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Sexual Abuse Counsellors' Responses to Stress and Trauma:
A Social Work Perspective

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Abstract

Based on qualitative interviews with 36 ACC-approved counsellors and their significant others, this research explores the range of social, organisational and theoretical factors that impact on sexual abuse counsellors. In this context the author explores the relevance of "vicarious traumatisation" and the strategies and theoretical approaches used to foster counsellors' well-being. Current literature about vicarious traumatisation suggests that counsellors' exposure to their clients' trauma may increase their risk of burn-out and secondary traumatisation. The relationship between counsellors' responses to their clients' trauma and the theoretical frameworks they use in practice, and the impact of the counsellors' work on their relationships with their partners, colleagues, friends and family, are explored. The model of stress and trauma developed highlights that counsellors experience stress when there are inconsistencies between their personal philosophies, their practice experience (or what they are exposed to in their dealings with clients) and the theoretical frameworks they use in practice. This sense of disjuncture provides the impetus for the development of alternative frameworks for practice that increase the resilience of counsellors who work intensively with traumatic material. The model of stress and trauma developed introduces a multi-level understanding of the challenges faced by sexual abuse counsellors and the implications for their relationships with their significant others.

Introduction

Working with sexual abuse survivors is rewarding. It is also fraught with contradictions and challenges. I became aware of some of these rewards and challenges while working as a social worker in two different settings. The first was a community mental health centre, the second a national sexual abuse unit. In search of solutions to patterns I saw occurring in these workplaces, both of which focused on therapy with clients who were disclosing abuse, I enrolled in doctoral research on the topic of "vicarious traumatisation". The concept of vicarious traumatisation refers to the transformation of the professional helper's sense of self, beliefs and world view through their empathetic

engagement with traumatic disclosures (McCann & Pearlman, 1990). Put more simply, bearing witness to personal narratives of suffering from survivors puts us at risk of travelling a parallel process of traumatisation to our clients. Ironically, the risks of vicarious traumatisation are considered to be cumulative and to increase over time. I wished to investigate if the concept of vicarious traumatisation, a concept developed in the United States, had relevance in the New Zealand context where much sexual abuse counselling is publicly funded. Van Heughten (2000) and Harre-Hindmarsh (1992) had both discovered in their doctoral research that social workers in New Zealand sought greater autonomy and control over their work through a movement into specialist roles and private practice. I wished to focus on what happened after there had been the transition into private counselling practice in the field of ACC-contracted counselling for sexual abuse. Specifically, I wished to explore if counsellors were more negatively affected by the material they were exposed to and engaged with, and if so, to investigate the coping strategies they employed to adjust to the rigours of day-to-day work.

Aims of the research

The original aim of the research was to ask counsellors registered with ACC if they experienced any of the signs and symptoms mentioned in the vicarious traumatisation literature. However, as my reading progressed, it seemed important to allow participants to tell their personal narrative of vicarious traumatisation as they had experienced it over their careers. Once the sources of stress and trauma were identified, the aim was to develop a theoretical model of stress and trauma among those involved in counselling trauma survivors to suggest models of practice to ameliorate the effects for the worker.

As a social worker who looked systemically at problems, I decided to interview the significant others who supported the counsellors in their work. The views of the significant others were missing in the vicarious traumatisation literature yet, according to this literature (Johnson, 1993; Johnson & Hunter, 1997), relationships were one of the major areas to be impacted upon.

Literature review

Pearlman and Saakvitne's (1995) concept of vicarious traumatisation seemed the most relevant to the experiences I had had in the workplaces whose primary concern was dealing with survivors of sexual abuse trauma. Fox and Cooper (1998) had used vicarious traumatisation as a framework to investigate the effects of client suicide on social workers working as psychotherapists in private practice. They suggest ways in

which social workers deal with overwhelming case scenarios such as client suicide, with reference to the literature on vicarious traumatisation and burn-out. Drawing on two extended case vignettes, Fox and Cooper believe the support of colleagues is pivotal to social workers' ability to cope with suicidal clients. They recommend that those working with traumatised and suicidal clients form group practices for education, support and sharing. These formal and informal networks assist in ensuring accountability and quality assurance, and a working through of often painful feelings that arise for the worker (Fox & Cooper, 1998, pp. 155–56).

