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Therapist Experience Treating Female Sexual Assault Survivors

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Abstract

Sexual assault often results in survivors experiencing Post traumatic stress disorder or depression. The phenomena of treating survivors in therapy after a sexual assault, has been researched thoroughly from the view of clients. Qualitative research done from therapists experiences is not as abundant in the literature. Therapists experiences treating female survivors of sexual abuse was explored, using a phenomenological research method. Examining therapist's perspective on providing therapy with survivors, can support other therapists working with women who have survived a sexual assault.

Introduction

Sexual assault is a pervasive worldwide issue, possessing no restrictions regarding victim demographics. Within the United States, it has been found on average, that an estimated 20% of women, experienced a sexual assault in 2012 (Tambling, 2012). Considering therapist's perspective on therapy with survivors can contribute to the growing body of knowledge concerning client's therapeutic needs, potential struggles and functioning impairment experienced, treatment interventions, possible functional and personal goals, and methods that support the reduction in traumatic responses and improve overall recovery.

Question/Objective

- Provide a description of therapist's experience and developed knowledge regarding their work treating female survivors of sexual assault.
- Identify what therapists understand clients' needs to be in therapy.
- Identify what treatment methods therapist use with female survivors of sexual assault.

Methods

Phenomenology

- Phenomenology examines how culture and lived experiences form our perceptions regarding a given phenomena; that what we take as reality, is very much subjective (Creswell, 2007).

Social Constructionism Theoretical Frame Work

- Social constructionism in connection with this study explores how therapists individually and collectively construct understanding around what it is like to practice therapy and implement therapeutic methods with survivors of sexual assault (Wong, 2006).

Participants

- Thirty therapists by email, inviting them to participate.
- Six accepted participation. One of the six participant's interviews was not able to be used, as a result of a recording malfunction.
- There were no participants in the 8-25 age range; only one participant was in the 26-49 range, and the last four participants were in the 50+ range.
- All were women.

Themes and Essences

Theme One: Treatment Methods.

Essence: "My work with clients combined a few modalities including person centered approaches that allow the client a sense of control and impact on treatment especially related to direction of treatment, mind body techniques such as mindfulness, meditation, and trauma center trauma sensitive yoga," (Therapist Three).

Theme Two: Therapist Experiences.

Essence: "Normally I don't feel that is me who did that. I got to. I made the container, the safe space. And they did their work. I mean they did, they took the opportunity to ah, do the work. In a manner of speaking," (Therapist One).

Theme Three: Therapists Self-Care.

"The therapist needs to have a trusted colleague or supervisor to turn to for support and consultation; as well as consistent self-care practices," (Therapist Four).

Theme Four: Recovery Perspective (Figure 1).

"Recovery is directly linked to the client's ability to learn strategies, trust their therapist, and practice skills. Often a level of post-advocacy helps with recovery," (Therapist Five).

Theme Five: Treatment Application.

"Yeah uh the analogy that I always use that people like is I tell them; it's like you and I are standing in a pitch dark room. I'm the one with the flashlight. And I'm shining it up there on the wall. And there's writing up there on the wall and I have no idea what it means but you do," (Therapist Two).

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Results

This research study explored therapist experience and understanding of treating female sexual assault survivors. Previous studies and relevant literature made me aware of the limited qualitative studies on this phenomena, sparking my interest to conduct my own. The results were a mix of therapists lived experiences and perspectives that helped formulate a description of the shared themes within the data

Five major themes resulted from the data analysis, and included: Treatment method; Treatment approach; Therapists self-care; Therapists views on recovery; and Therapist experiences.

| Significant Statement | Meaning Unit |
|---|---|
| Often trauma survivors thrive in recovery when they begin to help others with similar experiences or find a way to give and serve. p.3 TH4 | Recovery is supported by helping others |
| Recovery is directly linked to the client's ability to learn strategies, trust their therapist, and practice skills. Often a level of post-advocacy helps with recovery. p.3 TH5 | Clients determine recovery outcome |
| recovery doesn't mean that it goes on and on and on for years, and then I keep working on it, working on it. p.5 TH2 | Recovery is not having to work on the trauma for life. |
| They're able to do things they they never could have done before. They're able to live their lives, they're able to become the successful person that they dreamt of being. And it's wonderful to see that happen. It just, it is a wonderful job. It's not really a job it's a calling p.5 TH2 | Recovery is clients taking steps towards goals that they before avoided because of traumatic effects. |
| I think recovery is a beautiful gift a person can give themselves. p.5 TH3 | Recovery is beautiful |

Figure 1. Theme Four

Discussion

Previous studies have found that therapist commonly utilize evidence-based methods when working with survivors of sexual assault (Gibbs, 2003). My study found that use of evidence based methods is accurate, however all participants also utilized various methods not labeled as evidence-based. For example, Tapas Acupressure Technique is commonly taught to survivors as a way to sweep away the energy left behind by the trauma. Energy practices such as Reiki or Polarity therapy was found by the participants, to be as effective in reducing PTSD symptoms as CBT or DBT.

The process of therapy with survivors of sexual assault, meets clients at the worst moment of their life (Russell & Davis, 2007). The work is felt by the therapist as rewarding. Therapist One said that "to see somebody get back their freedom is amazing. It's amazing. I feel really blessed to have that honor." It is humbling to witness and work with survivors who open up to the therapist. Though that very humbling work is also tiring and therapist need strong self-care techniques to avoid burnout, reduce stress, and ensure their needs are met so that they are better able to present and effective for their clients.

Lastly, though therapist may go into sessions with an intention of the therapy process (Foa, Keane & Friedman, 2000), clients are who guide the sessions structure. Therapist three shared that "the process of therapy looks different depending on the individual." Survivors of sexual assault have been stripped of choice and power, therapist in the study give back their power by letting them choose and guide each session.