually assaulted.

All these factors weigh heavily on the client and the counselor, who both need support in this meaningful and often life changing work. According to Frazier and Cohen (1992) and Love (2019), it is important for mental health professionals to be able to explore and debrief the feelings they experience as they work with clients who have been sexually assaulted. For example, working with clients who have been sexually assaulted may lead mental health professionals to challenge their own sense of personal safety, which can lead to therapists blaming clients for the sexual assault. Further, participants with their own history of sexual assault discussed the difficulties in separating their own experiences from that of their clients' experiences. Because there is little guidance in the existing literature that discusses how to effectively support counselors with a personal history of sexual assault, counselor educators and supervisors may wish to consider how best to support these students or supervisees.

This study also showed the importance for counselors to have an understanding of state law, particularly if the client wishes to pursue legal options. Further, possessing knowledge about state and federal laws pertaining to sexual assault provides counselors with the opportunity to serve

as advocates to clients who have been sexually assaulted (Kress et al., 2003). Lastly, the 2014 Ethical Code of the American Counseling Association states that counselors have a duty to advocate for their clients, and possessing an awareness of the aforementioned laws would assist in allowing counselors to provide this advocacy for clients who have been sexually assaulted.

Future Research Directions

This study contributes to the very limited research on counselors' experiences of counseling clients who have been sexually assaulted and highlights the importance of continued research on the lived experiences of counseling sexual assault survivors. Further study is needed regarding the perspectives on sexual assault from counselors and counselors-in-training who have not provided counseling services to clients who have been sexually assaulted. The acquisition of these perspectives may inform the counseling profession of the cultural and sexual assault myths counselors may subscribe to, serving as a guide to enhance the education, clinical training and supervision practices for counselors addressing sexual assault. Current statistics about the content and inclusion of education regarding sexual assault in counselor (and other related mental health) training programs are also needed. Additionally, more research is needed regarding counselors with a personal history of sexual assault who counsel clients who have been sexually assaulted in order to better understand how to support these counselors.

Much of the literature that addresses the incidence and report rates of sexual assault is outdated, so efforts to update client characteristics and demographics regarding sexual assault are sorely needed. Additionally, recent statistics regarding clients who present to counseling for the primary purpose of sexual assault and their assigned counselors are needed. Finally, both qualitative and quantitative measures of counseling outcome and experiences from both clients

and counselors are recommended. Client data in working with a counselor after sexual assault are needed in order to assess counselor effectiveness with this population.

Conclusion

The purpose of this study was to learn more about the lived experiences of counselors who counsel clients who have been sexually assaulted. Gaining a more thorough understanding of these experiences may lead to more effective support for these counselors. Nine counselors were interviewed, and their experiences were discussed in context with existing literature. Implications for counselors and counselor educators were also presented. The researcher hopes the results of this study will help further inform future counseling practices and counselor training in order to improve the counseling experience for clients who have been sexually assaulted.