An important theme in the literature review was the need to ameliorate the effect of trauma on the worker (Figley, 1995; Folette et al., 1994; Grosch & Olsen, 1994; Herman, 1992; Pearlman & McIan, 1995; Waterman & Kelly, 1993). Coping strategies that were mentioned most frequently as increasing resilience included education related to sexual abuse, supervision, consultation, maintaining an attitude of "optimistic perseverance", avoidance, seeking social support and inner peace, and humour (Mederios & Procaska, 1988). Education about vicarious traumatisation as an occupational hazard that is routinely encountered on the job by social workers and therapists is recommended. Further research seemed warranted to identify factors that might increase the resilience of workers who assist trauma survivors.

Research design and methodology

Following an initial review of the literature on vicarious traumatisation and related concepts such as "burn-out" and "compassion fatigue", and prior to the commencement of the fieldwork, a focus group of four counsellors registered for ACC counselling was recruited. The focus group's terms of reference were to act as a source of feedback and validation during each phase of the research process. Within the social work practice literature, theorists writing from a critical-reflective perspective recommend drawing out the individual practitioner's theory of action from accounts of their own practice (Napier & Fook, 2001). These authors use extended case narratives with reflection from the practitioner as to how they resolved practice dilemmas (ibid.). By discussing breakthroughs in their own practice and sharing their practice wisdom, the focus group enabled me to formulate, through a critical-reflective process, practical insights into vicarious traumatisation. I was then able to use these insights to formulate my own original theories about stress and trauma.

Using a qualitative research design, I conducted in-depth interviews with 12 ACC-approved counsellors and their significant others (both professional and personal). The research was approved by Victoria University's Human Ethics Committee prior to the commencement of the fieldwork. Each participant was asked to identify a support

person prior to the interview in case the research evoked personal issues that required further discussion.

Thirty-six individuals were interviewed using a semi-structured topic guide and a "discussion starter". Twenty-two ACC counsellors were interviewed in total, as some professional significant others nominated by the primary counsellors were also working as sexual abuse therapists. The "discussion starter" was a list of statements drawn from the research literature on vicarious traumatisation detailing some of the commonly experienced signs and behaviours linked to the concept. A copy of the original article by McCann and Pearlman (1990) was provided for comment. In addition to asking the counsellors to reflect on these issues in relation to their own experience and practice, I asked them to reflect upon defining moments in their work, what happened, and how they dealt with these events. The intention was to learn more about the strategies used by counsellors to resolve dilemmas and issues in their work. Counsellors were then asked to nominate a person who was a significant other in a personal sense, such as a friend, family member or partner, and a significant other in the professional arena, such as a colleague or associate, each to be interviewed separately. The aim was to assemble three perspectives of the primary counsellor from three different vantage points.

Interviews with the significant others were conducted along similar lines to the primary participants using a semi-structured topic guide. Background on the history of the relationship they had with the counsellors was sought, together with their views as to whether they considered the counsellor had been affected by the nature of their work. If so, clarifying questions were asked as to what they had observed and what the effects were from their perspectives.

The interviews were audiotaped with consent and transcribed. The major themes from the interviews were analysed using a feminist narrative theoretical framework (Featherstone, 2000; Richardson, 1994) and the original vicarious traumatisation framework (McCann & Pearlman, 1990).

The qualitative research design and methodology enabled factors to emerge that were not encompassed in McCann and Pearlman's original research (1990) on vicarious traumatisation. Traditionally the topic of vicarious traumatisation had been studied using a quantitative design and methodology from the perspective of clinical psychology. As a social worker, I decided to adopt a more in-depth, qualitative research design, which would allow the participants to tell their personal stories associated with the topic of vicarious traumatisation.

Profile of participants

All the major occupational groupings of professionals listed in the ACC Register of Approved Counsellors were represented. Social workers, psychotherapists, clinical psychologists and counsellors drawn from ACC's Register of Approved Counsellors were recruited using a strategic random sampling method. Two subjects self-identified as Maori and Pacific Island counsellors (a separate list of specialists within the Register). Only four of the primary counsellors were men, reflecting the gender balance of the ACC Register of Approved Counsellors.

Four counsellors who were approached declined to participate due to the lack of financial incentive and/or because they could not spare time away from their counselling practices.

The significant others were the spouses, partners, friends, colleagues and adult children of the counsellors. Three personal significant others declined to be interviewed due to personal circumstances such as family commitments and lack of time.

Sources of stress and trauma

The tension between early training and on-the-job experiences

Much of the early training of the counsellors interviewed was grounded in Freudian psychoanalytic and individual psychotherapeutic traditions. However, Freud had concluded in his own work that his patients' reports of sexual abuse were untrue, and repudiated his earlier theories, which would have implicated impropriety to a large number of respectable family men of the day. He concluded that his patients' disclosures of abuse were fantasies based in their own incestuous wishes (Herman, 1992). For many of the counsellors interviewed, the culture of secrecy and disbelief that surrounded such theories became enshrined not only in their original training but also in the philosophies of the employing organisations. This experience caused considerable tension and was described by the counsellor participants as being akin to disjuncture or being out of kilter with oneself. In an effort to challenge this culture of disbelief, which was also a part of their training, the counsellor-participants found it necessary to maintain a dual focus on the individual and the surrounding community and society of which they and their clients were a part. A systemic analysis of abuse and oppression was central to positioning themselves in a more collegial relationship with their clients. This reformulation of the therapeutic relationship away from the more traditional models of "expert knows best" was considered essential to promoting healing. As many of the counsellor-participants began working in the field of sexual abuse counselling prior to a time when abuse was openly discussed, they described

a sense of isolation in the work. The counsellor-participants experimented with theoretical approaches other than those in which they had been trained to bridge this sense of dissonance or disjuncture.

One counsellor-participant, who wished to be known as Ellen, was a trail-blazer in the New Zealand sexual abuse counselling scene. Her personal narrative illustrates the eclecticism of roles and approaches that were evoked by the historical times in which she was working and the dynamic tension between her early training and later on-the-job experiences. For Ellen and the other counsellor-participants, these transformations necessitate a reformulation of who one is, what one does and how one engages with clients, as the following interview excerpt illustrates:

> *I started training in 1975. That was writing letters in response to a programme, which was one of the programmes on radio, initially, about life and life issues, and people began spontaneously to write in response to the programme. That was where I think I first began to learn how much people hurt, especially when they had a safe way of expressing their hurt. And it was there that I began reading about the extensive sexual abuse that was going on in New Zealand in secret. And elsewhere, of course.*
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> *One important lesson that I learned out of this was that one could invite a person whom I was corresponding with, to write in as much detail as they felt safe to or able to do. To either write in detail or to draw what the trauma was or what the pictures were that stayed in their mind. Flashbacks really. And by correspondence we were actually able to work through those. I find it quite extraordinary now looking back on that because I didn't even know that post traumatic stress disorder existed. I certainly didn't know what the name would be but we were actually working with it then. Now by 1986 I was probably dealing with hundreds of letters, many of them were about their own abuse but not prepared to talk about it to the authorities, so we have quite a lot of experience then in talking to perpetrators by letter. Later that became phone counselling and even later I became a co-host and dealt with sexual abuse, incest and so on, on air. The issues were widespread: they crossed socio-economic barriers. There was just a very widespread exposure to abuse issues throughout the country. However by 1991, now trained as a psychotherapist, I decided that I wanted to work more in depth with abused and traumatised clients and I knew that was going to be looking at longer-term work. And this continues. In that time I had worked with clients who had been ritually abused as children and DID [dissociative identity disorder] clients, and it's been, through working with them, I think, that most of my internal changing would have taken place.*