References

- Ahrens, C., Stansell, J. & Jennings, A. (2010). To tell or not to tell: The impact of disclosure on sexual assault survivors' recovery. *Violence and Victims*, 25(5), 631-648. DOI: 10.1891/0886-6708.25.5.631
- Adams, S. & Riggs, S. (2008). An exploratory study of vicarious trauma among therapist trainees. *Training and Education in Professional Psychology*, 2(1), 26-34. <https://doi.org/10.1037/1931-3918.2.1.26>
- American Counseling Association. (2014). *2014 ACA Code of Ethics*. <https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Borja, S., Callahan, J., & Long, P. (2006). Positive and negative adjustment and social support of sexual assault survivors. *Journal of Traumatic Stress*, 19(6), 905-914. <https://doi.org/10.1002/jts.20169>
- Campbell, R., Raja, S., & Grinning, P. (1999). Training mental health professionals on violence against women. *Journal of Interpersonal Violence*, 14(10), 1003-1013. <https://doi.org/10.1177/088626099014010001>
- Campbell, R. & Wasco, S. (2005). Understanding rape and sexual assault: 20 years of progress and future directions. *Journal of Interpersonal Violence*, 20(1), 127-131. <https://doi.org/10.1177/0886260504268604>
- Council for Accreditation of Counseling and Related Educational Programs. (2016). *20016 CACREP accreditation manual*. Alexandria, VA: Author. <http://www.cacrep.org/wp-content/uploads/2017/08/2016-Standards-with-citations.pdf>
- Creswell, J. (2007). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. (2nd ed.). Sage. <https://us.sagepub.com/en-us/nam/qualitative-inquiry-and-research-design/book246896>
- DeMatteo, D., Galloway, M., Arnold, S., & Patel, U. (2015). Sexual assault on college campuses: A 50-state survey of criminal sexual assault statutes and their relevance to campus sexual assault. *Psychology, Public Policy, and Law*, 21(3), 227-238. <https://doi.org/10.1037/law0000055>
- Donde, S., Ragsdale, S., Kosss, M., & Zucker, A. (2018). If it wasn't rape, was it sexual assault? Comparing rape and sexual assault acknowledgment in college women who have experienced rape. *Violence Against Women*, 24(14), 1718-1738. <http://dx.doi.org/10.1037/trm0000065>
- Du Mont, J., Miller, K. & Myhr, T. (2003). The role of "real rape" and "real victim" stereotypes in the police reporting practices of sexually assaulted women. *Violence Against Women*, 9(4), 466-486. <https://doi.org/10.1177/1077801202250960>
- Evans, M. (2010). Men largely MIA from counseling. *Counseling Today*. <http://ct.counseling.org/2010/08/men-largely-mia-from-counseling/>.
- Falender, C & Shafranske, E. (2007). Competence in Competency- Based Supervision Practice: Construct and Application. *Professional Psychology: Research and Practice*, 38(3), 232-240. <https://doi.org/10.1037/0735-7028.38.3.232>

- Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000). The sexual victimization of college women (Research Rep. 182369). Washington, DC: National Institute of Justice. <https://www.ojp.gov/pdffiles1/nij/182369.pdf>
- Frazier, P. & Cohen, B. (1992). Research on the Sexual Victimization of Women: Implications for Counselor Training. *The Counseling Psychologist*, 20(1), 141- 158. <https://doi.org/10.1177/0011000092201019>
- Harrison, R. & Westwood, M. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy Theory, Research, Practice, Training*, 46(2), 203-219. <https://doi.org/10.1037/a0016081>
- Ivicic, R., & Motta, R. (2017). Variables associated with secondary traumatic stress among mental health professionals. *Traumatology*, 23(2), 196-204. <https://doi.org/10.1037/trm0000065>
- Jackson, T., Long, B., Skinner, L. (1991). Sexual assault training: Prevalence in clinical psychology doctoral programs. *Professional Psychology: Research and Practice* 22(4), 333-335. <https://doi.org/10.1037/0735-7028.22.4.333>
- Kardatzke, C., & Murray, K. (2007). Dating violence among college students: Key issues for college counselors. *Journal of College Counseling*, 10(1), 79-89. <https://doi.org/10.1002/j.2161-1882.2007.tb00008.x>
- Kassing, L. & Prieto, L. (2003). The Rape Myth and Blame-Based Beliefs of Counselors- in Training Towards Male Victims of Rape. *Journal of Counseling and Development*, 81, 455-461. <https://doi.org/10.1002/j.1556-6678.2003.tb00272.x>
- Kelleher, C. & McGilloway, S. (2009). Nobody ever chooses this....: A qualitative study of service providers working in the sexual violence sector- key issues and challenges. *Health and Social Care in the Community*, 17(3), 295-303. <https://doi.org/10.1111/j.1365-2524.2008.00834.x>
- Kilpatrick, D. (2004). What is violence against women: Defining and measuring the problem. *Journal of Interpersonal Violence*, 19, 1209-1234. <https://doi.org/10.1177/0886260504269679>
- Kitzrow, M. (2011). Survey of CACREP-accredited programs: Training counselors to provide treatment for sexual abuse. *Counselor Education and Supervision*, 42, 107-118. <https://doi.org/10.1002/j.1556-6978.2002.tb01803.x>
- Kress, V., Trippany, R., & Nolan, J. (2003). Responding to sexual assault victims: Considerations for college counselors. *Journal of College Counseling*, 6, 124- 123. <https://doi.org/10.1002/j.2161-1882.2003.tb00233.x>
- Kvale, S. (1996). *InterViews*. Sage.
- Lanford, Anna. (2017). Sex education, rape culture, and sexual assault: The vicious cycle. *Furman Humanities Review*, 27(5). <https://scholarexchange.furman.edu/fhr/vol27/iss1/5>
- Leedy, P. D., & Ormrod, J. E. (2005). *Practical research: Planning and design* (8th ed.). Prentice Hall. <http://www.worldcat.org/title/practical-research-planning-and-design/oclc/53831701>
- Littleton, H. (2011). Rape myths and beyond: A commentary on Edwards and Colleagues. *Sex Roles*, 65, 792-797. <https://doi.org/10.1007/s11199-011-9982-8>
- Lonsway, K. A., & Fitzgerald, L. F. (1994). Rape myths: In review. *Psychology of Women Quarterly*, 18, 133-164. <https://doi.org/10.1111/j.1471-6402.1994.tb00448.x>
- Love, A. (2019). Sexual assault: The therapist, survivor, and self. *Journal of Feminist Family*