Coming to terms with one's own traumatic experiences

Over half of the counsellor-participants had experienced traumatic events, including sexual abuse, in their past. This theme is similarly reflected in the literature of helping professionals disclosing traumatic personal histories (Folette et al., 1994; Martin et al., 1986; Pope & Feldman-Summers, 1992). They had discovered that their own healing from these experiences was instrumental in guiding their work with traumatised clients. When this was worked through, in the course of therapy with clients, the counsellor-participants described drawing on a vast pool of intuitive wisdom and knowledge to guide their work with clients. Their experiential insights, arising from their healing from traumatic experiences, were described as being more important than any of the theories propounded in psychological textbooks. They used this knowledge to engage in social and political action to address the societal myths about abuse and to work actively towards greater social equity.

Balancing work in the therapy field with social change and action has been recommended as an antidote to vicarious traumatisation (Pearlman & Saakvitne, 1995). The counsellor-participants concurred with this recommendation. For a participant who wished to be known as Hayley, counselling survivors was seen as a natural outworking of her values and personal philosophy that had been shaped by her own abuse experiences:

> In terms of trauma work, the personal experience was one of the pieces and positive experiences I had in terms of receiving counselling. If I go back even further to think of why I was so much into the rights issue then it would be as well living in different cultures and seeing at a young age people who had a lot more rights than other people. So that has always been there for me in terms of rights and justice issues.

Lifestyle changes and dissatisfactions with agency philosophy: the movement into private practice

Vicarious traumatisation was seen as a theme in the early years of practice for many counsellor-participants. These formative experiences prompted a movement into other roles and private practice. The operation of agencies, and the systems dilemmas inherent in the workplace, were specifically mentioned as being "traumatising". However, this was described as being directly rather than vicariously traumatised. A counsellor-participant who wished to be known as Audrey, a clinical psychologist working with children and families in a child protection agency, had a child client abducted despite her best efforts at care and protection. She identified this as the most

traumatising incident of her career. What was considered as "traumatising" was the assessment role that was required, which was seen as conflicting with her efforts in therapy. She decided to leave the department to establish her own private practice, but kept being offered incentives to stay. She decided to combine roles as a stepping stone to leaving to establish her own private practice:

> ... It was having to stop having the focus on assessment and broaden my skills because I thought if I stay in this too long, if I stay in this for four to five years, I thought, that's not very good for my career, so I will broaden it. Which happened for the first couple of months and then I did one assessment and they saw that I could do it and they needed more, so I just got hundreds of assessments. I still kept my therapy going though.

Once in private practice, however, there were still dilemmas. The administrative requirements and need to obtain specific details of abuse that might re-traumatise the client were discussed by the counsellor-participants. In the following passage, a participant who wished to be known as Sally discusses the ethical dilemmas surrounding what was seen as "sexual abuse" under ACC legislation, and thus who would be eligible for treatment services and other entitlements.

> I have had a case just recently, a new client, who in terms of abuse, if you look at it on a scale of her abuse, might be three out of ten, but for her, the effects on her life have been ten out of ten. It was hard; in fact, when we were filling out the form I was thinking: they [ACC] might not pay out on this one, because it's not a biggie in the wider scheme of things. But in terms of the trauma in the person's life, that's something. It's really useful for me, I thought, as a grounding to understand that it's not what happened, it's the effect over time.

Challenges to maintaining connection: relationships and intimacy

Partner and intimate relationships

Physical intimacy was often discussed by the husbands and partners as problematic with the counsellor-participants. Three husbands of counsellors discussed the emotional detachment they saw resulting from their wives' work-related demands. However, the husbands' sensitivity to being perceived by their counsellor wives as less than politically correct in their dealings with women seemed also to alter the dynamics of the relationship. One husband explained to me that he considered his wife's expectations of him had changed in the area of physical intimacy. He said that he struggled to know what was "appropriate" conduct for him in this aspect of their relationship.

Male significant others who were the partners of counsellors worried about being identified with the perpetrators of abuse. Three of the husbands had separated from their counsellor wives as they felt it was too difficult to remain in the relationship. The partners who were involved in the helping professions had a shared frame of reference which meant that these issues were not identified as problematic.