- Therapy*, 2(3), 66-77. <https://doi.org/10.1080/08952833.2019.1633839>
- Marshall, C. & Rossman, G. (2006). *Designing Qualitative Research* (4th ed.). Sage
<https://www.qualitative-research.net/index.php/fqs/article/view/996/2164>
- McLinden, E. & Harms, L. (2011). Listening to mental health workers' experiences: Factors influencing their work with women who disclose sexual assault. *International Journal of Mental Health Nursing*, 20, 2-11. DOI:10.1111/j.1447-0349.2010.00697.x
- Moustakas, C. (1994). *Phenomenological research methods*. Sage.
<https://methods.sagepub.com/book/phenomenological-research-methods>
- Murphy, B., Potter, S., Pierce-Weeks, J., Stapleton, J., Wiesen-Martin, D., & Phillips, K. (2011). Providing context for social workers' response to sexual assault victims. *Journal of Women & Social Work*, 26(1), 90-94. <https://doi.org/10.1177/0886109910392529>
- Priest, R. & Nishimura, N. (1995). Child sexual victimization: An examination of course offerings in graduate-level education programs. *Family Therapy*, 22, 30-38.
<https://go.gale.com/ps/i.do?id=GALE%7CA95765070&sid=googleScholar&v=2.1&it=r&linkaccess=abs&issn=00110035&p=AONE&sw=w&userGroupName=anon%7E23e6243d>
- Rape, Abuse & Incest National Network (RAINN). (2021). Victims of sexual violence: Statistics. <https://www.rainn.org/statistics/victims-sexual-violence>
- Russell, P. & Davis, C. (2007). Twenty-five years of empirical research on treatment following sexual assault. *Best Practices in Mental Health*, 3(2), 21-37.
<https://research.usc.edu.au/esploro/outputs/99449933902621>
- Sommer, C. (2008). Vicarious traumatization, trauma-sensitive supervision, and counselor preparation. *Counselor Education and Supervision*, 48, 61-71.
<https://doi.org/10.1002/j.1556-6978.2008.tb00062.x>
- Ten Cate, O. (2005). Entrustability of Professional Activities of Competency Based Training. *Medical Education*, 39, 1176-1177. <https://doi.org/10.1111/j.1365-2929.2005.02341.x>
- Thurmond, V. (2001). The point of triangulation. *Journal of Nursing Scholarship*, 33(3), 253-258. <https://doi.org/10.1111/j.1547-5069.2001.00253.x>
- Trippany, R., Kress, V. & Wilcoxon, S. (2004). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development*, 82, 31-37.
<https://doi.org/10.1002/j.1556-6678.2004.tb00283.x>
- Turchik J., Karpenko V., Ogles B., Demireva P., & Probst D. (2010). Parent and adolescent satisfaction with mental health services: Does it relate to youth diagnosis, age, gender, or treatment outcome? *Community Mental Health Journal*, 46, 282-288.
<https://doi.org/10.1007/s10597-010-9293-5>