Relationships with children

For adult children of the counsellor-participants, becoming more responsible at a younger age was described, due to their awareness of parental emotional detachment, tiredness or unavailability. One daughter of a counsellor thought she had taken on more responsibility because of her mother's work. She explains:

> Well, I was only quite young when she started [counselling] but I think I started worrying then. I am more worried than I would be if she didn't do the work. And I think I'm also more responsible.

Protectiveness of teenage daughters by their counsellor mothers was a source of conflict at home. One daughter was forbidden to socialise at night because of her mother's fears that she might be sexually assaulted.

Factors increasing resilience

Using a wide range of theoretical approaches in practice

The counsellor-participants drew from a number of theoretical approaches to increase their effectiveness with traumatised clients. The advantage of assembling a bricolage of approaches when working in the field of sexual assault was that it increased their ability to bounce back or maintain resilience in the face of the rigours of day-to-day practice as the research participants were able to bring theory into line with practice realities. These theoretical frameworks included narrative, strengths-based, critical-reflective approaches in social work, feminist and emancipatory approaches. In comparison with the individual theories based in medical models, grounded in diagnosis and treatment, they were able to include the wider social and political context in which the abuse occurred.

Another participant, who wished to be known as Mary, trained as a social worker in the 1960s. Mary remarked that sexual abuse was not discussed during her training and so, like Ellen, she felt ill-prepared for working as a residential social worker with many children who had experiences of deprivation and abuse. Mary became interested in narrative therapy later in her career, after travelling overseas to train as a psychotherapist and couple counsellor. Narrative therapy was a means of being where the clients

were, so that it enabled her to join with clients on their own terms. She explains how narrative therapy offers a way of being in relationship to clients, hearing their pain while retaining her own optimism for their healing:

> What I am enjoying now about where some of the narrative writers have got to is the both/and, rather than going into dualisms. The importance of acknowledging pain and then offering hope as well. And that comes back full circle with clients into therapy which is really hearing and letting the client know that you are really hearing ... It's something about not moving somebody on but encouraging the person to be where they are when they themselves are able to be there.

The New Trauma therapy epitomised in the work of John Briere, Christine Courtois and Judith Herman was another theoretical framework that the counsellor-participants said they found helpful in their work with sexual abuse survivors. Sally explains how the theories of John Briere and Judith Herman were congruent with her beliefs and supportive of her way of thinking about the origins of abuse:

> I think they [Herman and Briere] fit in well without dragging out the theoretical model. My own belief is that abuse is something that is perpetuated from generation to generation so if one can do some really early childhood education that prevents this, that long term, there would be much less abuse. Because abuse is not a new thing, it has been going on for generations and I think back to historical readings of Victorian times when there was a very high level of abuse and it was accepted because it was very much power over somebody. And in Victorian times, the lord of the manor could do what he liked to his servants. Class was a factor then. I don't believe that class is a factor any longer, particularly not in New Zealand. I believe it is more of a learned behaviour.

Maintaining relationships with professional support networks

The relationships the counsellors had with their colleagues, supervisors and professional associations protected them from the sense of separation that is a key experience of work with trauma survivors. Trauma is often recalled in fragments that have the potential for fragmenting the counsellor's own experience of her world. This is a major theme in the vicarious traumatisation literature.

These networks also enable counsellors to undergo personal and professional development through the discussion of inconsistencies that arise between theory, practice, personally held philosophies and the employing agency's philosophy. These relationships were forged at workshops, during professional practice and at conferences. The networks created "liminal spaces" to creatively bridge the gap between the dissonance

the counsellors experience on the job due to the gap between theory and practice. Liminal space is a term developed by the anthropologist Barbara Myerhoff to describe places of betwixt and between in which people work through traumatic experience and evolve new ways of being (Myerhoff, 1982). I found this concept helpful to explain the ways in which the counsellor-participants mediated their dissonance to formulate new ways of attaching meaning to experience in the field of sexual abuse therapy.

A counsellor-participant who wished to be known as Rose valued being part of a women's group in which she explored her spirituality, and a community of psychodramatists. Her relationship with a woman from this group led to a professional association lasting over twenty years. They facilitated a therapy group for women who had been survivors of sexual assault:

> *I was brought up in Catholic culture, and what I received from that is very important to me, but a lot of the dogma does not fit with my beliefs anymore. So I meet with them every month and more often with individual members. And there is another community I met through psychodrama. I came in contact with an independent church group, though, which highly values being free from dogma and at the same time celebrating spirituality in a structured way.*

Spirituality

The search for inner strength through the growth of spirituality was connected with the counsellor-participants' increasing disillusionment with hierarchy and patriarchal structures. They developed an awareness of being connected to a greater source of being which replaced earlier held religious beliefs. These revised beliefs established a context for continuing to practise as a sexual abuse counsellor. A consultant to the present study, who wished to be known as George, was a minister of religion prior to his decision to train to become a psychotherapist. In a similar way, four of the other counsellor-participants had left their respective churches as ministers of religion and moved into counselling. George saw this movement into therapy and away from the Church as "a natural progression":

> *People ask me why I left and I say it was interfering with my spiritual growth. The straw that finally broke the camel's back for me was sitting in church with a wife and three daughters and finding them invisible. They just didn't fit in the system. There was no language for them. It was a total male structure ... So it was a real disappointment about having a structure that I thought was damaging to women. It was a huge motivating factor with having a wife and three daughters who are all feminists.*

For the women who decided to leave the church of which they were either members or ministers, the increasing number of sexual abuse cases coming to light within the Church formed the background to their decision to move away. Frustration at trying to change the system from within to make it more accessible and supportive toward women became an aim the participants did not think was realistic. Sally, herself a minister, explains:

> I guess in the end I got very disillusioned with the Church. And so a part of that, not the whole, just a small part, I was involved in the area where people were coming out about sexual abuse cases within the Church. And that was the last straw I think. [Pause to consider.] Yes it was. And it was a period of change for me but it seemed like I was already moving away from the Church and then just to become aware of the abuse, of actual cases that were going on. One was aware that there had been abuse in a wide sense, but to actually now hear specific cases. I thought: I don't actually want to be part of this abusive situation ... they were all little points to saying: you've got choice, you've tried to change the system or you can actually leave the system. And I decided: no, I would rather leave. I think I have spent too long trying to change systems, so let's have a break.

Diversifying work roles and caseloads

Sometimes it was enough for a counsellor to change the balance of their work to restore the balance of their life, and to remain professionally effective. The vicarious traumatisation literature recommends that caseloads and workloads are regularly reviewed to provide a balance of interests. Several of the counsellor-participants had made a decision to do less work in the trauma field. In practice, the counsellor-participants said it was difficult to reduce or change workloads, as they had gained a "niche" specialising in particular kinds of work. Another of the counsellors interviewed describes her decision to change the balance in her work:

> Well, yeah, it is not quite half sexual abuse now, but basically my aim was to have a mix. Before I had been doing full time, almost all sexual abuse work for twelve years, mainly assessments. Probably about eighty or ninety percent of my work was sexual abuse work and about ten percent would have been therapy — twenty percent therapy and the rest assessments. So it was nice to have a balance.

The implications for social work theories of practice

There are three levels the counsellor-participants described as being related to their sense of dissonance. Each level is interrelated, and changes in one level impact or have

repercussions on the other levels. This "ripple effect" is not specifically referred to in the vicarious traumatisation literature. This research suggests that the awareness of this dissonance jettisons counsellors into unknown zones or liminal spaces that, when traversed, create discursive spaces and support networks within which the experience can be worked with creatively and transformed.

In the following sections, I conceptualise these levels as:

- The internal consistency of theoretical frameworks and the felt gap between theory and practice.
- The space between organisational philosophy and the counsellor's evolving personal and theoretical frameworks and philosophies for practice.
- The space that exists between the client and counsellor in the therapeutic relationship.

To illustrate the facets included in this multi-dimensional model of stress and trauma, I refer to each level but reiterate that each level on which trauma and stress is experienced is interrelated and can only be understood as part of a whole process.

Level one: a search for meaning: finding a theoretical basis for practice

Early on-the-job experiences necessitated the creation of liminal spaces in preparation for working with clients who have been multiply abused. In such spaces, the counsellor-participants used narrative and a range of strengths-based and emancipatory approaches in the absence of other theoretical knowledge that worked, to create new possibilities for attributing meaning to experience. The telling and re-telling of personal and collective narratives based in stories of survival mediated moments when practitioners were aware of a pervading sense of disjuncture. In adopting these frameworks, practitioners were entering a space in which they began to discover what works with traumatised clients, and what does not. Sometimes the original theoretical framework was found wanting and was discarded. In other instances, fragments were used in a collage that bore little resemblance to any one theory yet represented a sufficient and complete framework for working, however disparate and cobbled together it might at first appear. Through repeated practice with each client, the internal consistency of the emerging theoretical approach was tested. Each client is, therefore, a test of the particular synthesis of theoretical approaches that the practitioner uses.

Level two: the therapeutic relationship: the translation of theory into practice

In choosing the particular mix of theoretical approaches in working with sexually abused clients, practitioners sought to position themselves into a collaborative framework. This was a common element in the way the counsellor-participants bridged their

sense of dissonance. This was the major learning to emerge from their immersion and engagement in their work within sexual abuse therapy. Narrative and storytelling represent a primary means of integrating theory and practice when working with traumatised clients. Perspectives that encompassed a dual focus on the individual and the wider social narratives enabled the counsellor-participants to transcend the "quick-fix" mentality prevalent in institutions based around monetarist policies and case management practices. In the field of trauma, the discourse of "quick-fix" no longer seemed appropriate, as it threatened the internal consistency of the practitioner's theoretical frameworks.

With the movement of the counsellor-participants into private practice supported by ACC funding, there were wider issues of power and control at stake for counsellors of sexually abused clients. However, master theories within psychotherapy founded in Freudian psychoanalytic concepts reflected models of women as existing in deficit and lack. Feminist and body work theories enabled the counsellor-participants to position themselves in alternative theoretical frameworks. Moments of crisis in therapy were often first noticed by the counsellors as a series of bodily sensations. These signs became constitutive of meaning in working with clients who had been sexually abused. It was also informative of the process and transference within therapy.

At times, the male counsellor-participants described a sense of otherness or displacement as being a man in female places, when engaged with abuse work with survivors and with women colleagues who worked as therapists.

Level three: organisational, professional discourses and personal philosophies

The third site of dissonance was related to conflicting roles and organisational philosophies in which practitioners find themselves working. The requirements and expectations of the agencies involved in sexual abuse work often placed the counsellor-participant in an assessing, forensic or expert role in relation to the client. The hierarchical relationship that was established when the counsellor was cast in these roles meant it was difficult to form and maintain the more collaborative relationship that was seen to be fundamental to healing from trauma. The counsellor faced a crisis of not being able to carry through with their original intentions for entering the work, which was to establish a relationship in which healing could occur. Consequently, the agency structure and functioning placed the therapeutic relationship under risk of various disruptions and ruptures that effectively separated the client and counsellor from being in relationship with one another. This loss of connection is a key component of stress and trauma for practitioners.

Social workers and other professionals who work in statutory agencies in which there are care and control dilemmas on a daily basis experience the dissonance that leads to the creation of a liminal space, but are often hampered by agency and time demands from using this space for personal and professional development. Without a space for reflection and developing insight into one's own practice, workers face becoming professionally marginalised and isolated for holding differing views and perspectives. In the absence of connection with their professional peers, they are missing a primary means of ameliorating stress and trauma, which can be achieved through support and connection.

Conclusion

The counsellor-participants drew upon particular truths that were quite different and at times at odds with the discursive frameworks used by their partners, friends and adult children, who lacked a practical understanding of what it meant to work in the field of sexual abuse counselling. Personal significant others generally knew less about sexual abuse, trauma and psychotherapy than their professional counterparts. The new demands of being politically aware and correct were seen as being too hard for some partners, who had decided to "flag the relationship" and look elsewhere to meet their emotional needs for connection. Those significant others who were involved as therapists or in allied helping fields had a shared frame of reference for understanding the sense of dissonance that often accompanied the work. This research suggests that personal significant others need access to a liminal space parallel to that of the counsellor-participant, to enable them to explore the impact of living with a counsellor who is engaged in a process of self-transformation.

The counsellor-participants move beyond the competency criteria to enact their personal and professional values and philosophies as a way of dealing with the experience of dissonance, which is the hallmark of traumatic stress in the New Zealand context of sexual abuse counselling. There is a movement from one theoretical framework to a bricolage of many, from a rule-bound to a process-orientated context. Successfully finding the means to create multiple layers of experience through the creation of liminal spaces is crucial to mediating this dissonance. Practice in a synthesis of theoretical frameworks provides a context for establishing and maintaining connection on a variety of levels: within the self of the therapist, with others including clients and the counsellors' significant others, and with the wider social discourses in which sexual abuse counselling is located.

References

Featherstone, B. (2000). Researching into mothers' violence. In B. Fawcett, B. Featherstone & J. Fook (Eds), *Practice and research in social work: Postmodern feminist perspectives.* London: Routledge.

Figley, C.R. (Ed.) (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised.* New York: Brunner/Mazel.

Folette, V.M., Poulsny, M. & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms and the impact of providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice, 25* (3): 275–82.

Fox, R. & Cooper, M. (1998). The effects of suicide on the private practitioner: A professional and personal perspective. *Clinical Social Work Journal, 26* (2) (Summer): 143–57.

Grosch, W.N. & Olsen, D.C. (1994). *When helping starts to hurt: A new look at burnout among psychotherapists.* New York: Norton.

Harre-Hindmarsh, J. (1992). *Social work oppositions: New graduates' experiences.* Hants: Avebury Press.

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

Johnson, C. (1993). Vicarious traumatisation: The experiences of counsellors working with sexual assault victims: An exploratory study. Unpublished MA thesis, University of Newcastle, Sydney.

Johnson, C.N.E. & Hunter, M. (1997). Vicarious traumatisation in counsellors working in New South Wales Assault Service: An exploratory study. *Work and Stress, 11* (4): 319–28.

McCann, I.L. & Pearlman, L.A. (1990). Vicarious traumatisation: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3* (1): 131–49.

Martin, C.A., McKean, H.E. & Veltkamp, L.J. (1986). Post traumatic stress disorder in police working wih victims: A pilot study. *Journal of Police Science and Administration, 14* (2): 98–101.

Mederios, M.E. & Procaska, J.O. (1988). Coping strategies that psychotherapists use in working with stressful clients. *Professional Psychology: Research and Practice,* 19 (1): 112–14.

Myerhoff, B.G. (1982). *Number our days: Triumph of continuity and culture among Jewish old people in an urban ghetto.* New York: Simon and Schuster/Touchstone Books.

Napier, L. & Fook, J. (Eds) (2001). *Breakthroughs in practice: Theorising critical moments in social work.* London: Whiting and Birch.

Pearlman, L.A. & McIan, P.S. (1995). Vicarious traumatisation: An empirical study of the effects of trauma work on trauma therapists. *Professional Psychology: Research and Practice, 26* (6): 353–61.

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

Pope, K.S. & Feldman-Summers, S. (1992). National survey of psychologists' sexual and physical abuse history and their evaluation of training and competence in these areas. *Professional Psychology: Research and Practice, 23* (5): 353–61.

Richardson, L. (1994). Writing: A method of inquiry. In N.K. Denzin & Y.S. Lincoln (Eds), *Handbook of Qualitative Research*, pp. 516–27. California: Sage.

Van Heughten, K. (2000). Unpublished PhD in Social Work. Canterbury University, Christchurch.

Waterman, J. & Kelly, R.J. (Eds) (1993). *Beyond the playground walls: Sexual abuse in pre-schools.* New York: Guilford Press.